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סרינווובם זחו דק לחול

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

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

Open to Public Inspection

A	or the	2011 calendar year, or tax year beginning and	enaing						
В	Check if pplicab	C Name of organization		D Employer identifi	cation number				
	_Addre	NORTHEAST ALABAMA KIDNEY ASSOC., INC.							
	Name chang	Doing Business As NORTHEAST ALABAMA KIDNEY A	SSOC	63-1	192877				
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite						
	Termi	P.O. BOX 264		256-	344-2314				
	Amen	City or town, state or country, and ZIP + 4	G Gross receipts \$	49774.					
	Application	GADSDEN, AL 55902-0204	.,	H(a) Is this a group re					
	pendi	F Name and address of principal officer BEN JOHNSTON		for affiliates?	Yes X No				
		SAME AS C ABOVE		H(b) Are all affiliates inc	cluded? Yes No				
11	Гах∙ех	empt status X 501(c)(3) 501(c) () ((Insert no.) 4947(a)(1)	or 527	If "No," attach a	list. (see instructions)				
	J Website: ► N/A H(c) Group exemption number ►								
		organization: X Corporation	L Year	of formation: 1985 N	M State of legal domicile: AL				
Pa	art I	Summary							
Ð	1	Briefly describe the organization's mission or most significant activities: PROV	IDE FI	NANCIAL ASS	ISTANCE TO				
Activities & Governance		KIDNEY PATIENTS FOR MEDICAL NEEDS.							
ž.	2	Check this box 🕨 🔲 if the organization discontinued its operations or dispo	sed of more	e than 25% of its net as	ssets				
ŏ	3	Number of voting members of the governing body (Part VI, line 1a)		3	0				
ڻ م	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	0				
es	5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)		5	0				
Ϋ́	6	Total number of volunteers (estimate if necessary)		6	0				
\cti	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		<u>7a</u>	0.				
_	b	Net unrelated business taxable income from Form 990-T, line 34		<u>7</u> b	0.				
			Prior Year	Current Year					
Revenue	8	Contributions and grants (Part VIII, line 1h)		1064.	4856.				
	9	Program service revenue (Part VIII, line 2g)	_	0.	0.				
ě	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		93.	43.				
ш	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u> </u>	24705.	17801.				
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		25862.	22700.				
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	ļ	20660.	23133.				
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.				
es	15	Salanes, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.				
Expenses	1	Professional fundraising fees (Part IX, column (A), line 11e)	_	0.	0.				
×		Total fundraising expenses (Part IX, column (D), line 25)	<u> </u>						
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) RECEIVED		1048.	367.				
		Total expenses Add lines 15-17 (must equal Fait Mycolumn (A);-mie-20).	-ი' ├-	21708.	23500.				
		Revenue less expenses Subtract line 18 from line 100	181	4154.	-800.				
Soc		S MAY 1 5 2012	O Be	ginning of Current Year	End of Year				
Sset	20	Total assets (Part X, line 16)		64454.	63654.				
Net Assets or Fund Balances	21	Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from ine 20 OGDEN, UT	'≝I	0.	62654				
		14et assets of fulld balances oubtract line 21 from line 20		64454.	63654.				
	art II	Signature Block							
	•	Ities of perjury, I declare that I have examined this return, including accompanying schedule			y knowledge and belief, it is				
true	, corre	t, and complete. Declaration of preparer (other than officer) is based on all information of wi	nich preparer		7210				
		Signature of officer		Date 127-	JD/2				
Sig				Date					
Here BEN JOHNSTON, PRESIDENT Type or print name and title									
Print/Type preparer's name Preparer's signature Date Check PTIN									
Paid	j	14/24/12 self-employ	ed P01395360						
Prep	parer	DAVID M. CHESNUT Firm's name DONALD W. CAUSEY & ASSOCIATES,	P. C.	Firm's EIN					
Use	Only	Firm's address 516 WALNUT STREET							
		GADSDEN, AL 35901		Phone no. 2	56-543-3707				
May	/ the I	RS discuss this return with the preparer shown above? (see instructions)			X Yes No				

132001 01-23-12 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2011)

			res	NO
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		,,	
_	If "Yes," complete Schedule A	1	X	77
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			x
	public office? If "Yes," complete Schedule C, Part I	3		
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		x
_	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	4	\vdash	
5	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
Ū	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	ļ		
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X, or provide			
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X			
	as applicable.			l
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u>X</u>
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			v
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
a	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	444		X
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11d 11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	116		
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII	12a		х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u> </u>
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u> X</u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			77
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals	46		x
17	located outside the United States? If "Yes," complete Schedule F, Parts III and IV Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	16	-	
17	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	- '' -		
,,,	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			- _
-	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
		Form	990 (2	2011)

21 but the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 17 if "Yes," complete Schedule I, Parts I and III 22 but the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 27 if "Yes," complete Schedule I, Parts I and III 22 but the organization is experted by the IX is set to a subject the organization of the organization is current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J 24 but the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule I, "Tho", or time 0.5 but the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 1 but the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 2 but the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 2 but the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 2 but the organization and at as an "on behalf of" issuer for bonds outstanding at any time during the year? 3 better organization aware that it engaged in an excess benefit transaction with a disqualified person of unity that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) 2 but the organization receive contributions of art, historical treasures, or other similar			Τ		·
United States on Part IX, column (A), ine 17 if "res," complete Schedule I, Parts I and II 21 Dd the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 27 if "res," complete Schedule I, Parts I and III 22 JX Dd the organization answer "res" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization answer "res" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization or surrors and former officers, directors, trustees, key employees, and highest compensated employees? if "Yes," complete Schedule I is day of the year, that was issued after December 31, 2002? if "Yes," answer lines 24b through 24d and complete Schedule K if "No", go to line 25 and the organization invest any proceeds of tax-exempt bonds beyond a temporary peniod exception? 24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary peniod exception? 25c Did the organization mantain an escrive account other than a rollunding escrive at any time during the year? 26d Did the organization mantain an escrive account other than a rollunding escrive at any time during the year? 27d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 28d Section 50 (Is(3) and 50 (Ic(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization is prior Forms 990 or 990-E27 if "Yes," complete Schedule I, Part II is the organization aware that it engaged in an excess benefit transaction with a disqualified person outstanding as of the end of the organization's prior Forms 990 or 990-E27 if "Yes," complete Schedule I, Part IV Did the organization reported on any of the organization's prior Forms 990 or 990-E27 if "Yes," complete Schedule I, Part IV Instructions for applicable fling thresholds, conditions, and exceptions? 27d Did the organi	0.4	Did the executation report more than \$5,000 of grants and other assistance to any government or organization in the		Yes	No
22 Lot the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III and former officers, directors, trustees, key employees, and highest compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule II and to make a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the test day of the year. That was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule IX II "No", go to line 25 Did the organization invest any proceeds of tax-exempt bonds beyond a temporary peniod exception? Did the organization invest any proceeds of tax-exempt bonds beyond a temporary peniod exception? Did the organization may be an escrow account other than a refunding escrow at any time during the year? dead of the organization and that it is graged in an excess benefit transaction may be an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule I, Part I is the organization aware that it engaged in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule I, Part II is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990 E27 If "Yes," complete Schedule I, Part II is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction provide a grant or other assistance to an officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule I, Part IV is the organization provide a grant or other assistance to an o	21		21		Х
column (A), Ine 27 if "Yes," complete Schedule I, Parts I and III 2 Did the organization answer "Yes" to Part VII, Section A, Ine 3, 4, or 5 about compensation of the organization's current and former officiers, directors, frustees, key employees, and highest compensated employees? If "Yes," complete Schedule I and Government and former officiers, directors, frustees, key employees, and highest compensated employees? If "Yes," complete Schedule K II "No", go to line 25 and the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K II" No", go to line 25 bid the organization invest any proceeds of tax-exempt bonds beyond a temporary peniod exception? Did the organization mental an escrow account other than a refunding escrew at any time during the year to defease any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Escribin 501(k(3) and 501(k)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person in a prior year, and that the transaction have the complete Schedule L, Part II Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part III Was the organization provide a grant or other assistance to an officer, director, trustee, key employee, business can be a supplied to the organization of complete Schedule L, Part IV If was the organization exceive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule L, Part IV A famil	22		21		
23 Did the organization answer "Yes" to Part VII, Section A, In 63.4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J V "Yes, complete Schedule J V V V V V V V V V V V V V V V V V V	~~		22	x	
and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J. Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule J. Pint Into 25 b. Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c. Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? d. Did the organization maintain an escrow account other than a refunding escrow at any tax-exempt bonds? d. Did the organization and at as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(6)(3) and 501(6)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule I. Part I is the organization aware that it engaged in an excess benefit transaction with a disqualified person of uring the year? If "Yes," complete Schedule I. Part I is the organization aware that it engaged in an excess benefit transaction with a disqualified person outstanding as of the end of the organization's prior Forms 990 or 990-672? If "Yes," complete Schedule I. Part II is a possible of the organization apart of other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled antity or family immeter of any of these persons? If "Yes," complete Schedule I., Part II is a was the organization apart to a baussest transaction with one of the following parties (see Schedule I., Part IV is a Was the organization engage in an excess benefit and in the parties of the organization and parties of the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule I., Part IV is a parties of the organization rece	22	· //			
Schedule / 24 Did the organization have a tax exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25 Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? Did the organization acts as in" on behalf of "issuer for bonds outstanding at any time during the year? Did the organization acts as in" on behalf of "issuer for bonds outstanding at any time during the year? Did the organization and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person unique the year? If "yes," complete Schedule L, Part I I I I I I I I I I I I I I I I I I I		·			
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c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization provide Schedule L, Part I I 25b Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II I 26b Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II I 27c All Was the organization and part to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) 28d A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV II	h				
any tax-exempt bonds? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 246					
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "yes," complete Schedule L, Part I is the organization wave that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's pror Form's 990 or 990-E2? If "Yes," complete Schedule L, Part I is the organization has not been reported on any of the organization's pror Form's 990 or 990-E2? If "Yes," complete Schedule L, Part II is the organization provide a grant or other assistance to an officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part III is an organization or oremployee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III is an A current or former efficer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV is an A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV is an entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV is Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule L, Part IV is Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule M. Part II Is Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule M. Part II Is Did the organization on though the part Is a section \$301.7701.2 and 301.7701.3 If "Yes," complete Schedule R, Part I, Ili, IV, and V, Ime 1. Section \$301.7701.2 and 301.7701.3 If "Yes," complete Schedu	·		24c		
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that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I 28 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II 26 Uthe organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II 27 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28 A family member of a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28 C X 29 X 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M, Part I 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M, Part I 31 X 29 X 2	h				
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Form 990 (2011) NORTHEAST ALABAMA KIDNEY ASSOC., INC.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Senior the number opported in Box 3 of Form 1096. Enter 0 if not applicable 1a 0 1b 0 0 1b 0 0 1c 1c		Check if Schedule O contains a response to any question in this Part V			
Enter the number reported in Box 3 of Form 1096. Enter -0+ in not applicable 10 0 0 0				Yes	No
be Enter the number of Forms W2G included in line 1s. Enter 6. If not applicable Quarteristic Country of the Co	1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
Count the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambing) winnings to prize with present provided to the present present provided to the present present present present present provided to the present	_				
gambing) winnings to prize winners? 2 Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 3 It least one is reported on line 2a, did the organization file all required federal employment tax returns? 3 It was not files 1 and 2 as greater than 250, you may be required to e-file (see instructions). 3 It if Yes, 1 has it file a form 907 for the year /f 11 //60, "provide an explanation in Schedule 0 4 It any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4 If Yes, 1 his enter the name of the foreign country ≥ See instructions for filing requirements for Form TD F 90.22 1, Report of Foreign Bank and Financial Accounts. 5 If Yes, 1 line 5 are 5 b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5 If Yes, 1 line 5 are 5 b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5 If Yes, 1 line 5 are 5 b, did the organization the form 8867? 5 Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that may receive deductible? 6 Organizations that may receive deductible contributions under section 170(c). 7 Organizations that may receive deductible contributions under section 170(c). 8 If Yes, 1 did the organization incity the donor of the value of the goods or services provided? 9 If Yes, 2 did the organization incity the donor of the value of the goods or services provided? 10 If the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7 If Yes, 1 indicate the number of Forms 8282 filed during the year 9 If the organization received a contribution of case, boots, a pa		· · · · · · · · · · · · · · · · · · ·			
Enter the number of employees reported on Form W.3, Transmittal of Wage and Tax Statements, field for the calendar year ending with or within the year covered by this return If all least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) By the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) By the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) By the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) By the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) By the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) By the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) By the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) By the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) By the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) By the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) By the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction) By the sum of lines 2a and 2a	Ť		1c		
filed for the calendar year ending with or within the year covered by this return	2a				
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g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 9 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? b Did the organization make a distribution to a donor, donor advisor, or related person? 9 Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10 July 11 Section 501(c)(12) organizations. Enter a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 12 Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13 b Ut the organization receive any payments for indoor tanning services during the tax year?	_				
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c Enter the amount of reserves on hand 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X	_				ı
14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X	С				
		Did the organization receive any payments for indoor tanning services during the tax year?	14a		X

Page 6

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Charles Cabadiala Canatana a response to any question in this Bort VI			X					
	Check if Schedule O contains a response to any question in this Part VI			يما					
sec	tion A. Governing Body and Management								
			Yes	No					
1a	Enter the number of voting members of the governing body at the end of the tax year	4							
	If there are material differences in voting rights among members of the governing body, or if the governing	l							
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.								
b	Enter the number of voting members included in line 1a, above, who are independent 1b	4							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other								
	officer, director, trustee, or key employee?	2		X					
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision								
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X					
4	4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?								
5									
6	Did the organization have members or stockholders?	6		X					
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or								
	more members of the governing body?	7a		Х					
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or								
-	persons other than the governing body?	7b		Х					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:								
	The governing body?	8a	х						
	Each committee with authority to act on behalf of the governing body?	8b		Х					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the								
9	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х					
202	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)			- 22					
566	tion b. I oncies (mis Section & requests information about policies not required by the internal nevertue code)		Yes	No					
40-	Did the expensation have level chanters branches or offiliator?	10a	res	X					
	Did the organization have local chapters, branches, or affiliates?	10a	-	Λ					
D	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	10b							
	and branches to ensure their operations are consistent with the organization's exempt purposes?								
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?								
	b Describe in Schedule O the process, if any, used by the organization to review this Form 990.								
	a Did the organization have a written conflict of interest policy? If "No," go to line 13								
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b							
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe								
	in Schedule O how this was done	12c		7.7					
	Did the organization have a written whistleblower policy?	13		X					
14	Did the organization have a written document retention and destruction policy?	14		X					
15	Did the process for determining compensation of the following persons include a review and approval by independent								
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	_		٦,					
	The organization's CEO, Executive Director, or top management official	15a		X					
þ	Other officers or key employees of the organization	15b		X					
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)								
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a								
	taxable entity during the year?	16a		X					
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation								
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's		ł						
	exempt status with respect to such arrangements?	16b	j						
Sec	tion C. Disclosure								
17	List the states with which a copy of this Form 990 is required to be filed ►AL								
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	availab	le						
	for public inspection. Indicate how you made these available. Check all that apply								
	Own website Another's website X Upon request								
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, an	d finan	cıal						
	statements available to the public during the tax year								
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organiza	tion 🕨	·						
	NORTHEAST ALABAMA KIDNEY ASSOCIATION, INC 256-549-8420								
	820 W METCHAN BLVD. GADSDEN AL 35901								

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NORTHEAST ALABAMA KIDNEY ASSOC., INC.

63-1192877

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order individual trustees or directors; institutional trustees; officers, key employees; highest compensated employees; and former such persons

(A) Name and Title	(B) Average hours per week		Position (do not check more than one box, unless person is both an			h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other	
	(describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) MARY MORRIS										
TRUSTEE	20.00	X	<u> </u>			_		0.	0.	0.
(2) OLA VA MAJURE					ļ					
TRUSTEE	20.00	X			ļ			0.	0.	0.
(3) GLENDA SELMAN	00.00				ĺ				_	_
EXECUTIVE DIRECTOR/TRUSTEE	20.00	X	L.,	X	<u> </u>			0.	0.	0,
(4) BEN JOHNSTON										
PRESIDENT/TRUSTEE	20.00	ļ		X				0.	0.	0.
(5) DAVID HERROD										
VICE PRESIDENT/TRUSTEE	20.00	-		X		_		0.	0.	0.
(6) BILLIE HARP	20.00									•
SECRETARY/TREASURER	20.00			X	-			0.	0.	0.
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Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 of compensation from the organization

Statement of Revenue Part VIII (D) Revenue excluded from (A) (B) (C) Total revenue Related or Unrelated tax under sections 512, 513, or 514 exempt function business revenue revenue Federated campaigns 1a **b** Membership dues 1b Fundraising events 1c 1896. d Related organizations 1d e Government grants (contributions) 1e All other contributions, gifts, grants, and 2960. similar amounts not included above 1f Q Noncash contributions included in lines 1a-1f \$ 4856. h Total. Add lines 1a-1f **Business Code** Program Service Revenue f All other program service revenue Total. Add lines 2a-2f Investment income (including dividends, interest, and 3 43. 43 other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross rents **b** Less rental expenses Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (II) Other assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ 4856. of contributions reported on line 1c) See 44875 Part IV. line 18 а 27074 b Less direct expenses b 17801. 17801. c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 а b Less direct expenses b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances а b Less cost of goods sold b c Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 11 a b All other revenue Total. Add lines 11a-11d 22700. 43 0. 17801 Total revenue See instructions. 12

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)

	Check if Schedule O contains a respon	se to any question in th	is Part IX		
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States. See Part IV, line 21	908.	908.		
2	Grants and other assistance to individuals in				
	the United States See Part IV, line 22	22225.	22225.		
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
а	Management				
b	Legal				
С	Accounting	.300.		300.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17-				
f	Investment management fees				
g	Other				
12	Advertising and promotion	67.		67.	
13	Office expenses	0/.		0/•	
14	Information technology				
15	Royalties				· · · · · · · · · · · · · · · · · · ·
16	Occupancy		*****		
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
10	Conferences, conventions, and meetings				
19 20	Interest				
20 21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а					
b					
C					
d					
	All other expenses	22500	22122	267	
<u>25</u>	Total functional expenses Add lines 1 through 24e	23500.	23133.	367.	0.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
	in ionowing 50F 96-2 (A5C 956-720)	i	1		

Form 990 (2011)
Part X | Balance Sheet

Pa	rt X	Balance Sheet			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	64454.	1	63654.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees,	key		
		employees, and highest compensated employees Complete Part	II .		
		of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under sec	otion		
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contrib	outing		
		employers and sponsoring organizations of section 501(c)(9) volui	ntary		
		employees' beneficiary organizations (see instructions)		6	
ets	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment cost or other			
		basis Complete Part VI of Schedule D 10a			
	ь	Less accumulated depreciation 10b		10c	
	11	Investments - publicly traded securities		11	
	12	Investments - other securities See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	64454.	16	63654.
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
Ø	21	Escrow or custodial account liability Complete Part IV of Schedul	e D	21	
Liabilities	22	Payables to current and former officers, directors, trustees, key er	nployees,		
ab.		highest compensated employees, and disqualified persons Comp	olete Part II		
=		of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related t	hird		
		parties, and other liabilities not included on lines 17-24) Complete	Part X of		
		Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	0.	26	<u> </u>
		Organizations that follow SFAS 117, check here	d complete		
es es		lines 27 through 29, and lines 33 and 34.			
Š	27	Unrestricted net assets		27	
3ala	28	Temporarily restricted net assets		28	
β	29	Permanently restricted net assets		29	
Ē		Organizations that do not follow SFAS 117, check here	X and		
ō		complete lines 30 through 34.			
ets	30	Capital stock or trust principal, or current funds	0.	30	0.
Net Assets or Fund Balances	31	Paid-in or capital surplus, or land, building, or equipment fund	0.	31	0.
et /	32	Retained earnings, endowment, accumulated income, or other fur		32	63654.
Z	33	Total net assets or fund balances	64454.	33	63654.
	34	Total liabilities and net assets/fund balances	64454.	34	<u>63654.</u>

orm	990 (2011)	NORTHEAST ALABAMA KIDNEY ASSOC., INC.	<u>63-1192877</u>	/ <u>Pa</u>	ge 12
Pa	rt XI Reconciliation	of Net Assets			
	Check if Schedule	O contains a response to any question in this Part XI			
1	Total revenue (must equ	al Part VIII, column (A), line 12)	1	227	00.
2	Total expenses (must ed	jual Part IX, column (A), line 25)	2	235	00.
3	Revenue less expenses	Subtract line 2 from line 1	3	-8	00.
4	Net assets or fund balar	nces at beginning of year (must equal Part X, line 33, column (A))	4	644	54.
5	Other changes in net as	sets or fund balances (explain in Schedule O)	5		0.
6	Net assets or fund balar	nces at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	636	54.
Pa	rt XII Financial Stat	ements and Reporting			
	Check if Schedule	O contains a response to any question in this Part XII			
				Yes	No
1	Accounting method use	d to prepare the Form 990: X Cash Accrual Other			
	If the organization change	ged its method of accounting from a prior year or checked "Other," explain in Schedule (0	1	
2a	Were the organization's	financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's	financial statements audited by an independent accountant?	2b		X
С	If "Yes" to line 2a or 2b,	does the organization have a committee that assumes responsibility for oversight of the	audit,		
	review, or compilation of	its financial statements and selection of an independent accountant?	2c		
	If the organization chang	ged either its oversight process or selection process during the tax year, explain in Sche	dule O.	,	
d	If "Yes" to line 2a or 2b,	check a box below to indicate whether the financial statements for the year were issued	l on a		
	separate basis, consolid	ated basis, or both]		
	Separate basis	Consolidated basis Both consolidated and separate basis		1	
За	As a result of a federal a	ward, was the organization required to undergo an audit or audits as set forth in the Sing	gle Audit		
	Act and OMB Circular A	133?	3a		X
b	If "Yes," did the organiza	ation undergo the required audit or audits? If the organization did not undergo the requir	red audit		
	or audits, explain why in	Schedule O and describe any steps taken to undergo such audits.	3b		L
			Form	1 990 ((2011)

SCHEDULE A

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization

Employer identification number

		NORTHEA	ST ALABAMA I	KIDNEY	ASSO	C., I	NC.		6:	3-1192	877	
Part I	Reason	for Public Char	ity Status (All organi	zations mu	st comple	te this par	t) See ins	tructions				
he organ	zation is not a	private foundation	because it is (For lines	1 through	11, check	only one b	ox)					
1 🔲	A church, co	nvention of churche	s, or association of chu	rches desc	ribed in se	ection 170	(b)(1)(A)(i)).				
2 🔲	A school des	cribed in section 17	'0(b)(1)(A)(ii). (Attach So	chedule E)								
з 🗔	A hospital or	a cooperative hospi	tal service organization	described	n section	170(b)(1)	(A)(iii).					
4	A medical res	search organization	operated in conjunction	with a hos	pital desci	ribed in se	ction 170	(b)(1)(A)(ii	i). Enter t	the hospital	l's name	e,
	city, and stat	e:										
5 🔲	An organizati	on operated for the	benefit of a college or u	iniversity ov	wned or op	perated by	a governi	mental uni	t describe	ed in		
	section 170	(b)(1)(A)(iv). (Comple	ete Part II)									
6 🔲	A federal, sta	ite, or local governm	ent or governmental un	it described	d in sectio	n 170(b)(1)(A)(v).					
7 X	An organizati	on that normally rec	eives a substantial part	of its supp	ort from a	governme	ental unit c	or from the	general p	public desc	ribed in	1
	section 170(b)(1)(A)(vi). (Comple	te Part II)									
8 🔲	A community	trust described in s	ection 170(b)(1)(A)(vi).	(Complete	Part II)							
9 🗀	An organizati	on that normally rec	eives (1) more than 33	1/3% of its	support f	rom contri	butions, n	nembershi	p fees, ar	nd gross red	ceipts f	rom
	activities rela	ted to its exempt fur	nctions - subject to cert	aın exceptı	ons, and (2	2) no more	than 33 1	1/3% of its	support	from gross	ınvestr	nent
	income and u	unrelated business to	axable income (less sec	tion 511 ta	x) from bu	sinesses a	acquired b	y the orga	ınızatıon a	after June 3	30, 1975	5
	See section	509(a)(2). (Complete	e Part III)									
10 🔲	An organizati	on organized and or	perated exclusively to te	est for publi	c safety S	See sectio	n 509(a)(4	\$).				
11 🔲	An organizati	on organized and op	perated exclusively for t	he benefit o	of, to perfo	orm the fur	nctions of,	or to carr	y out the	purposes o	of one o	or
	more publicly	supported organiza	ations described in sect	ion 509(a)(1	1) or section	on 509(a)(2	2) See se o	ction 509(a)(3). Che	eck the box	that	
	describes the	type of supporting	organization and comp	lete lines 1	1e through	11h.				٦		
	a Type I		_l Type II		e III - Fund	-	•		d L	Type III - (
e 🔲			it the organization is no									1
	foundation m	nanagers and other t	han one or more public	ly supporte	d organiza	ations desi	cribed in s	ection 509	9(a)(1) or	section 509	9(a)(2)	
f	If the organiz	ation received a writ	ten determination from	the IRS tha	at it is a Ty	pe I, Type	II, or Type	e III				
		rganization, check th										L
9	_		organization accepted a									
	• •		irectly controls, either a	llone or tog	ether with	persons o	lescribed i	ın (ıı) and (III) below,		Yes	No
	•		upported organization?							11g(i)		
	. ,	•	n described in (i) above?							11g(ii)		
			person described in (i)							11g(iii)	<u> </u>	
h	Provide the fo	ollowing information	about the supported or	rganization((s)							
		·	(i.i) Type of	1		· · · · · · · · · · · · · · · · · · ·		(-2) (-	45-			
(i) Name	of supported	(ii) EIN	(iii) Type of organization	(iv) is the o in col. (i) is	rganization			(vi) Is organization	on in col.		nount of	
orga	inization		(described on lines 1-9	governing ((i) organız U.S	ed in the	sup	port	
			above or IRC section (see instructions))			Yes	No	Yes	No			
			(SEE INSTRUCTIONS))	Yes	No	res	140	res	NO			
				 								
				<u> </u>				<u> </u>	 			
		=										
				ļ <u>-</u>								

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

Schedule A (Form 990 or 990-EZ) 2011

Schedule A (Form 990 or 990-EZ) 2011 NORTHEAST ALABAMA KIDNEY ASSOC., INC. 63-11928 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grants ")	1161.	14961.	2258.	1064.	4856.	24300.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						- · · · · · ·
Ū	furnished by a governmental unit to						
	the organization without charge						
А	Total. Add lines 1 through 3	1161.	14961.	2258.	1064.	4856.	24300.
	The portion of total contributions	11010	113011	22301	20040	10301	243001
J	by each person (other than a	İ					
	governmental unit or publicly						
	supported organization) included		j				
	on line 1 that exceeds 2% of the						
	amount shown on line 11,		İ				
	column (f)			l	ļ		
_	``						24200
	Public support. Subtract line 5 from line 4 ction B. Total Support	1					24300.
		(a) 2007	(b) 2008	(a) 2000	(d) 2010	(a) 2011	(f) Total
	ndar year (or fiscal year beginning in)	1161.	14961.	(c) 2009 2258.	1064.	(e) 2011 4856.	24300.
-	Amounts from line 4	1101.	14301.	2236.	1004.	4030.	24300.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties	104	110	100	0.2	42	401
	and income from similar sources	124.	119.	102.	93.	43.	481.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV)						
11	Total support. Add lines 7 through 10						24781.
12	Gross receipts from related activities,	etc (see instructio	ns)		Ų	12	233889.
13	First five years. If the Form 990 is for	the organization's	first, second, third	, fourth, or fifth tax	year as a section	501(c)(3)	
	organization, check this box and stop						
	ction C. Computation of Publi						
14	Public support percentage for 2011 (li	ne 6, column (f) dı	vided by line 11, co	olumn (f))	_	14	98.06 %
15	Public support percentage from 2010	Schedule A, Part I	l, line 14		L	15	<u>97.80 %</u>
16a	33 1/3% support test - 2011. If the or	rganization did not	check the box on	line 13, and line 1	4 is 33 1/3% or m	ore, check this box	
	stop here. The organization qualifies a	as a publicly suppo	orted organization				►LX
b	33 1/3% support test - 2010. If the or	rganization did not	check a box on lii	ne 13 or 16a, and i	ine 15 is 33 1/3%	or more, check thi	s box
	and stop here. The organization qualit	fies as a publicly si	upported organiza	tion			▶∟_
17a	10% -facts-and-circumstances test	- 2011. If the orga	anızatıon dıd not ch	neck a box on line	13, 16a, or 16b, a	nd line 14 is 10% o	or more,
	and if the organization meets the "fact	ts-and-circumstand	es" test, check th	s box and stop he	re. Explain in Part	: IV how the organi	zation
	meets the "facts-and-circumstances" t	test The organizat	ion qualifies as a p	ublicly supported	organization		
b	10% -facts-and-circumstances test	- 2010. If the orga	inization did not ch	neck a box on line	13, 16a, 16b, or 1	7a, and line 15 is 1	0% or
	more, and if the organization meets the	e "facts-and-circur	nstances" test, ch	eck this box and s	top here. Explain	in Part IV how the	
	organization meets the "facts-and-circ	umstances" test 1	The organization qu	ualifies as a publicl	y supported orgai	nization	ightharpoons
18	Private foundation. If the organization	n did not check a b	oox on line 13, 16a	, 16b, 17a, or 17b,	check this box ar	nd see instructions	
						tule A (Form 990 a	

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

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

ction A. Public Support							
ndar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010		(e) 2011	(f) Total
Gifts, grants, contributions, and					1		
membership fees received (Do not							
include any "unusual grants ")							
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							
Gross receipts from activities that					T		
are not an unrelated trade or bus-							
•							
· '					+		
furnished by a governmental unit to the organization without charge							
Total. Add lines 1 through 5				ļ	-		
Amounts included on lines 1, 2, and							
3 received from disqualified persons				ļ			
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							
Add lines 7a and 7b							
Public support (Subtract line 7c from line 6)							
				•			,
ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010		(e) 2011	(f) Total
· ' ' · · · · · · · · · · · · · · · · ·		((=)	(-)		1-7	L ,
Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources							
Unrelated business taxable income							
(less section 511 taxes) from businesses]			
acquired after June 30, 1975							
· •							
Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on							
Other income. Do not include gain or loss from the sale of capital							
Total support (Add lines 9, 10c, 11, and 12)							
First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a section	on 50	l(c)(3) organiz	zation,
check this box and stop here							▶□
	Support Pe	rcentage					
			olumn (f))		15		%
***			• • •		16		%
	-		ne 13. column (fl)		17		%
•	•	-					%
• •			on line 14, and line	15 is more than			
• •						,, and mic	15 1150
	•	•		• •		an 33 1/20/	and
							. —
Private roundation. If the organization	did not check a	DUX OIL INTO 14, 19	a, OL 150, CHECK II	•			10 000 F 7) 201
	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 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. Gross receipts from activities that are not an unrelated trade or business under section 513. Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. The value of services or facilities furnished by a governmental unit to the organization without charge. Total. Add lines 1 through 5. Amounts included on lines 1, 2, and 3 received from disqualified persons. 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. Add lines 7a and 7b. Public support (Subtract line 7c from line 6). Etion B. Total Support. Amounts from line 6. Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. Unrelated business taxable income. (less section 511 taxes) from businesses activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.). Total support (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for the check this box and stop here. Etion C. Computation of Public support percentage from 2010 setion D. Computation of Investion D. Investment income percentage from 2010 setion D. Computation of Investion D. Investment income percentage from 2010 setion D. Computation of Investion D. Investment income percentage from 2010 setion D. Computation of Investion D. Investment income percentage from 2010 setion D. Computation of Investion D. Inv	dar year (or fiscal year beginning in) Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 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 Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons 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 Add lines 7a and 7b Public support (Subhact line 7c from line 5) tion B. Total Support and year (or fiscal year beginning in) Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalities and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for the organization' check this box and stop here tion C. Computation of Public Support Pe Public support percentage from 2010 Schedule A, Part tion D. Computation of Investment Income Investment Income percentage from 2010 Schedule A, Part Time 18 is not more than 33 1/3%, check this box and stop here. The 33 1/3% support tests - 2010. If the organization did line 18 is not more than 33 1/3%, check this box and stop here. The	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 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 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 Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons hat exceed the greater of \$5,000 or '% of the amount on line 13 for the year. Add lines 7a and 7b Public support (Subtractine 7c from line 5) this expert of the greater of \$5,000 or '% of the amount on line 13 for the year. Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses activities not included in line 10b, whether or not the business is regularly carned on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support (Add lines 9, 10c., 11, and 12) First five years. If the Form 990 is for the organization's first, second, thir check this box and stop here Ction C. Computation of Public Support Percentage Public support percentage from 2010 Schedule A, Part III, line 17 33 1/3% support tests - 2011 (line 8, column (f) divided by line 13, computation of public support percentage from 2010 Schedule A, Part III, line 17 33 1/3% support tests - 2011 (line 8 organization did not check the box and stop here. The organization did not check the box and 10 more than 33 1/	Grits, grants, contributions, and membership fees received (Do not include any "unusual grants") Gross receipts from admissions, merchandises sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's tax-exempt and to or expended on its behalf. The value of services or facilities furnished by a governmental unit to the organization without charge. Total, Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons. Amounts included on lines 1, 2, and 3 received from disqualified persons. Amounts included on lines 2 and 3 received from other than disqualified persons. Amounts included on lines 2 and 3 received from other than disqualified persons amount on the 13 to the year. Add lines 7 a and 7b Public support (Subraciline 7 from line 6) Tich B. Total Support India year (or fiscal year beginning in) Amounts from line 6 Gross income from innee 6 Gross income from innee 6 Gross income from innee 6 Gross income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 1975 Add lines 10a and 10b Net income from unrelated business sactivities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support (add lines), 10c, 11. and 12) Terst five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth to check this box and stop here. The organization qualifies as a publicity investment income percentage from 2010 Schedule A, Part III, line 17 33 1/3% support tests - 2011. If the organization did not check the box on line 14 or line 195 line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies is a publicity in the part of the part	indar year (or fiscal year beginning in)	dar year (or fiscal year beginning in) ▶ (a) 2007 (b) 2008 (c) 2009 (d) 2010 Giffs, grants, contributions, and membership fees received (Do not include any "unusual grants") Gross receipts from admissions, merchandise sold or services per formed, or facilities furnished in any activity that is related to the organization's tax exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's send and entire paid to or expended on its behalf. The value of services or facilities furnished by a governmental unit to the organization's benefit and either paid to or expended on its behalf. The value of services or facilities furnished by a governmental unit to the organization's benefit and either paid to or expended on its behalf. The value of services or facilities furnished by a governmental unit to the organization without charge. Total, Add lines 1 though 5 Amounts micluded on lines 1, 2, and 3 received from disqualified persons Announts nicited on lines 2 and 3 resident to the service of the serv	Grits, grants, contributions, and membership fees received (Do not include any "unusual grants") Grits, grants, contributions, and membership fees received (Do not include any "unusual grants") Gross receipts from admissions, marchandise sold or services per formad, or faculties furnished in any activity that is related to the organization's therefit and either paid to or expended on its behalf Tax revenues levied for the organization's therefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization's benefit and either paid to or expended on lines 1, 2, and 3 received from disqualified persons has received from disqualified persons that received from the facilities for the services or facilities from the facilities from the facilities of the services or facilities from the facilities of the services or facilities from the facilities of the services of the servi

SCHEDULE G

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

OMB No 1545-0047

Inspection

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

Employer identification number Name of the organization NORTHEAST ALABAMA KIDNEY ASSOC., INC. 63-1192877 Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply Mail solicitations Solicitation of non-government grants Internet and email solicitations Solicitation of government grants Special fundraising events Phone solicitations In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or \neg_{No} ີ Yes key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization (v) Amount paid (iii) Did fundraiser have custody or control of (vi) Amount paid (i) Name and address of individual to (or retained by) (iv) Gross receipts (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col (i) contributions' Yes List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration

	edu art	le G (Form 990 or 990 EZ) 2011 NORTHE II Fundraising Events. Complete if the				
		of fundraising event contributions and gr	=			
			(a) Event #1	(b) Event #2	(c) Other events	4 % 7-1-1
			FUNDRAISING PARTY		NONE	(d) Total events (add col. (a) through
•			(event type)	(event type)	(total number)	col (c))
Revenue	1	Gross receipts	49731.			49731.
_	2	Less Charitable contributions	4856.			4856.
	3	Gross income (line 1 minus line 2)	44875.			44875.
	4	Cash prizes	20000.			20000.
ses	5	Noncash prizes	36.			36.
Exper	6	Rent/facility costs	999.			999.
Direct Expenses	7	Food and beverages	5129.			5129.
	8	Entertainment	200.			200.
	9	Other direct expenses	710.			710.
	10				>	(27074)
		Net income summary Combine line 3, colum	n (d), and line 10	000 D + D/ 1 40	> _	17801.
Pa	irt l		answered "Yes" to Form	990, Part IV, line 19, or i	reported more than	
_	1	\$15,000-on Form 990-EZ, line 6a	1	(b) Pull tabs/instant		(d) Total gamma (add
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
- 8	1	Gross revenue .				
ses	2	Cash prizes				
Expenses	3	Noncash prizes				
Direct I	4	Rent/facility costs				
	5	Other direct expenses		 	 	
	6	Volunteer labor	Yes % No	Yes % No	Yes % No	
	7	Direct expense summary. Add lines 2 through	n 5 ın column (d)		•	(
	8	Net gaming income summary Combine line 1	I, column d, and line 7		>	
а	ls t	ter the state(s) in which the organization opera the organization licensed to operate gaming ac No," explain	ctivities in each of these			Yes No
		ere any of the organization's gaming licenses re Yes," explain		=		Yes No
	_					

Sch	edule G (Form 990 or 990-EZ) 2011 NORTHEAST ALABAMA KIDNEY ASSOC., INC. 63-1	<u> 19287'</u>	7 Page 3
11	Does the organization operate gaming activities with nonmembers?	Yes	☐ No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed	_	
	to administer charitable gaming?	Yes	L∐ No
13	Indicate the percentage of gaming activity operated in:		
	The organization's facility	13a	%
	An outside facility	13b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address >		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
b	If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount		
	of gaming revenue retained by the third party > \$		
C	: If "Yes," enter name and address of the third party		
	Name >		
	Address		
16	Gaming manager information		
	Name		
	Gaming manager compensation ▶ \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions		
	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
<u> </u>	retain the state gaming license?	Yes	☐ No
ь	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
	organization's own exempt activities during the tax year > \$		
Pa	Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii)	and (v), and	Part III,
	lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information	(see instru	ctions).
			······································
			

Employer identification number Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations, ► Attach to Form 990. INC. KIDNEY ASSOC. NORTHEAST ALABAMA General Information on Grants and Assistance Name of the organization Department of the Treasury Internal Revenue Service SCHEDULE (Form 990) Part I

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63-1192877 (h) Purpose of grant or assistance X Yes Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000 Check this box if no one recipient received more than \$5,000 Part II can be duplicated if additional space is needed

(f) Method of recipion of cash grant or government

(g) Description of recipion of recipion or government or government received more than \$5,000 Part II can be duplicated if additional space is needed

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(g) Description of recipion or government received more than \$5,000 Part II can be duplicated if additional space is needed. Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Enter total number of section 501(c)(3) and government organizations listed in the line 1 table LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Enter total number of other organizations listed in the line 1 table criteria used to award the grants or assistance? 1 (a) Name and address of organization Part II

Schedule I (Form 990) (2011)

Schedule I (Form 990) (2011) NORTHEAST ALABAMA KIDNEY ASSOC., INC. Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22 Part III Can be disnicated if additional space is needed.	MA KIDNE	Y ASSOC.	INC. ation answered "Yes"	to Form 990, Part IV, line 22	63-1192877 Page 2
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
COST OF MEDICATION	17	9420,	0		
COST OF TRANSPORTATION TO MEDICAL FACILITIES	46	12805.	0		
Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information	ide the information	n required in Part I,	line 2, and any other	additional information	
132102 01-27-12					Schedule I (Form 990) (2011)

SCHEDULE O

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

OMB No 1545-0047
2011
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Department of the Treasury Internal Revenue Service

Name of the organization **Employer identification number** 63-1192877 NORTHEAST ALABAMA KIDNEY ASSOC., INC. FORM 990, PART VI, SECTION A, LINE 8B: MINUTES ARE KEPT FOR ALL FORMAL MEETINGS OF THE COMMITTEES AND GOVERNING BODY. FORM 990, PART VI, SECTION B, LINE 11: ORGANIZATION IS PROVIDED THE FORM 990 TO FILE. FORM 990, PART VI, SECTION C, LINE 19: AVAILABLE TO THE PUBLIC UPON REQUEST. FORM 990, PART VII CONTACT ADDRESSES FOR OFFICERS, DIRECTORS, ETC: BEN JOHNSTON - 415 AQUA VISTA DR. W, GADSDEN, AL 35901