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Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2017

Open to Public Inspection

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

Information about Form 990 and its instructions is at [www.irs.gov/form990](#)

Department of the Treasury
Internal Revenue Service

A For the 2017 calendar year, or tax year beginning 07-01-2017 , and ending 06-30-2018

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Final 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 981224302

F Name and address of principal officer

JOYCE F JACKSON

700 BROADWAY

SEATTLE, WA 981224302

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 ▶

D Employer identification number

91-6057438

E Telephone number

(206) 292-2771

G Gross receipts \$ 222,238,603

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

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

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	18
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	15
5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)	5	795
6 Total number of volunteers (estimate if necessary)	6	612
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	1,452

Revenue

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	3,142,407	2,772,404
9 Program service revenue (Part VIII, line 2g)	111,576,693	116,648,903
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,533,257	7,168,949
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	556,358	326,646
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	116,808,715	126,916,902

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	2,733,004	2,758,769
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)	61,584,599	66,718,533
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶763,844		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	43,940,551	47,346,451
18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	108,258,154	116,823,753
19 Revenue less expenses Subtract line 18 from line 12	8,550,561	10,093,149

Net Assets or Fund Balances

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	143,877,737	156,677,957
21 Total liabilities (Part X, line 26)	27,186,771	33,952,697
22 Net assets or fund balances Subtract line 21 from line 20	116,690,966	122,725,260

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here

Signature of officer

JOYCE F JACKSON CEO & PRESIDENT

Type or print name and title

2019-05-14

Date

Paid Preparer Use Only

Print/Type preparer's name

SARA ELIZABETH J HYRE

Preparer's signature

SARA ELIZABETH J HYRE

Date

2019-05-14

Check ☐ if self-employed

PTIN

P00235495

Firm's name

▶ CLARK NUBER PS

Firm's EIN

▶ 91-1194016

Firm's address

▶ 10900 NE 4TH STREET SUITE 1400

Phone no

(425) 454-4919

BELLEVUE, WA 98004

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

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2017)

Part III Statement of Program Service AccomplishmentsCheck 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. NORTHWEST KIDNEY CENTERS IS A NOT-FOR-PROFIT, LOCALLY MANAGED PROVIDER OF KIDNEY DIALYSIS, PUBLIC HEALTH EDUCATION AND RESEARCH INTO THE CAUSES AND TREATMENTS OF CHRONIC KIDNEY DISEASE. FOUNDED IN SEATTLE IN 1962, IT WAS THE WORLD'S FIRST DIALYSIS ORGANIZATION. AMONG THE 10 LARGEST DIALYSIS PROVIDERS IN THE COUNTRY, IT IS AN INFLUENTIAL MODEL BECAUSE OF ITS HIGH QUALITY SERVICES, DEEP COMMUNITY CONNECTIONS AND GENEROUS DONOR SUPPORT.

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 \$ 93,946,660	including grants of \$	(Revenue \$ 117,026,146)
See Additional Data				

4b	(Code)	(Expenses \$ 2,711,134	including grants of \$ 2,711,134)	(Revenue \$)
See Additional Data				

4c	(Code)	(Expenses \$ 503,004	including grants of \$	(Revenue \$)
See Additional Data				

See Additional Data Table

4d	Other program services (Describe in Schedule O)			
	(Expenses \$ 47,635	including grants of \$ 47,635)	(Revenue \$)	

4e	Total program service expenses ▶	97,208,433
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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	No
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 Yes	
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	

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	Yes	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	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? <i>If "Yes," complete Schedule J</i>	Yes	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	Yes	
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		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?		No
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		No
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		No
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		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? <i>If "Yes," complete Schedule L, Part II</i>		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? <i>If "Yes," complete Schedule L, Part III</i>		No
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		No
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		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? <i>If "Yes," complete Schedule L, Part IV</i>		No
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	Yes	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		No
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		No
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		No
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		No
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	Yes	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	Yes	
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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	Yes	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		No
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		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	Yes	

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck 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	107
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	795
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	Yes
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	Yes
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 FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		
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. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b	Did the sponsoring 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 instructionsCheck 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 18		
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 15		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		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 Yes	
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 Yes	

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, address, and telephone number of the person who possesses the organization's books and records CARRIE MCCABE 700 BROADWAY SEATTLE, WA 981224302 (206) 720-8508	

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

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

[illegible]

[illegible]

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 ▶ 160

Section B. Independent Contractors

(A) Name and business address	(B) Description of services	(C) Compensation
ALDRICH & ASSOCIATES INC 810 240TH ST SE BOTHELL, WA 98021	GENERAL CONTRACTOR	4,170,879
HONSHA INC 10755 SCRIPPS POWAY PKWY SUITE 513 SAN DIEGO, CA 92131	PROCESS CONSULTING	1,240,000
PATHOLOGY ASSOCIATES MEDICAL LABS PO BOX 2670 SPOKANE, WA 992202670	LABORATORY SERVICES	783,185
UNIV OF WA DEPT OF NEPHROLOGY 1959 NE PACIFIC BOX 356521 SEATTLE, WA 98195	MEDICAL CONSULTING & FELLOWSHIPS	587,430
SPECTRUM DEVELOPEMENT SOL LLCT 1809 7TH AVE SUITE 501 SEATTLE, WA 98101	PROJECT MANAGEMENT	450,311

Form 990 (2017)

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns . . .	1a				
	b Membership dues . . .	1b				
	c Fundraising events . . .	1c	983,136			
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	1,789,268			
	g Noncash contributions included in lines 1a-1f \$ _____		44,373			
	h Total. Add lines 1a-1f		2,772,404			
Program Service Revenue		Business Code				
	2a DIALYSIS	621400	111,925,405	111,925,405		
	b PATIENT LAB REVENUE	621500	2,455,035	2,455,035		
	c OTHER MEDICAL RELATED	621400	1,322,924	1,322,924		
	d INSUR PREMIUM REIMBURS	621400	945,539	945,539		
	e _____					
	f All other program service revenue					
	g Total. Add lines 2a-2f		116,648,903			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		1,708,407			1,708,407
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties		48,088			48,088
	6a Gross rents	(i) Real (ii) Personal				
		112,876				
	b Less rental expenses	10,548				
	c Rental income or (loss)	102,328				
	d Net rental income or (loss)		102,328			102,328
	7a Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
		91,201,437 50,058				
	b Less cost or other basis and sales expenses	85,763,346 27,607				
	c Gain or (loss)	5,438,091 22,451				
	d Net gain or (loss)		5,460,542			5,460,542
	8a Gross income from fundraising events (not including \$ 983,136 of contributions reported on line 1c) See Part IV, line 18	a	86,192			
	b Less direct expenses	b	308,405			
	c Net income or (loss) from fundraising events		-222,213			-222,213
	9a Gross income from gaming activities See Part IV, line 19	a	20,800			
	b Less direct expenses	b	2,028			
	c Net income or (loss) from gaming activities		18,772			18,772
	10a Gross sales of inventory, less returns and allowances	a	9,582,091			
b Less cost of goods sold	b	9,209,767				
c Net income or (loss) from sales of inventory		372,324	372,324			
Miscellaneous Revenue		Business Code				
11a MEDICAL RECORDS	900099	4,919	4,919			
b REIMBURSEMENTS	900099	2,803			2,803	
c _____						
d All other revenue		-375			-375	
e Total. Add lines 11a-11d		7,347				
12 Total revenue. See Instructions		126,916,902	117,026,146	0	7,118,352	

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 ☐

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	2,711,134	2,711,134		
2 Grants and other assistance to domestic individuals. See Part IV, line 22.	47,635	47,635		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.				
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees.	2,596,850	236,875	2,359,975	
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.	51,985,692	44,864,962	6,684,867	435,863
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	2,610,823	2,299,994	292,732	18,097
9 Other employee benefits.	5,299,725	4,599,936	663,395	36,394
10 Payroll taxes.	4,225,443	3,573,551	620,678	31,214
11 Fees for services (non-employees):				
a Management.	1,337,042	1,279,625	57,417	
b Legal.	99,039		99,039	
c Accounting.	71,168		71,168	
d Lobbying.	153,787		153,787	
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees.	24,620		24,620	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	3,037,988	817,165	2,102,221	118,602
12 Advertising and promotion.	188,598		172,256	16,342
13 Office expenses.	2,412,847	2,167,070	233,512	12,265
14 Information technology.	2,230,432		2,230,432	
15 Royalties.				
16 Occupancy.	6,759,820	6,106,468	642,435	10,917
17 Travel.	211,493	120,968	84,008	6,517
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.	86,352	29,753	56,132	467
20 Interest.				
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.	6,582,671	5,126,098	1,436,716	19,857
23 Insurance.	351,598	205,323	146,275	
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	19,127,533	18,872,386	233,847	21,300
b LAB TESTING	1,203,181	1,202,785	396	
c REPAIRS & MAINTENANCE	510,947	448,063	49,993	12,891
d COMMUNITY PROGRAMS	505,812	488,658	17,154	
e All other expenses	2,451,523	2,009,984	418,421	23,118
25 Total functional expenses. Add lines 1 through 24e.	116,823,753	97,208,433	18,851,476	763,844
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 SheetCheck if Schedule O contains a response or note to any line in this Part IX ☐

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		8,575,062	1	7,836,424
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net		1,403,190	3	1,841,535
	4	Accounts receivable, net		20,917,326	4	24,699,296
	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		1,156,800	8	1,283,182
	9	Prepaid expenses and deferred charges		447,161	9	477,412
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D.	10a	120,916,993		
	b	Less: accumulated depreciation	10b	69,369,568		
				41,923,903	10c	51,547,425
	11	Investments—publicly traded securities		66,784,107	11	66,178,353
	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		2,670,188	15	2,814,330	
16	Total assets. Add lines 1 through 15 (must equal line 34)		143,877,737	16	156,677,957	
Liabilities	17	Accounts payable and accrued expenses		10,042,649	17	11,529,165
	18	Grants payable		6,362,911	18	5,951,009
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities		8,020,416	20	12,450,948
	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		2,760,795	25	4,021,575
	26	Total liabilities. Add lines 17 through 25		27,186,771	26	33,952,697
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		109,823,629	27	115,056,594
	28	Temporarily restricted net assets		2,665,863	28	3,400,715
	29	Permanently restricted net assets		4,201,474	29	4,267,951
	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		116,690,966	33	122,725,260	
34	Total liabilities and net assets/fund balances		143,877,737	34	156,677,957	

Part XI Reconciliation of Net AssetsCheck 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	126,916,902
2	Total expenses (must equal Part IX, column (A), line 25)	2	116,823,753
3	Revenue less expenses Subtract line 2 from line 1	3	10,093,149
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	116,690,966
5	Net unrealized gains (losses) on investments	5	-4,022,952
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	-60,370
9	Other changes in net assets or fund balances (explain in Schedule O)	9	24,467
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	122,725,260

Part XII Financial Statements and ReportingCheck 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? 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		No
b Were the organization's financial statements audited by an independent accountant? 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	Yes	
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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

Additional Data

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

Form 990 (2017)

Form 990, Part III, Line 4a:

IN THE YEAR ENDED JUNE 30, 2018 NORTHWEST KIDNEY CENTERS PROVIDED 276,500 DIALYSIS TREATMENTS, ESSENTIAL TO SUSTAIN THE LIVES OF PEOPLE WITH KIDNEY FAILURE WE SERVED A TOTAL OF 1,766 PATIENTS THE ORGANIZATION PROVIDED PATIENT CARE IN 16 FREE-STANDING CLINICS AND IN NINE (9) LOCAL HOSPITALS, AND SUPERVISED SELF-DIALYSIS TREATMENTS IN THE HOMES OF PATIENTS THROUGHOUT THE COMMUNITY WE SPENT \$28 MILLION MORE ON THE CARE OF PATIENTS WITH MEDICARE AND MEDICAID INSURANCE THAN THE PROGRAMS REIMBURSED US FOR IN ADDITION, WE PROVIDED MORE THAN \$453,000 IN CHARITY CARE NORTHWEST KIDNEY CENTERS' RENAL SPECIALTY PHARMACY, A RARITY IN THE NATION, SERVED MORE THAN 1,115 DIALYSIS PATIENTS AND KIDNEY TRANSPLANT RECIPIENTS DURING THE YEAR THE CENTER FOR DIALYSIS INNOVATION RECENTLY LAUNCHED AT THE UNIVERSITY OF WASHINGTON WITH A GRANT FROM NORTHWEST KIDNEY CENTERS FOR \$15 MILLION OVER FIVE YEARS THE MISSION IS TO REVOLUTIONIZE DIALYSIS TECHNOLOGY

Form 990, Part III, Line 4b:

NORTHWEST KIDNEYS CENTERS PROVIDED NEPHROLOGY FELLOWSHIPS FOR FOUR PHYSICIANS TO DO ADVANCED STUDY OF KIDNEY DISEASE AND RENAL CARE AT THE UNIVERSITY OF WASHINGTON. WE AIM TO ENSURE THAT PROFESSIONAL CARE WILL CONTINUE TO BE AVAILABLE FOR FUTURE KIDNEY PATIENTS. WE PROVIDED SIGNIFICANT SUPPORT FOR THE KIDNEY RESEARCH INSTITUTE, A COLLABORATION BETWEEN NORTHWEST KIDNEY CENTERS AND UW MEDICINE. AS OF JUNE 30, 2018, THE KIDNEY RESEARCH INSTITUTE HAD 30 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 1,100 SCIENTIFIC PAPERS IN PEER-REVIEWED JOURNALS FROM ITS INCEPTION IN 2008 THROUGH JUNE 2018. NORTHWEST KIDNEY CENTERS' INVESTMENT IN THE KIDNEY RESEARCH INSTITUTE HAD HELPED TO LEVERAGE OVER \$100 MILLION IN FUNDING FROM THE NATIONAL INSTITUTES OF HEALTH AS OF JUNE 30, 2018.

Form 990, Part III, Line 4c:

NORTHWEST KIDNEY CENTERS OFFERS FREE 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 THE CLASS PROGRAM PROVIDES OUTREACH TO PEOPLE WHO ARE NOT DIALYSIS PATIENTS AND MAY HELP THEM KEEP THEIR KIDNEYS HEALTHY ENOUGH SO THAT THEY NEVER NEED TO GO ON DIALYSIS, OR CAN DELAY ITS ONSET THE PATIENT-FOCUSED, EVIDENCE-BASED CURRICULUM WAS DEVELOPED BY NORTHWEST KIDNEY CENTERS THE MOST POPULAR CLASS, CHOICES, OFFERED SEVERAL TIMES EACH MONTH, ATTRACTED A TOTAL OF 759 ATTENDEES IN ADDITION TO ITS FREE CLASSES, NORTHWEST KIDNEY CENTERS PARTICIPATED IN 69 COMMUNITY HEALTH EDUCATION AND OUTREACH ACTIVITIES, REACHING A TOTAL OF 13,830 PEOPLE DURING THE YEAR

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)				
(Code)	(Expenses \$ 35,885	including grants of \$ 35,885	(Revenue \$)	
EMERGENCY ASSISTANCE PROGRAMS WE PROVIDED FINANCIAL ASSISTANCE TO NEEDY PATIENTS WITH FOOD, HOUSING, AND OTHER EXPENSES (381 PATIENTS)				
(Code)	(Expenses \$ 11,750	including grants of \$ 11,750	(Revenue \$)	
SCHOLARSHIP PROGRAMS WE PROVIDED SCHOLARSHIPS TO SIX EMPLOYEES TO ENHANCE THEIR JOB SKILLS VIA HIGHER EDUCATION				

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (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)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
LISA FLORENCE CHAIR	2 00	X		X				0	0	0
VIRGINIA BROUDY VICE-CHAIR	1 00	X		X				0	0	0
GARY HOULAHAN BOARD MEMBER	1 00	X						0	0	0
RAJ MEHROTRA BOARD MEMBER	1 00	X						0	0	0
CLINTON RANDOLPH BOARD MEMBER	1 00	X						0	0	0
REX OCHI BOARD MEMBER/MEDICAL DIRECTOR	10 00	X						70,000	0	0
MARK OSTROW BOARD MEMBER	2 00	X						0	0	0
CYRUS CRYST BOARD MEMBER/MEDICAL DIRECTOR	6 00	X						76,563	0	0
JAMES MANNING BOARD MEMBER	2 00	X						0	0	0
ROBERT WALERIUS BOARD MEMBER	2 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (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)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
KELLY WALLACE BOARD MEMBER	1 00 0 00	X						0	0	0
RICHARD BLOCH BOARD MEMBER	2 00 0 00	X						0	0	0
RICHARD GREAVES BOARD MEMBER	2 00 0 00	X						0	0	0
CHARLEEN TACHIBANA BOARD MEMBER	1 00 0 00	X						0	0	0
LARA MACKLIN BOARD MEMBER	1 00 0 00	X						0	0	0
MEREDITH MATHEWS BOARD MEMBER	1 00 0 00	X						0	0	0
OWEN APPLEQUIST BOARD MEMBER	1 00 0 00	X						0	0	0
ANDREW BROCKENBOUGH BOARD MEMBER/MEDICAL DIRECTOR	4 00 0 00	X						90,000	0	0
JOYCE JACKSON CEO & PRESIDENT	50 00 0 00			X				558,757	0	40,604
CARRIE MCCABE CFO & VP OF FINANCE	50 00 0 00			X				331,726	0	26,223

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (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)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MARY MCHUGH VP OF ADMINISTRATIVE SERVICES	50 00 0 00			X				261,742	0	25,711
BONNIE COLLINS ASSOCIATE CHIEF MEDICAL OFFICER	50 00 0 00				X			378,212	0	27,803
SUZANNE WATNICK CHIEF MEDICAL OFFICER	50 00 0 00				X			369,374	0	8,845
CONNIE ANDERSON VP OF CLINICAL OPERATIONS	50 00 0 00				X			306,626	0	25,810
LEANNA TYSHLER CKD & CLIN QUAL INITIATIVES MED ADV	50 00 0 00					X		320,779	0	25,828
BRUCE ELKINGTON VP OF INFORMATION SERVICES/CIP	50 00 0 00					X		235,981	0	23,257
AUSTIN ROSS VP OF PLANNING	50 00 0 00					X		224,493	0	24,317
JANE PRYOR VP OF DEVELOPMENT & PR RELATIONS	50 00 0 00					X		206,355	0	21,928
THOMAS MONTEMAYOR PHARMACY MANAGER	50 00 0 00					X		189,492	0	20,628

SCHEDULE A (Form 990 or 990EZ)	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. ▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990 .	OMB No 1545-0047
		2017 Open to Public Inspection
Department of the Treasury Internal Revenue Service 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 12, 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 (Form 990 or 990-EZ))
- 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 agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university _____
- 10

☒

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)
- 11

☐

An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- 12

☐

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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
- a

☐

Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
- b

☐

Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
- c

☐

Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
- d

☐

Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
- e

☐

Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
- f

Enter the number of supported organizations _____
- g

Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 170(b)(1)(A)(vi), and 170(b)(1)(A)(ix)

(Complete only if you checked the box on line 5, 7, 8, or 9 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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant ")						
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)2013	(b)2014	(c)2015	(d)2016	(e)2017	(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 VI)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc (see instructions)					12	
13	First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► ☐						

Section C. Computation of Public Support Percentage		
14	Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	14
15	Public support percentage for 2016 Schedule A, Part II, line 14	15
16a	33 1/3% support test—2017. 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—2016. 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—2017. 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 VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ► ☐	
b	10%-facts-and-circumstances test—2016. 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 VI 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 10 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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	2,543,163	2,137,144	2,050,476	3,142,407	2,772,404	12,645,594
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	100,484,275	114,559,412	119,856,217	123,053,165	126,235,913	584,188,982
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	103,027,438	116,696,556	121,906,693	126,195,572	129,008,317	596,834,576
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	117,905	130,015	160,509	306,911	246,405	961,745
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	117,905	130,015	160,509	306,911	246,405	961,745
8 Public support. (Subtract line 7c from line 6.)						595,872,831

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6	103,027,438	116,696,556	121,906,693	126,195,572	129,008,317	596,834,576
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	527,646	731,898	1,104,477	1,489,189	1,869,371	5,722,581
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	527,646	731,898	1,104,477	1,489,189	1,869,371	5,722,581
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 VI.)	2,167	1,272	4,548	6,245	2,428	16,660
13 Total support. (Add lines 9, 10c, 11, and 12.)	103,557,251	117,429,726	123,015,718	127,691,006	130,880,116	602,573,817
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► ☐						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	15	98.890 %
16 Public support percentage from 2016 Schedule A, Part III, line 15	16	99.060 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	0.950 %
18 Investment income percentage from 2016 Schedule A, Part III, line 17	18	0.760 %

19a 33 1/3% support tests—2017. 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—2016. 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 Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>	1	
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>	2	
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>	3a	
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>	3b	
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>	3c	
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>	4a	
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>	4b	
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>	4c	
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>	5a	
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b	
c Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>	6	
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	7	
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	8	
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>	9a	
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>	9b	
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>	9c	
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>	10a	
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>	10b	

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI</i>		
	11a	
	11b	
	11c	

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
	1	
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>		
	2	

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		
	1	

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
	1	
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
	2	
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
	3	

Section E. Type III Functionally-Integrated Supporting Organizations

- 1** Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (**see instructions**)
- a** ☐ The organization satisfied the Activities Test. Complete **line 2** below.
- b** ☐ The organization is the parent of each of its supported organizations. Complete **line 3** below.
- c** ☐ The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions).

2 Activities Test. Answer (a) and (b) below.

	Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
	2a	
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
	2b	
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
	3a	
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
	3b	

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1** ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI) **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI)			
2 Acquisition indebtedness applicable to non-exempt use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7 ☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)			

Part V

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2017 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013.			
c From 2014.			
d From 2015.			
e From 2016.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2017 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 Excess distributions carryover to 2018. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2013.			
b Excess from 2014.			
c Excess from 2015.			
d Excess from 2016.			
e Excess from 2017.			

Part VI Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1, Part V, Section B, line 1e, Part V Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions)

Facts And Circumstances Test

990 Schedule A, Supplemental Information

Return Reference	Explanation
SCHEDULE A, PART III, LINE 12, EXPLANATION OF OTHER INCOME	MISC INCOME - 2013 AMOUNT \$ 2,167 2014 AMOUNT \$ 594 2015 AMOUNT \$ 312 2016 AMOUNT \$ 513 2017 AMOUNT \$ -375 INTEREST CAPITALIZATION - CLASS ACTION SETTLEMENT - 2014 AMOUNT \$ 678 REIMBURSEMENTS - 2015 AMOUNT \$ 4,236 2016 AMOUNT \$ 5,130 2017 AMOUNT \$ 2,803 LI REFUND - 2016 AMOUNT \$ 602

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

OMB No 1545-0047

2017

Open to Public Inspection

If the organization answered "Yes" on 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" on 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" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

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

Name of the organization NORTHWEST KIDNEY CENTERS	Employer identification number 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 (see instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (see instructions) ▶ \$
- 3 Volunteer hours for political campaign activities (see instructions) ▶

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-
1				
2				
3				
4				
5				
6				

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

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 separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(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 on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity

		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?	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?	Yes		150,561
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		3,226
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?		No	
j	Total. Add lines 1c through 1i			153,787
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).	2a	
a	Current year	2b	
b	Carryover from last year	2c	
c	Total	3	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	4	
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?	5	
5	Taxable amount of lobbying and political expenditures (see instructions)		

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, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information.

Return Reference	Explanation
PART II-B, LINE 1	NORTHWEST KIDNEY CENTERS ENGAGED IN LOBBYING AT THE STATE AND FEDERAL LEVEL DURING THE FISCAL YEAR ENDED 6/30/18. GRANTS TO ORGANIZATIONS FOR LOBBYING PURPOSES INCLUDE PAYMENTS TO KIDNEY RELATED LOBBYING ORGANIZATIONS. NORTHWEST KIDNEY CENTERS STAFF MEMBERS TRAVELED TO WASHINGTON, D C TO MEET WITH MEMBERS OF CONGRESS IN AN ONGOING EFFORT TO KEEP THEM INFORMED OF THE NEEDS AND CONCERNS OF KIDNEY PATIENTS. STAFF AND VOLUNTEERS VISIT STATE LEGISLATORS ONE DAY EACH YEAR TO EDUCATE THE LEGISLATORS ON THE PREVALENCE OF KIDNEY DISEASE AND TO ADVOCATE FOR BILLS THAT WOULD SUPPORT OPTIMAL CARE FOR KIDNEY PATIENTS. THE GROUP TRAVELED TO OLYMPIA, WA, TO ADVOCATE FOR ISSUES THAT HELP KIDNEY PATIENTS.

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As Filed Data -

DLN: 93493135118539

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
► Attach to Form 990.

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

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
NORTHWEST KIDNEY CENTERS

Employer identification number
91-6057438

Part I

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

1

Total number at end of year

2

Aggregate value of contributions to (during year)

3

Aggregate value of grants from (during year)

4

Aggregate value at end of year

(a) Donor advised funds

(b) Funds and other accounts

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" on 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

2a

2b

2c

2d

Held at the End of the Year

3

Number of conservation easements on a certified historic structure included in (a)

4

Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register

5

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

6

Number of states where property subject to conservation easement is located ►

7

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

8

Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ►

9

Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \$

10

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

11

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" on 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

1b

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) Revenue included on 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

Revenue included on Form 990, Part VIII, line 1

b

Assets included in Form 990, Part X

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Cat No 52283D

Schedule D (Form 990) 2017

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" on 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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

☐ 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" on Form 990, Part IV, line 10.

	(a)Current year	(b)Prior year	(c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance	6,471,445	5,915,778	5,627,607	6,095,473	4,353,054
b Contributions	42,010	235,671	396,006	164,487	1,096,612
c Net investment earnings, gains, and losses	129,702	467,692	129,245	4,225	689,916
d Grants or scholarships					
e Other expenditures for facilities and programs	158,403	147,696	237,080	636,578	44,109
f Administrative expenses					
g End of year balance	6,484,754	6,471,445	5,915,778	5,627,607	6,095,473

2

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

a

Board designated or quasi-endowment

54 860 %

b

Permanent endowment

37 500 %

c

Temporarily restricted endowment

7 640 %

The percentages on 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

(i) unrelated organizations

3a(i)

No

(ii) related organizations

3a(ii)

No

b

If "Yes" on 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" on 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		9,799,208		9,799,208
b Buildings		29,062,179	19,446,194	9,615,985
c Leasehold improvements		40,166,311	23,560,566	16,605,745
d Equipment		36,035,132	26,362,808	9,672,324
e Other		5,854,163		5,854,163
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				51,547,425

Schedule D (Form 990) 2017

Part VII

Investments—Other Securities. Complete if the organization answered "Yes" on 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		
(3) Other _____		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12) ▶		

Part VIII

Investments—Program Related. Complete if the organization answered 'Yes' on 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
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13) ▶		

Part IX

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15) ▶	

Part X

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

(a) Description of liability	(b) Book value
(1) Federal income taxes	
DEFERRED COMPENSATION	807,478
DEFERRED TENANT LEASEHOLD ALLOWANCE	972,754
DEFERRED RENT	1,426,939
INTEREST RATE SWAP CONTRACT	814,404
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶	4,021,575

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' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	132,499,979
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	-4,022,952
b	Donated services and use of facilities	2b	54,093
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	23,237
e	Add lines 2a through 2d	2e	-3,945,622
3	Subtract line 2e from line 1	3	136,445,601
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	-9,528,699
c	Add lines 4a and 4b	4c	-9,528,699
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)	5	126,916,902

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	126,953,126
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	54,093
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	10,081,559
e	Add lines 2a through 2d	2e	10,135,652
3	Subtract line 2e from line 1	3	116,817,474
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	6,279
c	Add lines 4a and 4b	4c	6,279
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)	5	116,823,753

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
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

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

Supplemental Information

Return Reference	Explanation
PART V, LINE 4	FUNDS ARE USED FOR KIDNEY DISEASE RESEARCH, PATIENT SCHOLARSHIPS AND PATIENT EMERGENCIES

Supplemental Information	
Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS	CHANGE IN VALUE OF SPLIT INTEREST AGREEMENT 24,467 RECLASS METRO PASS EXPENSE -4,230 REM OVAL OF NORTHWEST KIDNEY CARE ALLIANCE REVENUE 3,000

Supplemental Information	
Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS	RENTAL EXPENSES REPORTED ON PART VIII -10,548 SPECIAL EVENT EXPENSES REPORTED ON PART VII I -310,433 PHARMACY COST OF GOODS SOLD -9,209,767 RENTAL INCOME 2,049

Supplemental Information	
Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS	RENTAL EXPENSES REPORTED ON PART VIII 10,548 SPECIAL EVENT EXPENSES REPORTED ON PART VIII 310,433 PHARMACY COST OF GOODS SOLD 9,209,767 REMOVAL OF NORTHWEST KIDNEY CARE ALLIANCE EXPENSES 550,811

Supplemental Information	
Return Reference	Explanation
PART XII, LINE 4B - OTHER ADJUSTMENTS	RECLASS METRO PASS EXPENSE 4,230 RENTAL INCOME 2,049

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

OMB No 1545-0047

2017

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" on 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

e ☐ Solicitation of non-government grants

b ☐ Internet and email solicitations

f ☐ Solicitation of government grants

c ☐ Phone solicitations

g ☐ Special fundraising events

d ☐ In-person solicitations
- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No
- b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
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" on 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	(b) Event #2	(c) Other events	(d)
		GALA (event type)	BREAKFAST OF HOPE (event type)	(total number)	Total events (add col (a) through col (c))
Revenue	1 Gross receipts	721,343	347,985		1,069,328
	2 Less Contributions	654,619	328,517		983,136
	3 Gross income (line 1 minus line 2)	66,724	19,468		86,192
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs		11,748		11,748
	7 Food and beverages	81,756	27,974		109,730
	8 Entertainment	7,750			7,750
	9 Other direct expenses	127,537	51,640		179,177
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				308,405
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				-222,213

Part III Gaming. Complete if the organization answered "Yes" on 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			20,800	20,800
	2 Cash prizes				
Direct Expenses	3 Noncash prizes			2,028	2,028
	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) ▶				2,028
	8 Net gaming income summary Subtract line 7 from line 1, column (d) ▶				18,772

- 9** Enter the state(s) in which the organization conducts gaming activities WA
- a** Is the organization licensed to conduct 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 conduct 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 conducted in	
a The organization's facility	13a _____ %
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 ► CARRIE MCCABE

Address ► 700 BROADWAY
SEATTLE, WA 981224310

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 provide any additional information (see instructions).

Return Reference

Explanation

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
NORTHWEST KIDNEY CENTERS

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

Complete if the organization answered "Yes," on 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

2017

Open to Public Inspection

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 Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on 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 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 noncash assistance	(h) Purpose of grant or assistance
(1) UNIVERSITY OF WASHINGTON 3917 UNIVERSITY WAY NE SEATTLE, WA 98105	91-6001537	GOVT - UNIVERSITY	2,711,134				SEE SCHEDULE I, PART IV

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

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on 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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) EMERGENCY GRANTS TO COVER FOOD, HOUSING, UTILITIES AND	381	35,585		N/A	N/A
(2) SCHOLARSHIPS	6	11,500		N/A	N/A
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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 (UWSOM)/DIVISION OF NEPHROLOGY AS DESCRIBED IN THE "GIFT AGREEMENT BETWEEN NORTHWEST KIDNEY CENTERS AND UNIVERSITY OF WASHINGTON SCHOOL OF MEDICINE/DIVISION OF NEPHROLOGY" (DATED AUGUST 21, 2006) ALONG WITH ITS FOLLOWING 12 ANNUAL EXTENSIONS, THE FOLLOWING PROVISIONS WERE ESTABLISHED IN REGARD TO PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS PARAGRAPH A-FOR FISCAL YEAR 2018 (FISCAL YEAR STARTS IN JULY 2017 AND ENDS IN JUNE 2018) 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 RESIDE 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
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 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 TWO VOLUNTEERS (ONE FROM TRUSTEE BOARD AND ONE FROM FOUNDATION BOARD), HR REPRESENTATIVE, ONE CLINICAL DIRECTOR, CKD PROGRAM MANAGER (MSW) 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

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**
- ▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**
▶ **Attach to Form 990.**
- ▶ **Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.**

Name of the organization
NORTHWEST KIDNEY CENTERS

Employer identification number

91-6057438

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on 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 indemnification 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.

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?

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 on 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?

b Participate in, or receive payment from, a supplemental nonqualified retirement plan?

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.

Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

a The organization?

b Any related organization?

If "Yes," on line 5a or 5b, describe in Part III.

6 For persons listed on 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?

b Any related organization?

If "Yes," on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.

8 Were any amounts reported on Form 990, Part VII, paid or accrued 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.

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

Yes No

1b

2

4a

No

4b

No

4c

No

5a

No

5b

No

6a

No

6b

No

7

Yes

8

No

9

For each individual whose compensation must be reported on 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.

See Additional Data Table

Schedule J (Form 990) 2017

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 NKC'S BROADER CONSTITUENTS AND TO RECOGNIZE SPECIAL CONTRIBUTIONS TO NKC'S FINANCIAL AND OPERATIONAL SUCCESS. THE EXECUTIVE COMMITTEE OF THE BOARD SHALL MEET ANNUALLY TO ESTABLISH REASONABLE FINANCIAL AND OTHER GOALS FOR THE COMING YEAR. AT THE CONCLUSION OF THE 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 MEET WITH THE CEO.

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 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 in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1JOYCE JACKSON CEO & PRESIDENT	(i)	477,199	70,074	11,484	16,200	24,404	599,361	0
	(ii)	0	0	0	0	0	0	0
1CARRIE MCCABE CFO & VP OF FINANCE	(i)	295,548	35,074	1,104	16,200	10,023	357,949	0
	(ii)	0	0	0	0	0	0	0
2MARY MCHUGH VP OF ADMINISTRATIVE SERVICES	(i)	260,564	74	1,104	15,808	9,903	287,453	0
	(ii)	0	0	0	0	0	0	0
3BONNIE COLLINS ASSOCIATE CHIEF MEDICAL OFFICER	(i)	337,040	35,074	6,098	15,987	11,816	406,015	0
	(ii)	0	0	0	0	0	0	0
4SUZANNE WATNICK CHIEF MEDICAL OFFICER	(i)	339,300	30,074	0	0	8,845	378,219	0
	(ii)	0	0	0	0	0	0	0
5CONNIE ANDERSON VP OF CLINICAL OPERATIONS	(i)	293,585	6,511	6,530	15,867	9,943	332,436	0
	(ii)	0	0	0	0	0	0	0
6LEANNA TYSHLER CKD & CLIN QUAL INIATIVES MED ADV	(i)	309,985	10,074	720	15,806	10,022	346,607	0
	(ii)	0	0	0	0	0	0	0
7BRUCE ELKINGTON VP OF INFORMATION SERVICES/CIP	(i)	232,738	74	3,169	11,586	11,671	259,238	0
	(ii)	0	0	0	0	0	0	0
8AUSTIN ROSS VP OF PLANNING	(i)	207,388	15,074	2,031	12,748	11,569	248,810	0
	(ii)	0	0	0	0	0	0	0
9JANE PRYOR VP OF DEVELOPMENT & PR RELATIONS	(i)	183,396	20,233	2,726	10,495	11,433	228,283	0
	(ii)	0	0	0	0	0	0	0
10THOMAS MONTEMAYOR PHARMACY MANAGER	(i)	184,748	4,373	371	11,155	9,473	210,120	0
	(ii)	0	0	0	0	0	0	0

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DLN: 93493135118539

Schedule K
(Form 990)

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

OMB No 1545-0047

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service
Name of the organization
NORTHWEST KIDNEY CENTERS

Employer identification number
91-6057438

Part I Bond Issues											
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A WASHINGTON HEALTH CARE FACILITIES AUTHORITY	91-1108929	NONEAVAIL	12-21-2012	10,400,000	CAPITAL IMPROVEMENTS		X		X		X
B WASHINGTON HEALTH CARE FACILITIES AUTHORITY	99-1108929	NONEAVAIL	06-21-2018	44,175,000	CAPITAL IMPROVEMENTS		X		X		X

Part II		Proceeds									
		A		B		C		D			
1	Amount of bonds retired	2,739,411									
2	Amount of bonds legally defeased										
3	Total proceeds of issue	10,400,000		44,175,000							
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		5,270,000							
11	Other spent proceeds	7,285,843									
12	Other unspent proceeds			38,905,000							
13	Year of substantial completion	2012		2019							
		Yes	No	Yes	No	Yes	No	Yes	No		
14	Were the bonds issued as part of a current refunding issue?	X			X						
15	Were the bonds issued as part of an advance refunding issue?		X		X						
16	Has the final allocation of proceeds been made?	X			X						
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X							

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

Part III Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?		X		X				
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c Are there any research agreements that may result in private business use of bond-financed property?		X		X				
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	0 %		0 %					
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 ▶	0 %		0 %					
6 Total of lines 4 and 5	0 %		0 %					
7 Does the bond issue meet the private security or payment test? . . .		X		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		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		X					

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? . . .		X		X				
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?	X		X					
b Exception to rebate?		X		X				
c No rebate due?		X		X				
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?		X	X					
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X	X					
b Name of provider			US BANK					
c Term of hedge			1000 0000000000 %					
d Was the hedge superintegrated?			X					
e Was the hedge terminated?				X				

Part IV Arbitrage (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X				
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X		X				
7 Has the organization established written procedures to monitor the requirements of section 148?	X		X					

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	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		X					

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

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DLN: 93493135118539

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

2017

Open to Public Inspection

Name of the organization
NORTHWEST KIDNEY CENTERS

Employer identification number
91-6057438

Part I	Types of Property	(a) Check if applicable	(b) Number of contributions or items contributed	(c) 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	4	23,100	BOOK VALUE
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/RAFFLE ITEMS)	X	36	21,063	FMV
26	Other ► (VARIOUS ITEMS)	X	2	210	BOOK VALUE
27	Other ► ()				
28	Other ► ()				
29	Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement	29			0
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?				
b	If "Yes," describe the arrangement in Part II				
31	Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?				
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?				
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 PART I, COL (B) REPRESENTS THE NUMBER OF CONTRIBUTIONS RECEIVED

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization
NORTHWEST KIDNEY CENTERS

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2017

Open to Public Inspection

Employer identification number

91-6057438

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART I, LINE 6	NORTHWEST KIDNEY CENTERS IS LED BY A VOLUNTEER BOARD OF TRUSTEES AND BY A FOUNDATION BOARD THAT HELPS RAISE MONEY AND MAKE CONNECTIONS THEY ARE JOINED BY SEVERAL HUNDRED OTHER VOLUNTEERS AS NEEDED TO STAFF EVENTS FOCUSED ON FUNDRAISING OR COMMUNITY

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	THE BOARD OF TRUSTEES' FINANCE AND AUDIT COMMITTEE REVIEWED THE 2017 FORM 990 BEFORE IT WAS FILED THE 2017 FORM 990 WAS AVAILABLE AND REVIEWED WITH THE FULL BOARD OF TRUSTEES BEFORE IT WAS FILED

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	THE ORGANIZATION REQUIRES ALL BOARD MEMBERS, OFFICERS AND MANAGERS ANNUALLY TO DISCLOSE FINANCIAL INTERESTS AND PERSONAL RELATIONSHIPS WITH POTENTIAL TO GIVE RISE TO A CONFLICT EACH OF THEM GETS A COPY OF THE CONFLICT OF INTEREST POLICY ALONG WITH A LIST OF VENDORS AND CONTRACTORS, RECIPIENTS ARE REQUIRED TO INDICATE ANY INTEREST IN THE COMPANIES LISTED ALL DISCLOSURES ARE REVIEWED BY THE BOARD CHAIR, THE CHAIR OF THE BOARD'S COMPLIANCE COMMITTEE, AND THE PRESIDENT/CEO THEY DECIDE IF ANY POTENTIAL CONFLICT EXISTS AND THEN FOLLOW UP WITH SPECIFIC INDIVIDUALS AS NEEDED, AND REPORT TO THE BOARD OF TRUSTEES ON THE COMPLETED REVIEW PROCESS INDIVIDUAL BOARD MEMBERS ARE REMINDED TO ABSTAIN FROM VOTES IF THERE IS A POTENTIAL CONFLICT OF INTEREST THE CONFLICT OF INTEREST POLICY IS SHARED WITH ALL NEW EMPLOYEES AND NEW BOARD MEMBERS AND IT IS POSTED ON NORTHWEST KIDNEY CENTERS' INTRANET

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	NORTHWEST KIDNEY CENTERS BOARD OF TRUSTEES' COMPENSATION COMMITTEE REVIEWS THE PRESIDENT/CEO'S COMPENSATION. THE COMMITTEE CONSISTS OF THREE INDEPENDENT BOARD MEMBERS WHO DO NOT RECEIVE ANY COMPENSATION FROM NORTHWEST KIDNEY CENTERS. THIS COMMITTEE CONTRACTS WITH AN INDEPENDENT FIRM TO PROVIDE AN INTERMEDIATE SANCTIONS LETTER (DETERMINING THE ORGANIZATION IS IN COMPLIANCE) FOR THE COMMITTEE AND TO MEET FIDUCIARY AND IRS RESPONSIBILITIES. THIS OUTSIDE REVIEW USES HOSPITAL AND OTHER HEALTH CARE COMPENSATION DATA TO FORMULATE A RECOMMENDATION ON TOTAL COMPENSATION RELATIVE TO SIZE, COMPLEXITY, MARKET LOCATION, AND NATURE OF THE ORGANIZATION. THE COMPENSATION COMMITTEE MAKES A PRESIDENT/CEO SALARY RECOMMENDATION TO THE BOARD OF TRUSTEES' EXECUTIVE COMMITTEE, WHICH ACTS ON THE RECOMMENDATION. THE PROCESS WAS PERFORMED IN NOVEMBER 2017. DATA REGARDING THE VICE PRESIDENTS' PAY HISTORY, CURRENT PAY AND PROPOSED ADJUSTMENTS HAVE BEEN PROVIDED TO THE NORTHWEST KIDNEY CENTERS COMPENSATION COMMITTEE, WHICH IS MADE UP OF THREE INDEPENDENT BOARD MEMBERS, WHO DETERMINE THAT SUCH AMOUNTS ARE CONSISTENT WITH MARKET PARAMETERS. THIS PROCESS WAS LAST PERFORMED IN SEPTEMBER 2017.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION'S BYLAWS, ARTICLES OF INCORPORATION, AND CONFLICT OF INTEREST POLICY ARE AVAILABLE ON REQUEST, CONTACT INFO@NWKIDNEY.ORG THE FISCAL YEAR FINANCIAL RESULTS ARE PUBLISHED IN THE ANNUAL REPORT, AVAILABLE ON WWW.NWKIDNEY.ORG AND DISTRIBUTED IN HARD COPY TO APPROXIMATELY 9,000 INDIVIDUALS INCLUDING PATIENTS, STAFF, PHYSICIANS, DONORS, VOLUNTEERS AND THE GENERAL PUBLIC

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	CHANGE IN VALUE OF SPLIT INTEREST AGREEMENT 24,467

990 Schedule O, Supplemental Information

Return Reference	Explanation
PART XI, LINE 8	THE PRIOR PERIOD ADJUSTMENT TO NET ASSETS OF \$(60,370) IS AN ADJUSTMENT IN THE AUDITED FINANCIAL STATEMENTS TO RECOGNIZE THE INTEREST IN THE ESCO, NORTHWEST KIDNEY CARE ALLIANCE

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
NORTHWEST KIDNEY CENTERS

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

OMB No 1545-0047

2017

Open to Public Inspection

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512(b) (13) controlled entity?	
								Yes	No
(1) NORTHWEST KIDNEY CARE ALLIANCE 700 BROADWAY SEATTLE, WA 98122	ENHANCE QUALITY & REDUCE COST OF HEALTH CARE SERVICES	WA	NORTHWEST KIDNEY CENTERS	C	-53,538		50 000 %	Yes	

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

	Yes	No
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	No
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	Yes
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	Yes
o Sharing of paid employees with related organization(s)	1o	Yes
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
(1) NORTHWEST KIDNEY CARE ALLIANCE	L	540,631	ACTUAL AMOUNT

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

[illegible]

Part VII **Supplemental Information**

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