

**Return of Private Foundation**  
 or Section 4947(a)(1) Nonexempt Charitable Trust  
 Treated as a Private Foundation

**2011**

Note The foundation may be able to use a copy of this return to satisfy state reporting requirements

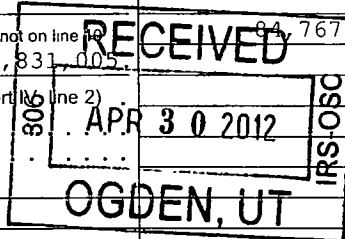
For calendar year 2011 or tax year beginning , 2011, and ending , 20

Name of foundation <b>ALASKA KIDNEY FOUNDATION, INC.</b>		A Employer identification number <b>23-7286827</b>
Number and street (or P O box number if mail is not delivered to street address) <b>4101 ARCTIC BLVD</b>	Room/suite <b>101</b>	B Telephone number (see instructions) <b>(907) 563-8550</b>
City or town, state, and ZIP code <b>ANCHORAGE, AK 99503</b>		C If exemption application is pending, check here <input type="checkbox"/>
G Check all that apply: <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Address change <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Amended return <input type="checkbox"/> Name change		D 1 Foreign organizations, check here <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>
H Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>
I Fair market value of all assets at end of year (from Part II, col (c), line 16) <b>\$ 10,446,451.</b>		F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>
J Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (Part I, column (d) must be on cash basis)		

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
1	Contributions, gifts, grants etc., received (attach schedule)	1,600.			
2	Check <input checked="" type="checkbox"/> if the foundation is not required to attach Sch B				
3	Interest on savings and temporary cash investments				
4	Dividends and interest from securities	328,613.	328,613.		ATCH 1
5a	Gross rents				
b	Net rental income or (loss)				
6a	Net gain or (loss) from sale of assets not on line 10	84,767.			
b	Gross sales price for all assets on line 6a	2,831,005.			
7	Capital gain net income (from Part II, line 2)		84,767.		
8	Net short-term capital gain				
9	Income modifications				
10a	Gross sales less returns and allowances				
b	Less Cost of goods sold				
c	Gross profit or (loss) (attach schedule)				
11	Other income (attach schedule)				
12	<b>Total</b> Add lines 1 through 11	414,980.	413,380.		
13	Compensation of officers, directors, trustees, etc.	67,896.	6,790.		61,106.
14	Other employee salaries and wages				
15	Pension plans, employee benefits				
16a	Legal fees (attach schedule)				
b	Accounting fees (attach schedule) ATCH 2	8,612.			8,612.
c	Other professional fees (attach schedule) *	1,000			1,000.
17	Interest				
18	Taxes (attach schedule) (see instructions) **	12,834.	568.		5,110.
19	Depreciation (attach schedule) and depletion				
20	Occupancy	10,527.			10,527.
21	Travel, conferences, and meetings	1,335.	133.		1,202.
22	Printing and publications				
23	Other expenses (attach schedule) ATCH 5	48,175.	35,562.		12,613.
24	<b>Total operating and administrative expenses</b> Add lines 13 through 23	150,379.	43,053.		100,170.
25	Contributions, gifts, grants paid ATCH 12	426,022.			426,022.
26	<b>Total expenses and disbursements</b> Add lines 24 and 25	576,401.	43,053.	0	526,192.
27	Subtract line 26 from line 12				
a	Excess of revenue over expenses and disbursements	-161,421.			
b	Net investment income (if negative, enter -0-)		370,327.		
c	Adjusted net income (if negative, enter -0-)				

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Operating and Administrative Expenses



Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)		Beginning of year	End of year		
		(a) Book Value	(b) Book Value	(c) Fair Market Value			
Assets	1	Cash - non-interest-bearing . . . . .		7,038.	17,673.	17,673.	
	2	Savings and temporary cash investments . . . . .					
	3	Accounts receivable ▶ Less allowance for doubtful accounts ▶					
	4	Pledges receivable ▶ Less allowance for doubtful accounts ▶					
	5	Grants receivable . . . . .					
	6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions) . . . . .					
	7	Other notes and loans receivable (attach schedule) ▶ Less allowance for doubtful accounts ▶					
	8	Inventories for sale or use . . . . .					
	9	Prepaid expenses and deferred charges . . . . .					
	10 a	Investments - U S and state government obligations (attach schedule) . . . . .					
	b	Investments - corporate stock (attach schedule) . . . . .					
	c	Investments - corporate bonds (attach schedule) . . . . .					
	11	Investments - land, buildings, and equipment basis Less accumulated depreciation (attach schedule) ▶					
	12	Investments - mortgage loans . . . . .					
	13	Investments - other (attach schedule) . . . . . ATCH 6			10,880,263.	10,428,778.	10,428,778.
	14	Land, buildings, and equipment basis Less accumulated depreciation (attach schedule) ▶					
15	Other assets (describe ▶ )						
16	<b>Total assets</b> (to be completed by all filers - see the instructions Also, see page 1, item I) . . . . .			10,887,301.	10,446,451.	10,446,451.	
Liabilities	17	Accounts payable and accrued expenses . . . . .					
	18	Grants payable . . . . .					
	19	Deferred revenue . . . . .					
	20	Loans from officers, directors, trustees, and other disqualified persons . . . . .					
	21	Mortgages and other notes payable (attach schedule) . . . . .					
	22	Other liabilities (describe ▶ ATCH 7 )			485,343.	205,914.	
23	<b>Total liabilities</b> (add lines 17 through 22) . . . . .			485,343.	205,914.		
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here ▶ <input type="checkbox"/> and complete lines 24 through 26 and lines 30 and 31.						
	24	Unrestricted . . . . .					
	25	Temporarily restricted . . . . .					
	26	Permanently restricted . . . . .					
	Foundations that do not follow SFAS 117, check here and complete lines 27 through 31. ▶ <input checked="" type="checkbox"/>						
	27	Capital stock, trust principal, or current funds . . . . .					
	28	Paid-in or capital surplus, or land, bldg, and equipment fund . . . . .					
29	Retained earnings, accumulated income, endowment, or other funds . . . . .			10,401,958.	10,240,537.		
30	<b>Total net assets or fund balances</b> (see instructions) . . . . .			10,401,958.	10,240,537.		
31	<b>Total liabilities and net assets/fund balances</b> (see instructions) . . . . .			10,887,301.	10,446,451.		

**Part III Analysis of Changes in Net Assets or Fund Balances**

1	Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return) . . . . .	1	10,401,958.
2	Enter amount from Part I, line 27a . . . . .	2	-161,421.
3	Other increases not included in line 2 (itemize) ▶	3	
4	Add lines 1, 2, and 3 . . . . .	4	10,240,537.
5	Decreases not included in line 2 (itemize) ▶	5	
6	<b>Total net assets or fund balances at end of year</b> (line 4 minus line 5) - Part II, column (b), line 30 . . . . .	6	10,240,537.

**Part IV Capital Gains and Losses for Tax on Investment Income**

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co)		(b) How acquired P-Purchase D-Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a	SEE PART IV SCHEDULE			
b				
c				
d				
e				
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)	
a				
b				
c				
d				
e				
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(i) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))	
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any		
a				
b				
c				
d				
e				
2	Capital gain net income or (net capital loss)	{ If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 }	2	84,767.
3	Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in Part I, line 8	{ If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in Part I, line 8 }	3	0

**Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income**

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income)

If section 4940(d)(2) applies, leave this part blank

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?  Yes  No  
If "Yes," the foundation does not qualify under section 4940(e) Do not complete this part

1 Enter the appropriate amount in each column for each year; see the instructions before making any entries

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2010	530,715.	10,124,083.	0.052421
2009	568,835.	8,974,482.	0.063384
2008	591,668.	10,219,606.	0.057895
2007	540,138.	11,512,955.	0.046916
2006	507,124.	10,996,260.	0.046118
2	Total of line 1, column (d)		0.266734
3	Average distribution ratio for the 5-year base period - divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years		0.053347
4	Enter the net value of noncharitable-use assets for 2011 from Part X, line 5		10,659,501.
5	Multiply line 4 by line 3		568,652.
6	Enter 1% of net investment income (1% of Part I, line 27b)		3,703.
7	Add lines 5 and 6		572,355.
8	Enter qualifying distributions from Part XII, line 4 If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate See the Part VI instructions		526,192.

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see instructions)

Table with 11 rows for excise tax calculations. Includes fields for exempt foundations, tax under section 511, add lines 1 and 2, subtitle A tax, tax based on investment income, credits/payments (6a-6d), total credits, penalty, tax due, overpayment, and refunded amount.

Part VII-A Statements Regarding Activities

Table with 10 rows of activity statements. Columns include question number, Yes, and No. Questions cover political activities, unrelated business income, liquidation, and substantial contributors.

**Part VII-A Statements Regarding Activities (continued)**

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)			X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement (see instructions)			X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	X		
Website address <input type="checkbox"/> N/A				
14	The books are in care of <input type="checkbox"/> SUZANNE GOODRICH Telephone no <input type="checkbox"/> 907-563-8550			
Located at <input type="checkbox"/> ANCHORAGE, ALASKA ZIP + 4 <input type="checkbox"/> 99503				
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here <input type="checkbox"/>			
and enter the amount of tax-exempt interest received or accrued during the year <input type="checkbox"/> 15 N/A				
16	At any time during calendar year 2011, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?		Yes	No
See the instructions for exceptions and filing requirements for Form TD F 90-22.1 If "Yes," enter the name of the foreign country <input type="checkbox"/>				

**Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required**

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.

		Yes	No	
1a	During the year did the foundation (either directly or indirectly)			
(1)	Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
(2)	Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
(3)	Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
(4)	Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
(5)	Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
(6)	Agree to pay money or property to a government official? (Exception Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days). <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? <input type="checkbox"/>	1b	N/A	
Organizations relying on a current notice regarding disaster assistance check here <input type="checkbox"/>				
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2011? <input type="checkbox"/>	1c	X	
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
a	At the end of tax year 2011, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2011? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
If "Yes," list the years <input type="checkbox"/>				
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement - see instructions) <input type="checkbox"/>	2b	N/A	
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here <input type="checkbox"/>			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
b	If "Yes," did it have excess business holdings in 2011 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2011) <input type="checkbox"/>	3b	N/A	
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? <input type="checkbox"/>	4a	X	
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2011? <input type="checkbox"/>	4b	X	

**Part VII-B** Statements Regarding Activities for Which Form 4720 May Be Required (continued)

5a During the year did the foundation pay or incur any amount to

(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?  Yes  No

(2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive?  Yes  No

(3) Provide a grant to an individual for travel, study, or other similar purposes?  Yes  No

(4) Provide a grant to an organization other than a charitable, etc., organization described in section 509(a)(1), (2), or (3), or section 4940(d)(2)? (see instructions)  Yes  No

(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?  Yes  No

b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)?  Yes  No  
 Organizations relying on a current notice regarding disaster assistance check here

c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?  Yes  No  
 If "Yes," attach the statement required by Regulations section 53.4945-5(d)

6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Yes  No

b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  Yes  No  
 If "Yes" to 6b, file Form 8870

7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  Yes  No

b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?  Yes  No

**Part VIII** Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

**1** List all officers, directors, trustees, foundation managers and their compensation (see instructions).

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
ATTACHMENT 8		67,896.	0	0

**2** Compensation of five highest-paid employees (other than those included on line 1 - see instructions). If 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 and deferred compensation	(e) Expense account, other allowances
NONE				

Total number of other employees paid over \$50,000  0

**Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)**

3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE."		
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		0
Total number of others receiving over \$50,000 for professional services		0

**Part IX-A Summary of Direct Charitable Activities**

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1 N/A	
2	
3	
4	

**Part IX-B Summary of Program-Related Investments (see instructions)**

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1 NONE	
2	
All other program-related investments See instructions	
3 NONE	
Total. Add lines 1 through 3	

**Part X Minimum Investment Return** (All domestic foundations must complete this part. Foreign foundations, see instructions.)

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities	1a	10,788,833.
b	Average of monthly cash balances	1b	32,995.
c	Fair market value of all other assets (see instructions)	1c	0.
d	Total (add lines 1a, b, and c)	1d	10,821,828.
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	1e	
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	10,821,828.
4	Cash deemed held for charitable activities. Enter 1 1/2 % of line 3 (for greater amount, see instructions)	4	162,327.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	10,659,501.
6	Minimum investment return. Enter 5% of line 5	6	532,975.

**Part XI Distributable Amount** (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here  and do not complete this part)

1	Minimum investment return from Part X, line 6	1	532,975.
2a	Tax on investment income for 2011 from Part VI, line 5	2a	7,407.
b	Income tax for 2011 (This does not include the tax from Part VI)	2b	
c	Add lines 2a and 2b	2c	7,407.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	525,568.
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	525,568.
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	525,568.

**Part XII Qualifying Distributions**(see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26	1a	526,192.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	0.
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	526,192.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b (see instructions)	5	N/A
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	526,192.

Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years



**Part XIII Undistributed Income** (see instructions)

	(a) Corpus	(b) Years prior to 2010	(c) 2010	(d) 2011
1 Distributable amount for 2011 from Part XI, line 7 . . . . .				525,568.
2 Undistributed income, if any, as of the end of 2011				
a Enter amount for 2010 only . . . . .				
b Total for prior years 20 09, 20 08, 20 07 . . . . .				
3 Excess distributions carryover, if any, to 2011				
a From 2006 . . . . . 0.				
b From 2007 . . . . . 0.				
c From 2008 . . . . . 25,251.				
d From 2009 . . . . . 122,931.				
e From 2010 . . . . . 30,744.				
f Total of lines 3a through e . . . . .	178,926.			
4 Qualifying distributions for 2011 from Part XII, line 4 ▶ \$ 526,192.				
a Applied to 2010, but not more than line 2a . . . . .				
b Applied to undistributed income of prior years (Election required - see instructions) . . . . .				
c Treated as distributions out of corpus (Election required - see instructions) . . . . .				
d Applied to 2011 distributable amount . . . . .				525,568.
e Remaining amount distributed out of corpus . . . . .	624.			
5 Excess distributions carryover applied to 2011 (If an amount appears in column (d), the same amount must be shown in column (a) )				
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5 . . . . .	179,550.			
b Prior years' undistributed income Subtract line 4b from line 2b . . . . .				
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed. . . . .				
d Subtract line 6c from line 6b Taxable amount - see instructions . . . . .				
e Undistributed income for 2010 Subtract line 4a from line 2a Taxable amount - see instructions . . . . .				
f Undistributed income for 2011 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2012 . . . . .				
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see instructions) . . . . .				
8 Excess distributions carryover from 2006 not applied on line 5 or line 7 (see instructions) . . . . .	0.			
9 Excess distributions carryover to 2012. Subtract lines 7 and 8 from line 6a . . . . .	179,550.			
10 Analysis of line 9				
a Excess from 2007 . . . . . 0.				
b Excess from 2008 . . . . . 25,251.				
c Excess from 2009 . . . . . 122,931.				
d Excess from 2010 . . . . . 30,744.				
e Excess from 2011 . . . . . 624.				

Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9)

NOT APPLICABLE

1 a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2011, enter the date of the ruling

b Check box to indicate whether the foundation is a private operating foundation described in section

4942(j)(3) or 4942(j)(5)

2 a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed

Table with columns: Tax year (a) 2011, (b) 2010, Pnor 3 years (c) 2009, (d) 2008, (e) Total

b 85% of line 2a

c Qualifying distributions from Part XII, line 4 for each year listed

d Amounts included in line 2c not used directly for active conduct of exempt activities

e Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c

3 Complete 3a, b, or c for the alternative test relied upon

a "Assets" alternative test - enter

(1) Value of all assets

(2) Value of assets qualifying under section 4942(j)(3)(B)(i)

b "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X line 6 for each year listed

c "Support" alternative test - enter

(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)

(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)

(3) Largest amount of support from an exempt organization

(4) Gross investment income

Part XV Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year - see instructions.)

1 Information Regarding Foundation Managers:

a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000) (See section 507(d)(2).)

NONE

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest

NONE

2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

Check here [ ] if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds If the foundation makes gifts, grants, etc (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d

a The name, address, and telephone number of the person to whom applications should be addressed

ATTACHMENT 9

b The form in which applications should be submitted and information and materials they should include

ATTACHMENT 10

c Any submission deadlines

NO DEADLINES.

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors

ATTACHMENT 11

**Part XV** Supplementary Information (continued)

**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
<p>a <i>Paid during the year</i> SEE ATTACHMENT 12</p>				426,022.
<p><b>Total</b> . . . . . ▶ <b>3a</b></p>				426,022.
<p>b <i>Approved for future payment</i> NONE</p>				0.
<p><b>Total</b> . . . . . ▶ <b>3b</b></p>				0.



Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

- 1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code... a Transfers from the reporting foundation to a noncharitable exempt organization of: (1) Cash (2) Other assets b Other transactions (1) Sales of assets to a noncharitable exempt organization (2) Purchases of assets from a noncharitable exempt organization (3) Rental of facilities, equipment, or other assets (4) Reimbursement arrangements (5) Loans or loan guarantees (6) Performance of services or membership or fundraising solicitations c Sharing of facilities, equipment, mailing lists, other assets, or paid employees d If the answer to any of the above is "Yes," complete the following schedule

Table with 4 columns: (a) Line no, (b) Amount involved, (c) Name of noncharitable exempt organization, (d) Description of transfers, transactions, and sharing arrangements. Row 1 contains 'N/A' for both (b) and (d).

2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? [ ] Yes [X] No

Table with 3 columns: (a) Name of organization, (b) Type of organization, (c) Description of relationship. All cells are empty.

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 taxpayer) is based on all information of which preparer has any knowledge

Sign Here [Signature] 10/4/25/10 Date May the IRS discuss this return [ ]

Paid Preparer Use Only Print/Type preparer's name JULIE A. SCHRECEGOST Preparer's signature [Signature] Firm's name KPMG LLP Firm's address 701 WEST 8TH AVENUE, SUITE ANCHORAGE, AK

**SCHEDULE D  
(Form 1041)**

Department of the Treasury  
Internal Revenue Service

**Capital Gains and Losses**

▶ Attach to Form 1041, Form 5227, or Form 990-T. See the instructions for Schedule D (Form 1041) (also for Form 5227 or Form 990-T, if applicable).

OMB No 1545-0092

**2011**

Name of estate or trust

ALASKA KIDNEY FOUNDATION, INC.

Employer identification number

23-7286827

Note: Form 5227 filers need to complete *only* Parts I and II

**Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less**

(a) Description of property (Example 100 shares 7% preferred of "Z" Co)	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Sales price	(e) Cost or other basis (see instructions)	(f) Gain or (loss) for the entire year Subtract (e) from (d)
1a					

b Enter the short-term gain or (loss), if any, from Schedule D-1, line 1b	<b>1b</b>	
2 Short-term capital gain or (loss) from Forms 4684, 6252, 6781, and 8824	<b>2</b>	
3 Net short-term gain or (loss) from partnerships, S corporations, and other estates or trusts	<b>3</b>	
4 Short-term capital loss carryover Enter the amount, if any, from line 9 of the 2010 Capital Loss Carryover Worksheet	<b>4</b>	( )
5 <b>Net short-term gain or (loss).</b> Combine lines 1a through 4 in column (f) Enter here and on line 13, column (3) on the back	<b>5</b>	

**Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year**

(a) Description of property (Example 100 shares 7% preferred of "Z" Co)	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Sales price	(e) Cost or other basis (see instructions)	(f) Gain or (loss) for the entire year Subtract (e) from (d)
6a					

b Enter the long-term gain or (loss), if any, from Schedule D-1, line 6b	<b>6b</b>	84,767.
7 Long-term capital gain or (loss) from Forms 2439, 4684, 6252, 6781, and 8824	<b>7</b>	
8 Net long-term gain or (loss) from partnerships, S corporations, and other estates or trusts	<b>8</b>	
9 Capital gain distributions	<b>9</b>	
10 Gain from Form 4797, Part I	<b>10</b>	
11 Long-term capital loss carryover Enter the amount, if any, from line 14 of the 2010 Capital Loss Carryover Worksheet	<b>11</b>	( )
12 <b>Net long-term gain or (loss)</b> Combine lines 6a through 11 in column (f) Enter here and on line 14a, column (3) on the back	<b>12</b>	84,767.

For Paperwork Reduction Act Notice, see the Instructions for Form 1041

Schedule D (Form 1041) 2011

<b>Part III Summary of Parts I and II</b>		(1) Beneficiaries' (see instr )	(2) Estate's or trust's	(3) Total
<b>Caution: Read the instructions before completing this part</b>				
<b>13</b>	<b>Net short-term gain or (loss)</b> . . . . .	<b>13</b>		
<b>14</b>	<b>Net long-term gain or (loss):</b>			
a	Total for year . . . . .	<b>14a</b>		84,767.
b	Unrecaptured section 1250 gain (see line 18 of the wrksht ) . . . . .	<b>14b</b>		
c	28% rate gain . . . . .	<b>14c</b>		
<b>15</b>	<b>Total net gain or (loss).</b> Combine lines 13 and 14a . . . . . ▶	<b>15</b>		84,767.

**Note:** If line 15, column (3), is a net gain, enter the gain on Form 1041, line 4 (or Form 990-T, Part I, line 4a) If lines 14a and 15, column (2), are net gains, go to Part V, and do not complete Part IV If line 15, column (3), is a net loss, complete Part IV and the **Capital Loss Carryover Worksheet**, as necessary

**Part IV Capital Loss Limitation**

<b>16</b>	Enter here and enter as a (loss) on Form 1041, line 4 (or Form 990-T, Part I, line 4c, if a trust), the smaller of: a The loss on line 15, column (3) or b \$3,000	<b>16</b>	( )
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**Note:** If the loss on line 15, column (3), is more than \$3,000, or if Form 1041, page 1, line 22 (or Form 990-T, line 34), is a loss, complete the **Capital Loss Carryover Worksheet** in the instructions to figure your capital loss carryover

**Part V Tax Computation Using Maximum Capital Gains Rates**

**Form 1041 filers.** Complete this part only if both lines 14a and 15 in column (2) are gains, or an amount is entered in Part I or Part II and there is an entry on Form 1041, line 2b(2), and Form 1041, line 22, is more than zero

**Caution:** Skip this part and complete the **Schedule D Tax Worksheet** the instructions if

- Either line 14b, col (2) or line 14c, col (2) is more than zero, or
- Both Form 1041, line 2b(1), and Form 4952, line 4g are more than zero

**Form 990-T trusts.** Complete this part only if both lines 14a and 15 are gains, or qualified dividends are included in income in Part I of Form 990-T, and Form 990-T, line 34, is more than zero Skip this part and complete the **Schedule D Tax Worksheet** in the instructions if either line 14b, col (2) or line 14c, col (2) is more than zero

<b>17</b>	Enter taxable income from Form 1041, line 22 (or Form 990-T, line 34) . . . . .	<b>17</b>	
<b>18</b>	Enter the smaller of line 14a or 15 in column (2) but not less than zero . . . . .	<b>18</b>	
<b>19</b>	Enter the estate's or trust's qualified dividends from Form 1041, line 2b(2) (or enter the qualified dividends included in income in Part I of Form 990-T) . . . . .	<b>19</b>	
<b>20</b>	Add lines 18 and 19 . . . . .	<b>20</b>	
<b>21</b>	If the estate or trust is filing Form 4952, enter the amount from line 4g, otherwise, enter -0- . . . . . ▶	<b>21</b>	
<b>22</b>	Subtract line 21 from line 20 If zero or less, enter -0-	<b>22</b>	
<b>23</b>	Subtract line 22 from line 17 If zero or less, enter -0-	<b>23</b>	
<b>24</b>	Enter the smaller of the amount on line 17 or \$2,300 . . . . .	<b>24</b>	
<b>25</b>	Is the amount on line 23 equal to or more than the amount on line 24? <input type="checkbox"/> Yes. Skip lines 25 and 26, go to line 27 and check the "No" box <input type="checkbox"/> No. Enter the amount from line 23 . . . . .	<b>25</b>	
<b>26</b>	Subtract line 25 from line 24 . . . . .	<b>26</b>	
<b>27</b>	Are the amounts on lines 22 and 26 the same? <input type="checkbox"/> Yes Skip lines 27 thru 30 go to line 31 <input type="checkbox"/> No. Enter the smaller of line 17 or line 22 . . . . .	<b>27</b>	
<b>28</b>	Enter the amount from line 26 (If line 26 is blank, enter -0-) . . . . .	<b>28</b>	
<b>29</b>	Subtract line 28 from line 27 . . . . .	<b>29</b>	
<b>30</b>	Multiply line 29 by 15% ( 15) . . . . .	<b>30</b>	
<b>31</b>	Figure the tax on the amount on line 23 Use the 2011 Tax Rate Schedule for Estates and Trusts (see the Schedule G instructions in the instructions for Form 1041) . . . . .	<b>31</b>	
<b>32</b>	Add lines 30 and 31 . . . . .	<b>32</b>	
<b>33</b>	Figure the tax on the amount on line 17 Use the 2011 Tax Rate Schedule for Estates and Trusts (see the Schedule G instructions in the instructions for Form 1041) . . . . .	<b>33</b>	
<b>34</b>	<b>Tax on all taxable income.</b> Enter the smaller of line 32 or line 33 here and on Form 1041, Schedule G, line 1a (or Form 990-T, line 36) . . . . .	<b>34</b>	





**FORM 990-PF - PART IV**  
**CAPITAL GAINS AND LOSSES FOR TAX ON INVESTMENT INCOME**

Kind of Property		Description				P or D	Date acquired	Date sold
Gross sale price less expenses of sale	Depreciation allowed/ allowable	Cost or other basis	FMV as of 12/31/69	Adj basis as of 12/31/69	Excess of FMV over adj basis		Gain or (loss)	
2,831,005.		WELLS FARGO #4554 2,746,238.					VARIOUS 84,767.	VARIOUS
TOTAL GAIN (LOSS) .....							<u>84,767.</u>	

ATTACHMENT 1FORM 990PF, PART I - DIVIDENDS AND INTEREST FROM SECURITIES

<u>DESCRIPTION</u>	<u>REVENUE AND EXPENSES PER BOOKS</u>	<u>NET INVESTMENT INCOME</u>
INTEREST INCOME	147,354.	147,354.
MUTUAL COMMON TRUST EARNINGS	167,663.	167,663.
OTHER INVESTMENT EARNINGS	13,596.	13,596.
TOTAL	<u>328,613.</u>	<u>328,613.</u>

ATTACHMENT 2

FORM 990PF, PART I - ACCOUNTING FEES

<u>DESCRIPTION</u>	<u>REVENUE AND EXPENSES PER BOOKS</u>	<u>NET INVESTMENT INCOME</u>	<u>ADJUSTED NET INCOME</u>	<u>CHARITABLE PURPOSES</u>
ACCOUNTING FEES	8,612.			8,612.
TOTALS	<u>8,612.</u>			<u>8,612.</u>

ATTACHMENT 3

FORM 990PF, PART I - OTHER PROFESSIONAL FEES

<u>DESCRIPTION</u>	<u>REVENUE AND EXPENSES PER BOOKS</u>	<u>CHARITABLE PURPOSES</u>
MEDICAL ADVISOR	1,000.	1,000.
TOTALS	<u>1,000.</u>	<u>1,000.</u>

FORM 990PF, PART I - TAXES

<u>DESCRIPTION</u>	<u>REVENUE AND EXPENSES PER BOOKS</u>	<u>NET INVESTMENT INCOME</u>	<u>CHARITABLE PURPOSES</u>
PAYROLL TAXES	5,678.	568.	5,110.
FEDERAL EXCISE TAX	7,156.		
TOTALS	<u>12,834.</u>	<u>568.</u>	<u>5,110.</u>

FORM 990PF, PART I - OTHER EXPENSES

<u>DESCRIPTION</u>	<u>REVENUE AND EXPENSES PER BOOKS</u>	<u>NET INVESTMENT INCOME</u>	<u>CHARITABLE PURPOSES</u>
INVESTMENT FEES	35,107.	35,107.	
INSURANCE EXPENSE	5,524.		5,524.
OTHER OFFICE EXPENSE	4,548.	455.	4,093.
PROGRAM RELATED EXPENSES	2,996.		2,996.
TOTALS	<u>48,175.</u>	<u>35,562.</u>	<u>12,613.</u>

ATTACHMENT 6

FORM 990PF, PART II - OTHER INVESTMENTS

<u>DESCRIPTION</u>	<u>BEGINNING BOOK VALUE</u>	<u>ENDING BOOK VALUE</u>	<u>ENDING FMV</u>
INVESTMENT IN MKT SECURITIES	10,880,263.	10,428,778.	10,428,778.
TOTALS	<u>10,880,263.</u>	<u>10,428,778.</u>	<u>10,428,778.</u>

ATTACHMENT 7

FORM 990PF, PART II - OTHER LIABILITIES

<u>DESCRIPTION</u>	<u>BEGINNING BOOK VALUE</u>	<u>ENDING BOOK VALUE</u>
SECURITY UNREALIZED GAIN/LOSS	485,343.	205,914.
TOTALS	<u>485,343.</u>	<u>205,914.</u>



FORM 990PF, PART VIII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEESATTACHMENT 8

<u>NAME AND ADDRESS</u>	<u>TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION</u>	<u>COMPENSATION</u>	<u>CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS</u>	<u>EXPENSE ACCT AND OTHER ALLOWANCES</u>
ROBERT HARVEY 4101 ARCTIC BLVD 101 ANCHORAGE, AK 99503	DIRECTOR 3.00	0	0	0
BARBARA LOUNSBURY 4101 ARCTIC BLVD 101 ANCHORAGE, AK 99503	TREASURER 3.00	0	0	0
DAVID MCCAMBRIDGE 4101 ARCTIC BLVD 101 ANCHORAGE, AK 99503	PRESIDENT 4.00	0	0	0
HUBERT J GELLERT 4101 ARCTIC BLVD 101 ANCHORAGE, AK 99503	DIRECTOR 3 00	0	0	0
THEODORE M. PEASE 4101 ARCTIC BLVD 101 ANCHORAGE, AK 99503	DIRECTOR 3.00	0	0	0

FORM 990PF, PART VIII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEESATTACHMENT 8 (CONT'D)

<u>NAME AND ADDRESS</u>	<u>TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION</u>	<u>COMPENSATION</u>	<u>CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS</u>	<u>EXPENSE ACCT AND OTHER ALLOWANCES</u>
BLYTHE CAMPBELL 4101 ARCTIC BLVD 101 ANCHORAGE, AK 99503	SECRETARY 3.00	0	0	0
SUZANNE GOODRICH 4101 ARCTIC BLVD 101 ANCHORAGE, AK 99503	EXECUTIVE DIRECTOR 30.00	67,896.	0	0
JUDITH CROTTY 4101 ARCTIC BLVD 101 ANCHORAGE, AK 99503	DIRECTOR 3.00	0	0	0
TINA DELAPP 4101 ARCTIC BLVD 101 ANCHORAGE, AK 99503	VICE PRESIDENT 3.00	0	0	0
	GRAND TOTALS	<u>67,896.</u>	<u>0</u>	<u>0</u>

FORM 990PF, PART XV - NAME, ADDRESS AND PHONE FOR APPLICATIONS

ALASKA KIDNEY FOUNDATION  
4101 ARCTIC BLVD., SUITE 101  
ANCHORAGE, AK 99503  
907-563-8550

990PF, PART XV - FORM AND CONTENTS OF SUBMITTED APPLICATIONS

PROPOSALS MUST BE SUBMITTED TO THE ALASKA KIDNEY FOUNDATION, ACCORDING TO THE PROPOSAL GUIDELINES. SEE FOLLOWING PAGES.

# Grants to Individuals Application Guidelines

Alaska Kidney Foundation  
4101 Arctic Blvd, suite 101  
Anchorage, Alaska 99503  
Ph: 907-563-8550  
Fax: 907-563-8551  
akf@alaska.com

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## Alaska Kidney Foundation - General Information Sheet

### Mission

The mission of the Alaska Kidney Foundation is to wisely use its resources to help people with or at risk of kidney disease.

### Core values

\* Respect \* Compassion \* Responsiveness \* Accountability \*

### History

Alaska Kidney Foundation began in 1973 operating the first dialysis centers in Anchorage and Fairbanks. In 1999 both dialysis centers were sold to Renal Care Group and proceeds of the sale were used to establish Alaska Kidney Foundation as a charitable philanthropic grant making organization. Foundation leadership includes a nine member Board of Directors and medical advisor.

### Purpose

Alaska Kidney Foundation is committed to granting funds to organizations that are aggressively attacking the cause and treatment of kidney disease, and supporting Alaskans with, or at risk of kidney disease. Grants may be funded as special projects and/or general operating support for established organizations for the purpose of:

Preventing kidney disease  
 Detecting early kidney disease  
 Empowering kidney patients through education  
 Improving kidney patient health care  
 Enhancing the quality of life for kidney patients  
 Increasing organ donation  
 Supporting kidney disease research

Target populations are people with kidney disease residing in Alaska or receiving treatment outside the State, and Alaskans at greatest risk for kidney disease

### Goals

Alaskans will be educated on the importance of preventing kidney disease.  
 Alaskans at risk of kidney disease will have early health screening.  
 Alaskans with kidney disease will be knowledgeable patients and informed consumers.  
 Alaskans with and at risk of kidney disease will have a continuum of expert health care  
 Alaskans with kidney disease will have support for daily living.  
 Alaskans with kidney disease will have timely kidney transplants.  
 Alaskans will benefit from kidney disease research.

### Kidney Disease in Alaska

Kidney disease impacts millions of people worldwide. Diabetes is the cause of approximately 40% of all end stage kidney disease. According to the American Diabetes Association over 44,000 Alaskans have diabetes and one third do not know they have it. The second leading cause of kidney failure is high blood pressure. Kidney failure may require an applicant to undergo dialysis treatment. Over 400 Alaskans are on kidney dialysis and that number has been steadily increasing. Some applicants on dialysis could benefit from a kidney transplant. There are nearly 100 Alaskans waiting for an organ transplant. With the current transplant rates only half of these people will live to receive a transplant.

## Alaska Kidney Foundation- Grants to Individuals – General Overview

### Statement of Non Discrimination

Alaska Kidney Foundation does not discriminate in its grant making on any basis including race, gender, religion, ethnicity or other.

### Purpose

The purpose of Grants to Individuals is to provide direct, immediate assistance to kidney patients who have encountered an unexpected, relatively small expense that their personal budgets simply cannot accommodate but which, if unpaid, threatens to undermine the quality of that individual's life. Applicants may include pre dialysis stage 4 or 5; dialysis patients and transplant patients. Applicants with other life threatening kidney diseases may be eligible.

### Grant Categories

Dental Grants  
 Emergency Relief Cards  
 Housing/Utilities/Other Household Grants  
 Local Transportation Vouchers  
 Long Distance Transportation Grants  
 Medication/Durable Medical Goods Grants  
 Nutritional Supplement Grants  
 Transplant Grants

### Grant Eligibility Guidelines

**Primary Objective - In order to ensure the Foundation grant program remains sustainable and can provide the maximum benefit for the maximum number of applicants:**

**If the applicant is eligible, always attempt to resolve the financial or transportation issue with the Emergency Relief Card or Local Transportation Vouchers FIRST. If that assistance does not resolve the issue, other grant programs are available but should be used only as a last resort.**

Using information from the applicant, applicant's family and medical staff, the social worker determines whether the applicant is eligible for AKF assistance which may include the following:

The applicant is diagnosed with chronic kidney disease stage 4 or 5, is on dialysis, or is a transplant patient

The applicant must be a resident of the State of Alaska. The applicant may be receiving medical treatment outside Alaska

The applicant must certify that they have an immediate and legitimate financial hardship and funds are not reasonably available from other sources.

The applicant must be unable to meet reasonable and immediate personal and family expenses.

The applicant has a genuine "need" for the grant being requested, as opposed to a "desire" for something they cannot afford.

The applicant is in a temporarily difficult position and being awarded a grant will not risk putting the applicant in a chronic or future financial emergency.

The applicant must have made every reasonable effort to improve the financial situation before applying for a grant.

The financial hardship may be the result of the cost associated with long term chronic illness or unforeseen circumstances beyond the applicant's control

Dialysis social workers may apply, at their discretion, "safe harbor rules" which allow for consideration of financial hardship to exclude an applicant's retirement funds, 401 (k), or other non liquid assets

Applicants may be required to produce documentation verifying financial information at the discretion of the social worker.

In addition to financial consideration, the social workers assessment may include the individual's lack of social support, emotional, cultural, physical health and other special needs.

#### **Qualifications to Submit an Application**

The application must be prepared by a social worker who has obtained a baccalaureate or masters' degree in social work.

The social worker should have the appropriate licensure and/or certification from the state in which the social worker practices.

The social worker must adhere to the National Association of Social Worker "Code of Ethics", "Core Standards for Professional Social Workers" "Standards for the Practice of Clinical Social Work" and "Standards for Social Work Case Management".

The social worker must be associated with a dialysis or transplant facility

In some instances where there is no social worker, or the applicant is not associated with a dialysis facility, the application may be submitted by a physician or other human services professional with prior approval of AKF.

#### **Application and Grant Payment Procedure**

All disbursements for Grants to Individuals must be accompanied by completed Grants to Individuals application (except where indicated in the guidelines).

Grant awards are accessible to the applicant in five forms of grant payment: a request to AKF to make payment to the vendor; grant paid from the dialysis center to the vendor with a check, grant paid by the dialysis center with a bank card; grant issued thru the dialysis center in the form of an Emergency Relief card; or grant awarded thru the dialysis center in the form of local transportation vouchers. The individual may also access support through a facility based grant for nutritional supplements.

In all cases the grant awards should be made with the absolute minimum amount that will address the most immediate and critical financial emergency.

Grant award payments may not exceed the maximum allowed.

With very few exceptions, grant awards must be written to a third party such as a utility company or landlord (except where indicated in the guidelines, as example when the applicant is granted funds to reimburse for vehicle fuel). In all cases, a receipt and/or distribution report is required.

AKF appreciates and recognizes that it is the responsibility of the social worker for case management; knowing what other funds are available in the community; and constantly updating all available resources. All social workers issuing AKF grant awards are encouraged to negotiate long term work plans with the applicants that will take advantage of the grant award to forestall an immediate crisis, while also keeping something in reserve for the future.

#### **Bank Account Transactions Monthly Report**

AKF has established bank accounts in dialysis clinics for the benefit of applicants in emergency situations. The accountability of the bank accounts is the responsibility of the facility. Pre-approved social workers and other clinic management staff are authorized as signers on account. The designated signer on account is responsible to submit a completed Bank Account Transactions Monthly Report. The monthly transaction report includes all checks; debits; deposits; withdrawals. AKF will reconcile the report with the bank statement monthly.



**Grants Not Covered**

AKF anticipates that the Grants to Individuals Guidelines do not address all the myriad of individual and emergency needs of applicants. The social worker is encouraged to contact AKF for any other unforeseen needs of the kidney applicant not included in the Grants to Individuals Application Guidelines.

The following activities are not currently funded by AKF: any expenditure that would otherwise be covered under any insurance plan; any expenditure that would otherwise be covered by any other community resource; personal travel for other than medical purpose, personal loans; payments in arrears for dialysis treatments, cosmetic dentistry or orthodontics (braces); vehicle repair; vehicle insurance. The AKF Health Insurance Premium grant program was discontinued and applicants are referred to the American Kidney Fund – Health Insurance Premium Program. Purchase of alcohol, tobacco, entertainment or luxury items are expressly prohibited. Other grants not covered may be added at any time. Chronic use of any grant programs may result in an applicant being denied grant awards.

## Dental Grants

**Purpose:** People with chronic kidney disease are at risk for dental problems such as gum disease, tooth decay and tooth loss. Left untreated, these problems can cause infections which can lead to more overall health issues. People with kidney disease and those on dialysis are more likely to have periodontal disease and other oral health problems than the general population. Because people with kidney disease have weakened immune systems, they are more susceptible to infections. Bone loss in the jaw can occur in those with kidney disease. Calcium imbalance contributes to loss of calcium from the bones resulting in weak bones. Weak bones can cause teeth to become loose and potentially fall out. Diet and nutrition are critical factors in positive outcomes for kidney applicants. Dentition and oral health are essential for proper diet and nutrition. The purpose of the AKF Dental Grant program is to assist applicants with a financial hardship who are at risk of poor health due to dental disease

**First step: Determining if the Applicant is eligible for a Dental Grant:**

Grant Amounts: See Grants to Individuals Summary Sheet. Pre-authorization by AKF is not necessary. The applicant meets the AKF Grants to Individuals Eligibility Guidelines. The applicant has a serious financial hardship. The applicant is already taking advantage of any other available programs that would pay for the dental examination and treatment which may include Alaska Donated Dental Services; Anchorage Neighborhood Health Dental Clinic, Salvation Army, UAA Dental School; dental insurance and others. The financial hardship will result in an increasing dental crisis if not addressed immediately.

**Second Step: Determining if the intended use of Dental Grant funds is eligible**

Eligible Use of Funds: Dental procedures including exam, x-ray; cleaning; extraction, tooth restoration, crowns, root canal and denture, preventative and restorative care, etc.

Ineligible Use of Funds: Orthodontics (braces) or cosmetic dentistry. The grant cannot be used to pay for the "dentist of personal choice", instead of using the dentist that accepts the applicant's dental coverage. Transplant dental: Before an individual with end stage renal disease can receive a kidney transplant they must undergo a medical evaluation and be found free from active infections, including infections in the mouth. Dental work may be required to reach this condition. Transplant dental grants are covered under the Transplant Grant program for applicants who require dental care to meet the medical criteria for transplant.

**Third step: Application Procedure for Dental Grant:**

An Application for Grants to Individuals must be completed. AKF does not participate in the selection of the dentist and makes no representations regarding the work to be performed. The applicant or dialysis social worker makes the appointments and other arrangements required.

**Fourth step: Form of Grant Payment:** Once the Application for Grants to Individuals has been completed the social worker may make payment directly to the dentist, dental clinic etc. Grant funds may not be issued to the applicant

**Fifth Step: Reporting and Back-up Requirements.** After the Application for Grants to Individuals has been completed and the pre-approved social worker has made the payment to the dentist, a copy of the application; and a receipt for payment must be faxed to AKF.

## Emergency Relief Cards

**Purpose:** People with kidney disease and on dialysis are at higher risk for financial hardships to pay for short term immediate needs such as vehicle fuel, food and other basic needs. The purpose of the Emergency Relief Card program is to assist applicants with a financial hardship who are at risk of an escalating financial crisis if short term, unforeseen emergency needs are not addressed immediately. The Emergency Relief Card program makes grant funds immediately accessible to applicants by health care professionals in the dialysis clinics.

**First step: Purchasing Emergency Relief gift/debit cards:** Pre-approved social workers may purchase debit and/or gift cards from pre-approved vendors including Wells Fargo; Fred Meyer; Safeway; Holiday Fuel; Tesoro Fuel, Wal-Mart, etc.

**Second Step: Record Keeping for Emergency Relief Card Purchases:** Social workers must keep the receipt for the purchase of the debit and/or gift cards and complete the Emergency Relief Card Purchase and Distribution Tracking Form (Initially hold the form and receipt in the clinic.)

**Third Step: Determining if the Applicant is eligible for the Emergency Relief Card:**  
Grant Amounts: See Grants to Individual Summary Sheet. Pre-authorization by AKF is not necessary. The applicant meets the Grants to Individual Eligibility Guidelines. The applicant is NEW to dialysis within the past 12 months and/or the applicant has a NEW and unforeseen emergency, and in all cases is experiencing a critical financial hardship. The applicant is already taking advantage of any other available programs that would fund emergency needs including but not limited to American Kidney Fund, Salvation Army, Catholic Social Services, other United Way agencies, church and other faith organizations. The financial hardship will result in inadequate funds for food, an inability to get to dialysis, or an increasing financial crisis if not addressed immediately.

**Fourth Step: Determining if the intended use of grant funds is eligible**  
Eligible use of funds: Emergency Relief Cards are intended for applicants needing assistance with food, fuel, utilities and any other emergency expenses.

Ineligible use of funds. AKF entrusts the use of the cards within the "spirit" of the program and intended purpose. Use of the Emergency Relief Cards for the purchase of alcohol, tobacco, entertainment or luxury items is expressly prohibited.

**Fifth Step: Application Procedure for Emergency Relief Cards:**  
Complete an Application for Grants to Individuals. One application may be used for up to one or two Relief cards issued. For the "protection" of both the applicant and the issuer, both should sign the Application for Grants to Individuals form indicating that a card(s) was issued, to whom, for what amount, the identification number on the card(s), and the other information requested.

**Sixth Step: Form of Grant Payment – Issuing the Emergency Relief Cards:** Once the Application for Grants to Individuals has been completed the relief card may be issued. The Application for Grants to Individuals must be attached to the Emergency Relief Card Tracking Form. When a card is issued, any important information or special transaction requirements, which vary greatly between each brand of debit/gift cards, should be reviewed with the applicant.

**Seventh Step: Reporting and Back-up Requirements for Emergency Relief Cards.** After all the cards have been issued on the Emergency Relief Card Purchase and Distribution Tracking Form, the completed tracking form; Applications for Grants to Individuals for each card disbursed, and a copy of the receipt for the purchase of the cards must be faxed to AKF.

## Housing/Utility/Other Household

**Purpose.** People with kidney disease and those on dialysis are at higher risk for financial hardships. The purpose of the Housing/Utility/Other Household grant program is to assist applicants with a financial hardship who are at risk of an escalating financial crisis if short term, unforeseen emergency needs are not addressed immediately. Applicants may use the Emergency Relief Card program to pay utility bills and other household expenses; however, those who are at risk of eviction or threat of utility shut off because their financial emergency is more than can be covered with an Emergency Relief Card, are especially vulnerable. Meeting basic human needs for housing and utilities are critical. The purpose of the AKF Housing/Utility/Other Household grant program is to assist applicants with a financial hardship who are at risk of eviction and threat of utility shut off, and other household emergency situations.

**First step: Determining if the Applicant is eligible for a Housing/Utility/Other Household grant:** Grant Amounts: See Grants to Individuals Summary Sheet. Pre-authorization by AKF is not necessary. The applicant meets the AKF Grants to Individuals Guidelines. The applicant has a serious financial hardship. The applicant is already taking advantage of any other available programs that would fund emergency housing/utilities including but not limited to Salvation Army; Catholic Social Services; Cook Inlet Housing; other housing organizations; United Way agencies, church and other faith organizations, and corporate programs such as phone company lifeline programs. Housing /Utility/Other Household funds are to be used as a last resort. The applicant is eligible when the financial hardship will result in an increasing crisis due to lack of housing/utility or other household needs, and all other options have been exhausted. Community resources must be thoroughly explored. Steps should be taken immediately so that the applicant has taken measures to prevent the financial hardship in the future.

**Second step: Determining if the intended use of grant funds is eligible:**

**Eligible Use of Funds:** Housing/Utility/Other household grants may only offset financial emergencies for the applicant's primary residence. Emergencies might include threat of eviction from a principle residence, financial hardship as a result of relocation from rural Alaska for health care; financial hardship as a result of homelessness or re-location from a homeless shelter; threat of utility shut off, emergency child care; emergency respite; change in employment that results in other household emergencies.

**Ineligible use of funds** In all cases grant funds may not be used to cover expenses that would otherwise be covered by any other community resources or insurance.

**Third step: Application Procedure for Housing/Utility/Other Household:**

An Application for Grants to Individuals must be completed

**Fourth step. Form of Grant Payment:** Once the Application for Grants to Individuals has been completed the pre-approved social worker may make payment directly to the landlord, utility company or other vendor. Grant funds may not be issued to the applicant.

**Fifth Step: Reporting and Back-up Requirements.** After the application has been completed and the pre-approved social worker has made the payment - a copy of the application; a receipt for payment, and eviction or shut-off notice if appropriate, must be faxed to AKF.

## Local Transportation Vouchers grant program

**Purpose:** One of the greatest challenges facing people with chronic kidney disease is the never-ending need for transportation up to six times a week just to get to and from dialysis. Lack of transportation can result in missed dialysis sessions which can be life threatening. The purpose of the Local Transportation Voucher grant program is to provide short term support for new dialysis applicants; for a change in dialysis shift requiring short term emergency transportation assistance, or emergency situations such as a vehicle breakdown, for those who are at risk of missing their dialysis treatments, or other medically related appointments.

**First step. Purchasing Local Transportation Vouchers:** Pre approved social workers may:

- A) Requisition cab vouchers from pre-approved cab vendors ie. Alaska Cab; Alaska Transportation Unlimited etc. Cab vouchers are generally delivered to the clinic free of charge.
- B) Purchase paratransit coupons from pre-approved vendors ie. MV Public Transportation-Anchor Rides; Fairbanks North Star Borough – Van Trans and others
- C) Purchase bus tokens for public transit systems.

### Second Step **Record Keeping for Local Transportation Voucher Purchases:**

All documentation for Local Transportation Vouchers, cab, paratransit and bus must have the applicant name recorded.

**Cab vouchers:** Example: Alaska Cab delivers books of 25 cab vouchers per pad directly to the clinic. The clinic is required to write the applicant name on each and every voucher issued in addition to all other information required.

**Paratransit coupons:** Social workers must keep the receipt for the purchase of the vouchers and complete the Local Transportation Voucher Purchase and Distribution Report. (Initially hold onto the distribution report and the receipt in the clinic.)

**Bus Tokens:** Social workers must keep the receipt for the purchase.

### Third Step: **Determining Applicant Eligibility for Local Transportation Vouchers:**

**Grant Amounts:** See Grants to Individual Summary Sheet. Pre-authorization by AKF is not necessary. The applicant meets the AKF Grants to Individual Eligibility Guidelines. The applicant is NEW to dialysis within the past 12 months and/or the applicant has a NEW and unforeseen emergency, and in all cases is experiencing a critical financial hardship. The applicant is already taking advantage of any other programs such as Lutheran Social Services, Access Alaska, American Kidney Fund, insurance benefits, and other resources that provide transportation. Planning ahead to meet transportation needs, seeking help from friends and family members, and using public transportation whenever possible is essential. The Local Transportation Voucher program is not a long term or permanent solutions for dialysis transportation. The applicant is eligible when there is an unforeseen transportation emergency; all other options have been exhausted, the financial hardship is immediate and will result in the applicant's inability to get to dialysis.

**Fourth Step: Determining if the intended use of grant funds is eligible**

**Eligible use of funds.** The Local Transportation Voucher grant program makes transportation "funds" in the form of cab vouchers, bus tokens and Paratransit coupons immediately accessible in the clinics. Local Transportation Vouchers may fund transportation for eligible applicants to travel to and/or from dialysis, kidney education or support groups; dialysis training; physician's office, hospital, clinic or other medical facilities and social service agencies

Ineligible use of funds Please note the program limits use to approximately 12 cab rides or several booklets of Paratransit coupons. It is intended for new applicants or emergency use only. Applicants who are not new to dialysis and do not have an emergency unanticipated situation are not eligible. Grant funds may not be used for personal travel.

**Fifth Step: Application Procedure for Local Transportation Vouchers:** An Application for Grants to Individuals must be completed. Only one application is required. The application, once approved is perpetual, and re-newel is only required if there is a change in address etc

**Sixth Step: Form of Grant Payment – Issuing the Local Transportation Voucher:** Once the Application for Grants to Individuals has been completed the voucher; coupon; token may be issued to the applicant.

**Seventh Step Reporting and Back-up Requirements for Local Transportation Vouchers:**  
Cab vouchers: AKF is billed directly for cab vouchers and will record the cost of the cab fare to the applicant grant record

Paratransit coupons: After all the coupons have been issued on the Local Transportation Voucher Purchase and Distribution Report the completed Distribution Report; and a copy of the receipt for the purchase of the coupons must be faxed to AKF.

Bus: A record must made of the bus token purchase and name of the applicant and submitted to AKF along with a copy of the receipt.

## Long Distance Transportation Grants

**Purpose:** People with chronic kidney disease are at greater risk for financial hardship and may need emergency assistance for long distance transportation, especially in rural Alaska, for transportation to/from dialysis treatments, dialysis training, and other medical procedures related to their kidney disease. The purpose of the Long Distance Transportation Grant program is to provide immediate, emergency, short-term assistance.

**First step: Determining if the Applicant is eligible for a Long Distance Transportation grant:** Grant Amounts. See Grants to Individual Summary Sheet. Pre-authorization by AKF is not necessary. The applicant meets the AKF Grants to Individuals Guidelines. The applicant has a serious financial hardship. The applicant is already taking advantage of any other programs that would pay for, or provide long distance transportation such as Air Lifeline, Lutheran Social Services – Stranded Rural Alaskan, insurance programs, or other resources. Long distance transportation funds are to be used as a last resort. Applicants are encouraged to plan ahead to meet their transportation needs, to seek help from friends and family members, and to use public transportation whenever possible. The applicant is eligible when the financial hardship will result in an increasing crisis due to lack of long distance transportation funds and all other options have been exhausted.

**Second step: Determining if the intended use of grant funds is eligible:**

**Eligible Use of Funds:** Long Distance Transportation grants may fund airfare, hotel, ferry; temporary lodging for dialysis training etc. In cases where applicants are outside the public transportation system, and driving long distances to dialysis or other treatment, vehicle fuel reimbursement is eligible. Escort transportation expenses are eligible if the escort is medically necessary. Re-location to another community or state where family is available and willing to support and assist the applicant is a rare but eligible use of grant funds for one time one-way airfare for applicants to relocate from Alaska.

**Ineligible use of funds:** In all cases grant funds may not be used to cover expenses that would otherwise be covered by any insurance. Vehicle repair. Vehicle insurance. Transplant transportation is covered only under Transplant Grants. In all cases grant funds may not be used for personal travel. Grant funds may not be used to pay dialysis co-pay for personal travel.

**Third step: Application Procedure for Long Distance Transportation grant:**

An Application for Grants to Individuals must be completed. AKF cannot assist in making travel arrangements. The applicant or dialysis social worker makes the arrangements required. The pre-approved social worker may also use an established account with a local travel agency.

**Fourth step Form of Grant Payment:** Once the Application for Grants to Individuals has been completed the pre-approved social worker may make payment directly to the travel company, hotel, airline or other transportation vendor. Grant funds may not be issued to the applicant except in the case of reimbursement to the applicant for vehicle fuel. Vehicle fuel reimbursement is limited only to long distance transportation (outside the public transportation area) and is payable to the applicant only when receipts for reimbursements are provided to the social worker.

**Fifth Step: Reporting and Back-up Requirements:** After the Application has been completed and the pre-approved social worker has made the payment - a copy of the application; and a receipt for payment must be faxed to AKF.

## Medication and Durable Medical Goods Grants

**Purpose:** The purpose of the Medication and Durable Medical Goods grant is to assist applicants with a financial hardship who are serious risk without grant support to purchase life sustaining prescription medications, and life supporting durable medical goods for basic human needs.

**First step: Determining if the Applicant is eligible for a Medication and Durable Medical Goods grant:** Grant Amounts. See Grants to Individual Summary Sheet. Pre-authorization by AKF is not necessary. The applicant meets the AKF Grants to Individuals Guidelines. The applicant has a serious financial hardship. The applicant is already taking advantage of any other programs that would pay for, or provide medications or durable medical goods such as American Kidney Fund- Health Insurance Premium Program, pharmaceutical company discount programs, other charitable or free prescription programs etc. The financial hardship will result in an increasing crisis due to lack of life sustaining medication or without the appropriate aides for basic needs including vision, hearing, mobility etc

**Second step. Determining if the intended use of grant funds is eligible:**

Eligible use of funds: eyeglasses, hearing aids, cane, wheelchair, walker, bp cuff, glucometer and supplies, compression stockings etc.

Ineligible use of funds: Only applicants with no prescription coverage are eligible for prescription medication grants. In all cases grant funds may not be used to cover expenses that would otherwise be covered by Medicare, Medicaid or other insurance.

**Third step: Application Procedure for Medication and Durable Medical Goods:**

An Application for Grants to Individuals must be completed.

**Fourth step: Form of Grant Payment:** Once the Application for Grants to Individuals has been completed the pre-approved social worker may make payment directly to the pharmacy, vendor other. Grant funds may not be issued to the Applicant.

**Fifth Step: Reporting and Back-up Requirements:** After the Application has been completed and the pre-approved social worker has made the payment - a copy of the application; and a receipt for payment must be faxed to AKF



## Nutritional Supplements

**Purpose:** People on dialysis have to overcome many obstacles, one of them is making sure they receive enough nutrition to keep their strength up to battle kidney disease. People with kidney disease and those on dialysis are more likely to suffer from inadequate nutrition. Diet and nutrition are critical factors in positive outcomes for people with kidney disease. Nutritional supplements are a simple, effective, relatively low cost way to significantly improve the nutritional and health status of people on dialysis. The purpose of the grant program is to provide nutritional supplements for applicants having a medical need to receive the nutrition supplements that they cannot afford due to a financial hardship.

**First step: Purchasing Nutritional Supplements:** AKF may provide facility based grants to Alaska dialysis centers to provide nutritional supplements for kidney patients. If the applicant is eligible, direct assistance to an individual applicant may also be available through the Emergency Relief Cards program which can be used to purchase supplements. Renal dieticians are urged to take advantage first of any free sample programs from supplement vendors. If the nutritional supplements are not available free, the renal dieticians should identify the lowest cost vendor. By utilizing the AKF dialysis clinic checkbook and/or credit card, pre-approved renal dieticians may purchase nutritional supplements directly from the vendors including Abbott Labs /Ross products; Vital remedy MD; Global Health; etc. The amount of grant funds is determined annually by AKF.

**Second Step: Record Keeping for Nutritional Supplements purchase:** Renal dieticians must keep the receipt for the purchase, copy of the invoice, and complete the Nutritional Supplement Grant Tracking Form. (Initially hold the form and receipts in the clinic.) The renal dietician must maintain a Nutritional Supplement Grant Tracking Form for each product purchased which includes the product name, batch number, expiration date, applicant name, amount given, date given; RD initials etc.

**Third Step: Determining if the Applicant is eligible:** Pre-authorization by AKF is not necessary. The applicant meets the AKF Grants to Individual Eligibility Guidelines. The applicant is already taking advantage of any other available programs that would provide nutritional supplements such as any in-center supplement program.

**Health criteria:** The applicant has been determined to have a medical need for the supplements by a renal dietician and/or other qualified medical professional which may include low albumin; underweight or severe weight loss and/or the applicant is NEW to dialysis, and/or have used all of their Oral Nutrition Program benefits

**Financial hardship:** and in all cases is experiencing a financial hardship which will result in an inability to get the nutritional supplements they need, and an increasing health crisis if not addressed immediately.

**Fourth Step Determining if the facility is eligible:** The facility is a licensed ESRD facility and agrees that supplement purchased by the Foundation will only be distributed to eligible applicants. The facility agrees to keep records that show when, to whom and the amount of supplements given to applicants

**Fifth Step: Determining if the intended use of grant funds is eligible**

Eligible use of grant funds - Nutritional Supplement Products.

Liquid protein (Nepro; Nutra Renal; other)

Protein bars (Vital Protein Rx; Costco protein bars; other)

Protein Powder (Procel; Liquacel; other).

AKF entrusts the use of the nutritional supplements within the "spirit" of the program and intended purpose. Use of the nutritional supplements for samples, taste testing and other efforts to promote wellness is also allowed.

Ineligible use of funds: The facility may not charge any applicant or the insurer for supplements purchased under this program.

**Sixth Step: Application Procedure for Nutritional Supplements:** An Application for Grants to Individuals is NOT required. The renal dietician determines applicant eligibility and tracks disbursement on the Nutritional Supplement Grant Program tracking form.

**Seventh Step: Issuing the Nutritional supplements:** When the product is disbursed the renal dietician will record all information requested on the tracking form

**Eighth Step: Reporting and Back-up Requirements for Nutritional Supplements:** After all the supplements have been issued on the Nutritional Supplement Grant Tracking Form, the completed tracking form and receipt must be faxed to AKF.

## Transplant Grants

**Purpose and history:** From 2001-2009 AKF awarded grants to 141 transplant grantees. In partnership with dialysis and transplant social workers, AKF administered grants for transplant related dental care, and travel to and/or from physician's office, hospital, clinic or other medical facilities, and transplant centers including airfare, lodging, cab fare, mileage, etc

**New Grant Administration Effective June 1, 2009:** AKF now encourages all applicants waiting for transplant to enroll with a charitable fundraising organization which can help defray the transplant expense financial burden; to maximize all financial resources for transplant applicants including AKF grants and other fundraising potential; for applicants to be able to take advantage of the transplant fundraising organization challenge grants; for more flexibility in expenditures that are allowable; to increase the efficiency of grant award administration; to decrease the administration time for AKF, dialysis and transplant social workers in coordination of grant benefits; to eliminate the need for emergency coverage for transplant grantee requests

**Determining Applicant Eligibility:** Any transplant applicant who is otherwise eligible for AKF grants. The amount of the Transplant Grant is determined by the Board and is subject to change. The lump sum grant award is a lifetime max See Grants to Individuals Summary Sheet.

**Application for Transplant Grant:** Any dialysis or transplant social worker may submit the standard one page Application for Grants to Individuals for a Transplant Grant to be payable to a charitable fundraising organization.

**Form of Grant payment:** A one time, lump sum grant payment will be made to a charitable transplant fundraising organization restricted applicant fund account

**Allowable applicant grant reimbursements:** Generally all transplant related expenses as were previously funded by AKF including transportation, pre-transplant dental and other costs are also allowable expenses by most charitable fundraising organizations.

**Eligible Charitable Transplant Fundraising Organizations:** AKF has pre-approved Children's Organ Transplant Association (COTA) and National Transplant Assistance Fund (NTAF). Other organizations may be considered upon request, however, caution is noted. Not all transplant fundraising organization are the same Look very carefully at any organization that an applicant is considering Names of the organizations may be similar; language and text similar, but there can be major differences. The following are already pre-approved by AKF because of direct experience and success with other Alaska transplant families; the experience and recommendation from our transplant health care partners, and additionally:

Children's Organ Transplant Association (COTA) (for ages up to 21): has 20 years experience; worked with 1300 families, raised over 50 million; Charity Navigator 3 star (positive) rating; up to \$10,000 challenge grant for eligible applicants; charges zero dollars for administration. Public contact: COTA: 1-800-366-2682; [cota@cota.org](mailto:cota@cota.org), [www.transplants.org](http://www.transplants.org) Professional contact Lyndsi Bennett 1-800-366-2682 ext 207; [Lyndsi@cota.org](mailto:Lyndsi@cota.org)

National Transplant Assistance Fund (NTAF) (all ages). NTAF has 25 years experience has worked with 3200 families; raised almost 60 million; Charity Navigator 4 star (positive) rating; \$1000 challenge grant for eligible applicants; charges 4% for administration Public contact NTAF: 1-800-642-8399, [www.transplantfund.org](http://www.transplantfund.org) Professional contact Lynne Coughlin Samson, Esq., Executive Director; [lsamson@transplantfund.org](mailto:lsamson@transplantfund.org)

**ALASKA KIDNEY FOUNDATION**  
 4101 Arctic Blvd, suite 101 Anchorage, Alaska 99503  
 phone 907-563-8550 fax 907-563-8551 akf@alaska.com

**APPLICATION for Grants to Individuals**

Patient Last Name	Patient First Name							
Patient Mailing Address include City, State, Zip		Patient Primary Contact Phone Number ( )						
		Patient Physician Name						
Patient Social Worker Name		Patient/Social Worker, Clinic Name						
Social Worker Contact Phone Number ( ) extension.		Social Worker Fax Number: ( )						
<b>Type of Grant:</b> <input type="checkbox"/> Dental general dental includes exams, cleaning, dentures, non-cosmetic procedures <input type="checkbox"/> Emergency Relief Card food, fuel, other emergency needs <input type="checkbox"/> Housing/Utilities/other household. eviction/shut off prevention, other household <input type="checkbox"/> Local Transportation Vouchers new patients, change in trans status (cab, bus, para transit) <input type="checkbox"/> Long Distance Transportation airfare, ferry, lodging, meals, and car fuel for long distance <input type="checkbox"/> Medication/Durable Medical. only patients with NO prescription coverage eligible for prescrip <input type="checkbox"/> Nutritional Supplement Grant facility based distribution program <input type="checkbox"/> Transplant Grant thru charitable fundraising organization COTA, NTAF, other		RECORD Emergency Relief Card(s) Issued <table border="1"> <thead> <tr> <th>Card Number (s)</th> <th>Card Amount</th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> </tbody> </table>	Card Number (s)	Card Amount	_____	_____	_____	_____
Card Number (s)	Card Amount							
_____	_____							
_____	_____							
Grant Award payable to third party only (ie landlord, utility company, dentist etc)		Amount Requested						
Grant Payable to Vendor Name		\$ _____						
Vendor Address								
State Zip Code		Backup is Required for ALL Payments						
Form of Payment		Backup for Payment Attached Yes NO						
<input type="checkbox"/> Request Alaska Kidney Foundation make payment to Vendor		check copy also appreciated						
<input type="checkbox"/> Grant paid by Dialysis Center to Vendor with check # _____								
<input type="checkbox"/> Grant paid by Dialysis Center to Vendor with bank card reference # _____								
Please note that Patient Support Grant applications require 10 working days for review by the Alaska Kidney Foundation								

**Patient Agreement:** I certify that I have an immediate financial hardship and legitimate need for grant funds and request that AKF fund this grant on my behalf. The social worker has explained to me, and I meet, the eligibility requirements. I will notify the social worker when I no longer meet the eligibility requirements. I understand AKF may change the eligibility requirements or eliminate this grant program and is under no obligation to fund future requests. AKF does not discriminate in its grant making on any basis including race, gender, religion or ethnicity. By signing this application I consent to the release of information with AKF, and all others named as contacts on this form.

\_\_\_\_\_  
 Applicant's Signature

\_\_\_\_\_  
 Date

**Social Worker Agreement:** I acknowledge that I have explained the eligibility requirements to the applicant. I have interviewed the applicant and believe the applicant meets all of the eligibility requirements.

\_\_\_\_\_  
 Social Worker's Signature

\_\_\_\_\_  
 Date

**Foundation Action:**  
 Approved in the amount of \_\_\_\_\_  
 Denied (with explanation): \_\_\_\_\_

\_\_\_\_\_  
 Executive Director's Signature

\_\_\_\_\_  
 Date

Grants to Individuals

Effective

2009

1-Jan-10

Emergency Debit Card Food, Vehicle Fuel, other misc	up to \$350	up to \$350
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Local Transportation Vouchers Cab Vouchers - Bus Vouchers Para Transit Vouchers <i>Limited to new patients; change in dialysis shift; emergency change in transportation status (ie vehicle breakdown)</i>	up to \$350 Special Exception Grant \$351 up to \$1000 may be requested by letter to AKF (for para transit only not cab)	up to \$350
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Dental Grants Dental, Exams, Cleaning, Dentures Non cosmetic dental procedures <i>Transplant Dental now covered under Transplant Grants</i>	up to \$500 Special Exception Grant \$501 up to \$1000 may be requested by letter to AKF	up to \$850
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Housing/Utilities/add Other Household Housing- eviction prevention Utilities - shut off prevention Medically related re-location <i>add/relocation from homeless shelter lifeline enrollment/fees, other household expenses</i>	up to \$350 Special Exception Grant \$351 up to \$1000 may be requested by letter to AKF	up to \$850
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Medication/add Durable Medical Goods Only patients with NO prescription coverage are eligible for medication grants <i>add/durable medical goods not covered by insurance might include prescribed eyeglasses, hearing aides, cane, wheelchair</i>	up to \$350 Special Exception Grant \$351 up to \$1000 may be requested by letter to AKF	up to \$850
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Long Distance Transportation Airfare, Ferry Lodging, Meals, Car fuel Other long distance <i>Add medically prescribed escort expense is eligible Transplant transportation now covered under Transplant Grants</i>	up to \$750 Special Exception Grant \$751 up to \$1000 may be requested by letter to AKF	up to \$850
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Insurance Premiums Effective October 2009 the Insurance Premium program is discontinued. No new applications will be accepted	up to \$1800	0
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Nutritional Supplements administered by renal dieticians

Transplant Grants administered by transplant charitable fundraising organizations ie: COTA, NTAF max \$2000

one time lump sum grant

Grant award limits are based per individual on a twelve month period unless otherwise indicated  
This is summary sheet only and is subject to change

Reviewed/approved June 24, 2009  
Amended October 2009  
Final Version effective January 2010

Emerg Relief Card Purchase Date		Total Transaction	\$	Emergency Relief Cards Purchased from Vendor Name	Relief Cards Purchased by Last Name		for SW	
	by Check	yes no	Check Number		Delivered to Clinic Name			
	or Bank Withdrawal	yes no	Ref Number		Received by Clinic Staff Initials		on Date	
	or by Credit Card	yes no	Card Holder Name		Received by Social Worker Initials		on Date	
Relief Card ID Number	Relief Card Value	Brand of Card	Date Issued to Patient	Patient LAST Name	Patient First Name	AKF Application form attached (yes/no)	Card Issued By Staff Initials	
1	\$							
2	\$							
3	\$							
4	\$							
5	\$							
6	\$							
7	\$							
8	\$							
9	\$							
10	\$							
total Relief card value		\$						
add bank/other fees		\$						
<b>Total Transaction</b>		<b>\$</b>						
The AKF Emergency Relief Cards are issued as a grant program by the Alaska Kidney Foundation								
The purpose of the AKF Emergency Relief Cards are to make grant funds immediately accessible to patients by health care professionals in the dialysis clinics								
The criteria is that the patient is NEW to dialysis within the past 12 months and/or the patient has a NEW and unforeseen emergency, and in all cases is experiencing a critical financial hardship								
The procedure for each card issued the health care professional must fill in the required information on this form AND an Application Form for each patient name								
After all the cards have been issued this Emergency Relief Card Purchase and Tracking Form must be faxed to AKF along with an application attached for each patient name that has received a card Pre-authorization is not necessary								
The maximum amount a patient may receive in a 12 month period is 2 cards or \$350								
Health care professionals should carefully review with the patient any important information or special transaction requirements which may vary greatly between each brand of Relief card								









ATTACHMENT 11

990PF, PART XV - RESTRICTIONS OR LIMITATIONS ON AWARDS

ELIGIBLE ACTIVITIES MUST SPECIFICALLY ADDRESS ONE OR MORE OF THE GOALS OF THE ALASKA KIDNEY FOUNDATION. ELIGIBLE BENEFICIARIES OF PROJECT OUTCOMES MUST BE ALASKANS WITH OR AT RISK OF KIDNEY DISEASE. ALASKANS OUT OF STATE FOR TREATMENT ARE ELIGIBLE BENEFICIARIES. SEE ADDITIONAL INFORMATION RELATING TO RESTRICTIONS OR LIMITATIONS ON AWARDS AT ATTACHMENT 8.

ALASKA KIDNEY FOUNDATION, INC.  
 2011 Form 990-PF, Page 11, Part XV, Line 3a

23-7286827

Name	Address	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation Status of recipient	Purpose of grant	Amount
Ahdar, Kuini	Available upon request	None	N/A	Assistance to individuals	1,351
Ahwinona, Susan	Available upon request	None	N/A	Assistance to individuals	2,413
Akapo, Saumolia (Leah)	Available upon request	None	N/A	Assistance to individuals	1,542
Aleki, Enike	Available upon request	None	N/A	Assistance to individuals	1,317
Alexie, Richard	Available upon request	None	N/A	Assistance to individuals	1,186
Allen, Cheryl	Available upon request	None	N/A	Assistance to individuals	1,425
Alo, Harry	Available upon request	None	N/A	Assistance to individuals	1,778
Anastacio, Wilfredo	Available upon request	None	N/A	Assistance to individuals	2,946
Baker, Medina	Available upon request	None	N/A	Assistance to individuals	1,206
Blackman, Cornell	Available upon request	None	N/A	Assistance to individuals	2,015
Bradley, Allen (Fbks)	Available upon request	None	N/A	Assistance to individuals	1,162
Brown, Conner	Available upon request	None	N/A	Assistance to individuals	2,000
Brown, Logan	Available upon request	None	N/A	Assistance to individuals	3,200
Caballero, Juan	Available upon request	None	N/A	Assistance to individuals	1,200
Carrington, Diane	Available upon request	None	N/A	Assistance to individuals	2,823
Castle, Agnes (Palmer)	Available upon request	None	N/A	Assistance to individuals	1,614
Chapman, Dana	Available upon request	None	N/A	Assistance to individuals	1,503
Chapman, Robert	Available upon request	None	N/A	Assistance to individuals	1,014
Colvill, Karen	Available upon request	None	N/A	Assistance to individuals	1,200
Cook, Walter (Fbks)	Available upon request	None	N/A	Assistance to individuals	2,000
Couch, Lenwood	Available upon request	None	N/A	Assistance to individuals	1,251
DeMarzo, Miguel	Available upon request	None	N/A	Assistance to individuals	1,059
Dubois, Nicole	Available upon request	None	N/A	Assistance to individuals	2,039
Eckler, Dennis	Available upon request	None	N/A	Assistance to individuals	1,150
Escobar, Joseph	Available upon request	None	N/A	Assistance to individuals	1,607
Fautanu, Alein	Available upon request	None	N/A	Assistance to individuals	1,396
Fortaliza, Fausto (Gigi)	Available upon request	None	N/A	Assistance to individuals	1,200
Fuli, Evalu	Available upon request	None	N/A	Assistance to individuals	1,156
George, Sammy	Available upon request	None	N/A	Assistance to individuals	1,210
George, Willis	Available upon request	None	N/A	Assistance to individuals	1,321
Guevara, Ingrid	Available upon request	None	N/A	Assistance to individuals	2,437
Hanson, David	Available upon request	None	N/A	Assistance to individuals	1,013
Harrington, Kathryn	Available upon request	None	N/A	Assistance to individuals	1,560
Harris, Ken	Available upon request	None	N/A	Assistance to individuals	1,401
Helpenstill, Helen	Available upon request	None	N/A	Assistance to individuals	2,000
Hilson, Teresa	Available upon request	None	N/A	Assistance to individuals	1,166
Hines, Ronald E	Available upon request	None	N/A	Assistance to individuals	1,200
Holmes, Byron	Available upon request	None	N/A	Assistance to individuals	1,299
Ioane, Ioane	Available upon request	None	N/A	Assistance to individuals	1,025
Isaako, Lafaele	Available upon request	None	N/A	Assistance to individuals	1,200
Jackson, Mark	Available upon request	None	N/A	Assistance to individuals	1,291

Name	Address	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation Status of recipient	Purpose of grant	Amount
Jackson, Matthew (Matt)	Available upon request	None	N/A	Assistance to individuals	1,501
Jenkins, Michael	Available upon request	None	N/A	Assistance to individuals	1,675
Jones, Connie	Available upon request	None	N/A	Assistance to individuals	2,000
Jones, Regina	Available upon request	None	N/A	Assistance to individuals	1,090
Jose, Cesar	Available upon request	None	N/A	Assistance to individuals	1,200
Knight, Flora (Cleveland)	Available upon request	None	N/A	Assistance to individuals	1,164
Lariviere, Colleen	Available upon request	None	N/A	Assistance to individuals	1,200
Laux, Michael	Available upon request	None	N/A	Assistance to individuals	1,025
Lawhorne, Cyrenthia	Available upon request	None	N/A	Assistance to individuals	1,037
Laxa, Henry	Available upon request	None	N/A	Assistance to individuals	1,200
Lestenkof, Deborah	Available upon request	None	N/A	Assistance to individuals	2,000
Lewis, Martin	Available upon request	None	N/A	Assistance to individuals	1,620
Lolesio, Pamata (Pam)	Available upon request	None	N/A	Assistance to individuals	1,174
Lolesio, Teresita	Available upon request	None	N/A	Assistance to individuals	1,200
Losh, Linda	Available upon request	None	N/A	Assistance to individuals	1,531
Malayvong, Khampath	Available upon request	None	N/A	Assistance to individuals	1,379
Marks, Amy	Available upon request	None	N/A	Assistance to individuals	3,170
Martinez, Thomas	Available upon request	None	N/A	Assistance to individuals	1,422
McGhee, Chandel	Available upon request	None	N/A	Assistance to individuals	1,550
McLemore, Vernell	Available upon request	None	N/A	Assistance to individuals	2,066
Mendieta, Daysi	Available upon request	None	N/A	Assistance to individuals	1,047
Miller, Bernard	Available upon request	None	N/A	Assistance to individuals	2,000
Monington, Carol	Available upon request	None	N/A	Assistance to individuals	1,198
Moore, Rhonda	Available upon request	None	N/A	Assistance to individuals	1,406
Muasau, Simeamafva "Tiva"	Available upon request	None	N/A	Assistance to individuals	1,254
Newby, Thomas	Available upon request	None	N/A	Assistance to individuals	1,782
Osborne, Henry	Available upon request	None	N/A	Assistance to individuals	1,200
Pass, Corey	Available upon request	None	N/A	Assistance to individuals	2,000
Pepe, Trischa	Available upon request	None	N/A	Assistance to individuals	2,550
Pickeral, Stephanie	Available upon request	None	N/A	Assistance to individuals	2,096
Pierce, Paul	Available upon request	None	N/A	Assistance to individuals	1,240
Pioche, Rick	Available upon request	None	N/A	Assistance to individuals	1,229
Puu, Fuafanua	Available upon request	None	N/A	Assistance to individuals	1,018
Ramsey, Donnie	Available upon request	None	N/A	Assistance to individuals	2,168
Robles, Teodore Miguel	Available upon request	None	N/A	Assistance to individuals	2,000
Root, Alice	Available upon request	None	N/A	Assistance to individuals	1,195
San Jose, Eugenia	Available upon request	None	N/A	Assistance to individuals	2,000
Savainaea, Amosa	Available upon request	None	N/A	Assistance to individuals	2,001
Schalk, Kathleen	Available upon request	None	N/A	Assistance to individuals	1,115
Shooshanian, Larry	Available upon request	None	N/A	Assistance to individuals	1,025
Silva, Imeleta (Georgia)	Available upon request	None	N/A	Assistance to individuals	1,176

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Name	Address	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation Status of recipient	Purpose of grant	Amount
Simons, Robert	Available upon request	None	N/A	Assistance to individuals	1,438
Sloderbeck, Richard	Available upon request	None	N/A	Assistance to individuals	1,518
Spencer, Rose	Available upon request	None	N/A	Assistance to individuals	1,373
Stein, Phoenix	Available upon request	None	N/A	Assistance to individuals	2,050
Taamu, Sosina	Available upon request	None	N/A	Assistance to individuals	1,359
Tinker, Edward	Available upon request	None	N/A	Assistance to individuals	1,147
Verasammy, Deborah	Available upon request	None	N/A	Assistance to individuals	2,004
Vili, Seumanu (Vitorio)	Available upon request	None	N/A	Assistance to individuals	1,065
Warner, Paula	Available upon request	None	N/A	Assistance to individuals	2,098
Weaver, Joyce	Available upon request	None	N/A	Assistance to individuals	1,418
White, Charles (Chuck)	Available upon request	None	N/A	Assistance to individuals	1,375
White, Stacia	Available upon request	None	N/A	Assistance to individuals	1,042
Winkfield, Edgar	Available upon request	None	N/A	Assistance to individuals	1,233
Young, Curtis	Available upon request	None	N/A	Assistance to individuals	2,000
Individuals who receive \$1,000 or less	Available upon request	None	N/A	Assistance to individuals	95,819
Alaska Association of Kidney Patients	PO Box 242134, Anchorage, AK 99524	N/A	501(c)(3)	Kidney Patient Education	20,250
Alaska Health Fair	PO BOX 202587, Anchorage, AK 99503	N/A	501(c)(3)	Public Kidney Health Education	39,253
American Diabetes Association - Alaska	801 West Fireweed Lane, Anchorage, AK 99503	N/A	501(c)(3)	Kidney Disease Prevention Education	30,000
Life Alaska	PO Box 231809, Anchorage, AK 99523	N/A	501(c)(3)	Organ Donation Education	37,500
National Kidney Foundation	30 East 33rd Street, New York, NY 10016	N/A	501(c)(3)	Public Kidney Disease Screening	25,000
University of AK - School of Nursing	3211 Providence Drive, Anchorage, AK 99508	N/A	501(c)(3)	Nursing Advancement	30,303
<b>TOTAL GRANTS PAID</b>					<u><u>\$ 426,022</u></u>