

Return of Organization Exempt From Income Tax

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

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2009 calendar year, or tax year beginning 07/01, 2009, and ending 06/30, 2010

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization NATIONAL KIDNEY FOUNDATION, INC. Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite 30 EAST 33RD STREET City or town, state or country, and ZIP + 4 NEW YORK, NY 10016	D Employer identification number 13-1673104 E Telephone number (212) 889-2210
	F Name and address of principal officer: JOHN R. DAVIS, 30 EAST 33RD STREET NEW YORK, NY 10016	G Gross receipts \$ 62,425,830. H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c) (3) (Insert no.) 4947(a)(1) or 527		
J Website: ▶ WWW.KIDNEY.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1950 M State of legal domicile: NY

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO PREVENT KIDNEY AND URINARY TRACT DISEASES, IMPROVE THE HEALTH AND WELL-BEING OF INDIVIDUALS AND FAMILIES AFFECTED BY THESE DISEASES, AND INCREASE THE AVAILABILITY OF ALL ORGANS FOR TRANSPLANTATION.		
	2 Check this box <input type="checkbox"/> 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	30
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	29
	5 Total number of employees (Part V, line 2a)	5	484
	6 Total number of volunteers (estimate if necessary)	6	31,500
	7a Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	
b Net unrelated business taxable income from Form 990-T, line 34	7b		
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	31,411,499.	29,176,465.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	17,269,746.	15,462,449.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11a)	-5,263,340.	-1,129,269.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	45,326,551.	46,140,391.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	4,528,353.	4,775,640.
	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)	19,631,214.	21,241,556.
	16a Professional fundraising fees (Part IX, column (A), line 11a)	143,978.	995,431.
	b Total fundraising expenses, Part IX, column (D), line 25) ▶ 5,039,313.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	30,278,248.	25,509,082.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	54,581,793.	52,521,709.
19 Revenue less expenses. Subtract line 18 from line 12	-9,255,242.	-6,381,318.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Year	End of Year
	21 Total liabilities (Part X, line 28)	21,838,662.	21,269,550.
	22 Net assets or fund balances. Subtract line 21 from line 20	11,230,250.	16,291,776.
		10,608,412.	4,977,774.

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 ▶ *John Davis* Signature of officer Date **2/15/2011**

John Davis, Chief Executive Officer Type or print name and title

Paid Preparer's Use Only	Preparer's signature ▶ <i>T. Hammer</i> Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ BDO USA, LLP 100 PARK AVENUE, NEW YORK, NY 10017	Date 2/15/11	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (see instructions) P01384178 EIN ▶ 13-5381590 Phone no. ▶ 212-885-8000
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May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.* Form 990 (2009)

Exempt Organization Declaration and Signature for Electronic Filing

For calendar year 2009, or tax year beginning 07/01, 2009, and ending 06/30, 2010

2009

Department of the Treasury
Internal Revenue Service

For use with Forms 990, 990-EZ, 990-PF, 1120-POL, and 8868

▶ See instructions on back.

Name of exempt organization

NATIONAL KIDNEY FOUNDATION, INC.

Employer identification number

13-1673104

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8453-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a below and the amount on that line for the return for which you are filing this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). If you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12) . . .	1b <u>46140391.</u>
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b _____
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b _____

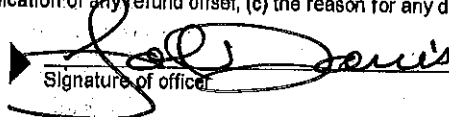
Part II Declaration of Officer

I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.

If a copy of this return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I certify that I executed the electronic disclosure consent contained within this return allowing disclosure by the IRS of this Form 990/990-EZ/990-PF (as specifically identified in Part I above) to the selected state agency(ies).

Under penalties of perjury, I declare that I am an officer of the above named organization and that I have examined a copy of the organization's 2009 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgment of receipt or reason for rejection of the transmission, (b) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) the date of any refund.

Sign Here

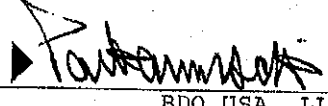

Signature of officer

2/15/2011
Date

Chief Executive Officer
Title

Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer (see instructions)

I declare that I have reviewed the above organization's return and that the entries on Form 8453-EO are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. The organization officer will have signed this form before I submit the return. I will give the officer a copy of all forms and information to be filed with the IRS, and have followed all other requirements in Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I have any knowledge.

ERO's Use Only	ERO's signature ▶ 	Date <u>2/15/11</u>	Check if also paid preparer <input checked="" type="checkbox"/>	Check if self-employed <input type="checkbox"/>	ERO's SSN or PTIN <u>P01384178</u>
	Firm's name (or yours if self-employed), address, and ZIP code ▶ <u>BDO USA, LLP</u> <u>100 PARK AVENUE,</u> <u>NEW YORK NY 10017</u>	EIN <u>13-5381590</u>	Phone no. <u>212-885-8000</u>		

Under penalties of perjury, I declare that I have examined the above return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer is based on all information of which the preparer has any knowledge.

Paid Preparer's Use Only	Preparer's signature ▶ _____	Date _____	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN _____
	Firm's name (or yours if self-employed), address, and ZIP code ▶ _____	EIN _____	Phone no. _____	

For Privacy Act and Paperwork Reduction Act Notice, see back of form.

Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ File a separate application for each return.

- If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box
- If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form). Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits.

Type or print File by the due date for filing your return. See instructions.	Name of Exempt Organization NATIONAL KIDNEY FOUNDATION, INC.	Employer identification number 13-1673104
	Number, street, and room or suite no. If a P.O. box, see instructions. 30 EAST 33RD STREET	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. NEW YORK, NY 10016	

Check type of return to be filed (file a separate application for each return):

- | | | |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

• The books are in the care of ▶ PETROS GREGORIOU

Telephone No. ▶ 212 889-2210 FAX No. ▶ _____

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ . If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 02/15, 2011, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶ calendar year _____ or
- ▶ tax year beginning 07/01, 2009, and ending 06/30, 2010

2 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission:

ATTACHMENT 3

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

4a (Code:) (Expenses \$ 11,810,620. including grants of \$ 10,922.) (Revenue \$ 2,145,590.)

ATTACHMENT 4

4b (Code:) (Expenses \$ 11,514,808. including grants of \$ 15,432.) (Revenue \$ 10,235,873.)

ATTACHMENT 5

4c (Code:) (Expenses \$ 6,705,364. including grants of \$ 1,577,499.) (Revenue \$ 2,206,403.)

ATTACHMENT 6

4d Other program services. (Describe in Schedule O.)

(Expenses \$ 10,302,331. including grants of \$ 3,171,787.) (Revenue \$ 1,529,949.)

4e Total program service expenses ► 40,333,123.

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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?		X
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		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	X	
5	Sections 501(c)(4), 501(c)(6), and 501(c)(29) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where 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		X
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	X	
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	X	
	• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.		
	• 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.		
	• 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.		
	• 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.		
	• Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.		
	• 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? If "Yes," complete Schedule D, Part X.		
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII.		X
12A	Was the organization included in consolidated, independent audited financial statement for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional.	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
14b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II.		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III		X
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	X	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 6a? If "Yes," complete Schedule G, Part II	X	
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		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H		X

Part IV Checklist of Required Schedules (continued)

Table with 4 columns: Question ID, Question Text, Yes, No. Rows 21-38. Includes questions about grants, compensation, bond issues, excess benefit transactions, and related organizations.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Table with columns for question number, question text, and Yes/No columns. Includes questions 1a through 12b regarding IRS filings and tax compliance.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body (30), 1b Enter the number of voting members that are independent (29), 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? (X), 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? (X), 4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? (X), 5 Did the organization become aware during the year of a material diversion of the organization's assets? (X), 6 Does the organization have members or stockholders? (X), 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? (X), 7b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? (X), 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? (X), 8b Each committee with authority to act on behalf of the governing body? (X), 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 (X).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Does the organization have local chapters, branches, or affiliates? (X), 10b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? (X), 11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? (X), 12a Does the organization have a written conflict of interest policy? If "No," go to line 13 (X), 12b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (X), 12c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done (X), 13 Does the organization have a written whistleblower policy? (X), 14 Does the organization have a written document retention and destruction policy? (X), 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a The organization's CEO, Executive Director, or top management official (X), 15b Other officers or key employees of the organization (X), 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? (X), 16b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed ATTACHMENT 7
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
[X] Own website [] Another's website [X] Upon request
19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: PETROS GREGORIOU, 30 EAST 33RD STREET, NEW YORK, NY 10016 212-889-2210

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

- 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. 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, and 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 the organization did not compensate any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
JOHN R. DAVIS CHIEF EXECUTIVE OFFICER	35.00	X		X			404,786.	0	234,722.	
WILLIAM CELLA CHAIRMAN	1.00	X		X			0.	0.	0.	
BRYAN BECKER PRESIDENT	1.00	X		X			0.	0.	0.	
DEBORAH BROMMAGE SECRETARY	1.00	X		X			0.	0.	0.	
KEN HOWARD CHANCELLOR	1.00	X		X			0.	0.	0.	
THOMAS MCDONOUGH IMMEDIATE PAST CHAIRMAN	1.00	X					0.	0.	0.	
LYNDA SZCZECH PRESIDENT ELECT	1.00	X					0.	0.	0.	
ALLAN COLLINS IMMEDIATE PAST PRESIDENT	1.00	X					0.	0.	0.	
JOSEPH ABRUZZESE BOARD MEMBER	1.00	X					0.	0.	0.	
TODD BAUR BOARD MEMBER	1.00	X					0.	0.	0.	
DEREK BRUCE BOARD MEMBER	1.00	X					0.	0.	0.	
ALEXANDER M. CAPRON BOARD MEMBER	1.00	X					0.	0.	0.	
JAMES CARLSON BOARD MEMBER	1.00	X					0.	0.	0.	
JANE DAVIS BOARD MEMBER	1.00	X					0.	0.	0.	
THOMAS DAVIS BOARD MEMBER	1.00	X					0.	0.	0.	
FRANCIS DELMONICO BOARD MEMBER	1.00	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
WILLIAM DESSOFFY BOARD MEMBER	1.00	X					0.	0.	0.	
BRIAN DILSHEIMER BOARD MEMBER	1.00	X					0.	0.	0.	
JAY JUSTICE BOARD MEMBER	1.00	X					0.	0.	0.	
JOHN KIRKENDALL BOARD MEMBER	1.00	X					0.	0.	0.	
DENNIS MORGAN BOARD MEMBER	1.00	X					0.	0.	0.	
HOWARD NATHAN BOARD MEMBER	1.00	X					0.	0.	0.	
SISTER MICHELE O'BRIEN BOARD MEMBER	1.00	X					0.	0.	0.	
RONALD RITTENMEYER BOARD MEMBER	1.00	X					0.	0.	0.	
GUY SCALZI BOARD MEMBER	1.00	X					0.	0.	0.	
GREGORY SCOTT BOARD MEMBER	1.00	X					0.	0.	0.	
MICHAEL SEXTON BOARD MEMBER	1.00	X					0.	0.	0.	
RUBEN VALEZ BOARD MEMBER	1.00	X					0.	0.	0.	
ED WALTER BOARD MEMBER	1.00	X					0.	0.	0.	
1b Total CONTINUED AT SCHEDULE J-2							3,036,089.	0.	759,922.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **44**

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 8		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **12**

Part VIII Statement of Revenue

13-1673104

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	1a	794,738.			
	b	Membership dues	1b				
	c	Fundraising events	1c	10,778,734.			
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	17,602,993.			
	g	Noncash contributions included in lines 1a-1f: \$		5,407,035.			
	h	Total. Add lines 1a-1f ▶		29,176,465.			
Program Service Revenue			Business Code				
	2a	GRANT AND CONTRACT REVENUE	611600	4,157,238.	4,157,238.		
	b	KEEP GRANTS AND CONTRACT REVENUE	621990	3,711,901.	3,711,901.		
	c	SPONSORSHIPS	611600	2,013,137.			2,013,137.
	d	THRIFT STORE REVENUE	448000	968,253.			968,253.
	e	REGISTRATION FEES	611600	709,120.	709,120.		
	f	All other program service revenue	511120	3,902,800.	3,378,749.		524,051.
	g	Total. Add lines 2a-2f ▶		15,462,449.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) ▶		181,426.			181,426.
	4	Income from investment of tax-exempt bond proceeds ▶		0.			
	5	Royalties ▶		1,975,380.			1,975,380.
			(i) Real	(ii) Personal			
	6a	Gross Rents					
	b	Less: rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss) ▶		0.			
			(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory	7,493,248.	5,407,035.			
	b	Less: cost or other basis and sales expenses	7,493,248.	6,717,730.			
	c	Gain or (loss)		-1,310,695.			
	d	Net gain or (loss) ▶		-1,310,695.			-1,310,695.
	8a	Gross income from fundraising events (not including \$ 10,778,734. of contributions reported on line 1c). See Part IV, line 18 a	ATCH 9	1,974,180.			
	b	Less: direct expenses b		1,974,180.			
	c	Net income or (loss) from fundraising events ▶	ATCH. 10	0.			
	9a	Gross income from gaming activities. See Part IV, line 19 a					
	b	Less: direct expenses b					
c	Net income or (loss) from gaming activities ▶		0.				
10a	Gross sales of inventory, less returns and allowances a		329,992.				
b	Less: cost of goods sold b		100,281.				
c	Net income or (loss) from sales of inventory ▶	ATCH. 11	229,711.	229,711.			
Miscellaneous Revenue			Business Code				
11a	MISCELLANEOUS REVENUE	611710	425,655.	425,655.			
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d ▶		425,655.				
12	Total Revenue. See instructions ▶		46,140,391.	12,612,374.		4,351,552.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

<i>Do not include amounts reported on lines 8b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 . . .	0.			
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	4,775,640.	4,775,640.		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	0.			
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	3,433,431.	2,461,427.	823,680.	148,324.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . .	0.			
7 Other salaries and wages	13,866,643.	9,943,608.	3,323,525.	599,510.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . .	461,443.	330,809.	110,700.	19,934.
9 Other employee benefits	2,056,139.	1,473,553.	492,355.	90,231.
10 Payroll taxes	1,423,900.	1,020,794.	341,594.	61,512.
11 Fees for services (non-employees):				
a Management	0.			
b Legal	48,127.	34,269.	11,335.	2,523.
c Accounting	126,679.	90,816.	30,390.	5,473.
d Lobbying	232,895.	197,649.	29,868.	5,378.
e Professional fundraising services. See Part IV, line 17	995,431.			995,431.
f Investment management fees	69,396.	22,198.	47,198.	
g Other	1,974,944.	1,652,453.	257,131.	65,360.
12 Advertising and promotion	1,190,928.	473,090.	52,989.	664,849.
13 Office expenses	3,541,278.	3,023,844.	500,867.	16,567.
14 Information technology	474,455.	333,718.	101,809.	38,928.
15 Royalties	3,149.	1,964.	80.	1,105.
16 Occupancy	2,568,734.	1,839,723.	613,289.	115,722.
17 Travel	1,578,865.	1,119,353.	235,509.	224,003.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	2,633,588.	970,573.	44,276.	1,618,739.
20 Interest	32,340.	23,164.	7,751.	1,425.
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	367,193.	263,240.	88,090.	15,863.
23 Insurance	266,223.	155,086.	50,559.	60,578.
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a SPECIAL PROJECTS - PROGRAMS	8,422,460.	8,422,460.		
b SPECIAL PROJECTS - MARKETING	1,106,014.	1,106,014.		
c TRANSPLANT GAMES	467,595.	467,595.		
d DUES AND SUBSCRIPTIONS	57,816.	40,221.	11,231.	6,364.
e TAXES	6,418.	4,601.	1,540.	277.
f All other expenses	339,985.	85,261.	-26,493.	281,217.
25 Total functional expenses. Add lines 1 through 24f	52,521,709.	40,333,123.	7,149,273.	5,039,313.
26 Joint Costs. Check here <input type="checkbox"/> If following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A)		(B)	
		Beginning of year		End of year	
Assets	1	Cash - non-interest-bearing	7,300.	1	5,650.
	2	Savings and temporary cash investments	2,964,617.	2	2,208,975.
	3	Pledges and grants receivable, net	2,237,872.	3	2,864,138.
	4	Accounts receivable, net	883,279.	4	517,702.
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use	494,011.	8	559,806.
	9	Prepaid expenses and deferred charges	873,049.	9	1,042,589.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	2,381,166.		
	10b	Less: accumulated depreciation	1,710,247.	10c	670,919.
	11	Investments - publicly traded securities	10,615,017.	11	10,426,175.
	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	2,865,445.	15	2,973,596.
16	Total assets. Add lines 1 through 15 (must equal line 34)	21,838,662.	16	21,269,550.	
Liabilities	17	Accounts payable and accrued expenses	7,556,479.	17	8,437,664.
	18	Grants payable		18	
	19	Deferred revenue	3,673,771.	19	7,854,112.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities. Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	11,230,250.	26	16,291,776.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	-800,010.	27	-8,248,746.
	28	Temporarily restricted net assets	10,403,031.	28	11,875,562.
	29	Permanently restricted net assets	1,005,391.	29	1,350,958.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> 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	10,608,412.	33	4,977,774.	
34	Total liabilities and net assets/fund balances	21,838,662.	34	21,269,550.	

Part XI Financial Statements and Reporting

- 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?
- b** Were the organization's financial statements audited by an independent accountant?
- 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.
- d** If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- 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.

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

Form **990** (2009)

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

Name of the organization

NATIONAL KIDNEY FOUNDATION, INC.

Employer identification number

13-1673104

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

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

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I
 - b Type II
 - c Type III - Functionally integrated
 - d Type III - Other

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

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

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

- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
- (ii) A family member of a person described in (i) above?
- (iii) A 35% controlled entity of a person described in (i) or (ii) above?

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

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

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

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2009

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	8,456,568.	12,858,895.	15,127,948.	23,570,061.	28,044,857.	88,058,329.
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	8,456,568.	12,858,895.	15,127,948.	23,570,061.	28,044,857.	88,058,329.
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.						88,058,329.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	8,456,568.	12,858,895.	15,127,948.	23,570,061.	28,044,857.	88,058,329.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,829,901.	2,192,525.	2,405,401.	2,082,885.	2,156,806.	10,667,518.
9 Net income from unrelated business activities, whether or not the business is regularly carried on	257,618.	212,130.	246,367.			716,115.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	-82,355.					-82,355.
11 Total support. Add lines 7 through 10						99,359,607.
12 Gross receipts from related activities, etc. (see instructions)					12	86,982,180.
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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	88.63 %
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	90.54 %
16a 33 1/3 % support test - 2009. 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		<input checked="" type="checkbox"/>
b 33 1/3 % support test - 2008. 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		<input type="checkbox"/>
17a 10%-facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10%-facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
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		<input type="checkbox"/>

Part III Support Schedule for Organizations Described in Section 509(a)(2)
 (Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10 a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 6, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%

19 a 33 1/3 % support tests - 2009. 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 - 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization ▶

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

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

ATTACHMENT 1

SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2005	2006	2007	2008	2009	TOTAL
OTHER INCOME	-82,355.					-82,355.
TOTALS	<u>-82,355.</u>					<u>-82,355.</u>

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

▶ Complete if the organization is described below.

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

OMB No. 1545-0047

2009

Open to Public Inspection

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

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

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

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

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), then

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

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

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

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political expenditures ▶ \$ _____
- 3 Volunteer hours _____

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

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

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

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

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

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

- A** Check if the filing organization belongs to an affiliated group.
- 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												
1 a	Total lobbying expenditures to influence public opinion (grass roots lobbying)	31,078.													
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	201,817.													
c	Total lobbying expenditures (add lines 1a and 1b)	232,895.													
d	Other exempt purpose expenditures	47,249,501.													
e	Total exempt purpose expenditures (add lines 1c and 1d)	47,482,396.													
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000.													
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 35%;">If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g	Grassroots nontaxable amount (enter 25% of line 1f)	250,000.													
h	Subtract line 1g from line 1a. If zero or less, enter -0-														
i	Subtract line 1f from line 1c. If zero or less, enter -0-														
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2 a Lobbying non-taxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
b Lobbying ceiling amount (150% of line 2a, column (e))					6,000,000.
c Total lobbying expenditures	105,074.	173,244.	472,593.	232,895.	983,806.
d Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.
f Grassroots lobbying expenditures	18,989.	26,382.	15,000.	31,078.	91,449.

Schedule C (Form 990 or 990-EZ) 2009

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)).

Table with 3 main columns: (a) Yes/No, (b) Amount. Rows include: 1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation... a Volunteers? b Paid staff or management... c Media advertisements? d Mailings to members... e Publications... f Grants to other organizations... g Direct contact with legislators... h Rallies, demonstrations... i Other activities... j Total. Add lines 1c through 1i. 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b If "Yes," enter the amount of any tax incurred under section 4912 c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?

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

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

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

Table with 2 columns: Question, Amount. Rows include: 1 Dues, assessments and similar amounts from members 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 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 Taxable amount of lobbying and political expenditures (see instructions)

Part IV Supplemental Information

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

Series of horizontal dashed lines for providing supplemental information.

Part IV Supplemental Information *(continued)*

Area with horizontal dashed lines for supplemental information.

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12. Attach to Form 990. See separate instructions.

Name of the organization

NATIONAL KIDNEY FOUNDATION, INC.

Employer identification number

13-1673104

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: Total number at end of year, Aggregate contributions to (during year), Aggregate grants from (during year), Aggregate value at end of year, and two questions about donor informed consent.

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

Table with 2 columns: Description, Held at the End of the Year. Rows include: Purpose(s) of conservation easements, Total number of conservation easements, Total acreage restricted by conservation easements, Number of conservation easements on a certified historic structure, Number of conservation easements included in (c) acquired after 8/17/06, Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, Number of states where property subject to conservation easement is located, Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year, Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year, Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?, In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

Table with 2 columns: Description, Amount. Rows include: 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1, (ii) Assets included in Form 990, Part X. 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items: a Revenues included in Form 990, Part VIII, line 1, b Assets included in Form 990, Part X.

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

Schedule D (Form 990) 2009

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 XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XI V and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XI V.

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

	(a) Current Year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	8,830,253.	11,926,721.			
b Contributions	667,192.	381,012.			
c Net investment earnings, gains, and losses	854,414.	-2,992,846.			
d Grants or scholarships	964,122.	484,634.			
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	9,387,737.	8,830,253.			

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

- a Board designated or quasi-endowment %
- b Permanent endowment 14.3907 %
- c Term endowment 85.6093 %

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

- (i) unrelated organizations
- (ii) related organizations

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

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

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

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

Description of Investment	(a) Cost or other basis (Investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		248,457.	177,691.	70,766.
d Equipment		214,341.	114,581.	99,760.
e Other		1,918,368.	1,417,975.	500,393.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				670,919.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other -----		

Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)		

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

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

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

(a) Description	(b) Book value
DUE FROM AFFILIATES	2,434,096.
BENEFICIAL INTEREST IN CHAR. REMAINDER TRUSTS & ESTATES	452,715.
OTHER ASSETS	86,785.
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	2,973,596.

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

1. (a) Description of liability	(b) Amount
Federal income taxes	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	

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

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	46,140,391.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	52,521,709.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	-6,381,318.
4	Net unrealized gains (losses) on investments	4	750,680.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	-951,233.
9	Total adjustments (net). Add lines 4 through 8	9	-200,553.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	-6,581,871.

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

1	Total revenue, gains, and other support per audited financial statements	1	49,245,732.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	750,680.
b	Donated services and use of facilities	2b	166,027.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	2,210,832.
e	Add lines 2a through 2d	2e	3,127,539.
3	Subtract line 2e from line 1	3	46,118,193.
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	22,198.
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	22,198.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	46,140,391.

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

1	Total expenses and losses per audited financial statements	1	55,827,603.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	166,027.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	3,162,065.
e	Add lines 2a through 2d	2e	3,328,092.
3	Subtract line 2e from line 1	3	52,499,511.
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	22,198.
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	22,198.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	52,521,709.

Part XIV Supplemental Information

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

SEE PAGE 5

Part XIV Supplemental Information (continued)

PART V, LINE 4:

THE ORGANIZATION'S PERMANENTLY RESTRICTED ENDOWMENT CONSISTS OF PERMANENTLY RESTRICTED NET ASSETS HELD PRIMARILY FOR RESEARCH AND PATIENT SUPPORT. THE REMAINING PORTION OF THE DONOR-RESTRICTED ENDOWMENT FUND THAT IS NOT CLASSIFIED IN PERMANENTLY RESTRICTED NET ASSETS IS CLASSIFIED AS TEMPORARILY RESTRICTED NET ASSETS UNTIL THOSE AMOUNTS ARE EXPENDED AND RELEASED FROM RESTRICTIONS.

PART XI, LINE 8:

NET DEFICIT ON RELATED ORGANIZATIONS, CAMP REYNAL AND KIDNEY DISEASE IMPROVING GLOBAL OUTCOMES.

PART XII, LINE 2D:

REVENUES OF RELATED ORGANIZATIONS, CAMP REYNAL AND KIDNEY DISEASE IMPROVING GLOBAL OUTCOMES, IN THE AMOUNT OF \$2,110,551, AND COST OF GOODS SOLD IN THE AMOUNT OF \$100,281.

PART XIII, LINE 2D:

EXPENSES OF RELATED ORGANIZATIONS, CAMP REYNAL AND KIDNEY DISEASE IMPROVING GLOBAL OUTCOMES, IN THE AMOUNT OF \$3,061,784, AND COST OF GOODS SOLD IN THE AMOUNT OF \$100,281.

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding
Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 8a.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

2009

Open To Public
Inspection

Name of the organization

NATIONAL KIDNEY FOUNDATION, INC.

Employer identification number

13-1673104

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

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

- a Mail solicitations
- b Internet and email solicitations
- c Phone solicitations
- d In-person solicitations
- e Solicitation of non-government grants
- f Solicitation of government grants
- g Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
ADESA IMPACT	KIDNEY CARS PROGRAM	X		4,208,424.	995,431.	3,212,993.
Total				4,208,424.	995,431.	3,212,993.

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

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

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

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total events	
		CHILI COOKOFF	GIFT OF LIFE	150	(add col. (a) through col. (c))	
		(event type)	(event type)	(total number)		
Revenue	1	Gross receipts	1,096,829.	999,104.	10,656,981.	12,752,914.
	2	Less: Charitable contributions	1,096,829.	508,815.	9,173,090.	10,778,734.
	3	Gross income (line 1 minus line 2)		490,289.	1,483,891.	1,974,180.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs	-46,250.	0.	391,524.	345,274.
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	46,250.	490,289.	1,092,367.	1,628,906.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				(
11	Net income summary. Combine line 3, column (d), and line 10					

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))	
		1	Gross revenue			
Direct Expenses	2	Cash prizes				
	3	Noncash prizes				
	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes _____ % No	Yes _____ % No	Yes _____ % No	
7	Direct expense summary. Add lines 2 through 5 in column (d)				()
8	Net gaming income summary. Combine line 1, column d, and line 7					

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

a Is the organization licensed to operate gaming activities in each of these states? **9a**

b If "No," explain: _____

10 a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? **10a**

b If "Yes," explain: _____

11 Does the organization operate gaming activities with nonmembers? **11**

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? **12**

	Yes	No
9a		
10a		
11		
12		

		Yes	No
13	Indicate the percentage of gaming activity operated in:		
a	The organization's facility 13a %		
b	An outside facility 13b %		
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name ▶ _____		
	Address ▶ _____		
15 a	Does the organization have a contract with a third party from whom the organization receives gaming revenue? 15a		
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 ▶ _____		
	<input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> 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? 17a		
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$		

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization

NATIONAL KIDNEY FOUNDATION, INC.

Employer identification number

13-1673104

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

Table with 6 columns: (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; (g) Description of non-cash assistance; (h) Purpose of grant or assistance.

- 2 Enter total number of section 501(c)(3) and government organizations
3 Enter total number of other organizations

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule I (Form 990) 2009

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
RESEARCH FELLOWSHIP GRANTS	74	1,983,648.			
PATIENT ASSISTANCE GRANTS	2,774	1,567,807.			
YOUNG INVESTIGATOR RESEARCH GRANTS	18	1,062,500.			
CLINICAL SCIENTIST RESEARCH GRANTS	2	87,500.			
PROFESSIONAL COUNCIL RESEARCH GRANTS	11	35,015.			
SCHOLARSHIPS TO KIDNEY PATIENTS	18	24,354.			
TRAVEL GRANTS TO KIDNEY PATIENTS	7	14,816.			

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

PART I, LINE 2:

THE ORGANIZATION'S MOST SIGNIFICANT GRANTS ARE FOR NEPHROLOGY RESEARCH

AND INCLUDE CLINICAL SCIENTIST GRANTS, YOUNG INVESTIGATOR GRANTS,

RESEARCH FELLOWSHIP GRANTS, AND PROFESSIONAL COUNCIL GRANTS. THE

ORGANIZATION HAS ESTABLISHED A RESEARCH AWARD COMMITTEE TO REVIEW

APPLICATIONS AND SELECT RESEARCH FELLOWS ON AN ANNUAL BASIS. THE

ORGANIZATION CLOSELY MONITORS THE USE OF GRANT FUNDS. EACH Awardee IS

REQUIRED TO SUBMIT AN ANNUAL PROGRESS REPORT. EACH ADDITIONAL YEAR OF

FUNDING IS CONTINGENT UPON APPROVAL AND REVIEW OF THE ANNUAL PROGRESS

REPORT AND AVAILABILITY OF FUNDS. UPON COMPLETION OF THE LAST YEAR OF THE

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

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

GRANT, A FINAL REPORT MUST BE SUBMITTED BY THE AWARDEE.

THE ORGANIZATION ALSO PROVIDES GRANTS, SCHOLARSHIPS AND PATIENT ASSISTANCE TO PERSONS WITH KIDNEY DISEASE.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization

NATIONAL KIDNEY FOUNDATION, INC.

Employer identification number

13-1673104

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 in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

b If any of the boxes on line 1a is 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 officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? **4a** X
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? **4b** X
- c** Participate in, or receive payment from, an equity-based compensation arrangement? **4c** X
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

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

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

- a** The organization? **5a** X
- b** Any related organization? **5b** X
- If "Yes" to line 5a or 5b, describe in Part III.

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

- a** The organization? **6a** X
- b** Any related organization? **6b** X
- If "Yes" to line 6a or 6b, describe in Part III.

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

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III **8** X

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

	Yes	No
1a		
1b		
2		
3		
4a		X
4b	X	
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2009

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

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

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
JOHN R. DAVIS	(i) 404,786. (ii) 0. (iii) 0.			194,743. 0. 0.	39,979. 0. 0.	639,508. 0. 0.	
DOLPH CHIANCHIANO	(i) 276,818. (ii) 0. (iii) 0.			20,873. 0. 0.	17,696. 0. 0.	315,387. 0. 0.	
THOMAS MARTIN	(i) 233,498. (ii) 0. (iii) 0.			21,943. 0. 0.	37,540. 0. 0.	292,981. 0. 0.	
JOSEPH VASSALOTTI	(i) 284,072. (ii) 0. (iii) 0.			31,931. 0. 0.	22,610. 0. 0.	338,613. 0. 0.	
GISELE POLITOSKI	(i) 245,668. (ii) 0. (iii) 0.			32,705. 0. 0.	24,244. 0. 0.	302,617. 0. 0.	
KERRY WILLIS	(i) 206,961. (ii) 0. (iii) 0.			19,105. 0. 0.	26,558. 0. 0.	252,624. 0. 0.	
JOAN SHEPARD LUSTIG	(i) 200,806. (ii) 0. (iii) 0.			23,938. 0. 0.	6,065. 0. 0.	230,809. 0. 0.	
JOANN VECCHIONE	(i) 187,584. (ii) 0. (iii) 0.			25,180. 0. 0.	26,522. 0. 0.	239,286. 0. 0.	
PRESTON ENGLERT, JR.	(i) 247,186. (ii) 0. (iii) 0.			18,750. 0. 0.	23,056. 0. 0.	288,992. 0. 0.	
INGRID MONTECINO	(i) 206,398. (ii) 0. (iii) 0.			15,483. 0. 0.	10,957. 0. 0.	232,838. 0. 0.	
LAWRENCE GEIGER	(i) 164,243. (ii) 0. (iii) 0.			12,835. 0. 0.	27,934. 0. 0.	205,012. 0. 0.	
SUZANNE WYCKOFF	(i) 157,746. (ii) 0. (iii) 0.			21,054. 0. 0.	14,289. 0. 0.	193,089. 0. 0.	
HOLLY DEVAN	(i) 156,969. (ii) 0. (iii) 0.			12,254. 0. 0.	27,073. 0. 0.	196,296. 0. 0.	
	(i) 0. (ii) 0. (iii) 0.						
	(i) 0. (ii) 0. (iii) 0.						
	(i) 0. (ii) 0. (iii) 0.						
	(i) 0. (ii) 0. (iii) 0.						
	(i) 0. (ii) 0. (iii) 0.						

Part III Supplemental Information

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

PART I, LINE 4B:

THE ORGANIZATION HAS A SECTION 457(F) SENIOR STAFF FLEXIBLE BENEFIT PLAN

THAT PROVIDES SENIOR MANAGEMENT EMPLOYEES WITH A BENEFIT ALLOWANCE

CONTRIBUTED BY THE ORGANIZATION, WHICH CAN BE USED FOR VARIOUS BENEFIT

OPTIONS, INCLUDING A CAPITAL ACCUMULATION ACCOUNT. IN ADDITION, JOHN R.

DAVIS, CEO, PARTICIPATES IN A SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN.

**SCHEDULE J-2
(Form 990)**

Continuation Sheet for Form 990

OMB No. 1545-0047

2009

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

▶ See the instructions for Form 990.

Name of the Organization

NATIONAL KIDNEY FOUNDATION, INC.

Employer identification number

13-1673104

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
MICHAEL WATTS BOARD MEMBER	1.00	X						0.	0.	0.
THOMAS MARTIN CHIEF FINANCIAL OFFICER	35.00			X				233,498.	0.	59,483.
STEPHEN BAJARDI (THRU 3/31/2009) CHIEF OPERATING OFFICER	35.00			X				63,354.	0.	4,605.
DOLPH CHIANCHIANO SR VP, HEALTH POLICY & RESEAR.	35.00				X			276,818.	0.	38,569.
JOSEPH VASSALOTTI CHIEF MEDICAL OFFICER	35.00				X			284,072.	0.	54,541.
GISELE POLITOSKI SENIOR VP, PROGRAMS	35.00				X			245,668.	0.	56,949.
KERRY WILLIS SENIOR VP, SCIENTIFIC ACTIVI.	35.00				X			206,961.	0.	45,663.
JOAN SHEPARD LUSTIG SENIOR VP, FIELD SERVICES	35.00				X			200,806.	0.	30,003.
JOANN VECCHIONE SR VP, ORGANIZATIONAL RESOUR.	35.00				X			187,584.	0.	51,702.
PRESTON ENGLERT, JR. DIVISION PRES., MID-ATLANTIC	35.00					X		247,186.	0.	41,806.
INGRID MONTECINO DIVISION PRESIDENT, GREATER NY	35.00					X		206,398.	0.	26,440.
LAWRENCE GEIGER VP, MARKETING & COMM.	35.00					X		164,243.	0.	40,769.
SUZANNE WYCKOFF EXECUTIVE VP, COMPLIANCE	35.00					X		157,746.	0.	35,343.
HOLLY DEVAN MANAGING DIRECTOR, KLS	35.00					X		156,969.	0.	39,327.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2009

**Open To Public
Inspection**

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

Department of the Treasury
Internal Revenue Service

Name of the organization
NATIONAL KIDNEY FOUNDATION, INC.

Employer Identification number
13-1673104

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art-Works of art				
2 Art-Historical treasures				
3 Art-Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles	X	7,905	5,407,035.	FAIR MARKET VALUE
7 Boats and planes				
8 Intellectual property				
9 Securities-Publicly traded				
10 Securities-Closely held stock				
11 Securities-Partnership, LLC, or trust interests				
12 Securities-Miscellaneous				
13 Qualified conservation contribution-Historic structures				
14 Qualified conservation contribution-Other				
15 Real estate-Residential				
16 Real estate-Commercial				
17 Real estate-Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (_____)				
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29**

	Yes	No
30 a During the year, did the organization receive by contribution any property reported in Part I, line 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	X	
32 a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	X	
b If "Yes," describe in Part II.		
33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II.		

JSA

9E1299 2.000

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

PART I, LINE 32B:

THE ORGANIZATION CONTRACTS WITH ADESA IMPACT TO ADVERTISE FOR THE
DONATION OF VEHICLES AND TO RECEIVE AND DISPOSE OF THE DONATED VEHICLES
ON BEHALF OF THE ORGANIZATION. THE ORGANIZATION USED THE NUMBER OF ITEMS
CONTRIBUTED FOR CARS AND VEHICLES.

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

NATIONAL KIDNEY FOUNDATION, INC.

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No. 1545-0047

2009

**Open to Public
Inspection**

Employer identification number

13-1673104

ATTACHMENT 2

FORM 990, PART III, LINE 4D:

1) PUBLIC HEALTH EDUCATION - ATTRACTING 5,250,000 VISITORS IN 2010, THE ORGANIZATION'S WEBSITE, WWW.KIDNEY.ORG, CONTINUED TO EDUCATE AND SERVE AS A RICH RESOURCE ON KIDNEY DISEASE. MEDICAL INFORMATION SEEKERS FLOODED OUR A-Z HEALTH GUIDE PAGES FOR COMPREHENSIVE DATA ON A VARIETY OF KIDNEY CONDITIONS AND ISSUES, INCLUDING NUTRITION AND TREATMENT OPTIONS. MORE THAN 7,000 TESTED THEIR KIDNEY IQ WITH OUR ONLINE KIDNEY QUIZ. E-KIDNEY, THE ORGANIZATION'S MONTHLY E-NEWSLETTER, OFFERED NEWS, KIDNEY-HEALTHY RECIPES AND STORIES OF COURAGE TO NEARLY 35,000 PEOPLE. E-KIDNEY READERSHIP ROSE 40% THIS YEAR. KIDNEY NEWS DAILY, A DAILY E-NEWSLETTER, DELIVERED BREAKING NEWS FROM THE PRINT, BROADCAST AND ONLINE MEDIA TO THOUSANDS IN THE KIDNEY CARE COMMUNITY. THE ORGANIZATION CONTINUES TO FOCUS ON EDUCATING GROUPS WITH HIGH RISK OF KIDNEY DISEASE. NEARLY HALF OF AFRICAN AMERICANS HAVE AT LEAST ONE RISK FACTOR FOR KIDNEY DISEASE, BUT LESS THAN 3% BELIEVE THAT CHRONIC KIDNEY DISEASE IS A "TOP HEALTH CONCERN", ACCORDING TO A REPORT RELEASED THIS YEAR IN THE AMERICAN JOURNAL OF KIDNEY DISEASES, THE OFFICIAL NKF JOURNAL. SINCE AFRICAN AMERICANS WITH CKD PROGRESS MORE QUICKLY TO KIDNEY FAILURE, THE ORGANIZATION DOUBLED ITS EFFORTS TO REACH OUT TO THIS GROUP WITH INFORMATION AND FREE SCREENINGS HELD IN CHURCHES, SCHOOLS AND COMMUNITY CENTERS IN AFRICAN-AMERICAN NEIGHBORHOODS.

EXPENSES: \$5,769,916. GRANTS: \$14,816. REVENUE: \$91,933.

2) RESEARCH - RESEARCH REPRESENTS ONE OF THE ORGANIZATION'S TOP

Name of the organization NATIONAL KIDNEY FOUNDATION, INC.	Employer identification number 13-1673104
ATTACHMENT 2 (CONT'D)	

PRIORITIES. THE ORGANIZATION GRANTED OVER 60 RESEARCH GRANTS DURING FISCAL YEAR 2010. RESEARCH PROJECTS INCLUDE IMPROVING TRANSPLANT MEDICATIONS, RESEARCHING CARDIOVASCULAR DISEASE AND KIDNEY DISEASE, FINDING THE CAUSE OF DIABETIC NEPHROPATHY, AND IMPROVING THE DIALYSIS PROCESS. RESEARCH IS BEING CONDUCTED ON HOW TO MINIMIZE THE CHANCES OF ORGAN REJECTION OVER A LONG PERIOD OF TIME. THE ULTIMATE OBJECTIVE OF THIS RESEARCH IS TO CREATE IMPROVED TRANSPLANT MEDICATIONS THAT SPECIFICALLY TARGET CELLS RESPONSIBLE FOR ORGAN REJECTION, THEREBY ENSURING MORE SUCCESSFUL LONG-TERM SURVIVAL OF THE TRANSPLANTED ORGAN. CARDIOVASCULAR DISEASE, ESPECIALLY HEART FAILURE, IS THE LEADING CAUSE OF DEATH FOR KIDNEY PATIENTS. SOME RESEARCH IN THIS AREA IS LOOKING AT HOW VITAMIN D AND THE IMMUNE SYSTEM ARE RELATED TO CARDIOVASCULAR DISEASE IN KIDNEY PATIENTS. THIS STUDY MAY LEAD TO SPECIFIC THERAPEUTIC INTERVENTIONS THAT TARGET INNATE IMMUNE RESPONSES TO PREVENT DAMAGE TO THE VASCULAR SYSTEM. DIABETIC NEPHROPATHY (DN), A SERIOUS AND LIFE-THREATENING PROGRESSIVE KIDNEY DISEASE, IS THE MOST COMMON CAUSE OF KIDNEY FAILURE IN THE U.S. DISCOVERING THE MECHANISM BEHIND DN IS THE GOAL OF SOME RESEARCHERS. WITH A BETTER UNDERSTANDING OF WHAT TRIGGERS DN, THERAPEUTIC REGIMENS AIMED AT KIDNEY CELL RESTORATION CAN BE CREATED, WHICH WOULD BE BENEFICIAL FOR PATIENTS WITH TYPE 1 AND TYPE 2 DIABETES. IN THE AREA OF DIALYSIS, THE ORGANIZATION RESEARCHERS HOPE TO FIND SOME ANSWERS ON HOW TO MORE EFFICIENTLY REMOVE PROTEIN-BOUND CHEMICALS THEREBY IMPROVING DIALYSIS ITSELF. OTHER GRANTS ASSISTED THE TRAINING OF YOUNG PHYSICIANS (YOUNG INVESTIGATORS) WHO CONDUCTED THE STUDIES. WITH A ROBUST RESEARCH PROGRAM, IMPROVED TREATMENTS FOR CHRONIC KIDNEY DISEASE, MORE

Name of the organization NATIONAL KIDNEY FOUNDATION, INC.	Employer identification number 13-1673104
<u>ATTACHMENT 2 (CONT'D)</u>	

SUCCESSFUL TRANSPLANTS AND ADDITIONAL METHODS OF EARLY DETECTION AND PREVENTION MAY BE ON THE HORIZON IN THE NEAR FUTURE.

EXPENSES: \$4,532,415. GRANTS: \$3,156,971. REVENUE: \$1,438,016.

FORM 990, PART VI, SECTION B, LINE 11A:

THE ORGANIZATION'S BOARD OF DIRECTORS ASSIGNS THE AUDIT COMMITTEE THE OVERSIGHT RESPONSIBILITY OF THE IRS FORM 990 AND ITS SUPPLEMENTAL SCHEDULES. FORM 990 IS REVIEWED BY THE CHIEF EXECUTIVE OFFICER, CHIEF FINANCIAL OFFICER, AND AUDIT COMMITTEE PRIOR TO FILING. THE FINAL AND SIGNED FORM 990 IS MADE AVAILABLE TO THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION B, LINE 12C:

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

FORM 990, PART VI, SECTION B, LINE 15A:

THE COMPENSATION COMMITTEE IS RESPONSIBLE FOR ESTABLISHING GUIDELINES AND APPROVING COMPENSATION FOR THE CHIEF EXECUTIVE OFFICER ON AN ANNUAL

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

ATTACHMENT 2 (CONT'D)

BASIS. THE COMPENSATION COMMITTEE USES AN INDEPENDENT CONSULTANT AND COMPENSATION BENCHMARK STUDIES TO DETERMINE COMPENSATION FOR THE CHIEF EXECUTIVE OFFICER.

FORM 990, PART VI, SECTION B, LINE 15B:

THE COMPENSATION COMMITTEE IS RESPONSIBLE FOR ESTABLISHING GUIDELINES AND APPROVING COMPENSATION FOR SENIOR MANAGEMENT POSITIONS ON AN ANNUAL BASIS. THE COMPENSATION COMMITTEE USES AN INDEPENDENT CONSULTANT AND COMPENSATION BENCHMARK STUDIES TO DETERMINE COMPENSATION FOR SENIOR MANAGEMENT. THE CHIEF EXECUTIVE OFFICER IS RESPONSIBLE FOR THE INDIVIDUAL PERFORMANCE EVALUATIONS OF SENIOR MANAGEMENT AND DETERMINES MERIT INCREASES AND/OR BONUSES WITHIN GUIDELINES ESTABLISHED BY THE COMPENSATION COMMITTEE.

FORM 990, PART VI, SECTION C, LINE 19:

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

ATTACHMENT 3FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

NATIONAL KIDNEY FOUNDATION'S MISSION IS TO PREVENT KIDNEY AND URINARY TRACT DISEASES, IMPROVE THE HEALTH AND WELL-BEING OF INDIVIDUALS AND FAMILIES AFFECTED BY THESE DISEASES, AND INCREASE THE AVAILABILITY OF

Name of the organization

NATIONAL KIDNEY FOUNDATION, INC.

Employer identification number

13-1673104

ATTACHMENT 3 (CONT'D)FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

ALL ORGANS FOR TRANSPLANTATION. THE ORGANIZATION CONDUCTS NATIONWIDE EDUCATIONAL CAMPAIGNS ABOUT THE ROLE OF THE KIDNEY IN MAINTAINING OVERALL HEALTH, THE IMPORTANCE OF EARLY DETECTION AND ORGAN DONATION AND TRANSPLANTATION.

ATTACHMENT 44A PROGRAM SERVICE

COMMUNITY SERVICES AND ASSISTANCE TO AFFILIATES - THE ORGANIZATION'S KIDNEY EARLY EVALUATION PROGRAM (KEEP) SCREENS INDIVIDUALS MOST AT RISK OF POTENTIAL MEDICAL CONDITIONS THAT MAY LEAD TO FUTURE KIDNEY DISEASE. MORE THAN 1,250 PEOPLE WITH HIGH BLOOD PRESSURE, DIABETES OR A FAMILY HISTORY OF KIDNEY DISEASE PARTICIPATE IN THIS FREE KIDNEY DISEASE SCREENING PROGRAM EVERY MONTH IN CITIES AROUND THE U.S. AS A RESULT, MANY LEARNED THAT THEY HAD EARLY KIDNEY DAMAGE AND BEGAN TAKING STEPS TO SAVE THEIR HEALTH, INCLUDING MONITORING BLOOD PRESSURE AND BLOOD GLUCOSE LEVELS, CHANGING THEIR DIET AND MEDICATION.

ASSISTANCE IS PROVIDED BY THE ORGANIZATION TO ITS AFFILIATES. THE ORGANIZATION PROVIDES CONSULTATION, GUIDANCE, TRAINING AND LEADERSHIP. SPECIFIC GUIDANCE IS PROVIDED WITH INSTRUCTION BOOKLETS DEALING WITH PATIENT TRANSPORTATION PROGRAMS, DRUG & BLOOD BANKS AND SCREENING AND DETECTION PROGRAMS. AFFILIATES ARE KEPT UP TO DATE WITH CURRENT PUBLICATIONS FROM THE ORGANIZATION.

Name of the organization
NATIONAL KIDNEY FOUNDATION, INC.

Employer identification number
13-1673104

FORM 990, PART III - PROGRAM SERVICES

ATTACHMENT 5

4B PROGRAM SERVICE

PROFESSIONAL EDUCATION - THE ORGANIZATION OFFERS MULTIDISCIPLINARY PROGRAMS TO THE ENTIRE KIDNEY HEALTH CARE COMMUNITY. THERE ARE MOSTLY NATIONAL MEETINGS OFFERING A WIDE RANGE OF TOPICS AS WELL AS FOCUSED LOCAL/REGIONAL SEMINARS. THE SPRING CLINICAL NEPHROLOGY MEETING HAS GROWN INTO THE NEPHROLOGY COMMUNITY'S PREMIER LEARNING EXPERIENCE WITH OVER 3,000 HEALTHCARE PROFESSIONALS IN ATTENDANCE. APPROXIMATELY 300 POSTERS WERE PRESENTED, AND THIS MEETING ALSO SAW THE HIGHEST-EVER PARTICIPATION IN THE INTERNAL MEDICINE AND PEDIATRIC TRAINEES PROGRAM. THERE WAS ALSO AN ADVANCED PRACTITIONER PROGRAM, DESIGNED SPECIFICALLY FOR PHYSICIAN ASSISTANTS AND NURSE PRACTITIONERS, A GROUP THAT IS NOW CARING FOR KIDNEY PATIENTS ON THE FRONT LINES.

SINCE 1981, THE ORGANIZATION HAS PUBLISHED PEER-REVIEWED JOURNALS THAT PROVIDE TIMELY INSIGHTS AND INFORMATION ON KIDNEY DISEASE AND RELATED RESEARCH TO THE GLOBAL KIDNEY COMMUNITY. THREE OF THE PRESTIGIOUS MEDICAL JOURNALS PUBLISHED BY THE ORGANIZATION JOINED SCIENCE DIRECT, THE PREMIER WEB DISTRIBUTOR OF PROFESSIONAL LEVEL SCIENTIFIC AND MEDICAL INFORMATION. WITH MORE THAN 11 MILLION USERS ACCESSING THE SITE, THE JOURNALS REACHED A LARGER AUDIENCE THAN EVER BEFORE.

Name of the organization

NATIONAL KIDNEY FOUNDATION, INC.

Employer identification number

13-1673104

FORM 990, PART III - PROGRAM SERVICESATTACHMENT 5 (CONT'D)

THE ORGANIZATION'S LEARNING SYSTEM CONTINUED TO PROVIDE COMPREHENSIVE EDUCATION ABOUT CHRONIC KIDNEY DISEASE (CKD) AND HOW TO PREVENT, TREAT AND MANAGE COMPLICATIONS. NEW RESOURCES DEVELOPED IN 2008 FOCUSED ON THE TEAM APPROACH TO TREATING CKD STAGES 4 AND 5 IMPROVING OUTCOMES FOR KIDNEY TRANSPLANT RECIPIENTS.

ATTACHMENT 64C PROGRAM SERVICE

PATIENT SERVICES - INCLUDE PROGRAMS WHICH PROVIDE MEDICAL JEWELRY, EMERGENCY GRANTS, TRANSPORTATION, SUPPORT GROUPS AND WORKSHOPS FOR KIDNEY PATIENTS. OTHER PROGRAMS INCLUDE PATIENT EDUCATION, CONSTITUENT COUNCIL PROJECTS AND PATIENT EMPOWERMENT INITIATIVES. TO HELP KIDNEY PATIENTS IMPACTED BY NATURAL DISASTERS, THE ORGANIZATION ESTABLISHED A FINANCIAL ASSISTANCE PROGRAM THAT OFFERS SUPPORT AND ENSURES MEDICAL CARE IS NOT COMPROMISED. FUNDS COVERS THE COST OF TRAVEL TO DIALYSIS CENTERS AS WELL AS REPLACEMENT OF DAMAGED POSSESSIONS, HOMES AND BASIC NECESSITIES SUCH AS GROCERIES AND CLOTHING. BEYOND THE MATERIAL SUPPORT, THE ORGANIZATION IS THERE TO HELP KIDNEY PATIENTS COPE WITH THE TRAUMA EXPERIENCED. HUNDREDS OF DIALYSIS PATIENTS TOOK PART IN "PEOPLE LIKE US" STEPPING BACK INTO LIFE, A PROGRAM THAT HELPED THEM DEAL WITH DEPRESSION AND ANXIETY. PARTICIPANTS REPORTED IMPROVEMENTS IN

Name of the organization NATIONAL KIDNEY FOUNDATION, INC.	Employer identification number 13-1673104
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FORM 990, PART III - PROGRAM SERVICESATTACHMENT 6 (CONT'D)

STRESS LEVELS, SOCIAL FUNCTIONING AND OVERALL HEALTH AFTER
COMPLETING STEPPING BACK INTO LIFE.

ATTACHMENT 7FORM 990, PART VI, LINE 17 - STATES

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

ATTACHMENT 8990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
ADESA IMPACT 13085 HAMILTON CROSSING BLVD., SUITE 500 CARMEL, IN 46032	FUNDRAISING	995,431.
TUFTS MEDICAL CENTER 800 WASHINGTON STREET, BOX 453 BOSTON, MA 02111	GUIDELINES DEVELOP.	852,572.
MINNEAPOLIS MEDICAL RESEARCH 914 SOUTH 8TH STREET, SHAPIRO BLDG. MINNEAPOLIS, MN 55404	CKD SCREENINGS	749,475.
QUEST DIAGNOSTICS PO BOX 12989 CHICAGO, IL 60693	MEDICAL TESTING	417,969.
C SYSTEMS, INC. 510 THORNALL STREET EDISON, NJ 08837	CONSULTING	330,653.
TOTAL COMPENSATION		<u>3,346,100.</u>

Name of the organization

NATIONAL KIDNEY FOUNDATION, INC.

Employer identification number

13-1673104

ATTACHMENT 9FORM 990, PART VIII - EXCLUDED CONTRIBUTIONS

<u>DESCRIPTION</u>	<u>AMOUNT</u>
CHILI COOKOFF	1,096,829.
GIFT OF LIFE	508,815.
OTHER SPECIAL EVENTS	9,173,090.
TOTAL	<u>10,778,734.</u>

ATTACHMENT 10FORM 990, PART VIII - FUNDRAISING EVENTS

<u>DESCRIPTION</u>	<u>GROSS INCOME</u>	<u>DIRECT EXPENSES</u>	<u>NET INCOME</u>
CHILI COOKOFF	0.	0.	0.
GIFT OF LIFE	490,289.	490,289.	0.
OTHER SPECIAL EVENTS	1,483,891.	1,483,891.	0.
TOTALS	<u>1,974,180.</u>	<u>1,974,180.</u>	<u>0.</u>

ATTACHMENT 11

Name of the organization NATIONAL KIDNEY FOUNDATION, INC.	Employer identification number 13-1673104
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ATTACHMENT 11 (CONT'D)

FORM 990, PART VIII - GROSS SALES AND COST OF GOODS SOLD

GROSS SALES LESS RETURNS AND ALLOWANCES	329,992.
INVENTORY AT BEGINNING OF YEAR	329,992.
PURCHASES	
SALARIES AND WAGES	
OTHER COSTS	
SUBTOTAL	<u>329,992.</u>
MINUS ENDING INVENTORY	229,711.
COST OF GOODS SOLD	<u>100,281.</u>

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

NATIONAL KIDNEY FOUNDATION, INC.

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36 or 37. ► See separate instructions.
► Attach to Form 990.

OMB No. 1545-0047

2009

Open to Public Inspection

Employer identification number
13-1673104

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
CAMP REYNAL, INC. 5429 LBJ FREEWAY, SUITE 250 DALLAS, TX 75240 06-1738038	CHILDREN CAMP	TX	501(C)(3)	7	N/A
KDIGO AVENUE EUGENE PLASKYLAAN 140B, BRUSSELS, BELGIUM	PATIENT CARE	BE	N/A	N/A	N/A

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

Schedule R (Form 990) 2009

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.)

Table with 10 columns: (a) Name, address, and EIN of related organization; (b) Primary activity; (c) Legal domicile; (d) Direct controlling entity; (e) Predominant income; (f) Share of total income; (g) Share of end-of-year assets; (h) Depreciable assets; (i) Code V-UJBI; (j) General or managing partner? (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.)

Table with 8 columns: (a) Name, address, and EIN of related organization; (b) Primary activity; (c) Legal domicile; (d) Direct controlling entity; (e) Type of entity; (f) Share of total income; (g) Share of end-of-year assets; (h) Percentage ownership.

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

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

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

	(a) Name of other organization	(b) Transaction type (a-f)	(c) Amount involved	
(1)	KDIGO	B	1,002,626.	
(2)	KDIGO	K	1,974,282.	
(3)	KDIGO	N	968,072.	
(4)				
(5)				
(6)				

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?		(e) Share of end-of-year assets	(f) Disproportionate allocations?		(g) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner?	
			Yes	No		Yes	No		Yes	No

Depreciation and Amortization
(Including Information on Listed Property)

Department of the Treasury
Internal Revenue Service (99)

▶ See separate instructions.

▶ Attach to your tax return.

Name(s) shown on return

NATIONAL KIDNEY FOUNDATION, INC.

Identifying number

13-1673104

Business or activity to which this form relates

GENERAL DEPRECIATION

Part I Election To Expense Certain Property Under Section 179

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

1	Maximum amount. See the instructions for a higher limit for certain businesses	1	
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2008 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2010. Add lines 9 and 10, less line 12	▶ 13	

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

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

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	367,193.

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

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2009	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here	▶	

Section B - Assets Placed in Service During 2009 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
			27.5 yrs.	MM	S/L	
I Nonresidential real property			39 yrs.	MM	S/L	
				MM	S/L	

Section C - Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System

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

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions	22	367,193.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

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

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

Section B - Information on Use of Vehicles

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

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

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

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

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners
39 Do you treat all use of vehicles by employees as personal use?
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions.)
Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

Part VI Amortization

(a) Description of costs (b) Date amortization begins (c) Amortizable amount (d) Code section (e) Amortization period or percentage (f) Amortization for this year
42 Amortization of costs that begins during your 2009 tax year (see instructions):
43 Amortization of costs that began before your 2009 tax year
44 Total. Add amounts in column (f). See the instructions for where to report

2009

13-1673104

NATIONAL KIDNEY FOUNDATION, INC.

Description of Property

GENERAL DEPRECIATION

DEPRECIATION

Asset description	Date placed in service	Unadjusted Cost or basis	Bus. %	179 exp. reduction in basis	Basis Reduction	Basis for depreciation	Beginning Accumulated depreciation	Ending Accumulated depreciation	Method	Conv.	Life	ACRS class	MA CRS class	Current-year 179 expense	Current-year depreciation
FURNITURE & EQUIP.	VARIOUS	1,918,368.	100.000			1,918,368.	1,131,441.	1,417,975.	SL		7.000				286,534.
LEASEHOLD IMPRV.	VARIOUS	248,457.	100.000			248,457.	119,807.	177,691.	SL		20.000				57,884.
CAPITAL SOFTWARE	VARIOUS	214,341.	100.000			214,341.	91,806.	114,581.	SL		5.000				22,775.
Less: Retired Assets															
Subtotals		2,381,166.				2,381,166.	1,343,054.	1,710,247.							367,193.
Listed Property															
Less: Retired Assets															
Subtotals															
TOTALS		2,381,166.				2,381,166.	1,343,054.	1,710,247.							367,193.

AMORTIZATION

Asset description	Date placed in service	Cost or basis	Accumulated amortization	Ending Accumulated amortization	Code	Life	Current-year amortization
TOTALS							

*Assets Retired

JSA

9XG024 1.000