

Form **990**

## 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)

OMB No 1545-0047

**2007**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

**A** For the **2007** calendar year, or tax year beginning **and ending**

<b>B</b> Check if applicable:	<b>C</b> Name of organization	<b>D</b> Employer identification number
<input type="checkbox"/> Address change	AMERICAN KIDNEY FUND, INC.	23-7124261
<input type="checkbox"/> Name change	Number and street (or P.O. box if mail is not delivered to street address)	<b>E</b> Telephone number
<input type="checkbox"/> Initial return	6110 EXECUTIVE BOULEVARD	301-881-3052
<input type="checkbox"/> Termination	Room/suite	<b>F</b> Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual
<input type="checkbox"/> Amended return	1010	<input type="checkbox"/> Other (specify) ▶
<input type="checkbox"/> Application pending	City or town, state or country, and ZIP + 4	
	ROCKVILLE, MD 20852	

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

**H** and **I** are not applicable to section 527 organizations.

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

**H(b)** If "Yes," enter number of affiliates ▶ N/A

**H(c)** Are all affiliates included? N/A  Yes  No (If "No," attach a list.)

**H(d)** Is this a separate return filed by an organization covered by a group ruling?  Yes  No

**I** Group Exemption Number ▶ N/A

**M** Check  if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

**G** Website: ▶ WWW.KIDNEYFUND.ORG

**J** Organization type (check only one)  501(c)(3) (insert no.)  4947(a)(1) or  527

**K** Check here  if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

**L** Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 161,424,668.

**Part 1 Revenue, Expenses, and Changes in Net Assets or Fund Balances**

<b>Revenue</b>	<b>1</b>	Contributions, gifts, grants, and similar amounts received:				
	<b>a</b>	Contributions to donor advised funds	<b>1a</b>			
	<b>b</b>	Direct public support (not included on line 1a)	<b>1b</b>	117,898,814.		
	<b>c</b>	Indirect public support (not included on line 1a)	<b>1c</b>	406,294.		
	<b>d</b>	Government contributions (grants) (not included on line 1a)	<b>1d</b>			
	<b>e</b>	Total (add lines 1a through 1d) (cash \$ 113,222,774. noncash \$ 5,082,334.)			<b>1e</b> align="right">118,305,108.	
	<b>2</b>	Program service revenue including government fees and contracts (from Part VII, line 93)			<b>2</b> align="right">47,717.	
	<b>3</b>	Membership dues and assessments			<b>3</b>	
	<b>4</b>	Interest on savings and temporary cash investments			<b>4</b> align="right">545,238.	
	<b>5</b>	Dividends and interest from securities			<b>5</b> align="right">447,779.	
	<b>6 a</b>	Gross rents	<b>6a</b>			
	<b>b</b>	Less: rental expenses	<b>6b</b>			
<b>c</b>	Net rental income or (loss). Subtract line 6b from line 6a			<b>6c</b>		
<b>7</b>	Other investment income (describe ▶ )			<b>7</b>		
<b>Revenue</b>	<b>8 a</b>	Gross amount from sales of assets other than inventory	(A) Securities	8a	(B) Other	
			41,253,577.		9,000.	
		<b>b</b> Less: cost or other basis and sales expenses		8b	39,105,687.	
		<b>c</b> Gain or (loss) (attach schedule)		8c	2,147,890.	-1,386.
	<b>d</b>	Net gain or (loss). Combine line 8c, columns (A) and (B) STMT 1 STMT 2			<b>8d</b> align="right">2,146,504.	
	<b>9</b>	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>				
		<b>a</b> Gross revenue (not including \$ 261,700. of contributions reported on line 1b)	<b>9a</b>	174,614.		
		<b>b</b> Less: direct expenses other than fundraising expenses	<b>9b</b>	174,614.		
<b>c</b>	Net income or (loss) from special events. Subtract line 9b from line 9a SEE STATEMENT 3			<b>9c</b> align="right">0.		
<b>Revenue</b>	<b>10 a</b>	Gross sales of inventory, less returns and allowances	<b>10a</b>			
		<b>b</b> Less: cost of goods sold	<b>10b</b>			
	<b>c</b>	Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a			<b>10c</b>	
<b>11</b>	Other revenue (from Part VII, line 103)			<b>11</b> align="right">641,635.		
<b>12</b>	Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11			<b>12</b> align="right">122,133,981.		
<b>Expenses</b>	<b>13</b>	Program services (from line 44, column (B))		<b>13</b> align="right">107,936,672.		
	<b>14</b>	Management and general (from line 44, column (C))		<b>14</b> align="right">952,313.		
	<b>15</b>	Fundraising (from line 44, column (D))		<b>15</b> align="right">2,924,856.		
	<b>16</b>	Payments to affiliates (attach schedule)		<b>16</b>		
	<b>17</b>	Total expenses. Add lines 16 and 44, column (A)			<b>17</b> align="right">111,813,841.	
<b>Net Assets</b>	<b>18</b>	Excess or (deficit) for the year. Subtract line 17 from line 12		<b>18</b> align="right">10,320,140.		
	<b>19</b>	Net assets or fund balances at beginning of year (from line 73, column (A))		<b>19</b> align="right">22,026,879.		
	<b>20</b>	Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 4		<b>20</b> align="right">-848,179.		
	<b>21</b>	Net assets or fund balances at end of year. Combine lines 18, 19, and 20		<b>21</b> align="right">31,498,840.		

**Part II** Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach schedule) (cash \$ 0 noncash \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>				
22b Other grants and allocations (attach schedule) (cash \$ 150649 noncash \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	150,649.	150,649.		STATEMENT 6
23 Specific assistance to individuals (attach schedule) STATEMENT 7	100,349,315.	100,349,315.		
24 Benefits paid to or for members (attach schedule)				
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A	425,607.	183,800.	220,532.	21,275.
b Compensation of former officers, directors, key employees, etc. listed in Part V-B	0.	0.	0.	0.
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
26 Salaries and wages of employees not included on lines 25a, b, and c	3,323,704.	2,495,647.	278,447.	549,610.
27 Pension plan contributions not included on lines 25a, b, and c	154,642.	111,281.	20,598.	22,763.
28 Employee benefits not included on lines 25a-27	375,649.	265,478.	49,332.	60,839.
29 Payroll taxes	246,776.	177,580.	32,871.	36,325.
30 Professional fundraising fees	183,590.	85,765.		97,825.
31 Accounting fees	18,952.	13,774.	2,532.	2,646.
32 Legal fees	101,724.	74,496.	13,315.	13,913.
33 Supplies	241,302.	188,555.	18,275.	34,472.
34 Telephone	92,261.	77,904.	3,661.	10,696.
35 Postage and shipping	1,428,752.	663,626.	2,507.	762,619.
36 Occupancy	529,025.	386,094.	65,947.	76,984.
37 Equipment rental and maintenance	102,593.	74,565.	13,706.	14,322.
38 Printing and publications	1,291,986.	576,120.	2,011.	713,855.
39 Travel	208,946.	160,220.	6,519.	42,207.
40 Conferences, conventions, and meetings	170,551.	130,810.	5,324.	34,417.
41 Interest				
42 Depreciation, depletion, etc. (attach schedule)	168,097.	120,206.	18,105.	29,786.
43 Other expenses not covered above (itemize):				
a				
b				
c				
d				
e				
f				
g SEE STATEMENT 5	2,249,720.	1,650,787.	198,631.	400,302.
44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	111,813,841.	107,936,672.	952,313.	2,924,856.

Joint Costs. Check  if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?  Yes  No

If "Yes," enter (i) the aggregate amount of these joint costs \$ 2,875,449. ; (ii) the amount allocated to Program services \$ 1,317,860. ;

(iii) the amount allocated to Management and general \$ ; and (iv) the amount allocated to Fundraising \$ 1,557,589.

**Part III** Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? ▶ DIRECT FINANCIAL ASSISTANCE AND PUBLIC EDUCATION	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others )
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	
<b>a</b> SPECIALIZED HUMAN SERVICES PROGRAMS, GENERAL/OTHER: PROVIDES DIRECT FINANCIAL GRANTS FOR TREATMENT RELATED NEEDS OF INDIGENT AND END STAGE RENAL PATIENTS (MEDICATION, TRANSPORTATION, NUTRITIONAL PRODUCTS, PEDIATRIC CAMPSHIP FEES, INSURANCE PREMIUMS, ETC.) (150,000 GRANTS)  (Grants and allocations \$ ) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	102,692,906.
<b>b</b> CHILDREN & YOUTH SERVICES, GENERAL/OTHER: COMMUNITY SERVICE PROJECTS IN THE FORM OF PEDIATRIC KIDNEY PATIENTS ATTENDING WEEKEND GETAWAYS TO THE NATIONS CAPITOL AND BEING FEATURED IN THE AKF KIDNEY CALENDAR.  (Grants and allocations \$ ) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	70,171.
<b>c</b> SEE STATEMENT 8    (Grants and allocations \$ ) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	4,996,079.
<b>d</b> KIDNEY DISEASES PROGRAMS & RESEARCH: PROVIDES 3 SCHOLARSHIPS FOR CLINICAL RESEARCH FELLOWSHIPS IN THE FIELD OF NEPHROLOGY.  (Grants and allocations \$ 150,649. ) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	166,750.
<b>e</b> Other program services (attach schedule) SEE STATEMENT 9 (Grants and allocations \$ ) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	10,766.
<b>f</b> Total of Program Service Expenses (should equal line 44, column (B), Program services) ▶	107,936,672.

Form 990 (2007)

**Part IV Balance Sheets** (See the instructions.)

**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year	(B) End of year
Assets	45 Cash - non-interest-bearing		45
	46 Savings and temporary cash investments	5,722,129.	46 6,667,048.
	47 a Accounts receivable	47a 384,115.	
	b Less: allowance for doubtful accounts	47b	47c 384,115.
	48 a Pledges receivable	48a 86,368.	
	b Less: allowance for doubtful accounts	48b	48c 86,368.
	49 Grants receivable		49
	50 a Receivables from current and former officers, directors, trustees, and key employees		50a
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)		50b
	51 a Other notes and loans receivable	51a	51c
	b Less: allowance for doubtful accounts	51b	51c
	52 Inventories for sale or use		52 320,304.
	53 Prepaid expenses and deferred charges		53 257,717.
	54 a Investments - publicly-traded securities STMT 11 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV		54a 15,531,735.
	b Investments - other securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54b
	55 a Investments - land, buildings, and equipment: basis STMT 10	55a	
	b Less: accumulated depreciation	55b	55c
	56 Investments - other		56 0.
	57 a Land, buildings, and equipment: basis	57a 1,172,144.	
b Less: accumulated depreciation STMT 12	57b 655,538.	57c 541,687.	
58 Other assets, including program-related investments (describe )		58	
59 <b>Total assets (must equal line 74). Add lines 45 through 58</b>		59 23,065,133.	
Liabilities	60 Accounts payable and accrued expenses		60 750,434.
	61 Grants payable		61
	62 Deferred revenue		62
	63 Loans from officers, directors, trustees, and key employees		63
	64 a Tax-exempt bond liabilities		64a
	b Mortgages and other notes payable		64b
	65 Other liabilities (describe <b>GIFT ANNUITY PAYABLE</b> )		65 287,820.
	66 <b>Total liabilities. Add lines 60 through 65</b>		66 1,038,254.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.		
	67 Unrestricted		67 18,203,329.
	68 Temporarily restricted		68 3,648,533.
	69 Permanently restricted		69 175,017.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.		
	70 Capital stock, trust principal, or current funds		70
	71 Paid-in or capital surplus, or land, building, and equipment fund		71
	72 Retained earnings, endowment, accumulated income, or other funds		72
	73 <b>Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)</b>		73 22,026,879.
	74 <b>Total liabilities and net assets/fund balances. Add lines 66 and 73</b>		74 23,065,133.





Part VI Other Information (continued)

		Yes	No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		
	b If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)		
	82b	392,332.	
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
	b Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?	X	
84 a	Did the organization solicit any contributions or gifts 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?	N/A	
85 a	501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?	N/A	
	b Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.	N/A	
	c Dues, assessments, and similar amounts from members	85c	N/A
	d Section 162(e) lobbying and political expenditures	85d	N/A
	e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	N/A
	f Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A
	g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	N/A
	h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/A
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12	86a	N/A
	b Gross receipts, included on line 12, for public use of club facilities	86b	N/A
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders	87a	N/A
	b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	N/A
88 a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88a	X
	b At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI	88b	X
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 0.; section 4912 0.; section 4955 0.		
	b 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b	X
	c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0.
	d Enter: Amount of tax on line 89c, above, reimbursed by the organization		0.
	e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	89e	X
	f All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f	X
	g For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89g	X
90 a	List the states with which a copy of this return is filed	SEE STATEMENT 17	
	b Number of employees employed in the pay period that includes March 12, 2007	90b	55
91 a	The books are in care of THE ORGANIZATION Telephone no. 301-881-3052 Located at 6110 EXECUTIVE BOULEVARD, ROCKVILLE, MD ZIP + 4 20852		
	b 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)? If "Yes," enter the name of the foreign country	91b	X
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		N/A

**Part VI Other Information** (continued)

c At any time during the calendar year, did the organization maintain an office outside of the United States? 91c  Yes  No  
 If "Yes," enter the name of the foreign country N/A

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here   
 and enter the amount of tax-exempt interest received or accrued during the tax year 92 N/A

**Part VII Analysis of Income-Producing Activities** (See the instructions.)

**Note:** Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue:					
a BROCHURES AND CALENDARS					25,975.
b CONFERENCE REGISTRATION					21,742.
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	545,238.	
96 Dividends and interest from securities			14	447,779.	
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			18	2,146,504.	
101 Net income or (loss) from special events			01		
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a ROYALTY INCOME			15	523,002.	
b MAILING LIST RENTAL			13	118,633.	
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		3,781,156.	47,717.
105 Total (add line 104, columns (B), (D), and (E))					3,828,873.

**Note:** Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
93A	DEFRAYS THE COST OF PRODUCTION OF INFORMATIONAL BROCHURES DISTRIBUTED TO THE PUBLIC.
93B	DEFRAYS PART OF THE COSTS ASSOCIATED WITH CONDUCTING PROFESSIONAL EDUCATION CONFERENCES.

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See the instructions.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Yes  No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  Yes  No

**Note:** If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

**Part XI** Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13).

**106** Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

Yes	No
	X

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	----- ----- -----			
b	----- ----- -----			
c	----- ----- -----			
<b>Totals</b>				

**107** Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

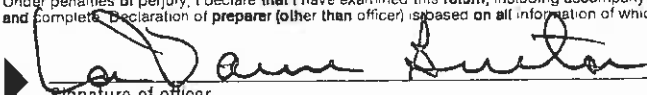
Yes	No
X	

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	AMERICAN KIDNEY FUND SERVICE ORGANZIA 6110 EXECUTIVE BOULEVARD ROCKVILLE, MD 20852	30-0013495	SEE STATEMENT 18	81,419.
b	----- ----- -----			
c	----- ----- -----			
<b>Totals</b>				81,419.


**108** Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

Yes	No
	X

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.

Please Sign Here:  Date: 3/28/08

Signature of officer: LAVARNE BURTON, CEO  
Type or print name and title

Paid Preparer's Use Only: Preparer's signature:  Date: 3/20/08

Check if self-employed:  Preparer's SSN or PTIN (See Gen. Inst. X)

Firm's name (or yours if self-employed), address, and ZIP + 4: CLIFTON GUNDERSON LLP  
9515 DEERECO RD - SUITE 500  
TIMONIUM, MARYLAND 21093-2184

EIN: Phone no. (410) 453-0900

**Organization Exempt Under Section 501(c)(3)**

(Except Private Foundation) and Section 501(e), 501(f), 501(k),  
501(n), or 4947(a)(1) Nonexempt Charitable Trust

**2007**

Department of the Treasury  
Internal Revenue Service

**Supplementary Information-(See separate instructions.)**  
▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Name of the organization: **AMERICAN KIDNEY FUND, INC.**  
Employer identification number: **23 7124261**

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**  
(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
GWEN DEWBERRY 6110 EXECUTIVE BOULEVARD, ROCKVILLE,	DIR PATIENT SERVICES 50.00	93,266.	13,395.	
PHYLLIS ERMANN 6110 EXECUTIVE BOULEVARD, ROCKVILLE,	DIR PATIENT ADVOCACY 50.00	97,756.	14,103.	
TRACY HART 6110 EXECUTIVE BOULEVARD, ROCKVILLE,	MG DIR OF DEV 50.00	104,661.	11,943.	1,422.
CAROL LYNN HALAL 6110 EXECUTIVE BOULEVARD, ROCKVILLE,	MG DIR OF PROG 50.00	138,131.	13,380.	
TAMARA RUGGIERO 6110 EXECUTIVE BOULEVARD, ROCKVILLE,	MG DIR OF PR 50.00	105,004.	8,794.	
Total number of other employees paid over \$50,000	▶ 16			

**Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services**  
(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
ELEVATIVE NETWORKS 11654 PLAZA AMERICAN DRIVE, RESTON, VA 20190	IT SERVICES	256,173.
TARGET MARKET TEAM 1050 CROWN POINTE PARKWAY #1850, ATLANTA, GA 30333	DIRECT MAIL COUNSELING	183,590.
OFFICE TEAM PO BOX 517, DES MOINES, IA 50322-0517	TEMPORARY SERVICES	174,632.
AMERICAN LIST COUNSEL 4300 ROUTE 1, PRINCETON, NJ 08543	LIST BROKER	120,382.
BKSH 1801 K STREET NW, SUITE 901, WASHINGTON, DC 20006	GOVERNMENT RELATIONS	120,000.
Total number of others receiving over \$50,000 for professional services	▶ 8	

**Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services**  
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
PIDI 1800 DIAGONAL ROAD, SUITE 400, ALEXANDRIA, VA 223	DATABASE MANAGEMENT	172,781.
THE STELTER COMPANY 12400 COLLECTIONS CENTER DRIVE, CHICAGO, IL 60693	PLANNED GIVING PRODUCTION	112,139.
-----		
-----		
-----		
Total number of other contractors receiving over \$50,000 for other services	▶ 0	

**Part III** Statements About Activities (See page 2 of the instructions.)

		Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ _____ \$ <u>63,405.</u> (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.	<b>1</b>	<b>X</b>
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
a	Sale, exchange, or leasing of property? .....	<b>2a</b>	<b>X</b>
b	Lending of money or other extension of credit? .....	<b>2b</b>	<b>X</b>
c	Furnishing of goods, services, or facilities? .....	<b>2c</b>	<b>X</b>
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE PART V-A, FORM 990	<b>2d</b>	<b>X</b>
e	Transfer of any part of its income or assets? .....	<b>2e</b>	<b>X</b>
3	a Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.) .....	<b>3a</b>	<b>X</b>
	b Did the organization have a section 403(b) annuity plan for its employees? .....	<b>3b</b>	<b>X</b>
	c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement .....	<b>3c</b>	<b>X</b>
	d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services? .....	<b>3d</b>	<b>X</b>
4	a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g .....	<b>4a</b>	<b>X</b>
	b Did the organization make any taxable distributions under section 4966? .....	<b>4b</b>	<b>N/A</b>
	c Did the organization make a distribution to a donor, donor advisor, or related person? .....	<b>4c</b>	<b>N/A</b>
	d Enter the total number of donor advised funds owned at the end of the tax year ▶ .....	<b>N/A</b>	
	e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ▶ .....	<b>N/A</b>	
	f Enter the total number of separate funds or accounts owned at the end of the year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts ▶ .....	<b>0.</b>	
	g Enter the aggregate value of assets in all funds or accounts included on line 4f at the end of the tax year ▶ .....	<b>0.</b>	

**Part IV Reason for Non-Private Foundation Status** (See pages 4 through 8 of the instructions.)

I certify that the organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5  A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6  A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7  A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8  A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9  A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state
- 10  An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a  An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b  A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12  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 charitable, etc., 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). (Also complete the **Support Schedule** in Part IV-A.)
- 13  An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:  
 Type I       Type II       Type III-Functionally Integrated       Type III-Other

Provide the following information about the supported organizations. (See page 8 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
<b>Total</b>					▶

- 14  An organization organized and operated to test for public safety. Section 509(a)(4). (See page 8 of the instructions.)

**Part IV-A Support Schedule** (Complete only if you checked a box on line 10, 11, or 12.) **Use cash method of accounting.**  
 Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	21193295.	22774649.	18830995.	22914797.	85,713,736.
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	269,151.	205,813.	207,393.	194,534.	876,891.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	1,254,105.	992,557.	790,000.	649,559.	3,686,221.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					
23 Total of lines 15 through 22	22716551.	23973019.	19828388.	23758890.	90,276,848.
24 Line 23 minus line 17	22447400.	23767206.	19620995.	23564356.	89,399,957.
25 Enter 1% of line 23	227,166.	239,730.	198,284.	237,589.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a 1,787,999.
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2003 through 2006 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b 32536994.
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c 89,399,957.
d Add: Amounts from column (e) for lines: 18 3,686,221. 19 22 32,536,994.					26d 36,223,215.
e Public support (line 26c minus line 26d total)					26e 53,176,742.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 59.4818%
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: N/A					
(2006) (2005) (2004) (2003)					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: N/A					
(2006) (2005) (2004) (2003)					
c Add: Amounts from column (e) for lines: 15 16 17 20 21					27c N/A
d Add: Line 27a total and line 27b total					27d N/A
e Public support (line 27c total minus line 27d total)					27e N/A
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)					27f N/A
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h N/A %

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

NONE

**Part V Private School Questionnaire** (See page 9 of the instructions.)

N/A

**(To be completed ONLY by schools that checked the box on line 6 in Part IV)**

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)		
32	Does the organization maintain the following:		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
d	Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)		
33	Does the organization discriminate by race in any way with respect to		
a	Students' rights or privileges?		
b	Admissions policies?		
c	Employment of faculty or administrative staff?		
d	Scholarships or other financial assistance?		
e	Educational policies?		
f	Use of facilities?		
g	Athletic programs?		
h	Other extracurricular activities? If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)		
34 a	Does the organization receive any financial aid or assistance from a governmental agency?		
b	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement.		
35	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation		

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 11 of the instructions.)  
 (To be completed ONLY by an eligible organization that filed Form 5768)

Check  a  if the organization belongs to an affiliated group. Check  b  if you checked "a" and "limited control" provisions apply.

Limits on Lobbying Expenditures		(a) Affiliated group totals	(b) To be completed for all electing organizations
(The term "expenditures" means amounts paid or incurred.)			
		N/A	
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	0.
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37	63,405.
38	Total lobbying expenditures (add lines 36 and 37)	38	63,405.
39	Other exempt purpose expenditures	39	111,750,436.
40	Total exempt purpose expenditures (add lines 38 and 39)	40	111,813,841.
41 Lobbying nontaxable amount. Enter the amount from the following table -			
If the amount on line 40 is -		The lobbying nontaxable amount is -	
Not over \$500,000		20% of the amount on line 40	
Over \$500,000 but not over \$1,000,000		\$100,000 plus 15% of the excess over \$500,000	
Over \$1,000,000 but not over \$1,500,000		\$175,000 plus 10% of the excess over \$1,000,000	
Over \$1,500,000 but not over \$17,000,000		\$225,000 plus 5% of the excess over \$1,500,000	
Over \$17,000,000		\$1,000,000	
41			1,000,000.
42	Grassroots nontaxable amount (enter 25% of line 41)	42	250,000.
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43	0.
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44	0.

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 13 of the instructions.)

SEE STATEMENT 21

Calendar year (or fiscal year beginning in)	Lobbying Expenditures During 4-Year Averaging Period					
	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total	
45	Lobbying nontaxable amount	1,000,000.	1,000,000.	0.	0.	2,000,000.
46	Lobbying ceiling amount (150% of line 45(e))					3,000,000.
47	Total lobbying expenditures	63,405.	1,500.	0.	0.	64,905.
48	Grassroots nontaxable amount	250,000.	250,000.	0.	0.	500,000.
49	Grassroots ceiling amount (150% of line 48(e))					750,000.
50	Grassroots lobbying expenditures					0.

**Part VI-B Lobbying Activity by Nonelecting Public Charities**

(For reporting only by organizations that did not complete Part VI-A) (See page 14 of the instructions.)

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
a Volunteers			
b Paid staff or management (Include compensation in expenses reported on lines c through h.)			
c Media advertisements			
d Mailings to members, legislators, or the public			
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators, their staffs, government officials, or a legislative body			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i Total lobbying expenditures (Add lines c through h.)			0.

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.



Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

Supplementary Information for line 1 of Form 990, 990-EZ, and 990-PF (see instructions)

OMB No 1545-0047

2007

Name of organization

Employer identification number

AMERICAN KIDNEY FUND, INC.

23-7124261

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

[X] 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 organizations 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-

[X] 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)/170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms. (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 or bequests 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, some 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: Organizations that are 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 check the box in the heading of their Form 990, Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2007)

Name of organization

Employer identification number

AMERICAN KIDNEY FUND, INC.

23-7124261

**Part I Contributors** (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1		\$ 48,511,055.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2		\$ 2,905,967.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3		\$ 44,522,395.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4		\$ 5,082,334.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" 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.)

Name of organization

Employer identification number

AMERICAN KIDNEY FUND, INC.

23-7124261

**Part II Noncash Property** (See Specific Instructions.)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
4	DONATED MEDICATIONS	\$ 5,082,334.	06/30/07

Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
1	OFFICE EQUIPMENT	VARIABLES		.000	16	757,456.			757,456.	373,552.		126,321.
2	FURNITURE AND FIXTURES	VARIABLES		.000	16	132,047.			132,047.	67,221.		12,507.
3	LEASEHOLD IMPROVEMENTS	VARIABLES		.000	16	282,641.			282,641.	46,668.		29,269.
	* TOTAL 990 PAGE 2					1,172,144.		0.	1,172,144.	487,441.	0.	168,097.
	DEPR											

FORM 990 GAIN (LOSS) FROM PUBLICLY TRADED SECURITIES STATEMENT 1

DESCRIPTION	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)
VARIOUS SECURITIES	41,253,577.	39,105,687.	0.	2,147,890.
TO FORM 990, PART I, LINE 8	41,253,577.	39,105,687.	0.	2,147,890.

FORM 990 GAIN (LOSS) FROM SALE OF OTHER ASSETS STATEMENT 2

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED		
OFFICE EQUIPMENT			PURCHASED		
NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
	9,000.	57,092.	0.	46,706.	-1,386.
TO FM 990, PART I, LN 8	9,000.	57,092.	0.	46,706.	-1,386.

FORM 990 SPECIAL EVENTS AND ACTIVITIES STATEMENT 3

DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME
NY GOLF TOURNAMENT	86,266.	59,241.	27,025.	27,025.	0.
ATLANTA GOLF TOURNAMENT	89,905.	41,361.	48,544.	48,544.	0.
ATLANTA SPRING GALA	111,625.	62,774.	48,851.	48,851.	0.
OTHER EVENTS	148,518.	98,324.	50,194.	50,194.	0.
TO FM 990, PART I, LINE 9	436,314.	261,700.	174,614.	174,614.	0.

FORM 990 OTHER CHANGES IN NET ASSETS OR FUND BALANCES STATEMENT 4

DESCRIPTION	AMOUNT
UNREALIZED LOSS ON INVESTMENT	-812,899.
DONATED RENT	-35,280.
TOTAL TO FORM 990, PART I, LINE 20	-848,179.

FORM 990

OTHER EXPENSES

STATEMENT 5

DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
FAIRS AND EXHIBITS	332,972.	317,895.		15,077.
INVESTMENT FEES	131,187.		131,187.	
DUES AND SUBSCRIPTIONS	95,339.	69,504.	7,988.	17,847.
MAILING LIST RENTAL	122,903.	58,900.		64,003.
OTHER OUTSIDE RENTAL	183,209.	147,589.	613.	35,007.
DATA PROCESSING	249,641.	117,195.	1,420.	131,026.
OTHER PROFESSIONAL FEES	754,434.	657,200.	21,581.	75,653.
IT RELATED COSTS	271,348.	197,293.	33,472.	40,583.
ADVERTISING AND PROMOTION	108,687.	85,211.	2,370.	21,106.
TOTAL TO FM 990, LN 43	2,249,720.	1,650,787.	198,631.	400,302.



FORM 990 STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS STATEMENT 8

DESCRIPTION OF PROGRAM SERVICE THREE

PUBLIC & PROFESSIONAL EDUCATION: ACTIVITIES THAT PROVIDE EDUCATION OF PREVENTION, SYMPTOMS AND TREATMENT OF KIDNEY DISEASE AND DISORDERS. IN 2007, 2 PROFESSIONAL CONFERENCES WERE HELD. APPROXIMATELY 5,370,000 DIRECT MAIL EDUCATIONAL PIECES AND OVER 385,000 EDUCATIONAL BROCHURES WERE DISTRIBUTED. OVER 5,800 INDIVIDUALS WERE SCREENED FOR PROPER KIDNEY FUNCTION.

	GRANTS	EXPENSES
TO FORM 990, PART III, LINE C		4,996,079.

FORM 990 OTHER PROGRAM SERVICES STATEMENT 9

DESCRIPTION OF OTHER PROGRAM SERVICES	GRANTS AND ALLOCATIONS	EXPENSES
KIDNEY DONOR DEVELOPMENT	0.	10,766.
TOTAL TO FORM 990, PART III, LINE E		10,766.

FORM 990 NON-GOVERNMENT SECURITIES STATEMENT 10

SECURITY DESCRIPTION	COST/FMV	CORPORATE STOCKS	CORPORATE BONDS	OTHER PUBLICLY TRADED SECURITIES	TOTAL NON-GOV'T SECURITIES
EQUITIES	FMV	14388295.			14388295.
CORPORATE BONDS	FMV		1,961,366.		1,961,366.
MONEY MARKET HELD BY INVESTMENT MANAGERS	FMV			2,995,379.	2,995,379.
TO FORM 990, LINE 54A, COL B		14388295.	1,961,366.	2,995,379.	19345040.

FORM 990		GOVERNMENT SECURITIES		STATEMENT 11
DESCRIPTION	COST/FMV	U.S. GOVERNMENT	STATE AND LOCAL GOV'T	TOTAL GOV'T SECURITIES
US GOVERNMENT OBLIGATIONS	FMV	5,164,440.		5,164,440.
TOTAL TO FORM 990, LINE 54A, COL B		5,164,440.		5,164,440.

FORM 990		DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT		STATEMENT 12
DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE	
OFFICE EQUIPMENT	757,456.	499,873.	257,583.	
FURNITURE AND FIXTURES	132,047.	79,728.	52,319.	
LEASEHOLD IMPROVEMENTS	282,641.	75,937.	206,704.	
TOTAL TO FORM 990, PART IV, LN 57		1,172,144.	655,538.	516,606.

FORM 990		OTHER REVENUE NOT INCLUDED ON FORM 990		STATEMENT 13
DESCRIPTION				AMOUNT
INVESTMENT EXPENSES				-131,187.
SERVICE ORGANIZATION				73,885.
TOTAL TO FORM 990, PART IV-A				-57,302.

FORM 990		OTHER EXPENSES NOT INCLUDED ON FORM 990		STATEMENT 14
DESCRIPTION				AMOUNT
INVESTMENT EXPENSES				-131,187.
SERVICE ORGANIZATION				38,741.
TOTAL TO FORM 990, PART IV-B				-92,446.

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FORM 990      PART V-A - LIST OF CURRENT OFFICERS, DIRECTORS,      STATEMENT 15  
TRUSTEES AND KEY EMPLOYEES

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NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
DONALD ROY 6110 EXECUTIVE BOULEVARD ROCKVILLE, MD 20852	MANAGING DIRECTOR OF FINANCE 50.00	138,443.	11,956.	0.
LAVARNE BURTON 6110 EXECUTIVE BOULEVARD ROCKVILLE, MD 20852	CHIEF EXECUTIVE OFFICER 50.00	245,924.	28,080.	1,204.
VINOD BANSAL, MD, FACP, FASN 6110 EXECUTIVE BOULEVARD ROCKVILLE, MD 20852	TRUSTEE 2.00	0.	0.	0.
JUDY BETO, PHD, RD 6110 EXECUTIVE BOULEVARD ROCKVILLE, MD 20852	TRUSTEE 2.00	0.	0.	0.
ROBERT J. BURNSTEIN, CPA 6110 EXECUTIVE BOULEVARD ROCKVILLE, MD 20852	TRUSTEE 2.00	0.	0.	0.
FRANK M. CORSO, JR. 6110 EXECUTIVE BOULEVARD ROCKVILLE, MD 20852	TRUSTEE 2.00	0.	0.	0.
GARY C. CURHAN, MD, SCD 6110 EXECUTIVE BOULEVARD ROCKVILLE, MD 20852	TRUSTEE 2.00	0.	0.	0.
MARIA E. FERRIS, MD, MPH, PHD 6110 EXECUTIVE BOULEVARD ROCKVILLE, MD 20852	TRUSTEE 2.00	0.	0.	0.
RONALD E. FRIESON 6110 EXECUTIVE BOULEVARD ROCKVILLE, MD 20852	CHAIR ELECT 2.00	0.	0.	0.
ANDREW T. GIVENS 6110 EXECUTIVE BOULEVARD ROCKVILLE, MD 20852	IMMEDIATE PAST CHAIR 2.00	0.	0.	0.
BONITA BALKCOM GUILFORD 6110 EXECUTIVE BOULEVARD ROCKVILLE, MD 20852	TRUSTEE 2.00	0.	0.	0.

LORI HARTWELL 6110 EXECUTIVE BOULEVARD ROCKVILLE, MD 20852	TRUSTEE 2.00	0.	0.	0.
MYRA A. KLEINPETER, MD, MPH 6110 EXECUTIVE BOULEVARD ROCKVILLE, MD 20852	TRUSTEE 2.00	0.	0.	0.
ANTHONY MESSANA 6110 EXECUTIVE BOULEVARD ROCKVILLE, MD 20852	TRUSTEE 2.00	0.	0.	0.
TIMOTHY G. MORGAN 6110 EXECUTIVE BOULEVARD ROCKVILLE, MD 20852	TRUSTEE 2.00	0.	0.	0.
SHARON PAHLKA, CLC 6110 EXECUTIVE BOULEVARD ROCKVILLE, MD 20852	TRUSTEE 2.00	0.	0.	0.
JAMES B. RILEY, JR, ESQ 6110 EXECUTIVE BOULEVARD ROCKVILLE, MD 20852	TRUSTEE 2.00	0.	0.	0.
H. JEROME RUSSELL, 6110 EXECUTIVE BOULEVARD ROCKVILLE, MD 20852	TRUSTEE 2.00	0.	0.	0.
GREGORY F. SCHAFFER, MS, FACHE 6110 EXECUTIVE BOULEVARD ROCKVILLE, MD 20852	TRUSTEE 2.00	0.	0.	0.
DAVID R. STOKEY, CPCU 6110 EXECUTIVE BOULEVARD ROCKVILLE, MD 20852	CHAIR 2.00	0.	0.	0.
NEWTON WALPERT 6110 EXECUTIVE BOULEVARD ROCKVILLE, MD 20852	TREASURER 2.00	0.	0.	0.
MARGARET S. WASHINGTON, MSW, MSPH 6110 EXECUTIVE BOULEVARD ROCKVILLE, MD 20852	TRUSTEE 2.00	0.	0.	0.
GAIL S. WICK, MHSA, BSN, RN, CNN 6110 EXECUTIVE BOULEVARD ROCKVILLE, MD 20852	SECRETARY 2.00	0.	0.	0.
TOTALS INCLUDED ON FORM 990, PART V-A		<u>384,367.</u>	<u>40,036.</u>	<u>1,204.</u>



FORM 990

DESCRIPTION OF TRANSFER  
PART XI, LINE 107

STATEMENT 18

NAME OF CONTROLLED ENTITY

EMPLOYER ID

AMERICAN KIDNEY FUND SERVICE ORGANZIATION

30-0013495

DESCRIPTION OF TRANSFER

GRANTS TO SUPPORT FUNDING PATIENT GRANTS AND EDUCATIONAL OUTREACH.

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SCHEDULE A

EXPLANATION OF TRANSACTIONS  
PART III, LINE 2C

STATEMENT 19

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AKF PAID \$42,000 TO STEPHANIE RUSSELL FOR PROFESSIONAL SERVICES.  
STEPHANIE IS THE WIFE OF AKF BOARD MEMBER, JEROME RUSSELL. THE BOARD  
OF TRUSTEES FOLLOWED AKF CONFLICT OF INTEREST PROTOCOL AND APPROVED  
THE CONTRACT WITHOUT JEROME RUSSELL PRESENT.

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SCHEDULE A      EXPLANATION OF QUALIFICATIONS TO RECEIVE PAYMENTS      STATEMENT 20  
PART III, LINE 3A

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THE AMERICAN KIDNEY FUND LAUNCHED THE CLINICAL SCIENCE IN NEPHROLOGY PROGRAM OVER 16 YEARS AGO. THIS PROGRAM ENABLES PROMISING YOUNG NEPHROLOGISTS TO CONDUCT CLINICAL RESEARCH AND PURSUE ACADEMIC CAREERS FOR THE BENEFIT OF PATIENTS WITH KIDNEY DISEASE. A NATIONALLY RECOGNIZED PANEL OF EXPERTS IN THE FIELD SELECTS AWARD RECIPIENTS BASED UPON THE APPLICATION AND PERSONAL INTERVIEWS OF THE TOP CANDIDATES. IN 2007, THREE CLINICAL SCHOLARS WERE SUPPORTED. AWARDS TOTALED \$150,649.

SCHEDULE A

SECTION 501(H) AVERAGING STATEMENT  
PART VI-A

STATEMENT 21

THE ORGANIZATION IS NOT REQUIRED TO COMPLETE ALL FIVE COLUMNS OF SCHEDULE A, PART VI-A BECAUSE 2007 IS THE SECOND YEAR FOR WHICH THE ORGANIZATION'S FIRST 501(H) ELECTION IS IN EFFECT. 12/31/06 WAS THE ENDING DATE OF THE TAX YEAR IN WHICH THE ORGANIZATION MADE IT'S FIRST SECTION 501(H) ELECTION. THIS ELECTION IS STILL IN EFFECT FOR THE 2007 TAX YEAR.