

House District \_\_\_\_\_

Senate District \_\_\_\_\_

**THE TWENTY-SEVENTH LEGISLATURE  
APPLICATION FOR GRANTS & SUBSIDIES  
CHAPTER 42F, HAWAII REVISED STATUTES**

Log No: \_\_\_\_\_

For Legislature's Use Only

Type of Grant or Subsidy Request:

GRANT REQUEST – OPERATING

GRANT REQUEST – CAPITAL

SUBSIDY REQUEST

"Grant" means an award of state funds by the legislature, by an appropriation to a specified recipient, to support the activities of the recipient and permit the community to benefit from those activities.

"Subsidy" means an award of state funds by the legislature, by an appropriation to a recipient specified in the appropriation, to reduce the costs incurred by the organization or individual in providing a service available to some or all members of the public.

"Recipient" means any organization or person receiving a grant or subsidy.

STATE DEPARTMENT OR AGENCY RELATED TO THIS REQUEST (LEAVE BLANK IF UNKNOWN): \_\_\_\_\_

STATE PROGRAM I.D. NO. (LEAVE BLANK IF UNKNOWN): \_\_\_\_\_

**1. APPLICANT INFORMATION:**

Legal Name of Requesting Organization or Individual:  
National Kidney Foundation of Hawaii, Inc.

Dbas:NKFB

Street Address:1314 South King Street, Suite 1555, Honolulu, HI 96814

Mailing Address:1314 South King Street, Suite 1555, Honolulu 96814

**2. CONTACT PERSON FOR MATTERS INVOLVING THIS APPLICATION:**

Name GLEN HAYASHIDA \_\_\_\_\_

Title CEO \_\_\_\_\_

Phone # 808-589-5970 \_\_\_\_\_

Fax # 808-589-5993 \_\_\_\_\_

e-mail glen@kidneyhi.org \_\_\_\_\_

**3. TYPE OF BUSINESS ENTITY:**

- NON PROFIT CORPORATION
- FOR PROFIT CORPORATION
- LIMITED LIABILITY COMPANY
- SOLE PROPRIETORSHIP/INDIVIDUAL

**6. DESCRIPTIVE TITLE OF APPLICANT'S REQUEST:**

NKFB CAPITAL GRANT FOR PROGRAM DEVELOPMENT CENTER

4. FEDERAL TAX ID #: \_\_\_\_\_

5. STATE TAX ID #: \_\_\_\_\_

**7. AMOUNT OF STATE FUNDS REQUESTED:**

FISCAL YEAR 2014: \$1.5MILLION \_\_\_\_\_

**8. STATUS OF SERVICE DESCRIBED IN THIS REQUEST:**

- NEW SERVICE (PRESENTLY DOES NOT EXIST)
- EXISTING SERVICE (PRESENTLY IN OPERATION)

SPECIFY THE AMOUNT BY SOURCES OF FUNDS AVAILABLE AT THE TIME OF THIS REQUEST:

STATE \$ N/A  
 FEDERAL \$ N/A  
 COUNTY \$ N/A  
 PRIVATE/OTHER \$450,000

TYPE NAME & TITLE OF AUTHORIZED REPRESENTATIVE:

\_\_\_\_\_  
SIGNATURE

GLEN HAYASHIDA CEO  
NAME & TITLE

1/31/13  
DATE SIGNED

DATE SIGNED

## Application for Grants and Subsidies

*If any item is not applicable to the request, the applicant should enter "not applicable".*

### I. Background and Summary

This section shall clearly and concisely summarize and highlight the contents of the request in such a way as to provide the State Legislature with a broad understanding of the request. Include the following:

1. A brief description of the applicant's background

The National Kidney Foundation of Hawaii (NKFH) is a major voluntary health agency and affiliate of the National Kidney Foundation. As an independent 501(c)3, the NKFH develops tailored programs for Hawaii and the Pacific Islands.

The mission of the NKFH is to prevent kidney disease, support individuals and families affected by this disease, and increase awareness about the importance of organ donation. NKFH carries out its mission by providing services for patients with kidney disease, funding research for kidney disease and related disorders, publishing educational materials for patients and the general public about kidney disease, advocating for access to high quality health care, and providing information about organ and tissue donation.

2. The goals and objectives related to the request

The National Kidney Foundation of Hawaii is requesting \$1.5 million capital grant with the intent of planning and developing a program center. The NKFH's current location does not have the space necessary to properly carry out existing outreach and new initiatives, which require additional staff and volunteers to accomplish goals and objectives being developed to address the growing kidney disease epidemic. This grant would facilitate a major capital campaign that would allow us to secure \$5 million to build a comprehensive program center. The center would enable a rising number of people affected by kidney disease and other chronic conditions to more effectively benefit from prevention services, direct outreach, advocacy, and quality innovation programs. The ultimate goal of the program center would be to create sustainable systemic impact in order to improve community health outcomes.

3. State the public purpose and need to be served

In Hawaii, it is estimated that 156,000 individuals have chronic kidney disease (CKD) and another 100,000 are at-risk (almost 20% of our population). Most don't even know they have it. There are 3,000 people surviving with kidney failure, of which close to 400 are awaiting a life-saving organ transplant. In

addition, CKD disproportionately affects the Native Hawaiian/Pacific Islander and other minority communities in our State.

On a national level, 1 out of every 3 people are thought to be at-risk for CKD. An estimated 27 million Americans consume more than 24 percent of Medicare costs. While patients with end-stage kidney disease accounted for a little more than 1 percent of the Medicare population, consuming more than 7 percent of Medicare costs. Total cost for end-stage kidney disease was \$33.6 billion. Since Hawaii experiences a higher than average incidence of CKD, the percentage of Hawaii dollars affected by this disease through the State's Medicaid program should be comparable if not higher than the national average.

Escalating costs, declining community health, and compromised quality of life calls for a more aggressive response and bolder solutions. The NKFH is uniquely positioned to respond.

4. Describe the target population to be served

The NKFH's mission is to prevent kidney disease and serve those affected by the disease through comprehensive programs and services. As detailed above, the incidence and prevalence rates of CKD are rising, therefore, NKFH must be prepared to support the entire community. NKFH also believes in working with the medical community including primary care physicians, cardiologists, endocrinologists, nephrologists, transplant surgeons and other allied health care professionals to facilitate the proper impact.

It is important to understand that kidney disease is a unique condition as it carries a multiplier effect where the negative impact of co-morbidities is greater than the sum of the effects of a single disease. For example, the main causes of CKD are diabetes and cardiovascular disease and a recent study showed that persons with heart disease and kidney disease were 35% more likely to have recurrent cardiovascular events or die than persons with cardiovascular disease alone. So the target population of the NKFH program center would support individuals affected by kidney disease, but our work would have to have an effect on public health in Hawaii as a whole.

**CKD within DM and HTN is the new paradigm for public health and the NKF**



5. Describe the geographic coverage

The National Kidney Foundation of Hawaii program center would operate on Oahu, but provide statewide coverage.

## II. Service Summary and Outcomes

The Service Summary shall include a detailed discussion of the applicant's approach to the request. The applicant shall clearly and concisely specify the results, outcomes, and measures of effectiveness from this request.

1. Describe the scope of work, tasks and responsibilities

The scope of work for this request is related to the development of a program center. The NKFH currently leases 2700 sq. ft. of office space in Honolulu, Hawaii. Most of the space is utilized as offices. In addition, there is a branch office on Maui and staff working on the Big Island, currently without an office. As the community health status worsens, as the CKD epidemic evidences, the demand for programs for prevention, improvement in health status, and the preservation of health intensifies. There is very little capacity to carry out programs that address these needs so NKFH needs to construct a larger facility. To fulfill the NKFH's longer range goals of expanding existing programs and developing new initiatives, additional space will be required. The new program center will enable NKFH to not only increase the number of people it serves but also, the number and variety of programs it offers.

The tasks and responsibilities of the program center will include, but are not limited to:

- Serving both individuals at risk of chronic kidney disease and those living with chronic disease through expanded programs and services.
  - Facilitating statewide prevention activities like community screenings and education.
  - Enhanced advocacy and education in the public policy arena to support the needs of people with chronic disease.
  - Expanding education for health care professionals to insure early identification and referral.
  - Contributing to elementary education programs and youth empowerment in high schools.
  - Maintaining patient education and support programs, crucial for patient engagement and quality of life.
  - Increasing much-needed research efforts nationally and within our state.
  - Building health innovation programs to bring concepts and strategies that improve health outcomes, manage cost, and impact quality of life into reality.
- We hope to provide every person in Hawaii the opportunity to "take charge" of their health care and their life.

2. The applicant shall provide a projected annual timeline for accomplishing the results or outcomes of the service

The NKFH Program Center initial design plans for a 20,000 square foot facility with space for a future addition. Locations on West Oahu have been surveyed for costs, feasibility and effectiveness of reach. The space will focus on CKD prevention services, program and rehabilitation needs of patients, and innovation initiatives that involve community collaboration. There will be a workspace for a call center of twenty five staff. In addition, there will be office space available for thirty additional staff and volunteers. Space permitting, there will be space dedicated for the Kidney Car program to not only repair vehicles but in a program that allow interested unemployed dialysis patients a way to participate in a learning, rehabilitation program. The lobby will be an attractive, appropriately sized area designed to welcome volunteers and guests. It will provide ample space to provide donor recognition opportunities.

There are major 2 phases of this project:

Phase 1 – Year 1

Secure \$5 million dollars in capital campaign and plan construction.

Phase II – Year 2

Finalize construction and secure \$1 million dollars in a building endowment to help with the ongoing needs of the facility.

3. The applicant shall describe its quality assurance and evaluation plans for the request. Specify how the applicant plans to monitor, evaluate, and improve their results

As it relates to this request, quality and evaluation of effectiveness is directly measured by our ability to secure the proper capital funds and the actual construct of the facility. A successful endowment-building fund demonstrates an investment in the future. Endowment income will help to smooth the ups and downs of economic business cycle and this endowment will send a positive message to donors and the community that the NKFH has achieved a key measure of financial stability and intends to carry out its mission for generations to come. Ongoing monitoring, evaluation, and improvement will be detailed in another request that more directly addresses the services provided at the NKFH Program Center.

4. The applicant shall list the measure(s) of effectiveness that will be reported to the State agency through which grant funds are appropriated (the expending agency). The measure(s) will provide a standard and objective way for the State to assess the program's achievement or accomplishment. Please note that if the level of appropriation differs from the amount included in this application that the measure(s) of effectiveness will need to be updated and transmitted to the expending agency.

The program center will enhance the Foundation’s ability to maintain current programming and develop new and innovative projects resulting from our long range planning process. The program center will significantly improve the effectiveness and efficiency of program delivery by providing appropriate workspace for the NKFH staff and volunteers. In addition, the campaign will sustain annual growth by encouraging philanthropy through individual, corporate and foundation giving. The campaign will strengthen our ability to further our mission by increasing the number of individuals served through our prevention initiatives, patient services and empowerment programs, advocacy, professional education and research.

Specific measures of success will focus on:

- Securing funding for the capital campaign.
- Planning and construction of funds the actual facility

The operational deliverables of the NKFH Program Center will be detailed in separate request.

### **III. Financial**

#### **Budget**

1. The applicant shall submit a budget utilizing the enclosed budget forms as applicable, to detail the cost of the request.
2. The applicant shall provide its anticipated quarterly funding requests for the fiscal year 2014.

Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total Grant
\$500,000	\$500,000	\$500,000		\$1,500,000

3. The applicant shall provide a listing of all other sources of funding that they are trying to obtain for fiscal year 2014.

### **IV. Experience and Capability**

#### **A. Necessary Skills and Experience**

The applicant shall demonstrate that it has the necessary skills, abilities, knowledge of, and experience relating to the request. State your experience and appropriateness for providing the service proposed in this application. The applicant shall also provide a listing of verifiable experience of related projects or contracts for the most recent three years that are pertinent to the request.

The National Kidney Foundation of Hawaii (NKFH) is celebrating its 25th Anniversary in 2013. Since its inception in 1988, the NKFH has been at the forefront of the effort to eliminate kidney disease and improve community health. The NKFH has a main office located in Honolulu, Hawaii with one branch office located on the island of Maui and two staff employed on the Big Island. The NKFH, with an operating budget of \$3.0 million, has 15 FTES and over 200 volunteers who provide programs and support to the mission of preventing chronic kidney disease, enhancing quality of life, promoting research and increasing the number of organs available for transplantation.

The NKFH serves the state of Hawaii, through education, services, advocacy and research. We have two main program tracks, direct outreach and systemic innovation. Direct outreach programs are designed to address the specific needs of individuals affected by CKD. The NKFH offers several screenings that identify the health status of our local population that range from general kidney screenings to more comprehensive screenings (Kidney Early Detection Screenings and Kidney Early Evaluation Program). After a participant is screened, they are offered services to meet their needs. Programs for individuals at-risk and at the earlier stages of kidney disease include: Kidney Interactive Workshop and Information classes, CKD cooking programs, CKD support groups, DASH of Aloha cookbook. If individuals are facing kidney failure, we have support programs like Peer Mentoring, patient and family support groups, patient cooking programs, the Calabash cookbook, financial assistance funds, medical identification jewelry, and a kidney patient handbook. We also facilitate workgroups to address transplantation like Team Hawaii, Hawaii Organ Transplant support group Hawaii Coalition on Donation, the Transplant Association of Hawaii, the Hawaii Donor Family Council, and the Hawaii Living Donor Council. To increase overall CKD awareness in the general community, the NKFH also offers kidney 101 presentations and brochures, public service messages, and Special events, like World Kidney Day. Finally, to complement community outreach efforts, the NKFH also educates healthcare professionals about the kidney disease epidemic and proper care management techniques through continuing medical education classes, conferences and workshops for clinicians, and other clinical resources.

Beyond direct outreach activities, the NKFH has another service line that involves innovative systemic change. In order to create sustained improvement in health outcomes and as a response to current national healthcare innovation trends, the NKFH is building a Division for Health Innovation Programs to bring innovative health concepts and strategies that improve health outcomes, manage cost, and impact quality of life into reality. Our systemic initiatives began with the development of Alliance that brought together key kidney stakeholders throughout the State and created the redefinition of CKD in Hawaii. This Statewide Initiative created an early identification (statewide automatic GFR reporting) and intervention (CKD clinics) that impacted the general well-being of

CKD patients. The NFKH continued this innovative work and capitalized on the possibilities through other projects:

- A partnership with Kalihi-Palama Health Center (KPHC) to incorporate chronic disease management concepts to improve the health outcomes of the under/uninsured population they serve and facilitate the development of a patient-centered medical home.
- An opportunity with the Hawaii Island Beacon Community helped us build a Practice Facilitation Program where NKFH Quality Improvement Coaches have actively supported over 40 independent primary care physicians become certified patient-centered medical homes.
- In order to support improved care processes and capture valuable outcome information, the NKFH facilitated the adoption of electronic health records by 100% of eligible nephrologists in Hawaii. This has led to the development of CKD registry to capture prevalence, incidence, costs, co-morbidity trends, and mortality in order to conduct population studies and guide effective interventions.

The NKFH Program Center will support our growing community effort as we are the only voluntary health agency operating comprehensive programs to address the problem of chronic kidney disease. Recognizing the need for expansion, the Board of Directors researched methods to increase program capacity space. It was decided that ongoing methods to fund the organization's recent and future program growth would need to be found. The Board determined that a new office and program facility building could be constructed and paid for by a capital campaign. Although NKFH's fundraising is successful it was decided that a permanent endowment should be built and that the initial funding could be raised in a combined capital and endowment campaign.

## **B. Facilities**

The applicant shall provide a description of its facilities and demonstrate its adequacy in relation to the request. If facilities are not presently available, describe plans to secure facilities. Also describe how the facilities meet ADA requirements, as applicable.

The NKFH is seeking funding to build a Program Center. We are in the process of securing funds and determining feasibility. NKFH will meet or exceed all ADA requirements in the design and construction of its facility.

## **V. Personnel: Project Organization and Staffing**

### **A. Proposed Staffing, Staff Qualifications, Supervision and Training**

The applicant shall describe the proposed staffing pattern and proposed service capacity appropriate for the viability of the request. The applicant shall provide the qualifications and experience of personnel for the request and shall describe



its ability to supervise, train and provide administrative direction relative to the request.

This request is for capital funds for the NKFH Program Center. Staffing as it relates to the building construct will involve a mixture of current staff and new hires (based on procurement of operational program funds). Job descriptions are available upon request.

Chief Executive Officer, Glen Hayashida

Director of Org Planning, Operations & Development, Diana Benningfield  
Director of Major Gifts and Planned Giving, Jeff Sisemoore  
Director of Human Resources Camille Pinard  
Administrative Coordinator, Mary Houghton  
Bookkeeper, Carmen Haugen

Director of Community Health Initiatives, Victoria Page  
Programs Operations Manager, Ann Kawahara  
Education Programs Coordinator, Dawn Pasikala  
Early Interventions Coordinator, Kim Oyama  
Youth Program Coordinator, Kelly Wilson  
Programs Administrative Assistant, Teri Kuroiwa

Maui Office Director, Colleen Welty  
Maui Programs Coordinator, Jessica Nakasone-Koki

Quality Improvement Program Manager, Kahealani Wakinekona  
Quality Improvement Coach, Chenin Angeleo

Call Center – 25 staff

Patient Services Coordinator, TBD  
General Administrative Assistant, TBD  
Director of Practice Facilitation, TBD  
Quality Improvement Program Managers, 3 TBD  
Quality Improvement Coaches, 2 TBD  
Director Health Informatics, TBD  
Data/IT Coordinator, TBD

## **B. Organization Chart**

The applicant shall illustrate the position of each staff and line of responsibility/supervision. If the request is part of a large, multi-purpose organization, include an organizational chart that illustrates the placement of this request.

See attached.

## **VI. Other**

### **A. Litigation**

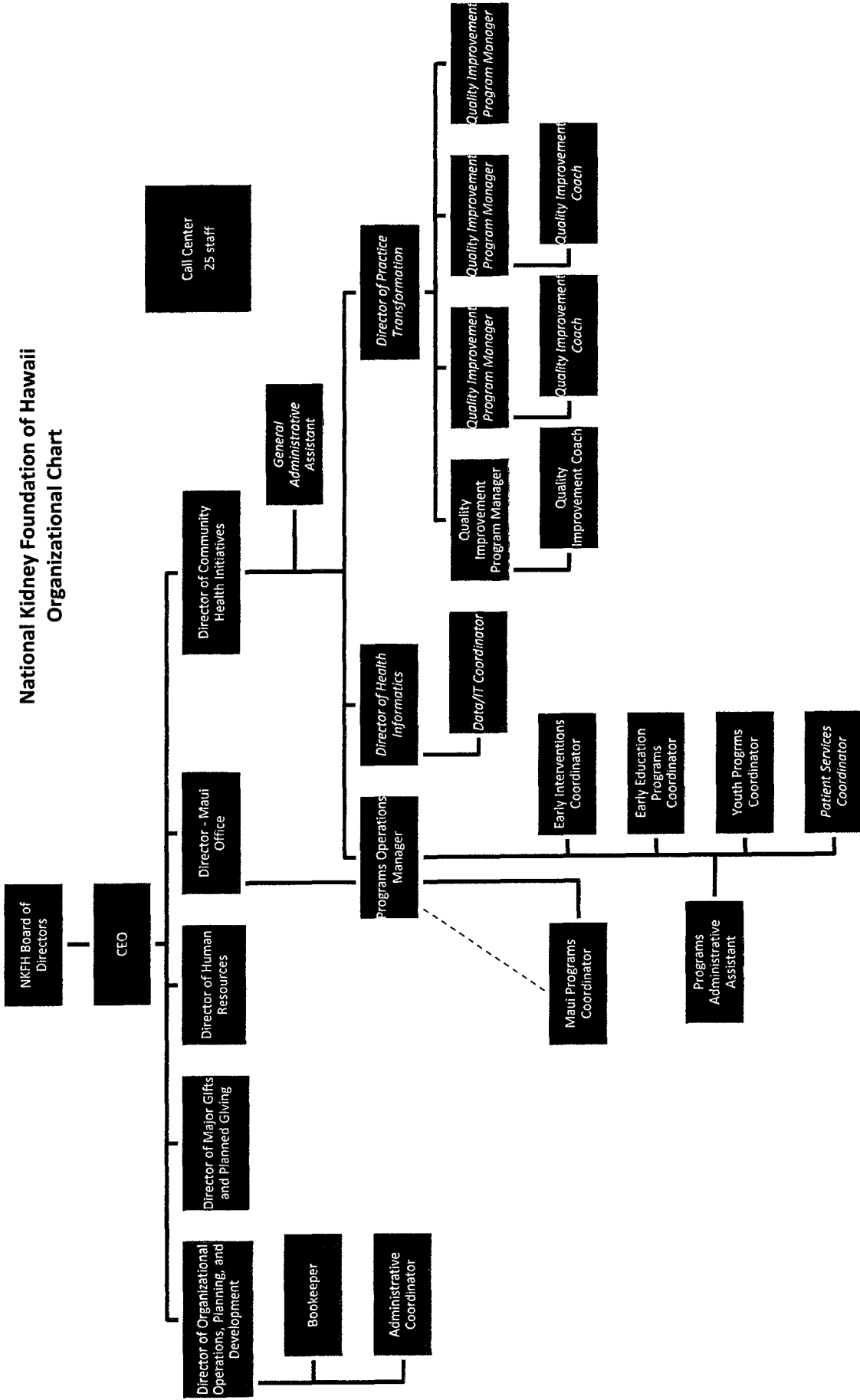
The applicant shall disclose any pending litigation to which they are a party, including the disclosure of any outstanding judgement. If applicable, please explain.

No pending Litigation.

### **B. Licensure or Accreditation**

Specify any special qualifications, including but not limited to licensure or accreditation that applicant possesses relevant to this request.

# National Kidney Foundation of Hawaii Organizational Chart



**BUDGET REQUEST BY SOURCE OF FUNDS**  
(Period: July 1, 2013 to June 30, 2014)

Applicant: \_\_\_\_\_ National Kidney Foundation of Hawaii, Inc.

<b>BUDGET CATEGORIES</b>	<b>Total State Funds Requested (a)</b>	<b>(b)</b>	<b>(c)</b>	<b>(d)</b>
<b>A. PERSONNEL COST</b>				
1. Salaries				
2. Payroll Taxes & Assessments				
3. Fringe Benefits				
<b>TOTAL PERSONNEL COST</b>				
<b>B. OTHER CURRENT EXPENSES</b>				
1. Airfare, Inter-Island				
2. Insurance				
3. Lease/Rental of Equipment				
4. Lease/Rental of Space				
5. Staff Training				
6. Supplies				
7. Telecommunication				
8. Utilities				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
<b>TOTAL OTHER CURRENT EXPENSES</b>				
<b>C. EQUIPMENT PURCHASES</b>				
<b>D. MOTOR VEHICLE PURCHASES</b>				
<b>E. CAPITAL</b>	<b>1,500,000</b>			
<b>TOTAL (A+B+C+D+E)</b>	<b>1,500,000</b>			
<b>SOURCES OF FUNDING</b>		Budget Prepared By:		
(a) Total State Funds Requested	1,500,000	Glen Hayashida      808-589-5970		
(b)		Name: [REDACTED]		
(c)		Signature of Authorized Official: _____ Date: _____		
(d)				
<b>TOTAL BUDGET</b>	<b>1,500,000</b>	Glen Hayadia CEO Name and Title (Please type or print)		



## BUDGET JUSTIFICATION - EQUIPMENT AND MOTOR VEHICLES

Applicant: \_\_\_\_\_

Period: July 1, 2013 to June 30, 2014

DESCRIPTION EQUIPMENT	NO. OF ITEMS	COST PER ITEM	TOTAL COST	TOTAL BUDGETED
			\$ -	
			\$ -	
			\$ -	
			\$ -	
			\$ -	
<b>TOTAL:</b>				
<b>JUSTIFICATION/COMMENTS:</b>				

DESCRIPTION OF MOTOR VEHICLE	NO. OF VEHICLES	COST PER VEHICLE	TOTAL COST	TOTAL BUDGETED
			\$ -	
			\$ -	
			\$ -	
			\$ -	
			\$ -	
<b>TOTAL:</b>				
<b>JUSTIFICATION/COMMENTS:</b>				

## BUDGET JUSTIFICATION CAPITAL PROJECT DETAILS

National Kidney Foundation of Hawaii Inc.

Period: July 1, 2013 to June 30, 2014

FUNDING AMOUNT REQUESTED						
TOTAL PROJECT COST	ALL SOURCES OF FUNDS RECEIVED IN PRIOR YEARS		STATE FUNDS REQUESTED	OTHER SOURCES OF FUNDS	FUNDING REQUIRED IN SUCCEEDING YEARS	
	FY: 2011-2012	FY: 2012-2013	FY:2013-2014	FY:2013-2014	FY:2014-2015	FY:2015-2016
PLANS			275000	275000		
LAND ACQUISITION			1200000	1200000	1100000	
DESIGN			25000	25000		
CONSTRUCTION					3300000	3300000
EQUIPMENT						
<b>TOTAL:</b>			1,500,000	1,500,000	4,400,000	3,300,000
<b>JUSTIFICATION/COMMENTS:</b>						

**DECLARATION STATEMENT OF  
APPLICANTS FOR GRANTS AND SUBSIDIES PURSUANT TO  
CHAPTER 42F, HAWAII REVISIED STATUTES**


The undersigned authorized representative of the applicant certifies the following:

- 1) The applicant meets and will comply with all of the following standards for the award of grants and subsidies pursuant to Section 42F-103, Hawaii Revised Statutes:
  - a) Is licensed or accredited, in accordance with federal, state, or county statutes, rules, or ordinances, to conduct the activities or provide the services for which a grant or subsidy is awarded;
  - b) Complies with all applicable federal and state laws prohibiting discrimination against any person on the basis of race, color, national origin, religion, creed, sex, age, sexual orientation, or disability;
  - c) Agrees not to use state funds for entertainment or lobbying activities; and
  - d) Allows the state agency to which funds for the grant or subsidy were appropriated for expenditure, legislative committees and their staff, and the auditor full access to their records, reports, files, and other related documents and information for purposes of monitoring, measuring the effectiveness, and ensuring the proper expenditure of the grant or subsidy.
- 2) The applicant meets the following requirements pursuant to Section 42F-103, Hawaii Revised Statutes:
  - a) Is incorporated under the laws of the State; and
  - b) Has bylaws or policies that describe the manner in which the activities or services for which a grant or subsidy is awarded shall be conducted or provided.
- 3) If the applicant is a non-profit organization, it meets the following requirements pursuant to Section 42F-103, Hawaii Revised Statutes:
  - a) Is determined and designated to be a non-profit organization by the Internal Revenue Service; and
  - b) Has a governing board whose members have no material conflict of interest and serve without compensation.

Pursuant to Section 42F-103, Hawaii Revised Statutes, for grants or subsidies used for the acquisition of land, when the organization discontinues the activities or services on the land acquired for which the grant or subsidy was awarded and disposes of the land in fee simple or by lease, the organization shall negotiate with the expending agency for a lump sum or installment repayment to the State of the amount of the grant or subsidy used for the acquisition of the land.

Further, the undersigned authorized representative certifies that this statement is true and correct to the best of the applicant's knowledge.

National Kidney Foundation of Hawaii, Inc.

\_\_\_\_\_ 

1/30/13  
(Date)

Glen Hayashida, CEO,





**STATE OF HAWAII  
STATE PROCUREMENT OFFICE**

**CERTIFICATE OF VENDOR COMPLIANCE**

This document presents the compliance status of the vendor identified below on the issue date with respect to certificates required from the Hawaii Department of Taxation (DOTAX), the Internal Revenue Service, the Hawaii Department of Labor and Industrial Relations (DLIR), and the Hawaii Department of Commerce and Consumer Affairs (DCCA).

**Vendor Name: NATIONAL KIDNEY FOUNDATION OF HAWAII**

**DBA/Trade Name: NATIONAL KIDNEY FOUNDATION OF HAWAII**

**Issue Date: 12/05/2012**

**Status: Compliant**

Hawaii Tax#: 4042970801  
 FEIN/SSN#: XX-XXX6733  
 UI#: XXXXXX2954  
 DCCA FILE#: 119574

**Status of Compliance for this Vendor on issue date:**

Form	Department(s)	Status
A-6	Hawaii Department of Taxation	Compliant
	Internal Revenue Service	Compliant
COGS	Hawaii Department of Commerce & Consumer Affairs	Compliant
LIR27	Hawaii Department of Labor & Industrial Relations	Compliant

**Status Legend:**

Status	Description
Exempt	The entity is exempt from this requirement
Compliant	The entity is compliant with this requirement or the entity is in agreement with agency and actively working towards compliance
Pending	The entity is compliant with DLIR requirement
Submitted	The entity has applied for the certificate but it is awaiting approval

Not  
Compliant

The entity is not in compliance with the requirement and should contact the issuing agency for more information

# DCCA State of Hawaii

Downloaded on December 5, 2012.

The information provided below is not a certification of good standing and does not constitute any other certification by the State.

Website URL: <http://hbe.hawaii.gov/documents>

## Business Information

MASTER NAME	NATIONAL KIDNEY FOUNDATION OF HAWAII
BUSINESS TYPE	Domestic Nonprofit Corporation
FILE NUMBER	119574 D2
STATUS	Active
PURPOSE	TO PREVENT KIDNEY AND URINARY TRACT DISEASE, IMPROVE THE HEALTH AND WELL-BEING OF INDIVIDUALS AND FAMILIES AFFECTED BY THIS DISEASE, AND INCREASE THE AVAILABILITY OF ALL ORGANS FOR TRANSPLANTATION IN HAWAII; (SEE AMRS FILED 01/30/2012)
PLACE INCORPORATED	Hawaii UNITED STATES
INCORPORATION DATE	Jul 24, 2000
MAILING ADDRESS	1314 SOUTH KING ST STE 1555 HONOLULU, Hawaii 96814 UNITED STATES
TERM	PER
AGENT NAME	GLEN HAYASHIDA
AGENT ADDRESS	1314 S KING ST STE 304 HONOLULU, Hawaii 96814-2004 UNITED STATES

## Annual Filings

FILING YEAR	DATE RECEIVED	STATUS
2012	Jul 4, 2012	Processed
2011	Jul 11, 2011	Processed
2010	Jul 16, 2010	Processed
2009	Jul 7, 2009	Processed
2008	Jul 9, 2008	Processed
2007	Jul 3, 2007	Processed
2006	Aug 18, 2006	Processed
2005	Aug 19, 2005	Processed
2004	Jul 22, 2004	Processed
2003	Jul 7, 2003	Processed
2002		Not Required
2001		Processed
2000		Processed

## Officers

NAME	OFFICE	DATE
UTTERDYKE,AILEEN	P/D	Jul 1, 2011

KATAGIRI, LINDA	V	Jul 1, 2011
GIBBONS, JANE	S	Jul 1, 2009
HASEGAWA, LEIGHTON	T/D	Jul 1, 2012
WALKER, STEVEN	D	Jul 1, 2009
MAKUAKANE, SCOTT	D	Jul 1, 2011

**Internal Revenue Service**

**Department of the Treasury**

District  
Director

10 MetroTech Center  
625 Fulton Street  
Brooklyn, NY 11201

Date: SEP 30 1996

National Kidney  
Foundation, Inc.  
30 East 33rd Street  
New York, NY  
10016-5337

Person to Contact:  
Patricia Holub  
Contact Telephone Number:  
(718) 488-2333  
EIN: 13-1673104


Dear Sir or Madam:

Reference is made to your request for verification of the tax exempt status of National Kidney Foundation, Inc.

A determination or ruling letter issued to an organization granting exemption under the Internal Revenue Code remains in effect until the tax exempt status has been terminated, revoked or modified.

Our records indicate that exemption was granted as shown below.

Sincerely yours,

  
Patricia Holub  
Manager, Customer  
Service Unit

Name of Organization: National Kidney Foundation, Inc.

Date of Exemption Letter: September 1969

Exemption granted pursuant to section 501(c)(3) of the Internal Revenue Code.

Foundation Classification (if applicable): Not a private foundation as you are an organization described in sections 509(a)(1) and 170(b)(1)(A)(vi) of the Internal Revenue Code.

This is the Parent Organization with Group Exemption Number 2041.



# National Kidney Foundation

## OFFICERS

Chancellor  
Ken Howard  
Chairman  
W. Edward Walter  
President  
Lyndia A. Szczech, MD, MSCE  
Chief Executive Officer  
Bruce Skyer  
Secretary  
William G. Dessoffy, CFA  
President-Elect  
Beth Piraino, MD

## BOARD OF DIRECTORS

Jerome Bill Alken  
George Bakris, MD  
R.D. Todd Baur  
Bryan N. Becker, MD  
A. Bruce Bowden, Esq.  
Derek E. Bruce, Esq.  
Alexander M. Capron  
James G. Carlson  
Paul Crawford, MD  
Jane S. Davis, CRNP, MSN  
Brian Disheimer  
Tom Hough  
Jay Justice  
Kevin Longino  
Thomas P. McDonough  
Dennis W. Morgan  
Howard M. Nathan  
Stephen Pastan, MD  
Art Pasquarella, CRE  
Gregory W. Scott  
Michael W. Sexton  
Michael Watts, CPA

## SCIENTIFIC ADVISORY BOARD

Chairman  
Lyndia A. Szczech, MD, MSCE  
Bryan N. Becker, MD  
Kerri Cavanaugh, MD  
Michael Choi, MD  
Chel Fox, MD  
Linda Fried, MD  
Stuart L. Goldstein, MD  
Kamyar Katarifar-Zadeh, MD  
Charmaine Lok, MD  
Andrew S. Levey, MD  
Peter McCullough, MD  
Beth M. Piraino, MD  
Michael V. Rocco, MD, MS,  
FACP  
Ajay K. Singh, MD

## GENERAL COUNSEL

A. Bruce Bowden, Esq.

March 12, 2012

Internal Revenue Service Center  
Ogden, UT 84201-0027

RE: EIN #13-1673104  
Group Exemption No. 2041

To Whom It May Concern:

Concerning the group exemption status of the National Kidney Foundation, Inc., enclosed is the updated information that was requested about the Foundation and its Affiliates.

There have been no changes made during the year in purpose, character or method of operation of the Foundation or its Affiliates. Further, all Affiliates operate under the National By-Laws and Policies, and are recognized as exempt under IRS code section 501(c) (3).

Since the last reporting, the following National Kidney Foundation Affiliates have been dissolved and should be removed from the attached list:

National Kidney Foundation of Kentucky Inc – EIN #61-0673518

Please add the following:

EIN # 86-6052343  
National Kidney Foundation of Arizona, Inc  
4203 E. Indian School Road  
Suite 140  
Phoenix, AZ 85018



Petros Gregoriou, C.P.A.  
Vice President for Finance



**IRS** Department of the Treasury  
Internal Revenue Service  
OGDEN, UT 84201-0023

Notice Date: 01-11-2012  
CP Number: CP 119  
Taxpayer Identification  
Number: 13-1673104  
GEN Number: 2041



**NATIONAL KIDNEY FOUNDATION INC**  
30 EAST 33RD STREET  
NEW YORK NY 10016-5337

000056

### Why Are You Getting This Notice?

As a holder of a group exemption letter, you are required to annually provide us with current information about each subordinate unit included under your ruling. This information will help us update our records.

### What Do You Need To Do?

1. Review and make needed changes directly on the enclosed list of your subordinates to the:

- Employer identification number (EIN)
- Name
- Chapter name or local number
- Address (including state and ZIP Code)

2. Add new subordinates. For each subordinate added, include the information listed in #1, above. If a subordinate does not have an EIN, apply for one online, by telephone, fax, or by mail.

- Online - Go to the IRS website at [www.irs.gov/businesses](http://www.irs.gov/businesses) and click on "Employer ID Numbers."
- Telephone - Call the IRS at 1-800-829-4933,
- Fax - Fax the IRS at 801-620-3253, or
- Mail - Complete Form SS-4 and mail it to the service center address for your state. See Form SS-4 instructions for more information.

3. Delete subordinates no longer included in the group exemption letter. If you delete subordinates, mark them on the listing as deleted and notify the deleted subordinates that they may be required to file federal tax returns and reports because they are no longer covered by a group exemption ruling.

4. If there are no changes to the enclosed list, sign the Declaration at the bottom of this notice and return it to us.

**What Happens If You Don't Provide This Information?**

If you do not submit the information required, your group exemption letter will be terminated. Your subordinates will have to file annual income tax returns. To reactivate the ruling, you will have to submit a new application for recognition of tax-exempt status for the group and pay the applicable user fee.

**How Can You Get Forms, Instructions and Publications?**

Forms, instructions and publications are available on our website at [www.irs.gov](http://www.irs.gov) or by calling the IRS Forms Distribution Center at 1-800-TAX-FORM (1-800-829-3676) (toll-free). Publication 557, Tax-Exempt Status for Your Organization, will assist you with tax-exempt organization questions. For more information about group exemption rulings and procedures, see the Publication 4573, Group Exemptions.

**Where Should You Send the Information?**

Mail your updated listing or signed Declaration (see the bottom of this page ) to:

Department of Treasury  
Internal Revenue Service  
Ogden, UT 84201-0023

**When Is Your Response Due?**

The IRS must receive the updated information or signed Declaration 90 days before the end of your annual accounting period. Failure to reply could result in the loss of your group exemption letter.

**How can you get help?**

If you have any questions about this notice, write us at the address shown above, or call us at 801-620-6019. If the number is outside your local calling area, you will incur a long-distance charge.

Tear off Stub

BODCD-TE      Mail Stop 6273

**DECLARATION**

CP Number: CP 119  
Notice Date: 01-11-2012  
EIN: 13-1673104

I declare that I have examined the subordinate listing referred to in this notice and, to the best of my knowledge, no subordinate names or addresses have changed and no subordinates were added or deleted from our group.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

Department of Treasury  
Internal Revenue Service  
Ogden, UT 84201-0023

NATIONAL KIDNEY FOUNDATION INC  
30 EAST 33RD STREET  
NEW YORK NY 10016-5337



950000



SUBSIDIARY ORGANIZATION OF NATIONAL KIDNEY FOUNDATION INC  
GEN NUMBER 2041

CYCLE 201152

PAGE 1

131673104	PARENT	NATIONAL KIDNEY FOUNDATION INC 30 EAST 33RD STREET	NEW YORK	NY	10016-5337996	06	% WILLIAM J WEIMER
161358638	SUB	NATIONAL KIDNEY FOUNDATION INC 731 JAMES STREET OF CENTRAL NEW YORK INC	SYRACUSE	NY	13203-2039999	06	
351180274	SUB	NATIONAL KIDNEY FOUNDATION INC 911 E 86TH ST STE 100 INDIANA	INDIANAPOLIS	IN	46240-1848256	06	
366009226	SUB	NATIONAL KIDNEY FOUNDATION INC 215 WEST ILLINOIS OF ILLINOIS INC	CHICAGO	IL	60654-7814991	06	% NATIONAL KIDNEY FOUNDATION OF IL
381559941	SUB	NATIONAL KIDNEY FOUNDATION INC 1169 OAK VALLEY DR OF MICHIGAN INC	ANN ARBOR	MI	48108-9674698	06	
391133761	SUB	NATIONAL KIDNEY FOUNDATION INC 16655 W BLUEMOUND RD SUITE 240 OF WISCONSIN INC	BROOKFIELD	WI	53005-5957993	06	
526069952	SUB	NATIONAL KIDNEY FOUNDATION INC 1107 KENILWORTH DR STE 202 OF MARYLAND INC	BALTIMORE	MD	21204-2186077	06	
592190073	SUB	NATIONAL KIDNEY FOUNDATION INC 1040 WOODCOCK RD STE 119 OF FLORIDA INC	ORLANDO	FL	32803-3510447	06	
<del>610679518</del>	<del>SUB</del>	<del>NATIONAL KIDNEY FOUNDATION INC 250 E LIBERTY ST STE 710 OF KENTUCKY INC</del>	<del>LOUISVILLE</del>	<del>KY</del>	<del>40202-1537853</del>	<del>06</del>	
620806802	SUB	NATIONAL KIDNEY FOUNDATION INC 857 MT MORIAH STE 201 OF WEST TENNESSEE INC	MEMPHIS	TN	38117-5704572	06	
720649707	SUB	NATIONAL KIDNEY FOUNDATION INC 8200 HAMPSON ST STE 425 OF LOUISIANA INC	NEW ORLEANS	LA	70118-1063003	06	
870430188	SUB	NATIONAL KIDNEY FOUNDATION OF UTAH & IDAHO 3707 NORTH CANYON RD	PROVO	UT	84604-4592990	06	
990266733	SUB	NATIONAL KIDNEY FOUNDATION INC HAWAII INC OF HAWAII INC	HONOLULU	HI	96814-0000000	06	

DELETE

331679104 SUBSIDIARY ORGANIZATION OF NATIONAL KIDNEY FOUNDATION INC  
GEN NUMBER 2041 SUBSIDIARY TOTAL IS 12

CYCLE 201152

**National Kidney Foundation of Hawaii**  
**Board of Directors**  
**FY 2013**

All terms are 3 years

President

Aileen Utterdyke, CPA  
Pacific Historic Parks  
94-1187 Ka Uka Blvd  
Waipahu, HI. 96797

Work #: 954-8760  
Cell #: 782-4201  
Email: [aileenu613@gmail.com](mailto:aileenu613@gmail.com)

Resource Committee

Director

Alvin Cecil  
Director of Operations  
DSI Renal-North East Region  
100 Shadeland Ave, Apt 309  
Apt. 309  
Drexel Hill, PA 19026  
Cell: 282-6476  
Phone:  
Fax:  
[golferhi@aol.com](mailto:golferhi@aol.com)  
[aacecil@me.com](mailto:aacecil@me.com)  
Term Ending June 2013

Vice President

Linda Katagiri  
Senior Vice President  
HMSA  
818 Keeaumoku Street  
Honolulu, HI 96814

Phone: 948-5366  
Fax: 948-5999  
[linda\\_katagiri@hmsa.com](mailto:linda_katagiri@hmsa.com)  
Term Ending June 2015  
Admin: Ginger Krosevic -958-5545

Resource Committee  
Strategic Planning Committee  
Leadership

Director

Scott Makuakane  
Attorney at Law  
1100 Alakea Street  
Suite 2424  
Honolulu, HI 96813  
808-589-8227  
[maku@est8planning.com](mailto:maku@est8planning.com)  
Term Ending June 2014

Leadership Committee

Secretary

Jane Gibbons  
VP  
Liberty Dialysis- Hawaii  
2226 Liliha St., Suite 226  
Honolulu, HI 96817

Phone: 585-4605  
Fax: None  
[jgibbons@libertydialysis.com](mailto:jgibbons@libertydialysis.com)  
Term Ending June 2013

Strategic Planning Committee

Director

Steven Walker  
Real Estate Investment  
1268 Hia Hia Place  
Wailuku, HI 96793  
Phone cell: 870-4463  
[slwalker59@aol.com](mailto:slwalker59@aol.com)  
Term ending June 2015

Resource Committee

Treasurer

Leighton Hasegawa  
Clinical Ops & Finance Administrator  
Hawaii Permanente Medical Group (HPMG)  
2828 Pa'a Street, Suite 2050  
Honolulu, HI 96819

Phone: 375-9055  
432-5867  
[leighton.n.hasegawa@kp.org](mailto:leighton.n.hasegawa@kp.org)  
Term Ending 2015

**NATIONAL KIDNEY FOUNDATION OF HAWAII**

**FINANCIAL STATEMENTS AND  
INDEPENDENT AUDITOR'S REPORT**

**YEARS ENDED JUNE 30, 2012 AND 2011**

**NATIONAL KIDNEY FOUNDATION OF HAWAII**

**FINANCIAL STATEMENTS AND  
INDEPENDENT AUDITOR'S REPORT**

**YEARS ENDED JUNE 30, 2012 AND 2011**

<b>TABLE OF CONTENTS</b>	<b>PAGE</b>
Independent Auditor's Report	1
Balance Sheets	2
Statements of Activities	3 - 4
Statements of Functional Expenses	5 - 6
Statements of Cash Flows	7
Notes to Financial Statements	8 - 13



Mailing Address: P.O. Box 26479  
Honolulu, HI 96825

Phone: 808-371-9394  
Fax: 808-791-8360  
email: peter@pkm-cpa.com

---

P e t e r K . M a t s u m o t o , C P A

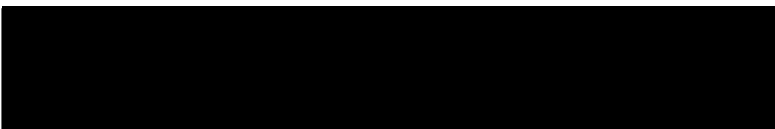
### INDEPENDENT AUDITOR'S REPORT

To the Board of Directors of  
National Kidney Foundation of Hawaii  
Honolulu, Hawaii

I have audited the accompanying balance sheets of National Kidney Foundation of Hawaii (a nonprofit organization) for the years ended June 30, 2012 and 2011 and the related statements of activities, functional expenses, and cash flows for the years then ended. These financial statements are the responsibility of the organization's management. My responsibility is to express an opinion on these financial statements based on my audits.

I conducted my audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that I plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. I believe that my audits provide a reasonable basis for my opinion.

In my opinion, the financial statements referred to above present fairly, in all material respects, the financial position of National Kidney Foundation of Hawaii for the years ended June 30, 2012 and 2011, and the changes in its net assets and its cash flows for the years then ended in conformity with accounting principles generally accepted in the United States of America.



October 7, 2012

**NATIONAL KIDNEY FOUNDATION OF HAWAII**  
**BALANCE SHEETS**  
**June 30, 2012 and 2011**

	<u>2012</u>	<u>2011</u>
<b>ASSETS</b>		
Cash and cash equivalents	\$ 926,898	\$ 537,111
Donations receivable	270,631	89,634
Deposits and prepaid expenses	17,885	11,509
Investments	2,084,604	2,216,239
Property, net of accumulated depreciation	<u>286,823</u>	<u>359,996</u>
<b>TOTAL ASSETS</b>	<u><u>\$ 3,586,841</u></u>	<u><u>\$ 3,214,489</u></u>
<b>LIABILITIES AND NET ASSETS</b>		
<b>LIABILITIES</b>		
Accounts payable and accrued expenses	\$ 377,855	\$ 98,671
<b>TOTAL LIABILITIES</b>	<u>377,855</u>	<u>98,671</u>
<b>NET ASSETS</b>		
Unrestricted		
Designated for program development	500,000	500,000
Undesignated	<u>2,640,263</u>	<u>2,545,187</u>
<b>Total unrestricted</b>	<u>3,140,263</u>	<u>3,045,187</u>
Temporarily restricted	<u>68,723</u>	<u>70,631</u>
<b>TOTAL NET ASSETS</b>	<u><u>3,208,986</u></u>	<u><u>3,115,818</u></u>
<b>TOTAL LIABILITIES AND NET ASSETS</b>	<u><u>\$ 3,586,841</u></u>	<u><u>\$ 3,214,489</u></u>

See accompanying notes to financial statements.

**NATIONAL KIDNEY FOUNDATION OF HAWAII**  
**STATEMENTS OF ACTIVITIES**  
**Years Ended June 30, 2012 and 2011**

	2012			2011		
	Unrestricted	Temporarily Restricted	Total	Unrestricted	Temporarily Restricted	Total
<b>REVENUES, GAINS, AND OTHER SUPPORT</b>						
Support from the public						
Received directly						
Car campaign revenue, net	\$ 1,257,329	\$ -	\$ 1,257,329	\$ 1,464,695	\$ -	\$ 1,464,695
Contributions	1,057,300	24,331	1,081,631	200,517	63,705	264,222
Government grant	79,000	-	79,000	329,670	-	329,670
Donated equipment and services	77,161	-	77,161	41,273	-	41,273
Other income	-	-	-	2,350	-	2,350
	<u>2,470,790</u>	<u>24,331</u>	<u>2,495,121</u>	<u>2,038,505</u>	<u>63,705</u>	<u>2,102,210</u>
Received indirectly						
Combined federal and employee campaigns	27,503	-	27,503	21,493	-	21,493
Special events fundraisers						
Revenues	6,278	-	6,278	77,280	-	77,280
Less: Direct benefit costs	-	-	-	-	-	-
Net support from special events fundraisers	<u>6,278</u>	<u>-</u>	<u>6,278</u>	<u>77,280</u>	<u>-</u>	<u>77,280</u>
Total support from the public	<u>2,504,571</u>	<u>24,331</u>	<u>2,528,902</u>	<u>2,137,278</u>	<u>63,705</u>	<u>2,200,983</u>
Other revenues						
Investment income (loss), including net realized and unrealized gains and losses on investments	(30,528)	-	(30,528)	238,348	-	238,348
Total other revenues	<u>(30,528)</u>	<u>-</u>	<u>(30,528)</u>	<u>238,348</u>	<u>-</u>	<u>238,348</u>
Net assets released from restrictions						
Satisfaction of program restrictions	26,239	(26,239)	-	51,938	(51,938)	-
<b>TOTAL REVENUES, GAINS, AND OTHER SUPPORT</b>	<u>2,500,282</u>	<u>(1,908)</u>	<u>2,498,374</u>	<u>2,427,564</u>	<u>11,767</u>	<u>2,439,331</u>

See accompanying notes to financial statements.



**NATIONAL KIDNEY FOUNDATION OF HAWAII**  
**STATEMENTS OF ACTIVITIES - Continued**  
**Years Ended June 30, 2012 and 2011**

	2012			2011		
	Unrestricted	Temporarily Restricted	Total	Unrestricted	Temporarily Restricted	Total
<b>TOTAL REVENUES, GAINS, AND OTHER SUPPORT</b>	<b>\$ 2,500,282</b>	<b>\$ (1,908)</b>	<b>\$ 2,498,374</b>	<b>\$ 2,427,564</b>	<b>\$ 11,767</b>	<b>\$ 2,439,331</b>
<b>EXPENSES</b>						
Program services						
Research	104,321	-	104,321	46,588	-	46,588
Public health education	306,992	-	306,992	459,644	-	459,644
Professional education and training	1,060,855	-	1,060,855	443,889	-	443,889
Patient services	239,510	-	239,510	241,160	-	241,160
Community services	280,091	-	280,091	316,378	-	316,378
Total program services	<u>1,991,769</u>	<u>-</u>	<u>1,991,769</u>	<u>1,507,659</u>	<u>-</u>	<u>1,507,659</u>
Supporting services						
Fundraising	271,796	-	271,796	281,057	-	281,057
Management and general	141,641	-	141,641	196,801	-	196,801
Total supporting services	<u>413,437</u>	<u>-</u>	<u>413,437</u>	<u>477,858</u>	<u>-</u>	<u>477,858</u>
<b>TOTAL EXPENSES</b>	<b>2,405,206</b>	<b>-</b>	<b>2,405,206</b>	<b>1,985,517</b>	<b>-</b>	<b>1,985,517</b>
<b>CHANGE IN NET ASSETS</b>	<b>95,076</b>	<b>(1,908)</b>	<b>93,168</b>	<b>442,047</b>	<b>11,767</b>	<b>453,814</b>
<b>NET ASSETS AT BEGINNING OF YEAR</b>	<b>3,045,187</b>	<b>70,631</b>	<b>3,115,818</b>	<b>2,603,140</b>	<b>58,864</b>	<b>2,662,004</b>
<b>NET ASSETS AT END OF YEAR</b>	<b>\$ 3,140,263</b>	<b>\$ 68,723</b>	<b>\$ 3,208,986</b>	<b>\$ 3,045,187</b>	<b>\$ 70,631</b>	<b>\$ 3,115,818</b>

See accompanying notes to financial statements.

**NATIONAL KIDNEY FOUNDATION OF HAWAII**  
**STATEMENTS OF FUNCTIONAL EXPENSES**  
**Years Ended June 30, 2012 and 2011**

	2012									
	Research	Public Health Education	Professional Education and Training	Patient Services	Community Services	Total Program Services	Fund Raising	Management and General	Total Supporting Services	Total
Salaries	\$ 55,824	\$ 110,991	\$ 275,831	\$ 37,721	\$ 91,241	\$ 571,608	\$ 40,749	\$ 45,950	\$ 86,699	\$ 658,307
Employee benefits	7,308	14,529	36,108	4,938	11,944	74,827	5,335	6,015	11,350	86,177
Payroll taxes	5,265	10,469	26,017	3,558	8,606	53,915	3,843	4,334	8,177	62,092
Awards and grants	-	1,953	-	-	-	1,953	-	1,953	1,953	3,906
Professional fees	-	11,074	33,224	5,538	5,537	55,373	9,740	30,658	40,398	95,771
Direct assistance to patients	-	-	-	3,777	-	3,777	-	-	-	3,777
Office supplies and expenses	-	41,935	522,529	123,615	72,386	760,465	2,393	2,393	4,786	765,251
Telephone and fax	1,856	3,691	9,172	1,254	3,034	19,007	1,355	1,529	2,884	21,891
Postage and shipping	887	1,763	4,381	599	1,449	9,079	647	730	1,377	10,456
Building occupancy	8,255	16,413	40,789	5,578	13,492	84,527	6,026	6,795	12,821	97,348
Insurance	1,265	2,515	6,250	855	2,067	12,952	923	1,042	1,965	14,917
Meetings, symposia, travel	275	7,995	3,160	3,327	3,331	18,088	1,283	1,723	3,006	21,094
Subscriptions	105	1,052	286	580	760	2,783	555	471	1,026	3,809
Revenue share payment to National	18,967	27,113	66,398	30,191	43,902	186,571	17,499	32,726	50,225	236,796
Miscellaneous (including Hawaii general excise taxes of \$8,588)	1,015	3,484	34,388	842	1,814	41,543	10,793	2,091	12,884	54,427
Depreciation	3,299	32,279	2,322	17,137	20,528	75,565	4,719	3,231	7,950	83,515
Car campaign	-	14,626	-	-	-	14,626	165,936	-	165,936	180,562
<b>TOTAL EXPENSES</b>	<b>104,321</b>	<b>301,882</b>	<b>1,060,855</b>	<b>239,510</b>	<b>280,091</b>	<b>1,986,659</b>	<b>271,796</b>	<b>141,641</b>	<b>413,437</b>	<b>2,400,096</b>
Special events										
Other	-	5,110	-	-	-	5,110	-	-	-	5,110
<b>TOTAL EXPENSES REPORTED BY FUNCTION</b>	<b>\$ 104,321</b>	<b>\$ 306,992</b>	<b>\$ 1,060,855</b>	<b>\$ 239,510</b>	<b>\$ 280,091</b>	<b>\$ 1,991,769</b>	<b>\$ 271,796</b>	<b>\$ 141,641</b>	<b>\$ 413,437</b>	<b>\$ 2,405,206</b>
Percentages after deducting direct benefit costs of special events	4.34%	12.76%	44.10%	9.96%	11.65%	82.81%	11.30%	5.89%	17.19%	100.00%

See accompanying notes to financial statements.

**NATIONAL KIDNEY FOUNDATION OF HAWAII**  
**STATEMENTS OF FUNCTIONAL EXPENSES**  
**Years Ended June 30, 2012 and 2011**

	2011									
	Public	Professional	Patient	Community	Total	Fund	Management	Total		
	Research	Health	Education	Services	Services	Program	Raising	and	Supporting	Total
	Education	and Training			Services	Services	General	Services		
Salaries	\$ 13,483	\$ 169,039	\$ 73,343	\$ 28,384	\$ 113,538	\$ 397,787	\$ 30,260	\$ 78,818	\$ 109,078	\$ 506,865
Employee benefits	1,779	22,306	9,678	3,746	14,982	52,491	3,993	10,400	14,393	66,884
Payroll taxes	1,363	17,087	7,414	2,869	11,476	40,209	3,059	7,966	11,025	51,234
Awards and grants	-	1,828	-	-	-	1,828	-	1,725	1,725	3,553
Professional fees	-	10,133	10,133	10,133	10,132	40,531	22,363	29,095	51,458	91,989
Direct assistance to patients	-	-	-	9,299	-	9,299	-	-	-	9,299
Office supplies and expenses	-	75,663	205,474	129,249	74,506	484,892	3,835	3,836	7,671	492,563
Telephone and fax	500	6,272	2,721	1,053	4,213	14,759	1,123	2,925	4,048	18,807
Postage and shipping	221	2,435	665	941	1,698	5,960	669	790	1,459	7,419
Building occupancy	2,375	29,781	12,921	5,001	20,003	70,081	5,331	13,886	19,217	89,298
Insurance	428	5,368	2,329	901	3,606	12,632	961	2,504	3,465	16,097
Meetings, symposia, travel	369	10,670	4,217	4,440	4,445	24,141	1,712	2,300	4,012	28,153
Subscriptions	77	777	211	429	561	2,055	409	348	757	2,812
Revenue share payment to National	24,626	32,493	82,971	40,132	48,198	228,420	18,299	38,308	56,607	285,027
Miscellaneous (including Hawaii general excise taxes of \$9,785)	174	2,311	16,390	499	1,595	20,969	10,807	1,522	12,329	33,298
Depreciation	1,193	11,676	840	4,084	7,425	25,218	2,613	2,378	4,991	30,209
Car campaign	-	56,933	-	-	-	56,933	175,623	-	175,623	232,556
<b>TOTAL EXPENSES</b>	<b>46,588</b>	<b>454,772</b>	<b>429,307</b>	<b>241,160</b>	<b>316,378</b>	<b>1,488,205</b>	<b>281,057</b>	<b>196,801</b>	<b>477,858</b>	<b>1,966,063</b>
Special events										
Other	-	4,872	14,582	-	-	19,454	-	-	-	19,454
<b>TOTAL EXPENSES REPORTED BY FUNCTION</b>	<b>\$ 46,588</b>	<b>\$ 459,644</b>	<b>\$ 443,889</b>	<b>\$ 241,160</b>	<b>\$ 316,378</b>	<b>\$ 1,507,659</b>	<b>\$ 281,057</b>	<b>\$ 196,801</b>	<b>\$ 477,858</b>	<b>\$ 1,985,517</b>
Percentages after deducting direct benefit costs of special events	2.35%	23.15%	22.36%	12.15%	15.93%	75.94%	14.15%	9.91%	24.06%	100.00%

See accompanying notes to financial statements.

**NATIONAL KIDNEY FOUNDATION OF HAWAII**  
**STATEMENTS OF CASH FLOWS**  
**Years Ended June 30, 2012 and 2011**

	<u>2012</u>	<u>2011</u>
<b>CASH FLOWS FROM OPERATING ACTIVITIES</b>		
Change in net assets	\$ 93,168	\$ 453,814
Adjustments to reconcile change in net assets to net cash used in operating activities		
Depreciation	83,515	30,209
Donated assets	-	(34,000)
Net realized and unrealized gains and losses on investments	68,394	(181,695)
Investment expenses charged to investment account	2,956	2,781
Changes in operating assets and liabilities		
Increase in donations and other receivables	(180,997)	(35,068)
(Increase) decrease in deposits and prepaid expenses	(6,376)	2,456
Increase in accounts payable and accrued expenses	279,184	18,038
<b>NET CASH PROVIDED BY OPERATING ACTIVITIES</b>	<u>339,844</u>	<u>256,535</u>
<b>CASH FLOWS FROM INVESTING ACTIVITIES</b>		
Proceeds from sales of investments and redemption of certificates of deposit	122,613	1,342,627
Purchases of investments	(62,328)	(1,401,045)
Purchases of property	(10,342)	(144,081)
<b>NET CASH PROVIDED BY (USED BY) INVESTING ACTIVITIES</b>	<u>49,943</u>	<u>(202,499)</u>
<b>NET INCREASE IN CASH AND CASH EQUIVALENTS</b>	389,787	54,036
<b>CASH AND CASH EQUIVALENTS AT BEGINNING OF YEAR</b>	<u>537,111</u>	<u>483,075</u>
<b>CASH AND CASH EQUIVALENTS AT END OF YEAR</b>	<u>\$ 926,898</u>	<u>\$ 537,111</u>

See accompanying notes to financial statements.

**NATIONAL KIDNEY FOUNDATION OF HAWAII**  
**NOTES TO FINANCIAL STATEMENTS**  
**June 30, 2012 and 2011**

**NOTE 1 - NATURE OF ACTIVITIES AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

**Organization and Nature of Activities**

National Kidney Foundation of Hawaii (NKFH) is a nonprofit corporation formed exclusively for charitable purposes. The mission of NKFH is to prevent kidney and urinary tract disease, improve the health and well-being of individuals and families affected by this disease, and increase the availability of all organs for transplantation in Hawaii.

NKFH is an affiliate of National Kidney Foundation, Inc.

Revenues are mainly from contributions of cars as part of NKFH's car campaign.

NKFH is exempt from income taxes under Section 501(c)(3) of the Internal Revenue Code, under the exemption granted to National Kidney Foundation, Inc., and is not classified as a private foundation. Contributions to NKFH are tax deductible.

**Basis of Presentation**

Financial statement presentation follows the recommendations of the Financial Accounting Standards Board. NKFH reports information regarding its financial position and activities according to three classes of net assets: unrestricted net assets, temporarily restricted net assets, and permanently restricted net assets. NKFH has no permanently restricted net assets.

**Property and Depreciation**

Property is recorded at cost or fair market value at the date of donation. Expenditures for property costing over \$500 are capitalized. Depreciation is recorded using the straight-line method over the estimated useful lives of the assets, principally three to five years.

**Contributions**

Contributions received are recorded as increases in unrestricted, temporarily restricted, or permanently restricted net assets, depending on the existence and/or nature of any donor restrictions. Restricted net assets are reclassified to unrestricted net assets upon satisfaction of purpose or time restrictions. Contributions and grants are considered to be available for unrestricted use unless specifically restricted by the donor.

Donor restricted contributions whose restrictions are met in the same reporting period are reported as unrestricted contributions.

**Donated Services**

Donated services are recognized as contributions if the services (a) create or enhance non-financial assets or (b) require specialized skills, are performed by people with those skills, and would otherwise be purchased by NKFH. Volunteers also provided various fundraising services throughout the year that are not recognized as contributions in the financial statements since the recognition criteria were not met.

**NATIONAL KIDNEY FOUNDATION OF HAWAII**  
**NOTES TO FINANCIAL STATEMENTS - Continued**  
**June 30, 2012 and 2011**

**NOTE 1 - NATURE OF ACTIVITIES AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES - Continued**

**Use of Estimates**

Management uses estimates and assumptions in preparing financial statements. Those estimates and assumptions affect the reported amounts of assets and liabilities, the disclosure of contingent assets and liabilities, and the reported revenues and expenses. Actual results could differ from those estimates.

**Expense Allocation**

The costs of providing various programs and other activities have been summarized on a functional basis in the statements of activities and in the statements of functional expenses. Accordingly, certain costs have been allocated among the programs and supporting services benefited.

**Investments**

NKFH carries investments in marketable securities with readily determinable fair values and all investments in debt securities at their fair values in the balance sheets. Unrealized gains and losses are included in the change in net assets in the accompanying statements of activities.

**Fair Value Measurements**

NKFH adopted accounting provisions for fair value measurements of financial assets and financial liabilities and for fair value measurements of nonfinancial items that are recognized or disclosed at fair value in the financial statements on a recurring basis in accordance with standards established by the Financial Accounting Standards Board. Fair value is defined as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The accounting provisions also establish a framework for measuring fair value and expand disclosures about fair value measurements.

**Car Campaign Revenues**

Car campaign revenues are reflected net of towing, title transfers, storage, and auction expenses.

**Cash and Cash Equivalents**

Short-term, highly liquid investments with maturities of less than three months are treated as cash equivalents.

**Promises to Give**

Unconditional promises to give are recognized as revenues in the period received and as assets, decreases of liabilities, or expenses depending on the form of the benefits received. Conditional promises to give are recognized only when the conditions on which they depend are substantially met and the promises become unconditional.

**NATIONAL KIDNEY FOUNDATION OF HAWAII**  
**NOTES TO FINANCIAL STATEMENTS - Continued**  
**June 30, 2012 and 2011**

**NOTE 2 - CASH**

NKFH maintains its certificate of deposit and bank accounts at a financial institution in Hawaii. These balances are insured by the Federal Deposit Insurance Corporation up to \$250,000. In 2012 and 2011, NKFH's uninsured cash balance totaled \$625,024 and \$422,915, respectively.

**NOTE 3 - PROPERTY**

As of June 30, 2012 and 2011, the cost and accumulated depreciation of NKFH's property was as follows:

	2012	2011
Office equipment	\$ 404,585	\$ 398,553
Building and leasehold improvements	194,421	194,421
Vehicles	43,875	43,875
Furniture and fixtures	45,610	41,300
Less accumulated depreciation	(401,668)	(318,153)
	<u>\$ 286,823</u>	<u>\$ 359,996</u>

**NOTE 4 - CONCENTRATION OF REVENUE**

In 2012 and 2011, approximately 50% and 60%, respectively, of NKFH's revenues and other support were provided by the car campaign.

**NOTE 5 - INVESTMENTS**

As of June 30, 2012 and 2011, investments at market value held by NKFH were as follows:

	2012	2011
Mutual funds		
Equity funds	\$ 1,499,141	\$ 978,272
Fixed income funds	182,490	837,379
	<u>1,681,631</u>	<u>1,815,651</u>
Money market	402,973	400,588
	<u>\$ 2,084,604</u>	<u>\$ 2,216,239</u>

**NATIONAL KIDNEY FOUNDATION OF HAWAII**  
**NOTES TO FINANCIAL STATEMENTS - Continued**  
**June 30, 2012 and 2011**

**NOTE 5 – INVESTMENTS - Continued**

The following schedule summarizes the investment return in the statement of activities for 2012 and 2011:

	2012	2011
Dividends and interest	\$ 37,866	\$ 56,653
Realized and unrealized gains	(68,394)	181,695
	<u>\$ (30,528)</u>	<u>\$ 238,348</u>

NKFH adopted the accounting standards established by the Financial Accounting Standards Board for fair value measurements of financial assets and financial liabilities and for fair value measurements of nonfinancial items that are recognized or disclosed at fair value in the financial statements on a recurring basis. Financial assets are measured at fair value in three levels outlined in the accounting standards as follows:

- Level 1: Inputs to the valuation methodology are quoted prices, unadjusted, for identical assets or liabilities in active markets. A quoted price in an active market provides the most reliable evidence of fair value and shall be used to measure fair value whenever available.
- Level 2: Inputs to the valuation methodology include quoted prices for similar assets or liabilities in active markets; inputs to the valuation methodology include quoted prices for identical or similar assets or liabilities in markets that are not active; or inputs to the valuation methodology that are derived principally from or can be corroborated by observable market data by correlation or other means.
- Level 3: Inputs to the valuation methodology are unobservable and significant to the fair value measurement. Level 3 assets and liabilities include financial instruments whose value is determined using discounted cash flow methodologies, as well as instruments for which the determination of fair value requires significant management judgment or estimation.

The level in the fair value hierarchy within which a fair measurement in its entirety falls is based on the lowest level input that is significant to the fair value measurement in its entirety. As of June 30, 2012 and June 30, 2011, NKFH's assets measured at fair value on a recurring basis were all classified as level 1 Investments.

NKFH maintains its investment accounts at two financial institutions in Hawaii. These balances are insured by the Securities Investor Protection Corporation. In 2012 and 2011, NKFH's uninsured investment balances totaled \$1,214,395 and \$1,350,272, respectively.



**NATIONAL KIDNEY FOUNDATION OF HAWAII**  
**NOTES TO FINANCIAL STATEMENTS - Continued**  
**June 30, 2012 and 2011**

**NOTE 6 - DONATED SERVICES, SUPPLIES AND EQUIPMENT**

In 2012 and 2011, NKFH received donated services and supplies for its health fairs, information system, and website maintenance. The estimated fair value of such services for 2012 and 2011 was \$77,161 and \$7,273, respectively. Donated services and supplies are recorded as contribution and as expense in the statements of activities and statements of functional expenses.

NKFH also received donated advertising for certain special events. The fair value of such advertising could not be determined.

In 2011, NKFH received a donated vehicle that is used in operations. The estimated fair value of such vehicle was \$34,000. The donated vehicle is reflected on the Statement of Cash Flows as Donated assets.

**NOTE 7 - DEFINED CONTRIBUTION RETIREMENT PLAN**

NKFH has a defined contribution retirement plan covering all employees who are at least 21 years old and have completed at least six months of service with a minimum of 500 hours. At the discretion of management, NKFH may match employees' contributions dollar for dollar up to 3% of their annual compensation. Total retirement plan expense for 2012 and 2011 was \$14,607 and \$12,409, respectively, and was included in employee benefits expense.

**NOTE 8 - TEMPORARILY RESTRICTED NET ASSETS**

Temporarily restricted net assets as of June 30, 2012 and 2011 were restricted for the following purposes:

	<u>2012</u>	<u>2011</u>
Kidney Disease of the Pacific	\$ 62,151	\$ 64,243
Sieg Kagawa fund	3,926	3,926
Transplant games	1,671	-
Other education programs	975	2,462
	<u>\$ 68,723</u>	<u>\$ 70,631</u>

**NATIONAL KIDNEY FOUNDATION OF HAWAII**  
**NOTES TO FINANCIAL STATEMENTS - Continued**  
**June 30, 2012 and 2011**

**NOTE 9 - CONDITIONAL PROMISES TO GIVE**

Conditional promises to give at June 30, 2012 and June 30, 2011 consisted of the following grants for programs:

	<u>2012</u>	<u>2011</u>
State of Hawaii	\$ 240,000	\$ -
Quality improvement coach program	47,740	-
Other education programs	-	19,000
	<u>\$ 287,740</u>	<u>\$ 19,000</u>

**Note 10 - SUBSEQUENT EVENTS**

Subsequent events have been evaluated through October 7, 2012 which is the date the financial statements were available to be issued. No events arose through October 7, 2012 that requires disclosure.

**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)

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 2010 calendar year, or tax year beginning Jul 01, 2010, and ending Jun 30, 2011

<b>B</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	<b>C</b> Name of organization <u>Natnl Kidney Fdtn of Hawaii</u>	<b>D</b> Employer identification number <u>99-0266733</u>
	Doing Business As	<b>E</b> Telephone number <u>808-593-1515</u>
	Number and street (or P.O. box if mail is not delivered to street address) Room/Suite <u>1314 S King Street Suite 304</u>	<b>G</b> Gross receipts \$ <u>2199727.</u>
	City or town, state or country, and ZIP+4 <u>Honolulu HI 96814</u>	<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>F</b> Name and address of principal officer: <u>Glen Hayashida</u> <u>1314 S King St Honolulu HI 96814</u>		<b>H(b)</b> Are all affiliates included? If "No", attach a list. (see instructions) <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>H(c)</b> Group exemption number ▶
<b>J</b> Website: ▶ <u>www.kidneyhi.org</u>		
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	<b>L</b> Year of formation: <u>1989</u>	<b>M</b> State of legal domicile: <u>HI</u>

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <u>Prevent kidney and urinary tract diseases, improve the health and well-being of those affected by these diseases &amp; increase the availability of organ transplantation - see also Schedule O</u>
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a) ..... <b>3</b> <u>7</u>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) ..... <b>4</b> <u>7</u>
	<b>5</b> Total number of individuals employed in calendar year 2010 (Part V, line 2a) ..... <b>5</b> <u>11</u>
	<b>6</b> Total number of volunteers (estimate if necessary) ..... <b>6</b> <u>315</u>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 ..... <b>7a</b> <u>          </u>
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34 ..... <b>7b</b> <u>          </u>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h) ..... <b>Prior Year</b> <u>2333600.</u> <b>Current Year</b> <u>2080080.</u>
	<b>9</b> Program service revenue (Part VIII, line 2g) .....
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) ..... <u>30556.</u> <u>42367.</u>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) ..... <u>42974.</u> <u>77280.</u>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) ..... <u>2407130.</u> <u>2199727.</u>
	<b>Expenses</b>
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) .....	
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) ..... <u>554358.</u> <u>624983.</u>	
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) .....	
<b>b</b> Total fundraising expenses. (Part IX, column (D), line 25)▶ <u>281057.</u>	
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) ..... <u>1102416.</u> <u>1309962.</u>	
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) ..... <u>1677473.</u> <u>1944244.</u>	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12 ..... <u>729657.</u> <u>255483.</u>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16) ..... <b>Beginning of Current Year</b> <u>2742637.</u> <b>End of Year</b> <u>3016158.</u>
	<b>21</b> Total liabilities (Part X, line 26) ..... <u>80633.</u> <u>98671.</u>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20 ..... <u>2662004.</u> <u>2917487.</u>

**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.

<b>Sign Here</b>	Signature of officer <u>Glen Hayashida</u> <i>Glen Hayashida</i> CEO Date <u>2/13/12</u>
	Type or print name and title
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <u>Susan M Sowders</u> Date <u>2/28/2012</u> Check <input checked="" type="checkbox"/> if self-employed PTIN <u>P00825225</u>
	Firm's name ▶ <u>dba SUECANDO</u> Firm's EIN ▶ <u>06-1703431</u>
	Firm's address ▶ <u>92-551 Uhiuala St KAPOLEI HI 96707-1011</u> Phone no. <u>808-230-7395</u>

May the IRS discuss this return with the preparer shown above? (See instructions) .....  Yes  No

For Paperwork Reduction Act Notice, see the separate instructions.

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: Prevent kidney and urinary tract diseases, improve the health & well-being of individuals and families affected by these diseases and increase the availability of all organs for transplanation in Hawaii

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 [X] 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 [X] 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 \$ 443889. including grants of \$ ) (Revenue \$ )

Professional Education and Training - Chronic Kidney Disease is a public health problem of epidemic proportion of which Hawaii's population experiences a 30% higher rate of kidney disease than the rest of the nation NKFH is working closely with Hawaii medical professionals to better understand the stages of CKD and improve early recognition and treatment of CKD thru medical conferences such as the Kidney Disease of the Pacific and the International Congress of Renal Nutrition Metabolism

See additional information in Schedule O

4b (Code: ) (Expenses \$ 459644. including grants of \$ ) (Revenue \$ )

Public Health Education - Attract thousands of residents to website at www.kidneyhi.org, which educates and serves as a rich resource about kidney disease and the multitude of programs available, including presentations, general screenings, KEDS, KAPP, support groups, cookbooks and cooking demonstrations and exercise programs, and youth programs offer interactive and education presentations to learn about the importance of kidneys to our bodies and how to live a healthy lifestyle, and speakers relate their experience of diabetes, high blood pressure control, dialysis treatment and receiving an organ transplant See additional information in Schedule O

4c (Code: ) (Expenses \$ 199887. including grants of \$ 9299. ) (Revenue \$ )

Patient Services - NKFH provides direct services to several hundred individuals each year, primarily to individuals on dialysis or with a transplant and their families and caregivers NKFH provides funding for emergency needs including medication or transportation from dialysis, medical ID jewelry, advocacy, cookbooks and cooking classes, & peer mentoring program to match up senior patients with new patients who are struggling to have a good quality of life

See additional information in Schedule O

4d Other program services. (Describe in Schedule O.) (Expenses \$ 362966. including grants of \$ ) (Revenue \$ )

4e Total program service expenses 1466386.

**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? (see instructions) .....	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	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II .....		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III .....		X
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	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable .....		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI .....	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII .....		X
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII .....		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX .....		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X .....		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X .....		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII .....	X	
b	Was the organization included in consolidated, independent audited financial statement for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional .....		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
b	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 and IV .....		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 and IV .....		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 and IV .....		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 (see instructions) .....		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II .....	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
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H .....		X
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? <b>Note.</b> Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions) .....		

**Part IV Checklist of Required Schedules** (continued)

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

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1099. Enter -0- if not applicable		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <i>Note.</i> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country: See the instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		
d	If "Yes," indicate the number of Forms 8282 filed during the year		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
<b>8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			
<b>9 Sponsoring organizations maintaining donor advised funds.</b>			
a	Did the organization make any taxable distributions under section 4966?		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		X
<b>10 Section 501(c)(7) organizations.</b> Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
<b>11 Section 501(c)(12) organizations.</b> Enter:			
a	Gross income from members or shareholders		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>			
a	Is the organization licensed to issue qualified health plans in more than one state? <i>Note.</i> See the instructions for additional information the organization must report on Schedule O.		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
c	Enter the amount of reserves on hand		
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year?			
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		

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

**Section A. Governing Body and Management**

	Yes	No
1a Enter the number of voting members of the governing body at the end of the year	7	
1b Enter the number of voting members included in 1a, above, who are independent	7	
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 governing documents since the prior Form 990 was filed?		X
5 Did the organization become aware during the year of a significant 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 of 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:		
a The governing body?	X	
b 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.)

	Yes	No
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?		
11a Has the organization provided a copy of this Form 990 to all members of it's governing body before filing the form?	X	
11b Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
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?		
a The organization's CEO, Executive Director, or top management official?	X	
b Other officers or key employees of the organization? If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions)	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 **HI**
- 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.  
 Own website  Another's website  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: **Nat'l Kidney Fd 1314 S Kin Honolulu HI 96814 808-593-1515**



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

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

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

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

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, 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 neither the organization nor any related organizations compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Sch. O)	(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			
(1) Linda Katagiri President	6	X		X				0	0	0
(2) Alvin Cecil Vice President	1	X		X				0	0	0
(3) Jane Gibbons Secretary	1	X		X				0	0	0
(4) A Utterdyke Treasurer	4	X		X				0	0	0
(5) Brian Lee Director	1	X						0	0	0
(6) Kevin Roberts Director	1	X						0	0	0
(7) Steven Walker Director	1	X						0	0	0
(8) Glen Hayashida CEO	60			X	X	X		73444.	0	3010.
(9) Victoria Page Dir Health	50				X			52117.	0	2106.
(10) Diana Pinard Dir Operations	50				X			45149.	0	1732.
(11)										
(12)										
(13)										
(14)										
(15)										
(16)										

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Sch. C)	(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			
(17)										
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
(26)										
(27)										
(28)										
<b>1b Sub-total</b>							170710.	0	6848.	
<b>c Total from continuation sheets to Part VI, Section A</b>							0	0	0	
<b>d Total (add lines 1b and 1c)</b>							170710.	0	6848.	

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 ▶

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	3	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	4	X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5	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
All Island 98-1277 Ko 96701 HI AIEA	towing	163048.
Kolohe Mot 425 S King 96813- HI HONOLULU	commissions	147897.
PACE Capst 1314 S Kin 96814 HI HONOLULU	consulting	104660.

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 ▶

Part VII Statement of Revenue			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns .....	1a			
	b	Membership dues .....	1b			
	c	Fundraising events .....	1c	1464695.		
	d	Related organizations .....	1d			
	e	Government grants (contributions) .....	1e	332360.		
	f	All other contributions, gifts, grants, and similar amounts not included above .....	1f	283025.		
	g	Noncash contributions included in lines 1a-1f: .....		\$		
	h	<b>Total.</b> Add lines 1a-1f .....		2080080.		
Program Service Revenue	2a		Business Code			
	b					
	c					
	d					
	e					
	f	All other program service revenue .....				
	g	<b>Total.</b> Add lines 2a-2f .....				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) .....		42367.		42367.
	4	Income from investment of tax-exempt bond proceeds .....				
	5	Royalties .....				
	6a	Gross Rents .....	(i) Real	(ii) Personal		
	b	Less: rental expenses .....				
	c	Rental income or (loss) .....				
	d	Net rental income or (loss) .....				
	7a	Gross amount from sales of assets other than inventory .....	(i) Securities	(ii) Other		
	b	Less: cost or other basis and sales expenses .....				
	c	Gain or (loss) .....				
	d	Net gain or (loss) .....				
	8a	Gross income from fundraising events (not including \$ <u>1464695.</u> of contributions reported on line 1c). See Part IV, line 18 .....	a	77280.		
	b	Less: direct expenses .....	b			
	c	Net income or (loss) from fundraising events .....		77280.		77280.
	9a	Gross income from gaming activities. See Part IV, line 19 .....	a			
b	Less: direct expenses .....	b				
c	Net income or (loss) from gaming activities .....					
10a	Gross sales of inventory, less returns and allowances .....	a				
b	Less: cost of goods sold .....	b				
c	Net income or (loss) from sales of inventory .....					
Miscellaneous Revenue		Business Code				
11a						
b						
c						
d	All other revenue .....					
e	<b>Total.</b> Add lines 11a-11d .....					
12	<b>Total revenue.</b> See instructions .....		2199727.			119647.

**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).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 .....				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22 .....	9299.	9299.		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 .....				
4 Benefits paid to or for members .....				
5 Compensation of current officers, directors, trustees, and key employees .....	180787.	153651.	26707.	429.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
7 Other salaries and wages .....	326078.	244136.	52111.	29831.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) .....	12409.	10185.	1875.	349.
9 Other employee benefits .....	54475.	42306.	8525.	3644.
10 Payroll taxes .....	51234.	40209.	7966.	3059.
11 Fees for services (non-employees):				
a Management .....				
b Legal .....	5874.		5874.	
c Accounting .....	31864.	11776.	11838.	8250.
d Lobbying .....				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees .....	2781.		2781.	
g Other .....	51470.	28755.	8602.	14113.
12 Advertising and promotion .....				
13 Office expenses .....	15343.	7672.	3836.	3835.
14 Information technology .....				
15 Royalties .....				
16 Occupancy .....	89298.	70081.	13886.	5331.
17 Travel .....	20767.	17732.	1672.	1363.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .....				
19 Conferences, conventions, and meetings .....	7387.	6334.	604.	449.
20 Interest .....				
21 Payments to affiliates .....	285027.	228420.	38308.	18299.
22 Depreciation, depletion, and amortization .....	30209.	25218.	2378.	2613.
23 Insurance .....	16097.	12632.	2504.	961.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a SEE STMT	3553.			
b	18807.			
c	7419.			
d	9785.			
e	15312.			
f All other expenses .....	698969.			
25 Total functional expenses. Add lines 1 through 24f	1944244.	1466386.	196801.	281057.
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

**Part X Balance Sheet**

		(A)		(B)	
		Beginning of year		End of year	
Assets	1	Cash - non-interest-bearing .....	483075.	1	537111.
	2	Savings and temporary cash investments .....		2	
	3	Pledges and grants receivable, net .....		3	
	4	Accounts receivable, net .....	54566.	4	89634.
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Sch. L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B) and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
	7	Notes and loans receivable, net .....		7	
	8	Inventories for sale or use .....		8	
	9	Prepaid expenses and deferred charges .....	13965.	9	11509.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	678149.	10a	
	b	Less: accumulated depreciation	318153.	10b	
	11	Investments - publicly traded securities .....	212124.	11	359996.
	12	Investments - other securities. See Part IV, line 11 .....	1978907.	12	2017908.
	13	Investments - program-related. See Part IV, line 11 .....		13	
	14	Intangible assets .....		14	
	15	Other assets. See Part IV, line 11 .....		15	
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	2742637.	16	3016158.	
Liabilities	17	Accounts payable and accrued expenses .....	80633.	17	98671.
	18	Grants payable .....		18	
	19	Deferred revenue .....		19	
	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	<b>Total liabilities.</b> Add lines 17 through 25	80633.	26	98671.
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 .....	2603140.	27	2846856.
	28	Temporarily restricted net assets .....	58864.	28	70631.
	29	Permanently restricted net assets .....		29	
	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	<b>Total net assets or fund balances</b> .....	2662004.	33	2917487.	
34	<b>Total liabilities and net assets/fund balances</b> .....	2742637.	34	3016158.	

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2199727.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1944244.
3	Revenue less expenses. Subtract line 2 from line 1	3	255483.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2662004.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	2917487.

**Part XII Financial Statements and Reporting**

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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?		X
b	Were the organization's financial statements audited by an independent accountant?	X	
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 selected process during the tax year, explain in Schedule O.	X	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements of the year were issued on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> 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?		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

**SCHEDULE A**  
(Form 990 or 990-EZ)

**Public Charity Status and Public Support**  
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

**2010**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization: Natnl Kidney Fdtn of Hawaii Employer identification number: 99-0266733

**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? ..... 

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

  
 (ii) A family member of a person described in (i) above? .....  
 (iii) A 35% controlled entity of a person described in (i) or (ii) above? .....

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

(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	
(A)									
(B)									
(C)									
(D)									
(E)									

Total

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	540382.	383027.	265792.	1135859.	615385.	2940445.
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 .....	920046.	1711812.	1326265.	1240715.	1541975.	6740813.
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 <b>Total.</b> Add lines 1 through 5 .....	1460428.	2094839.	1592057.	2376574.	2157360.	9681258.
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 <b>Public support.</b> (Subtract line 7c from line 6.) .....						9681258.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6 .....	1460428.	2094839.	1592057.	2376574.	2157360.	9681258.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....	203218.	-49345.	-163967.	30556.	42367.	62829.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
c Add lines 10a and 10b .....	203218.	-49345.	-163967.	30556.	42367.	62829.
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 <b>Total support.</b> (Add lines 9, 10c, 11, and 12.) .....	1663646.	2045494.	1428090.	2407130.	2199727.	9744087.
14 <b>First five years.</b> 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**

15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f)) .....	15	99.36 %
16 Public support percentage from 2009 Schedule A, Part III, line 15 .....	16	98.90 %

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f)) .....	17	0.64 %
18 Investment income percentage from 2009 Schedule A, Part III, line 17 .....	18	1.10 %

- 19a **33 1/3 % support tests - 2010.** 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 .....
- 19b **33 1/3 % support tests - 2009.** 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 .....



# Schedule of Contributors

2010

▶ Attach to Form 990, 990-EZ, and 990-PF.

Name of the organization: Natnl Kidney Fdtn of Hawaii  
Employer identification number: 99-0266733

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust not treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

### General Rule

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

### Special Rules

- For a section 501(c)(3) organization filing Form 990 or Form 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For a section 501(c)(7), (8), or (10) organization filing Form 990 or Form 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- For a section 501(c)(7), (8), or (10) organization filing Form 990 or Form 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year ..... ▶ \$ \_\_\_\_\_

Caution. An organization that is not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they must answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

## Name of organization

Natnl Kidney Fdtn of Hawaii

## Employer identification number

99-0266733

**Part I** Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP+4	(c) Aggregate contributions	(d) Type of contribution
1	Kidney Friends Hawaii 1314 S King St Rm 305 HONOLULU HI 96814-	\$ 120,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>  (Complete Part II if there is a noncash contribution.)
2	Roche Labs 340 Kingsland Street NUTLEY NJ 07110-1199	\$ 18,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>  (Complete Part II if there is a noncash contribution.)
3	Ruth Clark Little Trust 417F Uline St KAILUA HI 96734-	\$ 16,200.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>  (Complete Part II if there is a noncash contribution.)
4	Occidental Underwriters 1163 S Beretania St UnitA HONOLULU HI 96814-	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>  (Complete Part II if there is a noncash contribution.)
5	Aloha United Way 200 N Vineyard Blvd 700 HONOLULU HI 96817-	\$ 22,628.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>  (Complete Part II if there is a noncash contribution.)
6	Walter Dods, Jr 214 Wailupe Circle HONOLULU HI 96821-	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>  (Complete Part II if there is a noncash contribution.)

Name of organization Natnl Kidney Fdtn of Hawaii	Employer identification number 99-0266733
---	--

**Part I** Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	Genentech, Inc PO Box 9030 SOUTH SAN FRA CA 94083-	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>
8	TVI Savers 11400 SE 6th St BELLEVUE WA 98004-	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>
9	Pacific Bridge Medical 7315 Wisconsin Ave 609E BETHESDA MD 20814-	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>
10	Occidental Underwriters 1163 S Beretania Ste A BETHESDA MD 20814-	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>
11	Liberty Dialysis 2226 Liliha St Unit 226 HONOLULU HI 96817-	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>
12	Sony Hawaii 960 Mapunapuna St Floor2 HONOLULU HI 96819-	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>

Name of organization  
 Natnl Kidney Fdtn of Hawaii

Employer identification number  
 99-0266733

**Part I** Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
13	Luitpold Pharmaceuticals One Luitpold Dr RIDGE NY 11961-	\$ 5,625.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
---	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
---	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
---	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
---	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
---	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

OMB No. 1545-0047

2010

Open to Public Inspection

Name of the organization

Natnl Kidney Fdtn of Hawaii

Employer identification number 99-0266733

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 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate contributions, aggregate grants, aggregate value, and questions about donor informed consent.

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

- 1 Purpose(s) of conservation easements held by the organization (check all that apply). 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution... a Total number of conservation easements, b Total acreage restricted, c Number of conservation easements on a certified historic structure, d Number of conservation easements included in (c) acquired after 8/17/06... 3 Number of conservation easements modified, transferred, released, extinguished, or terminated... 4 Number of states where property subject to conservation easement is located... 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement... 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing... 7 Amount of expenses incurred in monitoring, inspecting, and enforcing... 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?... 9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

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

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

- 3 Using the organization's 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 XIV and complete the following table:
- |                                       | Amount |
|---------------------------------------|--------|
| c Beginning balance .....             | 1c     |
| d Additions during the year .....     | 1d     |
| e Distributions during the year ..... | 1e     |
| f Ending balance .....                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21?  Yes  No
- b If "Yes," explain the arrangement in Part XIV.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance .....					
b Contributions .....					
c Net investment earnings, gains, and losses .....					
d Grants or scholarships .....					
e Other expenditures for facilities and programs .....					
f Administrative expenses .....					
g End of year balance .....					

- 2 Provide the estimated percentage of the year end balance held as:
- a Board designated or quasi-endowment  $\blacktriangleright$  0.00 %
  - b Permanent endowment  $\blacktriangleright$  0.00 %
  - c Term endowment  $\blacktriangleright$  0.00 %

- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |   | Yes    | No |
|---|--------|----|
| (i) unrelated organizations .....   | 3a(i)  |    |
| (ii) related organizations .....  | 3a(ii) |    |
| b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? ..... | 3b     |    |

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated Depreciation	(d) Book value
1a Land .....				
b Buildings .....		183,583.	34,835.	148,748.
c Leasehold improvements .....		10,838.	10,838.	
d Equipment .....		439,853.	261,472.	178,381.
e Other .....		43,875.	11,008.	32,867.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) .....				359,996.



**SCHEDULE G  
(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information Regarding  
Fundraising or Gaming Activities**

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

OMB No. 1545-0047

**2010**

**Open to Public Inspection**

Name of the organization: Natnl Kidney Fdtn of Hawaii Employer identification number: 99-0266733

**Part I**

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

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a  Mail solicitations
  - b  Internet and email solicitations
  - c  Phone solicitations
  - d  In-person solicitations
  - e  Solicitation of non-government grants
  - f  Solicitation of government grants
  - g  Special fundraising events
- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No
- b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
<b>Total</b> .....						

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



**Part II**

**Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
		Kidney Cars (event type)	Other (event type)	(total number)	(add col. (a) through col. (c))	
Revenue	1	Gross receipts	1,890,119.	4,059.	1,894,178.	
	2	Less: Charitable contributions				
	3	Gross income (line 1 minus line 2)	1,890,119.	4,059.	1,894,178.	
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs	18,000.		18,000.	
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	407,424.		407,424.	
	10	Direct expense summary. Add lines 4 through 9 in column (d)				425,424.
	11	Net income summary. Combine line 3, column (d), and line 10				1,468,754.

**Part III**

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))	
Revenue	1	Gross revenue				
Direct Expenses	2	Cash prizes				
	3	Noncash prizes				
	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes <u>0.0%</u> No	Yes <u>0.0%</u> No	Yes <u>0.0%</u> 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?  Yes  No

b If "No," Explain: \_\_\_\_\_

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

b If "Yes," Explain: \_\_\_\_\_

**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

**2010**

Open to Public  
Inspection

Name of the organization

Natnl Kidney Fdtn of Hawaii

Employer identification number  
99-0266733

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? .....  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

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

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

Schedule I (Form 990) (2010)

**Part III Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1Emergency funds for dialysis	28	9,299.			
2patients					
3					
4					
5					
6					
7					

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

Patients submit applications for emergency needs, typically thru their  
social worker, to the National Kidney Foundation of Hawaii, and if their  
application is approved, grant funds are paid directly to the vendor.

**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

**2010**

Open to Public Inspection

Name of the organization

Natnl Kidney Fdtn of Hawaii

Employer identification number  
99-0266733

**Part I Questions Regarding Compensation**

Yes No

1 a 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 are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

<b>1b</b>		
-----------	--	--

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?

<b>2</b>		
----------	--	--

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 type="checkbox"/> Compensation committee              | <input type="checkbox"/> Written employment contract                                |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input type="checkbox"/> Form 990 or 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 from the organization or a related organization? | <b>4a</b> |  | X |
| b Participate in, or receive payment from, a supplemental nonqualified retirement plan?                     | <b>4b</b> |  | X |
| c Participate in, or receive payment from, an equity-based compensation arrangement?                        | <b>4c</b> |  | 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?         | <b>5a</b> |  | X |
| b Any related organization? | <b>5b</b> |  | 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?         | <b>6a</b> |  | X |
| b Any related organization? | <b>6b</b> |  | 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

<b>7</b>		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 Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

<b>8</b>		X
----------	--	---

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

<b>9</b>		
----------	--	--

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

Schedule J (Form 990) 2010

**SCHEDULE L  
(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Transactions With Interested Persons**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.  
▶ Attach to Form 990 or Form 990-EZ. ▶ See instructions.

OMB No. 1545-0047

**2010**

**Open To Public  
Inspection**

Name of the organization: Natnl Kidney Fdtn of Hawaii Employer identification number: 99-0266733

**Part I Excess Benefit Transactions** (section 501(c)(3) and section 501(c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 ..... ▶ \$ \_\_\_\_\_  
3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ..... ▶ \$ \_\_\_\_\_

**Part II Loans to and/or From Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a.

(a) Name of interested person & purpose	(b) Loan to or from the organization?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
	(1)									
(2)										
(3)										
(4)										
(5)										
(6)										
(7)										
(8)										
(9)										
(10)										
<b>Total</b> .....				▶ \$ _____						

**Part III Grants or Assistance Benefiting Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount and type of assistance
(1) Kidney Friends	substantial contributor	5,533. loan
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		

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

Schedule L (Form 990 or 990-EZ) 2010

**SCHEDULE L**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Transactions With Interested Persons**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.  
▶ Attach to Form 990 or Form 990-EZ. ▶ See instructions.

OMB No. 1545-0047

**2010**

**Open To Public Inspection**

Name of the organization: Natnl Kidney Fdtn of Hawaii Employer identification number: 99-0266733

**Part I Excess Benefit Transactions** (section 501(c)(3) and section 501(c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 ..... ▶ \$ \_\_\_\_\_  
3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ..... ▶ \$ \_\_\_\_\_

**Part II Loans to and/or From Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a.

(a) Name of interested person & purpose	(b) Loan to or from the organization?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?		
	To	From			Yes	No	Yes	No	Yes	No	
(1)											
(2)											
(3)											
(4)											
(5)											
(6)											
(7)											
(8)											
(9)											
(10)											
Total .....					▶ \$						

**Part III Grants or Assistance Benefiting Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount and type of assistance
(1) Kidney Friends	substantial contributor	5,533. loan
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		

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

Schedule L (Form 990 or 990-EZ) 2010







**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

OMB No. 1545-0047

**2010**

Open to Public  
Inspection

Name of the organization

Natnl Kidney Fdtn of Hawaii

Employer identification number

99-0266733

Part I, Line 1 - The mission statement of the National Kidney Foundation of Hawaii (NKFH) is to prevent kidney and urinary tract diseases, improve the health and well-being of individuals and families affected by these diseases and increase the availability of all organs for tansplantation.

Some of the most significant activities this year include:

(1) World Kidney Day was recognized in a major awareness campaign at Ala Moana Shopping Center and Comprehensive Screening program at the Ala Moana Hotel. Similar awareness events were held in Maui and Hilo. Public relations activities included television, radio and print interviews and appearances.

(2) KEEP (Kidney Early Evaluation Program - national) and KEDS (Kidney Early Detection Screening - local) are comprehensive screening programs being held during the year throughout the state.

(3) Program evaluation of local KEDS screenings was written and will be published in the Hawaii Medical Journal. Findings will be published in other journals and showcased in several public conferences.

(4) Early Education Programs are being delivered throughout the state in order to prevent or slow the progression of kidney disease; programs include KIWI (Kidney Interactive Workshop and Information) program, cooking programs and CKD support groups.

(5) Patient Services continue to be provided to kidney patients and include: a Peer Mentoring Program where patients are paired for guidance and support; patient and family support groups to empower

Name of the organization Natnl Kidney Fdtn of Hawaii	Employer identification number 99-0266733
---	--

patients; cooking programs designed for kidney patients facing strict dietary restrictions; assistance funds; medical identification jewelry; and patient handbooks.

(6) Youth outreach programs are delivered through community partnerships.

(7) Professional conferences are held each year to provide current kidney information and management support to healthcare providers.

(8) Groups formed by NKFH such as the Team Hawaii, Hawaii Donor Family Council, Hawaii Living Donor Council, Hawaii Coalition on Donation and Transplant Associates of Hawaii help to raise awareness about the importance of organ donation. The NKFH has developed a significant advocacy program to speak on behalf of the needs of people with kidney disease and in need of organ transplants.

(9) Beyond direct services, NKFH is creating sustainable systemic impact through a Center of Excellence (COE) initiative. The goals of the COE are to transform chronic disease management and dramatically improve health outcomes. Current COE activities include establishing statewide early identification and management of CKD; transforming care in community health centers and physician offices and other healthcare delivery settings; and supporting health IT adoption and population management through health information exchange, registry and surveillance.

Part III, Line 4d - Other programs include research and community services. most of the research programs are coordinated and funded directly by our National office. Partial support of this funding is provided and supported by the affiliates, including the NKFH.

Name of the organization Natnl Kidney Fdtn of Hawaii	Employer identification number 99-0266733
---	--

Community services include: one hour kidney presentation to adult groups and organizations; and various screening programs throughout the state to help identify and treat early kidney disease in those people at the highest risk for developing chronic kidney disease so that they can prevent or delay its onset. The NKFH offers a variety of volunteer opportunities for people looking to get involved with the Foundation.

Part VI, Section B, Line 11 - the resource committee, who reports directly to the board of directors, reviews and approves the Form 990 before it is signed and filed. A draft of the 990 is also distributed to all of the Board members.

Part VI, Section B, Line 12c - the conflict of interest policy is monitored and updated annually, requiring all Directors and key employees to review the Policy, identify any conflicts that may exist and sign an acknowledgement form.

Part VI, Section B, Line 15b - the organization developed a template for all positions outlining the minimum, midpoint and maximum compensation levels for each position based on market research of competitive levels of compensation for similar positions, conducted by a task committee from the Board, which is updated periodically. Compensation amounts are within these parameters and are documented in personnel files and approved by immediate supervisors. CEO compensation is reviewed and approved by the Board and is documented in personnel file and minutes.

Name of the organization Natnl Kidney Fdtn of Hawaii	Employer identification number 99-0266733
---	--

Part VI, Section C, Line 19 - the organization makes its governing documents and conflicts of interest policy available to the public upon request. Financial statements are available via the annual Form 990 via the internet at [www.guidestar.org](http://www.guidestar.org) website as well as in the office.

Schedule L, Part IV - the NKFH has contracted with Kidney Friends Hawaii to perform certain administrative support services for its Kidney Cars Campaign for which it paid Kidney Friends \$78,000. The NKFH also received gifts from the Kidney Friends totalling \$120,000. Kidney Friends is a 501c3 charitable organization whose mission is to raise funds to support charitable organizations in Hawaii who support kidney disease and organ donation awareness. Glen Hayashida is the CEO of NKFH and also serves as a Director for Kidney Friends. Linda Katagiri is a Director of NKFH and also serves as a Director for Kidney Friends.

The NKFH paid commissions to Kolohe Motors related to auction services provided for the Kidney Cars Campaign, amounting to \$147,897. Shaun Pinard is the owner of Kolohe Motors and is the son of a key employee of NKFH, Diana Pinard.

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

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

OMB No. 1545-0047

**2010**

Open to Public Inspection

Name of the organization

Natnl Kidney Fdtn of Hawaii

Employer identification number

99-0266733

**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
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
(1) National Kidney Fdn 13-1673104 30 East 33rd St NEW YORK NY 10016	prevent	NY	501c3	health org	affiliate		X
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							

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

Schedule R (Form 990) 2010

**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
<b>1</b>	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?		
<b>a</b>	Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity .....		X
<b>b</b>	Gift, grant, or capital contribution to other organization(s) .....		X
<b>c</b>	Gift, grant, or capital contribution from other organization(s) .....		X
<b>d</b>	Loans or loan guarantees to or for other organization(s) .....		X
<b>e</b>	Loans or loan guarantees by other organization(s) .....		X
<b>f</b>	Sale of assets to other organization(s) .....		X
<b>g</b>	Purchase of assets from other organization(s) .....		X
<b>h</b>	Exchange of assets .....		X
<b>i</b>	Lease of facilities, equipment, or other assets to other organization(s) .....		X
<b>j</b>	Lease of facilities, equipment, or other assets from other organization(s) .....		X
<b>k</b>	Performance of services or membership or fundraising solicitations for other organization(s) .....		X
<b>l</b>	Performance of services or membership or fundraising solicitations by other organization(s) .....		X
<b>m</b>	Sharing of facilities, equipment, mailing lists, or other assets .....		X
<b>n</b>	Sharing of paid employees .....		X
<b>o</b>	Reimbursement paid to other organization for expenses .....		X
<b>p</b>	Reimbursement paid by other organization for expenses .....		X
<b>q</b>	Other transfer of cash or property to other organization(s) .....	X	
<b>r</b>	Other transfer of cash or property from other organization(s) .....		X

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

(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) National Kidney Foundation - affiliate fees paid	q	285,027.	cash
(2)			
(3)			
(4)			
(5)			
(6)			

## Depreciation and Amortization (Including Information on Listed Property)

▶ See separate instructions. ▶ Attach to your tax return.

Name(s) shown on return

Natnl Kidney Fdtn of Hawaii

Business or activity to which this form relates

NKF of Hawaii

Identifying number

99-0266733

**Part I Election To Expense Certain Property Under Section 179**

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

1 Maximum amount (See instructions) .....	1	500,000.
2 Total cost of section 179 property placed in service (see instructions) .....	2	
3 Threshold cost of section 179 property before reduction in limitation (see instructions) .....	3	2,000,000.
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- .....	4	
5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions .....	5	
<b>6 (a) Description of property (b) Cost (business use only) (c) Elected cost</b>		
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 2009 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 2011. 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	

**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 2010 .....	17	3,132.
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 .....	▶ <input type="checkbox"/>	

**Section B-Assets Placed in Service During 2010 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depr. (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.		SL	
h Residential rental property			27.5 yrs.	MM	SL	
			27.5 yrs.	MM	SL	
i Nonresidential real property			39 yrs.	MM	SL	
				MM	SL	

**Section C-Assets Placed in Service During 2010 Tax Year Using the Alternative Depreciation System**

20a Class life					SL	
b 12-year			12 yrs.		SL	
c 40-year			40 yrs.	MM	SL	

**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	3,132.
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	

2010 ASSET DETAIL REPORT

Description	Date Acqd	Cost	Bus. 179+ Use Spec.	Basis	Method	Rec. Per.	Cv	Prior Depr.	Current Depr.	Next Year	Prior AMT	Current AMT	Gain/Price	Sales Price	Date Sold
<b>Form: NKF of Hawaii</b>															
<b>Rental Property: N/A</b>															
<b>Depreciation Class: Data handling equipment</b>															
<b>In Service Year: 2008</b>															
Laptop	12/08	1248	100	1248	SL	3.0	HY	624	416	208	624	416			
Phone equipm	10/08	8831	100	8831	SL	5.0	HY	2649	1766	1766	2649	1766			
		-----		-----				-----	-----	-----	-----	-----			
		10079		10079				3273	2182	1974	3273	2182			
<b>Depreciation Class: Office equipment</b>															
<b>In Service Year: 2008</b>															
Dolphin Capi	08/08	523	100	523	SL	5.0	HY	157	105	105	157	105			
Panasonic Co	09/08	4401	100	4401	MACRS	5.0	HY	2288	845	507	1782	786			
		-----		-----				-----	-----	-----	-----	-----			
		4924		4924				2445	950	612	1939	891			
		-----		-----				-----	-----	-----	-----	-----			
Form Totals:		15003		15003				5718	3132	2586	5212	3073			



## Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

▶ **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.

**Electronic filing (e-file).** You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on e-file for Charities & Nonprofits.

**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.

<b>Type or print</b> <small>File by the due date for filing your return. See instructions.</small>	Name of exempt organization <b>Natnl Kidney Fdtn of Hawaii</b>	Employer identification number <b>99-0266733</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>1314 S King Street Suite 304</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>Honolulu HI 96814</b>	

Enter the Return code for the return that this application is for (file a separate application for each return) .....

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- The books are in the care of ▶ **Natnl Kidney Fdtn of Hawaii**  
 Telephone No. ▶ **808-593-1515** FAX No. ▶ **808-589-5993**
- 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 is for.

**1** I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until FEB 15, 2012, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶  calendar year 20  or

▶  tax year beginning Jul 01, 2010, and ending Jun 30, 2011.

**2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period

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

**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.



US 990

## Other Functional Expenses: Page 10, Line 24

2010

Description of the Asset	Total	Program Services	Management and General	Fundraising
Awards & Grants	3,553.	1,828.	1,725.	
Telephone & fax	18,807.	14,759.	2,925.	1,123.
Postage & shipping	7,419.	5,960.	790.	669.
General Excise Tax	9,785.			9,785.
Newsletters	15,312.	15,312.		
Subscriptions	2,812.	2,055.	348.	409.
Special Events	19,454.	19,454.		
Car campaign	232,556.	56,933.		175,623.
Staff/Board devel	8,200.	5,732.	1,546.	922.
Program expenses	435,947.	435,947.		
	753,845.	557,980.	7,334.	188,531.