

Return of Organization Exempt From Income Tax

2006

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

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 2006 calendar year, or tax year beginning 1/1/2006, 2006, and ending 12/31/2006, 20

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return
 Amended return
 Application pending

C Name of organization
AMERICAN KIDNEY FUND INC
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
6110 Executive Blvd. 1010
 City or town, state or country, and ZIP + 4
Rockville, MD 20852

D Employer identification number
23 7124261

E Telephone number
(301) 881-3052

F Accounting method: Cash Accrual
 Other (specify) ►

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 ►
H(c) Are all affiliates included? Yes No
 (If "No," attach a list. See instructions.)
H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No
I Group Exemption Number ►

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 ► **99,521,724**

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

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

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)

		1a		1b		1c		1d		1e	
1 Contributions, gifts, grants, and similar amounts received:											
a Contributions to donor advised funds		0		89,265,930		467,428		0		89,733,358	
b Direct public support (not included on line 1a)										41,287	
c Indirect public support (not included on line 1a)										0	
d Government contributions (grants) (not included on line 1a)										354,357	
e Total (add lines 1a through 1d) (cash \$ <u>88,591,193</u> noncash \$ <u>1,142,165</u>)										291,340	
2 Program service revenue including government fees and contracts (from Part VII, line 93)										0	
3 Membership dues and assessments										354,357	
4 Interest on savings and temporary cash investments										291,340	
5 Dividends and interest from securities										0	
6a Gross rents		0		0						0	
b Less: rental expenses										0	
c Net rental income or (loss). Subtract line 6b from line 6a										0	
7 Other investment income (describe ►)										0	
8a Gross amount from sales of assets other than inventory		(A) Securities		(B) Other							
		8,265,110		8a		0					
b Less: cost or other basis and sales expenses		7,519,037		8b		0					
c Gain or (loss) (attach schedule) Stmt 1		746,073		8c		0					
d Net gain or (loss). Combine line 8c, columns (A) and (B)										746,073	
9 Special events and activities (attach schedule). If any amount is from gaming, check here ► <input type="checkbox"/>										See Statement 2	
a Gross revenue (not including \$ <u>35,000</u> of contributions reported on line 1b)		9a		227,864							
b Less: direct expenses other than fundraising expenses		9b		96,949							
c Net income or (loss) from special events. Subtract line 9b from line 9a										130,915	
10a Gross sales of inventory, less returns and allowances		10a		0							
b Less: cost of goods sold		10b		0							
c Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a										0	
11 Other revenue (from Part VII, line 103)										608,408	
12 Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11										91,905,738	
13 Program services (from line 44, column (B))										88,573,001	
14 Management and general (from line 44, column (C))										730,556	
15 Fundraising (from line 44, column (D))										2,933,219	
16 Payments to affiliates (attach schedule)										0	
17 Total expenses. Add lines 16 and 44, column (A)										92,236,776	
18 Excess or (deficit) for the year. Subtract line 17 from line 12										-331,038	
19 Net assets or fund balances at beginning of year (from line 73, column (A))										21,948,677	
20 Other changes in net assets or fund balances (attach explanation) Stmt 3										409,240	
21 Net assets or fund balances at end of year. Combine lines 18, 19, and 20										22,026,879	

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. (See the instructions.)

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 \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22a 0	0		
22b	Other grants and allocations (attach schedule) (cash \$ 65,500 noncash \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	22b 65,500	65,500		
23	Specific assistance to individuals (attach schedule) Stmt 5	23 81,987,063	81,987,063		
24	Benefits paid to or for members (attach schedule)	24 0	0		
25a	Compensation of current officers, directors, key employees, etc. listed in Part V-A (attach schedule) Stmt 6	25a 379,218	160,972	204,902	13,344
b	Compensation of former officers, directors, key employees, etc. listed in Part V-B (attach schedule)	25b 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) (attach schedule)	25c 0	0	0	0
26	Salaries and wages of employees not included on lines 25a, b, and c	26 2,769,086	2,074,733	188,454	505,899
27	Pension plan contributions not included on lines 25a, b, and c	27 134,824	96,682	18,053	20,089
28	Employee benefits not included on lines 25a - 27	28 273,635	198,992	13,615	61,028
29	Payroll taxes	29 214,638	153,917	28,740	31,981
30	Professional fundraising fees	30 189,575	81,729	0	107,846
31	Accounting fees	31 13,360	10,023	1,500	1,837
32	Legal fees	32 137,598	103,848	15,173	18,577
33	Supplies	33 198,997	154,453	17,586	26,958
34	Telephone	34 73,920	63,842	2,018	8,060
35	Postage and shipping	35 1,496,135	696,654	1,870	797,611
36	Occupancy	36 482,310	362,853	50,934	68,523
37	Equipment rental and maintenance	37 259,654	201,532	22,947	35,175
38	Printing and publications	38 1,401,909	691,282	1,836	708,791
39	Travel	39 167,303	134,128	5,174	28,001
40	Conferences, conventions, and meetings	40 169,310	135,737	5,236	28,337
41	Interest	41 0	0	0	0
42	Depreciation, depletion, etc. (attach schedule)	42 174,920	128,556	16,056	30,308
43	Other expenses not covered above (itemize): See Statement 8	43a 1,647,821	1,070,505	136,462	440,854
a	-----	43b			
b	-----	43c			
c	-----	43d			
d	-----	43e			
e	-----	43f			
f	-----	43g			
g	-----				
44	Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44 92,236,776	88,573,001	730,556	2,933,219

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 \$ **2,990,534**; (ii) the amount allocated to Program services \$ **1,316,985**;
 (iii) the amount allocated to Management and general \$ **0**; and (iv) the amount allocated to Fundraising \$ **1,673,549**

Part IV Balance Sheets (See the instructions.)

				(A)		(B)
				Beginning of year		End of year
Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.						
Assets	45 Cash—non-interest-bearing			0	45	0
	46 Savings and temporary cash investments			7,627,223	46	5,722,129
	47a Accounts receivable	47a	550,436			
	b Less: allowance for doubtful accounts	47b	0	629,254	47c	550,436
	48a Pledges receivable	48a	141,125			
	b Less: allowance for doubtful accounts	48b	0	245,744	48c	141,125
	49 Grants receivable			0	49	0
	50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)			0	50a	0
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)			0	50b	0
	51a Other notes and loans receivable (attach schedule)	51a	0			
	b Less: allowance for doubtful accounts	51b	0	0	51c	0
	52 Inventories for sale or use			3,145,284	52	320,304
	53 Prepaid expenses and deferred charges			96,751	53	257,717
	54a Investments—publicly-traded securities			10,591,194	54a	15,531,735
	b Investments—other securities (attach schedule)			0	54b	0
55a Investments—land, buildings, and equipment: basis	55a	0				
b Less: accumulated depreciation (attach schedule)	55b	0	0	55c	0	
56 Investments—other (attach schedule)			0	56	0	
57a Land, buildings, and equipment: basis	57a	1,075,835				
b Less: accumulated depreciation (attach schedule) Strmt 10	57b	534,148	581,188	57c	541,687	
58 Other assets, including program-related investments (describe ►)			0	58	0	
59 Total assets (must equal line 74). Add lines 45 through 58			22,916,638	59	23,065,133	
Liabilities	60 Accounts payable and accrued expenses			724,837	60	750,434
	61 Grants payable			0	61	0
	62 Deferred revenue			0	62	0
	63 Loans from officers, directors, trustees, and key employees (attach schedule)			0	63	0
	64a Tax-exempt bond liabilities (attach schedule)			0	64a	0
	b Mortgages and other notes payable (attach schedule)			0	64b	0
	65 Other liabilities (describe ► See Statement 11)			243,124	65	287,820
66 Total liabilities. Add lines 60 through 65			967,961	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			17,752,217	67	18,203,329
	68 Temporarily restricted			3,996,443	68	3,648,533
	69 Permanently restricted			200,017	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 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)			21,948,677	73	22,026,879	
74 Total liabilities and net assets/fund balances. Add lines 66 and 73			22,916,638	74	23,065,133	

Part VI Other Information (continued)

		Yes	No
82a	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?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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 195,938		
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b	Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<input type="checkbox"/>	<input type="checkbox"/>
84b			
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?		
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.		
c	Dues, assessments, and similar amounts from members	85c	
d	Section 162(e) lobbying and political expenditures	85d	
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	
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	
86	501(c)(7) orgs. Enter: a initiation fees and capital contributions included on line 12	86a	
b	Gross receipts, included on line 12, for public use of club facilities	86b	
87	501(c)(12) orgs. Enter: a Gross income from members or shareholders	87a	
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	
88a	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	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
89a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 <input type="text" value="0"/> ; section 4912 <input type="text" value="0"/> ; section 4955 <input type="text" value="0"/>		
b	501(c)(3) and 501(c)(4) orgs. 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	<input checked="" type="checkbox"/>
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	<input type="text" value="0"/>	
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization	<input type="text" value="0"/>	
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	89e	<input checked="" type="checkbox"/>
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
90a	List the states with which a copy of this return is filed AL,AK,AZ,AR,CA,CO,CT,DC,FL,GA,IL,IN,KS,KY,LA,ME,MD,MA,		
b	Number of employees employed in the pay period that includes March 12, 2006 (See instructions.)	90b	52
91a	The books are in care of Managing Dir. of Finance and Ops. Telephone no. 301-881-3052 Located at 6110 Executive Blvd. #1010, 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	<input checked="" type="checkbox"/>
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		

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 _____

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** | _____

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) Exclusion code	(D) Amount	
93 Program service revenue:					
a brochures and calendars					24,952
b conference registrations					16,335
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	354,357	
96 Dividends and interest from securities			14	291,340	
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	746,073	
101 Net income or (loss) from special events					130,915
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a Royalty income			15	512,463	
b Membership list rental			13	95,945	
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))		0		2,000,178	172,202
105 Total (add line 104, columns (B), (D), and (E))					2,172,380

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).
	See Statement 17

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
	%			
	%			
	%			
	%			

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

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

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

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

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

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

Signature of officer: LaVarne Burton Date: 3/27/07

Type or print name and title: LaVarne Burton, CEO

Paid Preparer's Use Only

Preparer's signature: _____ Date: _____

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: _____

EIN: _____

Phone no.: (____) _____

SCHEDULE A
(Form 990 or 990-EZ)

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

OMB No. 1545-0047

2006

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
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Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 2 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
Carol Lynn Halal 6110 Executive Blvd., Rockville, MD 20852, US	Dir of Programs 50	128,559	11,659	0
Phylis Ermann 6110 Executive Blvd., Rockville, MD 20852, US	Dir Patient Advocacy 50	90,914	12,386	0
Gwendolyn Dewberry 6110 Executive Blvd., Rockville, MD 20852, US	Dir Patient Services 50	88,403	11,923	0
Tracy Hart 6110 Executive Blvd., Rockville, MD 20852, US	Dir of Development 50	86,864	6,709	766
Tamara Ruggiero 6110 Executive Blvd., Rockville, MD 20852, US	Communication Dir 50	84,537	10,946	0
Total number of other employees paid over \$50,000 . ▶	10			

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
Target MarkeTeam 1050 Crown Pointe Parkway Suite1850, Atlanta, GA 30338, US	Direct Mail Counsel	189,575
Edge Research 1901 North Fort Myer, Arlington, VA 22209, US	Market Research	75,000
BKSH 1801 K Street NW Suite 901, Washington DC, DC 20006, US	Govt. Relations Firm	75,000
Akin Gump Straus Hauer 1333 New Hampshire Ave NW Suite 400, Washington DC, DC 20036, US	Legal Services	67,000
Arthur Diamond 4630 Montgomery Avenue, Bethesda, MD 20814, US	Exec. Search Firm	56,500
Total number of others receiving over \$50,000 for professional services ▶	1	

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
Elevative Networks 11654 Plaza America Drive, Reston, VA 20190, US	IT Services	271,000
Public Interest Data Inc 1800 Diagonal Road Suite 400, Alexandria, VA 22314, US	Database management	194,105
Randstadt PO Box 2084, Carol Stream, IL 60132, US	Temporary Services	131,591
American List Counsel 4300 US Highway 1, Princeton, NJ 08543, US	List Broker Manager	113,124
Direct Mail Processors 1150 Conrad Court, Hagerstown, MD 21740, US	Lock Box Services	109,667
Total number of other contractors receiving over \$50,000 for other services ▶	4	

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 ▶ \$ 1,500 (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)

1	✓	
---	---	--

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.

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?

2a		✓
----	--	---

b Lending of money or other extension of credit?

2b		✓
----	--	---

c Furnishing of goods, services, or facilities?

2c		✓
----	--	---

d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?

2d	✓	
----	---	--

e Transfer of any part of its income or assets?

2e		✓
----	--	---

3a 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.) Stmt 19

3a	✓	
----	---	--

b Did the organization have a section 403(b) annuity plan for its employees?

3b	✓	
----	---	--

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

3c		✓
----	--	---

d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?

3d		✓
----	--	---

4a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g

4a		✓
----	--	---

b Did the organization make any taxable distributions under section 4966?

4b		
----	--	--

c Did the organization make a distribution to a donor, donor advisor, or related person?

4c		
----	--	--

d Enter the total number of donor advised funds owned at the end of the tax year ▶

--	--	--

e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ▶

--	--	--

f Enter the total number of separate funds or accounts owned at the end of the tax 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 ▶

		0
--	--	---

g Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year ▶

		0
--	--	---

Part IV Reason for Non-Private Foundation Status (See pages 4 through 7 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 7 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	
Total					

- 14 An organization organized and operated to test for public safety. Section 509(a)(4). (See page 7 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) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	22,935,959	18,830,995	22,914,797	17,783,838	82,465,589
16 Membership fees received	0	0	0	0	0
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	647,268	654,105	633,238	586,569	2,521,180
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	551,102	343,288	239,818	233,128	1,367,336
19 Net income from unrelated business activities not included in line 18.	0	0	0	0	0
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf	0	0	0	0	0
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	0	0	0	0	0
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets	0	0	0	0	0
23 Total of lines 15 through 22	24,134,329	19,828,388	23,787,853	18,603,535	86,354,105
24 Line 23 minus line 17	23,487,061	19,174,283	23,154,615	18,016,966	83,832,925
25 Enter 1% of line 23	241,343	198,284	237,879	186,035	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24 ▶					26a 1,676,659
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 2002 through 2005 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts ▶					26b 39,635,208
c Total support for section 509(a)(1) test: Enter line 24, column (e) ▶					26c 83,832,925
d Add: Amounts from column (e) for lines: 18 <u>1,367,336</u> 19 <u>0</u> ▶					
22 <u>0</u> 26b <u>39,635,208</u> ▶					26d 41,002,544
e Public support (line 26c minus line 26d total) ▶					26e 42,830,382
f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) ▶					26f 51 %
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: (2005) (2004) (2003) (2002)					
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: (2005) (2004) (2003) (2002)					
c Add: Amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 20 _____ 21 _____ ▶					27c
d Add: Line 27a total _____ and line 27b total _____ ▶					27d
e Public support (line 27c total minus line 27d total) ▶					27e
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e) . . . ▶					27f
g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) ▶					27g %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) ▶					27h %
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2002 through 2005, 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.					

Part V Private School Questionnaire (See page 9 of the instructions.)
(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.) ----- ----- -----		
34a 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 10 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.)			
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	0
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37	1,500
38	Total lobbying expenditures (add lines 36 and 37)	38	1,500
39	Other exempt purpose expenditures	39	92,235,276
40	Total exempt purpose expenditures (add lines 38 and 39)	40	92,236,776
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	41	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		
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.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
45 Lobbying nontaxable amount	1,000,000	0	0	0	1,000,000
46 Lobbying ceiling amount (150% of line 45(e))					1,500,000
47 Total lobbying expenditures	1,500	0	0	0	1,500
48 Grassroots nontaxable amount	250,000	0	0	0	250,000
49 Grassroots ceiling amount (150% of line 48(e))					375,000
50 Grassroots lobbying expenditures	0	0	0	0	0

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 13 of the instructions.)

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 .)			

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

Statement 1

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Part: I

Question: 8

AMERICAN KIDNEY FUND INC

23-7124261

Sales of Assets Other than Inventory

Publicly Traded Securities

Description:

Sold To:

Sales Price: \$8,265,110.00

Date Sold:

Expense of Sale: \$0.00

Date acquired:

Cost or value when acquired: \$7,519,037.00

How acquired:

Depreciation since acquisition: \$0.00

Net Sale: \$746,073.00

Statement 2

Form: 990

Page: 1

Part: I

Question: 9

AMERICAN KIDNEY FUND INC**23-7124261****Schedule of Special Events**

Description	Gross Receipts	Contributions	Gross Revenue	Direct Costs	Net Income (Loss)
Atlanta Golf Tournament	\$102,200.00	\$5,000.00	\$97,200.00	\$56,467.00	\$40,733.00
NY Golf Tournament	\$69,643.00	\$20,000.00	\$49,643.00	\$21,192.00	\$28,451.00
Other Events	\$69,195.00	\$10,000.00	\$59,195.00	\$17,852.00	\$41,343.00
DC Wine Tasting Event	\$21,826.00	\$0.00	\$21,826.00	\$1,438.00	\$20,388.00
Total:	\$262,864.00	\$35,000.00	\$227,864.00	\$96,949.00	\$130,915.00

Statement 3

Form: 990

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Part: I

Question: 20

AMERICAN KIDNEY FUND INC

23-7124261

Other changes in Net Assets or Fund Balances

Explanation	Amount
Allocation of free rent	-\$35,280.00
Unrealized appreciation of investments	\$444,520.00
Total:	\$409,240.00

Statement 4

Form: 990

Page: 2

Part: II

Question: 22

AMERICAN KIDNEY FUND INC

23-7124261

Grants and Allocations

Date:		Name and Address:
Type:	Cash	Orlando Gutierrez
Number of individuals:		55 Staniford Street, Suite 1001
Grant Amount	\$33,500.00	Boston, MA 02115
Classification	Educational Stipend	United States
Relationship:	None	
Description of Property:		

How Determined

Book Value of Property:

FMV of Property:

Date:		Name and Address:
Type:	Cash	Tammy Brady
Number of individuals:		600 N. Wolfe Street
Grant Amount	\$32,000.00	Baltimore, MD 21287
Classification	Educational Stipend	United States
Relationship:	None	
Description of Property:		

How Determined

Book Value of Property:

FMV of Property:

Total Grants:	\$65,500.00
----------------------	--------------------

Statement 5

Form: 990

Page: 2

Part: II

Question: 23

AMERICAN KIDNEY FUND INC

23-7124261

Specific Assistance to Individuals

Assistance Type	Total Payments
Transportation, Medication, Health Ins.	\$81,987,063.00
Total:	\$81,987,063.00

Statement 6
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Question: 25

AMERICAN KIDNEY FUND INC
23-7124261

Compensation Detail - Officers, Directors, Etc.

Description	Total:	Pgm Services	Mgt and General	Fundraising
LaVarne Burton				
Compensation	\$215,010.00	\$112,816.00	\$94,083.00	\$8,111.00
Benefits	\$25,099.00	\$13,170.00	\$10,983.00	\$946.00
Expenses	\$728.00	\$382.00	\$319.00	\$27.00
Total	\$240,837.00	\$126,368.00	\$105,385.00	\$9,084.00
Donald Roy				
Compensation	\$127,865.00	\$31,974.00	\$91,954.00	\$3,937.00
Benefits	\$10,516.00	\$2,630.00	\$7,563.00	\$323.00
Expenses	\$0.00	\$0.00	\$0.00	\$0.00
Total	\$138,381.00	\$34,604.00	\$99,517.00	\$4,260.00
Total:	\$379,218.00	\$160,972.00	\$204,902.00	\$13,344.00

Statement 7

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Part: II

Question: 42

AMERICAN KIDNEY FUND INC

23-7124261

Depreciation and Depletion

Asset	Current Deprec.
Furniture	\$12,299.00
Leaseholds	\$28,419.00
Office Equip.	\$134,202.00
Total	\$174,920.00

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AMERICAN KIDNEY FUND INC
23-7124261

Attachment listing other expenses for Part II

Description	Total:	Pgm Services	Mgt and General	Fundraising
Investment fees	\$111,380.00	\$0.00	\$111,380.00	\$0.00
Dues and Subscriptions	\$81,016.00	\$58,727.00	\$5,940.00	\$16,349.00
Mailing list rental	\$120,247.00	\$52,540.00	\$0.00	\$67,707.00
Outside services (delivery & lockbox)	\$138,524.00	\$104,378.00	\$557.00	\$33,589.00
Data Processing	\$265,622.00	\$119,056.00	\$1,034.00	\$145,532.00
Other Professional fees	\$601,078.00	\$415,482.00	\$16,262.00	\$169,334.00
Advertising and promotion	\$90,911.00	\$83,409.00	\$1,289.00	\$6,213.00
Fairs and exhibits	\$239,043.00	\$236,913.00	\$0.00	\$2,130.00
Total:	\$1,647,821.00	\$1,070,505.00	\$136,462.00	\$440,854.00

Statement 9

Form: 990

Page: 3

Part: III

Question:

AMERICAN KIDNEY FUND INC

23-7124261

Program Services

Achievement	Pgm. Svc. Exp.
Specialized Human Services Programs, General/Other: Provides direct financial grants for treatment related needs of indigent end stage renal patients (medication, transportation, nutritional products, pediatric campership fees, insurance prem. etc) (63500 Individuals)	\$84,021,108.00
Grants and Allocations: \$0.00 This amount includes foreign grants: N/A	
Children & Youth Services, General/Other: Community Service projects in the form of pediatric kidney patients attending weekend getaway to the Nations Capitol and being featured in the AKF Kidney Calendar. (40 Individuals)	\$54,340.00
Grants and Allocations: \$0.00 This amount includes foreign grants: N/A	
Kidney Diseases Programs: Activities that provide education on prevention, symptoms and treatment of kidney disease and disorders. In 2006, 3 professional conferences were held, 6,338,000 joint educational pieces were mailed and over 5,200 individuals were screened for proper kidney function. (6400000 Individuals)	\$4,397,832.00
Grants and Allocations: \$0.00 This amount includes foreign grants: N/A	
Kidney Diseases Programs: Research in the form of scholarships for clinical research fellowships in the field of Nephrology. (2 Scholars)	\$92,897.00
Grants and Allocations: \$65,500.00 This amount includes foreign grants: No	
Kidney Diseases Programs: Organ donor activities including distribution of organ donation cards and brochures on organ donation. (6000 Individuals)	\$6,824.00
Grants and Allocations: \$0.00 This amount includes foreign grants: N/A	
Total:	\$88,573,001.00

Statement 10

Form: 990

Page: 4

Part: IV

Question: 57

AMERICAN KIDNEY FUND INC

23-7124261

Schedule of Land, Buildings and Equipment

Description	Cost	Depreciation	Book Value
Office Equipment	\$670,092.00	\$420,260.00	\$249,832.00
Furniture and equipment	\$128,220.00	\$67,220.00	\$61,000.00
Leasehold improvements	\$277,523.00	\$46,668.00	\$230,855.00
Total:	\$1,075,835.00	\$534,148.00	\$541,687.00

Statement 11

Form: 990

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Part: IV

Question: 65

AMERICAN KIDNEY FUND INC

23-7124261

Other Liabilities

Liability Description	BOY Amount	EOY Amount
Gift Annuity Payable	\$243,124.00	\$287,820.00
Total:	\$243,124.00	\$287,820.00

Statement 12

Form: 990

Page: 5

Part: IV-A

Question: b(4)

AMERICAN KIDNEY FUND INC

23-7124261

Revenue Audit Line b(4)

Description	Amount
Net revenue from supporting organization AKFSO	\$13,713.00
Total:	\$13,713.00

Statement 13

Form: 990

Page: 5

Part: IV-B

Question: b(4)

AMERICAN KIDNEY FUND INC

23-7124261

Expense Audit Line b(4)

Description	Amount
Expenses from supporting organization AKFSO	\$40,194.00
Total:	\$40,194.00

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Part: V

Question:

AMERICAN KIDNEY FUND INC**23-7124261****Officers, Directors, Trustees, and Key Employees**

Name and Address	Title	Hrs	Comp.	Benefits	Expenses
Donald Roy 6110 Executive Blvd Suite 1010 Rockville, MD 20852 United States	Dir of Finance Oper	50	\$127,865.00	\$10,516.00	\$0.00
LaVarne Burton 6110 Executive Blvd Suite 1010 Rockville, MD 20852 United States	CEO	50	\$215,010.00	\$25,099.00	\$728.00
Judy Beto PhD RD 6110 Executive Blvd Suite 1010 Rockville, MD 20852 United States	Secretary	2	\$0.00	\$0.00	\$0.00
Robert J Burnstein CPA 6110 Executive Blvd Suite 1010 Rockville, MD 20852 United States	Trustee	2	\$0.00	\$0.00	\$0.00
Kenneth K Chen 6110 Executive Blvd Suite 1010 Rockville, MD 20852 United States	Immediate Past Chair	2	\$0.00	\$0.00	\$0.00
Frank M Corso Jr 6110 Executive Blvd Suite 1010 Rockville, MD 20852 United States	Trustee	2	\$0.00	\$0.00	\$0.00
Maria Ferris MD PhD 6110 Executive Blvd Suite 1010 Rockville, MD 20852 United States	Trustee	2	\$0.00	\$0.00	\$0.00
Gary C Curhan MD ScD 6110 Executive Blvd Suite 1010 Rockville, MD 20852 United States	Trustee	2	\$0.00	\$0.00	\$0.00
Michael Hartness 6110 Executive Blvd Suite 1010 Rockville, MD 20852 United States	Trustee	2	\$0.00	\$0.00	\$0.00
Anthony Messana 6110 Executive Blvd Suite 1010	Trustee	2	\$0.00	\$0.00	\$0.00

Name and Address	Title	Hrs	Comp.	Benefits	Expenses
Rockville, MD 20852 United States					
Conchita Robinson 6110 Executive Blvd Suite 1010 Rockville, MD 20852 United States	Treasurer	2	\$0.00	\$0.00	\$0.00
Newton Walpert 6110 Executive Blvd Suite 1010 Rockville, MD 20852 United States	Trustee	2	\$0.00	\$0.00	\$0.00
Vinod K Bansal MD FACP FASN 6110 Executive Blvd Suite 1010 Rockville, MD 20852 United States	Chair Med. Affairs	2	\$0.00	\$0.00	\$0.00
Elisabeth Enright CSW 6110 Executive Blvd Suite 1010 Rockville, MD 20852 United States	Trustee	2	\$0.00	\$0.00	\$0.00
Gail Wick MHSA BSN RN CNN 6110 Executive Blvd Suite 1010 Rockville, MD 20852 United States	Trustee	2	\$0.00	\$0.00	\$0.00
Andrew T Givens 6110 Executive Blvd Suite 1010 Rockville, MD 20852 United States	Chairman	2	\$0.00	\$0.00	\$0.00
Lori Hartwell 6110 Executive Blvd Suite 1010 Rockville, MD 20852 United States	Trustee	2	\$0.00	\$0.00	\$0.00
Ronald Freison 6110 Executive Blvd Suite 1010 Rockville, MD 20852 United States	Trustee	2	\$0.00	\$0.00	\$0.00
Frank D Pelliccione 6110 Executive Blvd Suite 1010 Rockville, MD 20852 United States	Trustee	2	\$0.00	\$0.00	\$0.00
David R Stokey CPCU 6110 Executive Blvd Suite 1010 Rockville, MD 20852 United States	Trustee	2	\$0.00	\$0.00	\$0.00
Susan Vogel MHA RN CNN 6110 Executive Blvd Suite 1010	Trustee	2	\$0.00	\$0.00	\$0.00

Name and Address	Title	Hrs	Comp.	Benefits	Expenses
Rockville, MD 20852 United States					
Margaret S Washington MSW MSPH 6110 Executive Blvd Suite 1010 Rockville, MD 20852 United States	Trustee	2	\$0.00	\$0.00	\$0.00
Phyllis Ziegler 6110 Executive Blvd Suite 1010 Rockville, MD 20852 United States	Trustee	2	\$0.00	\$0.00	\$0.00
Myra Kleinpeter MD MPH 6110 Executive Blvd Suite 1010 Rockville, MD 20852 United States	Trustee	2	\$0.00	\$0.00	\$0.00
H Jerome Russell 6110 Executive Blvd Suite 1010 Rockville, MD 20852 United States	Trustee	2	\$0.00	\$0.00	\$0.00
TOTALS			\$342,875.00	\$35,615.00	\$728.00

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Part: V-B

Question:

AMERICAN KIDNEY FUND INC

23-7124261

Former Officers, Directors, Trustees, and Key Employees

Name and Address	Loans and Advances	Comp.	Benefits	Expenses
Karen Sendelback 6110 Executive Blvd Suite 1010 Rockville, MD 20852 United States	\$0.00	\$25,000.00	\$0.00	\$0.00
TOTALS	\$0.00	\$25,000.00	\$0.00	\$0.00

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Part: VI

Question: 80 b

AMERICAN KIDNEY FUND INC

23-7124261

Related Organizations

Description	Exempt
American Kidney Fund Service Organization	Yes

Statement 17

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Part: VIII

Question:

AMERICAN KIDNEY FUND INC

23-7124261

Relationship of Activities

Line No	Relationship of Activities to the Accomplishment of Exempt Purposes
93 a	Defrays the cost of production of informational brochures distributed to the public.
93 b	Defrays part of the costs associated with conducting professional education conferences
101	Special events provide an opportunity to educate the participants about AKF and its mission along with kidney disease and prevention aspects

Statement 18
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Page: None
Part: None
Question: None

AMERICAN KIDNEY FUND INC
23-7124261

Additional Explanations

Additional Explanations

Identifier: Reimbursement of Expenses under Accountable Plans

Reference: Schedule A Part III line 2d

Explanation: The American Kidney Fund does not provide expense account allowances. All business and travel expenses are reimbursed under an accountable plan. Reimbursements to employees are only done if the employee provides substantive documentation including receipts and description of activities. (This pertains to both Form 990 Part V and Schedule A Part I)

Identifier: States not listed

Reference: Line 90a

Explanation: Due to printing size constraints AKF is continuing the list of states it files form 990 with: MD, ME, MI, MN, MS, NC, NH, NJ, NM, NY, OH, OK, OR, PA, RI, SC, TN, UT, VA, WA, WI, WV

Identifier: Compensation of Former Executive

Reference: Part V-B (see statement 16)

Explanation: The American Kidney Fund paid \$25,000 to its former Executive Director in 2006 as part of a separation agreement. This amount is presented on Part V-B as required by IRS guidance. This amount does not show on Part II line 25b because it was accrued and expensed in 2005.

Statement 19
Form: Schedule A
Page: 2
Part: III
Question: 4

AMERICAN KIDNEY FUND INC
23-7124261

Explanation of Grant Determination

Explanation of grant qualifications

The American Kidney Fund launched the Clinical Science in Nephrology Program over 15 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 2006, two clinical scholars from different Universities were supported. Awards totaled \$65,500.

Schedule B - Part I
Contributors

AMERICAN KIDNEY FUND INC

23-7124261

Organization Type:

Filers of:

- Form 990 or 990-EZ 501(c)(3) Organization
 4947(a)(1) nonexempt charitable trust not treated as a private foundation
 527 Political Organization
- Form 990PF 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 section 501(c)(7), (8), (10) organizations 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--

- For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3 % support test under Regulations sections 1.509(a)-3/1.170A-9(e) 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.)

\$0.00

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 1 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).

Schedule B - Part I
Contributors

AMERICAN KIDNEY FUND INC

23-7124261

Name and Address	Contribution	Type	
	\$13,699.00	Individual	Yes
		Payroll	No
		Noncash	No
	\$11,995.00	Individual	Yes
		Payroll	No
		Noncash	No
	\$1,080,000.00	Individual	Yes
		Payroll	No
		Noncash	No
	\$16,300.00	Individual	Yes
		Payroll	No
		Noncash	No
	\$11,720.00	Individual	Yes
		Payroll	No
		Noncash	No
	\$8,798.00	Individual	Yes
		Payroll	No
		Noncash	No
	\$23,023.00	Individual	Yes
		Payroll	No
		Noncash	No
	\$10,352.00	Individual	Yes
		Payroll	No
		Noncash	No
	\$14,507.00	Individual	Yes
		Payroll	No
		Noncash	No
	\$13,404.00	Individual	Yes
		Payroll	No
		Noncash	No
	\$9,000.00	Individual	Yes
		Payroll	No
		Noncash	No
	\$5,000.00	Individual	Yes
		Payroll	No
		Noncash	No
	\$70,336.00	Individual	Yes
		Payroll	No
		Noncash	No
	\$20,500.00	Individual	Yes

Schedule B - Part I
Contributors

AMERICAN KIDNEY FUND INC

23-7124261

Name and Address	Contribution	Type	
		Payroll	No
		Noncash	No
	\$74,521.00	Individual	Yes
		Payroll	No
		Noncash	No
	\$11,365.00	Individual	Yes
		Payroll	No
		Noncash	No
	\$11,036.00	Individual	Yes
		Payroll	No
		Noncash	No
	\$15,000.00	Individual	Yes
		Payroll	No
		Noncash	No
	\$8,197.00	Individual	Yes
		Payroll	No
		Noncash	No
	\$9,618.00	Individual	Yes
		Payroll	No
		Noncash	No
	\$10,522.00	Individual	Yes
		Payroll	No
		Noncash	No
	\$5,900.00	Individual	Yes
		Payroll	No
		Noncash	No
	\$21,647.00	Individual	Yes
		Payroll	No
		Noncash	No
	\$14,934.00	Individual	Yes
		Payroll	No
		Noncash	No
	\$62,063.00	Individual	Yes
		Payroll	No
		Noncash	No
	\$20,348.00	Individual	Yes
		Payroll	No
		Noncash	No
	\$40,621.00	Individual	Yes
		Payroll	No

Schedule B - Part I
Contributors

AMERICAN KIDNEY FUND INC

23-7124261

Name and Address	Contribution	Type	
		Noncash	No
	\$8,672.00	Individual	Yes
		Payroll	No
		Noncash	No
	\$9,890.00	Individual	Yes
		Payroll	No
		Noncash	No
	\$9,005.00	Individual	Yes
		Payroll	No
		Noncash	No
	\$7,739.00	Individual	Yes
		Payroll	No
		Noncash	No
	\$15,000.00	Individual	Yes
		Payroll	No
		Noncash	No
	\$10,000.00	Individual	Yes
		Payroll	No
		Noncash	No
	\$12,269.00	Individual	Yes
		Payroll	No
		Noncash	No
	\$32,910.00	Individual	Yes
		Payroll	No
		Noncash	No
	\$6,545.00	Individual	Yes
		Payroll	No
		Noncash	No
	\$9,131.00	Individual	Yes
		Payroll	No
		Noncash	No
	\$21,845.00	Individual	Yes
		Payroll	No
		Noncash	No
	\$11,991.00	Individual	Yes
		Payroll	No
		Noncash	No
	\$15,000.00	Individual	Yes
		Payroll	No
		Noncash	No

Schedule B - Part I
Contributors

AMERICAN KIDNEY FUND INC

23-7124261

Name and Address	Contribution	Type	
	\$15,000.00	Individual	Yes
		Payroll	No
		Noncash	No
	\$6,214.00	Individual	Yes
		Payroll	No
		Noncash	No
	\$5,530.00	Individual	Yes
		Payroll	No
		Noncash	No
	\$30,892.00	Individual	Yes
		Payroll	No
		Noncash	No
	\$13,860.00	Individual	Yes
		Payroll	No
		Noncash	No
	\$507,705.00	Individual	Yes
		Payroll	No
		Noncash	No
	\$19,333.00	Individual	Yes
		Payroll	No
		Noncash	No
	\$11,958.00	Individual	Yes
		Payroll	No
		Noncash	No
	\$28,888.00	Individual	Yes
		Payroll	No
		Noncash	No
	\$9,538.00	Individual	Yes
		Payroll	No
		Noncash	No
	\$741,100.00	Individual	Yes
		Payroll	No
		Noncash	No
	\$10,000.00	Individual	Yes
		Payroll	No
		Noncash	No
	\$30,733.00	Individual	Yes
		Payroll	No
		Noncash	No

Schedule B - Part I
Contributors

AMERICAN KIDNEY FUND INC

23-7124261

Name and Address	Contribution	Type	
	\$5,000.00	Individual	Yes
		Payroll	No
		Noncash	No
	\$20,631.00	Individual	Yes
		Payroll	No
		Noncash	No
	\$5,746.00	Individual	Yes
		Payroll	No
		Noncash	No
	\$54,361.00	Individual	Yes
		Payroll	No
		Noncash	No
	\$16,945.00	Individual	Yes
		Payroll	No
		Noncash	No
	\$11,963.00	Individual	Yes
		Payroll	No
		Noncash	No
	\$7,899.00	Individual	Yes
		Payroll	No
		Noncash	No
	\$7,035.00	Individual	Yes
		Payroll	No
		Noncash	No
	\$5,775.00	Individual	Yes
		Payroll	No
		Noncash	No
	\$14,248.00	Individual	Yes
		Payroll	No
		Noncash	No
	\$54,000.00	Individual	Yes
		Payroll	No
		Noncash	No
	\$329,756.00	Individual	Yes
		Payroll	No
		Noncash	No
	297,139.00	Individual	Yes
		Payroll	No
		Noncash	No
	\$55,000.00	Individual	Yes

Schedule B - Part I
Contributors

AMERICAN KIDNEY FUND INC

23-7124261

Name and Address	Contribution	Type	
		Payroll	No
		Noncash	No
	\$65,000.00	Individual	Yes
		Payroll	No
		Noncash	No
	\$8,671.00	Individual	Yes
		Payroll	No
		Noncash	No
	\$33,132.00	Individual	Yes
		Payroll	No
		Noncash	No
	\$29,727.00	Individual	Yes
		Payroll	No
		Noncash	No
	\$32,366.00	Individual	Yes
		Payroll	No
		Noncash	No
	\$114,300.00	Individual	Yes
		Payroll	No
		Noncash	No
	\$8,928.00	Individual	Yes
		Payroll	No
		Noncash	No
	\$14,232.00	Individual	Yes
		Payroll	No
		Noncash	No
	\$24,211.00	Individual	Yes
		Payroll	No
		Noncash	No
	\$26,747.00	Individual	Yes
		Payroll	No
		Noncash	No
	\$21,358.00	Individual	Yes
		Payroll	No
		Noncash	No
	\$21,196.00	Individual	Yes
		Payroll	No
		Noncash	No
	\$7,453.00	Individual	Yes
		Payroll	No

Schedule B - Part I
Contributors

AMERICAN KIDNEY FUND INC

23-7124261

Name and Address	Contribution	Type	
		Noncash	No
	\$6,051.00	Individual Payroll Noncash	Yes No No
	\$20,461.00	Individual Payroll Noncash	Yes No No
	\$9,633.00	Individual Payroll Noncash	Yes No No
	\$35,971.00	Individual Payroll Noncash	Yes No No
	\$20,772.00	Individual Payroll Noncash	Yes No No
	\$21,396.00	Individual Payroll Noncash	Yes No No
	\$6,261.00	Individual Payroll Noncash	Yes No No
	\$22,743.00	Individual Payroll Noncash	Yes No No
	\$1,911,918.00	Individual Payroll Noncash	Yes No No
	\$6,596.00	Individual Payroll Noncash	Yes No No
	\$2,750,000.00	Individual Payroll Noncash	Yes No No
	\$9,931.00	Individual Payroll Noncash	Yes No No
	\$36,701,316.00	Individual Payroll Noncash	Yes No No

Schedule B - Part I
Contributors

AMERICAN KIDNEY FUND INC

23-7124261

Name and Address	Contribution	Type	Yes No No
	\$40,525.00	Individual Payroll Noncash	
	\$10,000.00	Individual Payroll Noncash	Yes No No
	\$55,368.00	Individual Payroll Noncash	Yes No No
	\$10,500.00	Individual Payroll Noncash	Yes No No
	\$6,846.00	Individual Payroll Noncash	Yes No No
	\$2,702,000.00	Individual Payroll Noncash	Yes No No
	\$7,455.00	Individual Payroll Noncash	Yes No No
	\$5,000.00	Individual Payroll Noncash	Yes No No
	\$20,000.00	Individual Payroll Noncash	Yes No No
	\$16,385.00	Individual Payroll Noncash	Yes No No
	\$11,001.00	Individual Payroll Noncash	Yes No No
	\$29,630.00	Individual Payroll Noncash	Yes No No
	\$32,042,747.00	Individual Payroll Noncash	Yes No No

Schedule B - Part I
Contributors

AMERICAN KIDNEY FUND INC

23-7124261

Name and Address	Contribution	Type	
	\$1,122,962.00	Individual	Yes
		Payroll	No
		Noncash	Yes
	\$73,205.00	Individual	Yes
		Payroll	No
		Noncash	No
	\$5,933.00	Individual	Yes
		Payroll	No
		Noncash	No
	\$6,241.00	Individual	Yes
		Payroll	No
		Noncash	No
	\$5,416.00	Individual	Yes
		Payroll	No
		Noncash	No
	\$17,572.00	Individual	Yes
		Payroll	No
		Noncash	No
	\$15,924.00	Individual	Yes
		Payroll	No
		Noncash	No
	\$13,500.00	Individual	Yes
		Payroll	No
		Noncash	No
	\$24,161.00	Individual	Yes
		Payroll	No
		Noncash	No
	\$6,234.00	Individual	Yes
		Payroll	No
		Noncash	No
	\$6,830.00	Individual	Yes
		Payroll	No
		Noncash	No
	\$29,933.00	Individual	Yes
		Payroll	No
		Noncash	No
	\$7,054.00	Individual	Yes
		Payroll	No
		Noncash	No
	\$7,282.00	Individual	Yes

Schedule B - Part I
Contributors

AMERICAN KIDNEY FUND INC

23-7124261

Name and Address	Contribution	Type	
		Payroll	No
		Noncash	No
	\$11,598.00	Individual	Yes
		Payroll	No
		Noncash	No
	\$8,961.00	Individual	Yes
		Payroll	No
		Noncash	No
	\$13,052.00	Individual	Yes
		Payroll	No
		Noncash	No
	\$5,381.00	Individual	Yes
		Payroll	No
		Noncash	No
	\$98,759.00	Individual	Yes
		Payroll	No
		Noncash	No
	\$22,339.00	Individual	Yes
		Payroll	No
		Noncash	No
	\$18,269.00	Individual	Yes
		Payroll	No
		Noncash	No
	\$20,000.00	Individual	Yes
		Payroll	No
		Noncash	No
	\$14,060.00	Individual	Yes
		Payroll	No
		Noncash	No
	\$12,532.00	Individual	Yes
		Payroll	No
		Noncash	No
	\$49,240.00	Individual	Yes
		Payroll	No
		Noncash	No
	\$5,198.00	Individual	Yes
		Payroll	No
		Noncash	No
	\$7,900.00	Individual	Yes
		Payroll	No

Schedule B - Part I
Contributors

AMERICAN KIDNEY FUND INC

23-7124261

Name and Address	Contribution	Type	
		Noncash	No
	\$5,448.00	Individual	Yes
		Payroll	No
		Noncash	No
	\$8,197.00	Individual	Yes
		Payroll	No
		Noncash	No
	\$25,918.00	Individual	Yes
		Payroll	No
		Noncash	No
	\$40,000.00	Individual	Yes
		Payroll	No
		Noncash	No
	\$5,000.00	Individual	Yes
		Payroll	No
		Noncash	No
	\$20,226.00	Individual	Yes
		Payroll	No
		Noncash	No
	\$11,085.00	Individual	Yes
		Payroll	No
		Noncash	No
	\$173,899.00	Individual	Yes
		Payroll	No
		Noncash	No
	\$6,103.00	Individual	Yes
		Payroll	No
		Noncash	No
	\$7,612.00	Individual	Yes
		Payroll	No
		Noncash	No
	\$14,963.00	Individual	Yes
		Payroll	No
		Noncash	No
	\$438,800.00	Individual	Yes
		Payroll	No
		Noncash	No
	\$21,579.00	Individual	Yes
		Payroll	No
		Noncash	No

Schedule B - Part I
Contributors

AMERICAN KIDNEY FUND INC

23-7124261

Name and Address	Contribution	Type	Yes	No
	\$75,000.00	Individual Payroll Noncash	Yes	No
	\$11,000.00	Individual Payroll Noncash	Yes	No
	\$130,550.00	Individual Payroll Noncash	Yes	No
	\$7,000.00	Individual Payroll Noncash	Yes	No
	\$5,000.00	Individual Payroll Noncash	Yes	No
	\$18,515.00	Individual Payroll Noncash	Yes	No
	\$9,914.00	Individual Payroll Noncash	Yes	No
	\$16,736.00	Individual Payroll Noncash	Yes	No
	\$17,802.00	Individual Payroll Noncash	Yes	No
	\$20,566.00	Individual Payroll Noncash	Yes	No
	\$26,153.00	Individual Payroll Noncash	Yes	No
	\$32,239.00	Individual Payroll Noncash	Yes	No
	\$21,561.00	Individual Payroll Noncash	Yes	No

Schedule B - Part I
Contributors

AMERICAN KIDNEY FUND INC

23-7124261

Name and Address	Contribution	Type	
	\$13,768.00	Individual	Yes
		Payroll	No
		Noncash	No
	\$7,079.00	Individual	Yes
		Payroll	No
		Noncash	No
	\$7,722.00	Individual	Yes
		Payroll	No
		Noncash	No
	\$20,376.00	Individual	Yes
		Payroll	No
		Noncash	No
	\$15,239.00	Individual	Yes
		Payroll	No
		Noncash	No
	\$19,873.00	Individual	Yes
		Payroll	No
		Noncash	No
	\$141,100.00	Individual	Yes
		Payroll	No
		Noncash	No
	\$10,195.00	Individual	Yes
		Payroll	No
		Noncash	No
	\$15,000.00	Individual	Yes
		Payroll	No
		Noncash	No
	\$5,000.00	Individual	Yes
		Payroll	No
		Noncash	No
	\$5,000.00	Individual	Yes
		Payroll	No
		Noncash	No
	\$13,415.00	Individual	Yes
		Payroll	No
		Noncash	No
	\$8,000.00	Individual	Yes
		Payroll	No
		Noncash	No
	\$5,000.00	Individual	Yes

Schedule B - Part I
Contributors

AMERICAN KIDNEY FUND INC

23-7124261

Name and Address	Contribution	Type	
		Payroll	No
		Noncash	No
	\$10,000.00	Individual	Yes
		Payroll	No
		Noncash	No
	\$5,000.00	Individual	Yes
		Payroll	No
		Noncash	No
	\$5,264.00	Individual	Yes
		Payroll	No
		Noncash	No
	\$10,000.00	Individual	Yes
		Payroll	No
		Noncash	No
	\$119,167.00	Individual	Yes
		Payroll	No
		Noncash	No
	\$5,000.00	Individual	Yes
		Payroll	No
		Noncash	No
	\$5,200.00	Individual	Yes
		Payroll	No
		Noncash	No
	\$5,000.00	Individual	Yes
		Payroll	No
		Noncash	No
	\$5,000.00	Individual	Yes
		Payroll	No
		Noncash	No
	\$10,000.00	Individual	Yes
		Payroll	No
		Noncash	No
	\$10,000.00	Individual	Yes
		Payroll	No
		Noncash	No
	\$24,971.00	Individual	Yes
		Payroll	No

Schedule B - Part I
Contributors

AMERICAN KIDNEY FUND INC

23-7124261

Name and Address	Contribution	Type	
		Noncash	No
	\$6,176.00	Individual Payroll Noncash	Yes No No
	\$34,811.00	Individual Payroll Noncash	Yes No No
	\$49,076.00	Individual Payroll Noncash	Yes No No
	\$5,000.00	Individual Payroll Noncash	Yes No No
	\$5,000.00	Individual Payroll Noncash	Yes No No
	\$5,000.00	Individual Payroll Noncash	Yes No No
	\$5,000.00	Individual Payroll Noncash	Yes No No
	\$5,000.00	Individual Payroll Noncash	Yes No No
	\$5,000.00	Individual Payroll Noncash	Yes No No
	\$5,900.00	Individual Payroll Noncash	Yes No No
	\$17,573.00	Individual Payroll Noncash	Yes No No
	\$9,992.00	Individual Payroll Noncash	Yes No No
	\$5,000.00	Individual Payroll Noncash	Yes No No

Schedule B - Part I
Contributors

AMERICAN KIDNEY FUND INC

23-7124261

Name and Address	Contribution	Type	
	\$8,567.00	Individual Payroll Noncash	Yes No No
	\$21,279.00	Individual Payroll Noncash	Yes No No
	\$5,000.00	Individual Payroll Noncash	Yes No No
	\$48,173.00	Individual Payroll Noncash	Yes No No
	\$84,325.00	Individual Payroll Noncash	Yes No No
	\$43,137.00	Individual Payroll Noncash	Yes No No
	\$5,812.00	Individual Payroll Noncash	Yes No No
	\$7,387.00	Individual Payroll Noncash	Yes No No
	\$8,421.00	Individual Payroll Noncash	Yes No No
	\$33,761.00	Individual Payroll Noncash	Yes No No
	\$50,957.00	Individual Payroll Noncash	Yes No No
	\$10,000.00	Individual Payroll Noncash	Yes No No
	\$5,470.00	Individual Payroll Noncash	Yes No No

Schedule B - Part I
Contributors

23-7124261

AMERICAN KIDNEY FUND INC

Name and Address	Contribution	Type	
	\$7,000.00	Individual	Yes
		Payroll	No
		Noncash	No
	\$20,000.00	Individual	Yes
		Payroll	No
		Noncash	No
	\$6,250.00	Individual	Yes
		Payroll	No
		Noncash	No
	\$10,413.00	Individual	No
		Payroll	No
		Noncash	Yes
	\$5,000.00	Individual	No
		Payroll	No
		Noncash	Yes

Schedule B - Part II
Noncash Property

AMERICAN KIDNEY FUND INC

23-7124261

Description of Noncash Property	FMV	Date
107	\$1,122,962.00	06/01/2006
216	\$10,413.00	01/15/2006
217	\$5,000.00	01/15/2006