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Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

Open to Public Inspection

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

Sponsonng organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form Department of the Treasury Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements. For the 2009 calendar year, or tax year beginning and ending JUL 1, 2009 JUN 2010 C Name of organization D Employer identification number Address change luse IRS label or Name change 23-7245381 print or VERMONT KIDNEY ASSOCIATION, INC. type Initial Number and street (or P O box, if mail is not delivered to street address) Room/suite E Telephone number Specific Termin-ated P.O. BOX 244 (802)863-4087 Amended City or town, state or country, and ZIP + 4 F Group Exemption BURLINGTON, VT 05402 Number > Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed G Accounting method X Cash Schedule A (Form 990 or 990-EZ). Other (specify) Website: ► N/A H Check ► X If the organization is not Tax-exempt status (check only one) — X 501(c) (3) ◀ (insert no) 4947(a)(1) or 527 required to attach Schedule B (Form 990, 990-EZ, or 990-PF) If the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000 A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of Form 990-EZ Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I) 32,988. Contributions, gifts, grants, and similar amounts received 2 Program service revenue including government fees and contracts 3 3 Membership dues and assessments Investment income . 4 Gross amount from sale of assets other than inventory Less: cost or other basis and sales expenses Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 5с Revenue Special events and activities (complete applicable) parts of Schedule G). If any amount is from gaming, check here Gross revenue (not including \$ 701 of contributions Less direct expenses other than fundraising expenses? Net income or (loss) from special events and activities (Subtract line 6b from line 6a) 6c Gross sales of inventory, less returns and allowances
Less cost of goods sold Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 6,054 Other revenue (describe Net Assets SICAN EXBENSES! AR OIL 39,042 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 9 10 10 Grants and similar amounts paid (attach schedule) 11 Benefits paid to or for members 11 12 12 Salaries, other compensation, and employee benefits 13 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 15 SEE STATEMENT 53,644. 16 16 Other expenses (describe 53,644. 17 Total expenses. Add lines 10 through 16 17 -14,602.18 18 Excess or (deficit) for the year (Subtract line 17 from line 9) Net assets or fund balances at beginning of year (from line 27, column (A)) 165,347. (must agree with end-of-year figure reported on prior year's return) 19 20 20 Other changes in net assets or fund balances (attach explanation) 150,745. Net assets or fund balances at end of year. Combine lines 18 through 20 Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ (B) End of year (See the instructions for Part II) (A) Beginning of year 150,745. 165,347. 22 22 Cash, savings, and investments 23 23 Land and buildings 24 24 Other assets (describe 165,347. 25 Total assets О. 26 26 Total liabilities (describe 165,347.27 150,745. Net assets or fund balances (line 27 of column (B) must agree with line 21) 27 Form 990-EZ (2009) 932171 02-08-10 For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

For	<u>m 990-EZ (2009) </u>	ON, INC.		23-	72453	81 Page 2
P	art III Statement of Program Service Accomplishme	nts (See the instructions for	Part III)		Ex	penses
Wh	at is the organization's primary exempt purpose? SEE STATEMENT	ր 4			1	r section 501(c)(3)
	scribe what was achieved in carrying out the organization's exempt pu		lee manner descr	ihe	1) organizations and
	e services provided, the number of persons benefited, and other relevan			100	for others)	7(a)(1) trusts, optional
	PATIENT SERVICES FOF KIDNEY RELATED		<u>grann into.</u>		Tior Galers 7	·
20	THIRD BEATCHO FOR REDAIL	DIGHNOHO				
					1 1	
			·			
	(Grants \$) If this amount includes foreign	grants, check here		لل	28a	
29					1 1	
					}	
	(Grants \$) If this amount includes foreign	grants, check here			29a	
30						
]	
					1 1	
	(Grants \$) If this amount includes foreign	orants, check here	>		30a	
31	Other program services (attach schedule)	grante, encourrer	_ 			
٠,	(Grants \$) If this amount includes foreign	arente check here	. ▶		31a	
22						0.
	Total program service expenses (add lines 28a through 31a) art IV List of Officers, Directors, Trustees, and Key I	mnlovees				
	art IV List of Officers, Directors, Trustees, and Key I	-IIIpioyees. List each one e	ven if not compensated			or Part IV)
		(b) Title and average hours	(c) Compensation		ntributions employee	(e) Expense
	(a) Name and address	per week devoted to	(If not paid, enter		fit plans &	account and
		position	-0)		eferred	other allowances
		ļ <u> </u>		com	pensation	
	OCHELLE GARDNER	PRESIDENT		İ		_
	URLINGTON VERMONT	10.00	0.		0.	0.
BR	RUCE POQUETTE	V. PRESIDENT				
BU	URLINGTON VERMONT	10.00	0.		0.	0.
	G LANGLAIS	TREAURER	<u> </u>	†		
	RLINGTON VERMONT	10.00	0.		0.	0.
	BORAH TAFT	SEC.	ļ	 		
	RLINGTON VERMONT	10.00	0.		0.	0.
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9321	72	<u> </u>	1	<u> </u>		990-EZ (2009)
~~~	- Table				Form	33U-EL (2009)

Pa	art V Other Information (Note the statement requirements in the instructions for Part V.)								
			Yes	No					
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		X					
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		Х					
35									
	reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T								
а	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting,			l					
_	and proxy tax requirements?	35a		Х					
h	If "Yes," has it filed a tax return on Form 990-T for this year?	35b	N/						
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes,"	002							
-	complete applicable parts of Sch N	36		X					
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions    37a   0 .	<u> </u>							
	Did the organization file Form 1120-POL for this year?	37b		Х					
	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made	- 0							
004	in a prior year and still outstanding at the end of the period covered by this return?	38a		Х					
h	If "Yes," complete Schedule L, Part II and enter the total amount involved	- 004		- <del></del> -					
39	Section 501(c)(7) organizations Enter:								
	37/3								
	Initiation fees and capital contributions included on line 9  Gross receipts, included on line 9, for public use of club facilities 39b N/A								
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911   0 • ; section 4912   0 • , section 4955   0 • .								
D	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the			ĺ					
	year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction	405		x					
_	has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		<u> </u>					
Ľ	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958.								
0	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization								
_									
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter	400		Х					
	transaction? If "Yes," complete Form 8886-T	40e	Ĺ						
41	List the states with which a copy of this return is filed ► NONE  The organization's books are in care of ► PEG LANGLAIS  Telephone no ► 802-86	2_8	863						
42 a		$\frac{2-0}{540}$	$\frac{303}{2-0}$	244					
_		340	2 0	211					
U	At any time during the calendar year, did the organization have an interest in or a signature or other authority	1	Voc	No					
	over a financial account in a foreign country (such as a bank account, securities account, or other financial	42b	103	X					
	account)?	420							
	If "Yes," enter the name of the foreign country:	{ }							
_	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	42c	•	X					
C	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	426	L	- 22					
40	If "Yes," enter the name of the foreign country:		•						
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here	n/A		<u> </u>					
	and enter the amount of tax-exempt interest received or accrued during the tax year	11/11							
		ĺ	Voc	No					
	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s		ies	140					
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of		ŀ	х					
	Form 990-EZ	44		<u></u>					
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be	ا ۔ ا		v					
	completed instead of Form 990-EZ	45 Form 0	00.57	(2000)					
		roim 9	30.EK	(2009)					

Part VI	Section 501(c)(3) organizations and sectio organizations and section 4947(a)(1) nonexempt charita and 51.						
46 Did the	organization engage in direct or indirect political campaign activit	ties on behalf of or in opposition to c	candidates for public		Yes	No	
office?	If "Yes," complete Schedule C, Part I		-	ļ	46	X	
47 Did the	organization engage in lobbying activities? If "Yes," complete	Schedule C, Part II		1	47	X	
<b>48</b> is the o	rganization a school as described in section 170(b)(1)(A)(ii)? If *	Yes," complete Schedule E		ļ	48	X	
	organization make any transfers to an exempt non-charitable rela	ited organization?		ļ.	49a	X	
	was the related organization a section 527 organization?	•	-	L	49b	┷	
	ete this table for the organization's five highest compensated emploo,000 of compensation from the organization. If there is none, e		s, trustees and key er	nployees) who ea		more	
	(a) Name and address of each employee paid more than \$100,000 NONE	(b) Title and average hours per week devoted to position	(c) Compensation	to employee benefit plans & deferred compensation	(e) Exp	t and	
51 Comple	umber of other employees paid over \$100,000 te this table for the organization's five highest compensated indepation. If there is none, enter "None." NONE (a) Name and address of each independent contractor paid m		ved more than \$100,		ition from th		
d Total nu	. Imber of other independent contractors each receiving over \$100	0,000	. >				
	Under penalties of perjury, I declare that I have examined this return, includir correct, and complete, Declaration of preparer (other than officer) is based or	ng accompanying schedules and statemen	its, and to the best of my	knowledge and bel	ef, it is true,		
Sign Here	Signature of officer  TJABEUE SARGERATT  Type or print name and title	PRESIDENT		1/29 13   Bate	_^-~_		
raid Preparer's Use Only	Preparer's signature	01/17/13 emp	oloyed 🛌 🗶	arer's identifying nu	mber (See Ins	tr)	
Fi	Firm's name (or yours it self-employed).  72 PINE STREET  Phone ▶						
a	Stress, and ZIP+4 BURLINGTON, VERMONT (	05401	l no	802-86	54-577	' '	
	Inscuss this return with the preparer shown above? See instruction		no	802-86	54-577 □ Yes [	N	

## SCHEDULE A

(Form 990 or 990-EZ)

## **Public Charity Status and Public Support**

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

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

Open to Public Inspection

Name of	the organizat	tion						E	mployer i	identificati	on nun	nber
			KIDNEY ASSO							3-7245	381	
Part I	Reason	for Public Char	ity Status (All organiz	zations mu	st comple	te this par	t.) See ins	tructions.				
The organ	ization is not	a private foundation	because it is: (For lines	1 through	11, check	only one b	ox.)					
1 🗀	A church, co	onvention of churche	s, or association of chur	rches desc	nbed in se	ection 170	(b)(1)(A)(i)	١.				
2 🗀			<b>70(b)(1)(A)(ii).</b> (Attach Sc									
з 🗀			tal service organization			170(b)(1)	(A)(iii).					
4 🔲			operated in conjunction					(b)(1)(A)(	iii). Enter ti	he hospital	's name	∍,
	city, and state:											
5 🔲	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in											
	section 170	)(b)(1)(A)(iv). (Comple	ete Part II.)									
6 🔲	A federal, sta	ate, or local governm	ent or governmental uni	it describe	d in sectio	on 170(b)(	1)(A)(v).					
7 X	An organizat	on that normally rec	eives a substantial part	of its supp	ort from a	governme	ental unit c	r from the	e general p	oublic desc	ribed in	ì
	section 170	(b)(1)(A)(vi). (Comple	te Part II.)									
в 🔲	A community	y trust described in s	ection 170(b)(1)(A)(vi).	(Complete	Part II.)							
9 🗀	An organizat	ion that normally rec	eives: (1) more than 33	1/3% of its	support f	rom contr	butions, n	nembersh	np fees, an	d gross red	eipts f	rom
	activities rela	ated to its exempt fui	nctions - subject to certa	ain exceptı	ons, and (	2) no more	than 33 1	/3% of it	s support :	from gross	investr	nent
	income and	unrelated business t	axable income (less sec	tion 511 ta	x) from bu	isinesses a	acquired b	y the org	anızatıon a	after June 3	0, 197	5.
	See section	509(a)(2). (Complete	e Part III.)									
10	An organizat	ion organized and or	perated exclusively to te	st for publ	ıc safety. S	See <b>sectio</b>	on 509(a)(4	l).				
11	An organizat	ion organized and or	perated exclusively for the	he benefit	of, to perfo	orm the fu	nctions of,	or to car	ry out the	purposes o	f one c	r
			ations described in secti		•		2). See <b>se</b> c	tion 509	(a)(3). Che	ck the box	that	
			organization and compl							i		
	a Type		••	с 🔲 Тур		-	<del>-</del>			Type III - C		
e []	-		it the organization is not		-		-					1
		=	han one or more publicly						9(a)(1) or s	section 509	(a)(2).	
f	If the organiz	ation received a writ	ten determination from t	the IRS tha	at it is a Ty	pe I, Type	il, or Type	e III				
	• • •	rganization, check th										
g			organization accepted ar								T., T	
			irectly controls, either al		ether with	persons o	described	in (ii) and	(iii) below,		Yes	No
	-	· ·	upported organization?		• • •					11g(i)		
			n described in (i) above?					• •	-	. 11g(ii)		
			person described in (i)				- •			11g(iii)		
h	Provide the f	ollowing information	about the supported or	ganization	(s).							
	<del></del>	<del>,</del>	(III) Type of	<u> </u>		14.5	426 44	(vi) (	o the			
	of supported	(ii) EIN	organization		organization			lorganizat	s the ion in col	(iiv)		
orga	nization (described on lines 1-		in col. (1) listed in your organization in col. (1) colored governing document? (1) of your support?		l(1) organi U S	zed in the	sup	port				
			above or IRC section (see instructions))	Yes	No	Yes	No	Yes	No			
	<del>_</del>	<del> </del>	(ooo monachono))	<del> </del>			- 110	1.00	+			
	<del></del>			<del>                                     </del>	<del> </del>	<del> </del>	<del> </del>		<del>                                     </del>	_ <del></del>		
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Form 990 or 990-EZ.

5

Schedule A (Form 990 or 990-EZ) 2009

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for

P	art II Support Schedule for			Sections 170(	b)(1)(A)(iv) ar	nd 170(b)(1)(A)(v	ri)
	(Complete only if you checke	d the box on line 5	, 7, or 8 of Part I.)				
Se	ction A. Public Support						
Cal	endar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not	]				]	
	include any "unusual grants.")	26,947.	62,131.	45,241.		32,988.	167,307.
2	Tax revenues levied for the organ-	-				† <i>i</i>	<del></del>
	ization's benefit and either paid to	1				ì	
	or expended on its behalf						
3	The value of services or facilities						
_	furnished by a governmental unit to						
	the organization without charge					-	
4	Total. Add lines 1 through 3	26,947.	62,131.	45,241.	<del></del>	32,988.	167,307.
5	The portion of total contributions					02/3000	10.750.0
Ū	by each person (other than a		[				
	governmental unit or publicly		ĺ				
	supported organization) included		į				
	on line 1 that exceeds 2% of the						
	amount shown on line 11.						
	column (f)		į				
6	Public support. Subtract line 5 from line 4					<u> </u>	167,307.
	etion B. Total Support	L	t			.L	107/307.
	endar year (or fiscal year beginning in)	(a) 2005	(h) 2006	(c) 2007	(d) 2008	(e) 2009	(9 Total
	Amounts from line 4	26,947.	(b) 2006 62,131.	45,241.	<u> (a) 2008</u>	32,988.	(f) Total 167, 307.
8		20/34/	02/131.	43/2410		32,300.	107,307.
0	Gross income from interest,						
	dividends, payments received on			İ			
	securities loans, rents, royalties		ľ			1	
_	and income from similar sources						
9	Net income from unrelated business					, ,	
	activities, whether or not the						
	business is regularly carried on					<del> </del>	<del></del>
10	Other income. Do not include gain						
	or loss from the sale of capital		ļ				
	assets (Explain in Part IV.)						167,307.
	Total support. Add lines 7 through 10		<u></u>	<u></u>		<u></u>	107,307.
	Gross receipts from related activities,					12	
13	First five years. If the Form 990 is for		first, second, third	l, fourth, or fifth ta	x year as a section	on 501(c)(3)	. —
	organization, check this box and stor			<u> </u>	·· <u>·</u>	· <u>· · · · · · · · · · · · · · · · · · </u>	
	ction C. Computation of Publ			<del></del>		<del>                                      </del>	100.00 %
	Public support percentage for 2009 (I	• • • • • • • • • • • • • • • • • • • •	•	olumn (f))			
	Public support percentage from 2008						
16a	33 1/3% support test - 2009.If the o			line 13, and line 14	1 is 33 1/3% or r	nore, check this box	(and ⊾ ਿ⊽ੀ
	stop here. The organization qualifies		-				<b>▶</b> 🗓
Ь	33 1/3% support test - 2008.If the or	=			ne 15 is 33 1/3%	6 or more, check the	s box
	and stop here. The organization quali	•	• • •			•	
17a	10% -facts-and-circumstances test						
	and if the organization meets the "fac	ts-and-circumstand	es" test, check th	s box and stop he	ere. Explain in Pa	art IV how the organ	ızatıon
	meets the "facts-and-circumstances"	_					. ▶
b	10% -facts-and-circumstances test						
	more, and if the organization meets th	e "facts-and-circur	nstances" test, ch	eck this box and <b>s</b>	top here. Explai	n in Part IV how the	
	organization meets the "facts-and-circ	umstances" test.	The organization q	ualifies as a public	ly supported org	janization .	▶∐_
18	Private foundation. If the organizatio	n did not check a b	oox on line 13, 16a	<u>, 16b, 17a, or 17b,</u>	check this box	and see instructions	<u>s ▶                                 </u>
					Sch	edule A (Form 990	or 990-EZ) 2009

932022 02-08-10

Section A. Public Support				- 1- (Complete only	n you checked the D	UN UN INIE 3 UI FAIL I
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and		12,233	1 19 ===:	1-7	19/2000	177.101.
membership fees received. (Do not		ľ				
include any "unusual grants.")		1	į.		}	
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
•	<del></del>		<del> </del>	-		
4 Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						-
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons			<u> </u>			
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b	<del>-</del>					
8 Public support (Subtract line 7c from line 6)		,				
Section B. Total Support						
Calendar year (or fiscal year beginning in)▶	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6					1	
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b  11 Net income from unrelated business activities not included in line 10b, whether or not the business is						
regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11, and 12)			l	l	<u> </u>	<u> </u>
14 First five years. If the Form 990 is for	the organization	's first, second, thu	d, fourth, or fifth to	ax year as a sectio	on 501(c)(3) organiz	zation,
check this box and stop here	<u> </u>	. <u> </u>	······································	··		<u> </u>
Section C. Computation of Publi	c Support Pe	ercentage	· <u> </u>		<del></del>	
15 Public support percentage for 2009 (lii	ne 8, column (f) c	divided by line 13, o	column (f))		15	9
16 Public support percentage from 2008	Schedule A, Par	t III, line 15	<u> </u>		16	9
Section D. Computation of Inves	tment Incom	ne Percentage			<del>, - , </del>	
17 Investment income percentage for 200	9 (line 10c, colu	mn (f) divided by lii	ne 13, column (f))		17	9
18 Investment income percentage from 2	008 Schedule A,	Part III, line 17			18	9
19a 33 1/3% support tests - 2009. If the			on line 14, and line	e 15 is more than	33 1/3%, and line	17 is not
more than 33 1/3%, check this box an						▶ □
b 33 1/3% support tests - 2008. If the						and
line 18 is not more than 33 1/3%, chec						
20 Private foundation. If the organization						▶□
					nedule A (Form 99	0 or 990-EZ) 200

FORM 990-EZ	OTHER EXPENSES	STATEMENT 1
DESCRIPTION		AMOUNT
EDUCATION PT SERVICES INSURANCE OTHER SUPPLIES GRANTS		1,805. 750. 28. 1,061. 50,000.
TOTAL TO FORM 990-EZ, LINE 16	6	53,644.
FORM 990-EZ	OTHER REVENUE	STATEMENT 2
DESCRIPTION		AMOUNT
INTEREST INCOME MISC.		1,545. 4,509.
TOTAL TO FORM 990-EZ, LINE 8	•	6,054.

FO	FORM 990-EZ INFORMATION REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS		STATEMENT 3		
A)	DIRECTLY OR	GANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, R INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL NTRACT? [ ] Y	res [X]	NO	
В)		GANIZATION, DURING THE YEAR, PAY PREMIUMS, R INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? [ ] Y	rES [X]	NO	

990-EZ PG 2

STATEMENT

4

PATIENT SERVICES FOR KIDNEY RELATED DISEASES