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# FORM 990-EZ

# Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2014

OMB No 1545-1150

Department of the Treasury Internal Revenue Service ▶ Do not enter social security numbers on this form as it may be made public.
 ▶ Information about Form 990-EZ and its instructions is at www.lrs.gov/form990.

Open to Public Inspection

Address charge   Characteristics   Characteri			2014 calendar year, or tax year beginning JUL 1, 2014	and end	ling JU	N 30	, 2015	
Maniput and provided   Maniput and street (or P.C. Dox, if mail is not delivered to street address)   Room/guine   E Telephone number (80.2) 863 – 40.87	В	Check if applicab	C Name of organization					
Name cavery   VERMONT KIDNEY ASSOCIATION, INC.   Room/suite   February   F								
Room/Sute   E Telephone number   Frail refuse   Room/Sute   E Telephone number   Frail refuse   Room/Sute   E Telephone number   Room/Sute   Room/Sute   E Telephone number   Room/Sute   Room/Su		_				23-	-72453	81
Section   P.O. BOX 244   Register   P.O. BOX 245   Register   P.O. BOX 246   Register   P.O. BOX 246   Register   P.O. BOX 240   Register   P.O.		Initial	Number and street (or P.O. box, if mail is not delivered to street address)	Room/suite				
Part		— Final	-Access I			(8)	02)863	-4087
Recording Method:   Cash		Amer	City or town, state or province, country, and ZID or foreign postal code					
Website: N/A   Accrual Other (specify)   H Check   X   If the organization is not required to attach Schedule 8   Tax-exempt teatus (check only one)   X   501(c)(3)   501(c)(1)   4(insert no.)   4947(a)(1) or   527   (Form 1990, 190-£7, or 990-PF).		_					-	
Tax-exempt status (check only one) - X 501(c)(3) 501(c) t	G	Accour				H Check	► X if	the organization is
Taxexempt status (check only one) -			· · · · · · · · · · · · · · · · · · ·			not red	quired to atta	ch Schedule B
Tust				4947(a)(1)	or 527	(Form	990, 990-EZ	, or 990-PF).
Second   Part   Pa	K,	Form o				•		
Check if the organization used Schedule Q to respond to any question in this Part I  Check if the organization used Schedule Q to respond to any question in this Part I  Check if the organization used Schedule Q to respond to any question in this Part I  Check if the organization used Schedule Q to respond to any question in this Part I  Check if the organization used Schedule Q to respond to any question in this Part I  Check if the organization used Schedule Q to respond to any question in this Part I  Check if the organization used Schedule Q to respond to any question in this Part I  Check if the organization used Schedule Q to respond to any question in this Part I  Check if the organization used Schedule Q to respond to any question in this Part I  Check if the organization used Schedule Q to respond to any question in this Part I  Check if the organization used to a sease so there than inventory (Subtract line 5b from line 5a)  Check if the organization used of assess other than inventory (Subtract line 5b from line 5a)  Caming and fundraising events (and including S of contributions schedule G if greater than St5,000)  Check if the organization used of assess other than inventory (Subtract line 5b from line 5a)  Check if the organization used of assess other than inventory (Subtract line 5b from line 5a)  Composition under a contributions exceeded \$15,000				or more, or if tota	l assets (Part	II,		
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1 Contributions, gifts, grants, and similar amounts received 2 Program service revenue including government fees and contracts 3 Membership dues and assessments 4 Investment income 5 Gross amount from sale of assets other than inventory 5 Less: cost or other bases and sales expenses 6 Gaming and fundraising events 7 Gross income from gaming (attach Schedule G if greater than \$15,000) 8 Gross income from gaming (attach Schedule G if greater than \$15,000) 9 Gross income from gaming (attach Schedule G if greater than \$15,000) 9 Gross income from gaming (attach Schedule G if greater than \$15,000) 9 Gross income from gaming and guide integrals greatly gross income and contributions exceeds \$15,000	Ϋ́P	art I	Revenue, Expenses, and Changes in Net Assets or Fund	d Balances	(see the instru	ictions foi	r Part I)	
1   Contributions, girls, grants, and similar amounts received   2   Program service revenue including government fees and contracts   3   3   3   3   3   3   3   3   3	~~~	_	Check if the organization used Schedule O to respond to any question in this Part I					X
Program service revenue including government fees and contracts  3 Membership dues and assessments  4 Investment income  5 Gross amount from sale of assets other than inventory  5 Less: cost or other basis and sales expenses  c Gamring and fundraising events  a Gross amount from sale of assets other than inventory (Subtract line 5b from line 5a)  6 Gamring and fundraising events  a Gross income from gamring (attach Schedule G if greater than \$15,000)  b Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceededs 15,000)  c Less: direct expenses from gamring and fundraising events (addines 6a and 6b and subtract line 6c)  7 A Gross sales of inventory, less returns and allowances  7 A Gross sales of inventory, less returns and allowances  8 Other revenue (describe in Schedule G if the sum of such gross inventory), less returns and allowances  9 Total revenue, 4dd lines 1, 2, 8-35, 66.55, and 9  10 Grants and similar amounts gaid (listun Schedule G if the sum of such gross inventory, less returns and allowances  11 Grants and similar amounts gaid (listun Schedule G if the sum of such gross promiter (less probe in Schedule G if the sum of such gross promiters and similar amounts gaid (listun Schedule G if the sum of such gross promiters and similar amounts gaid (listun Schedule G if the sum of such gross promiters in schedule G if the sum of such gross promiters in schedule G if the sum of such gross promiters in schedule G if the sum of such gross promiters in schedule G if the sum of such gross promiters in schedule G if the sum of such gross promiters in schedule G if the sum of such gross promiters in schedule G if the sum of such gross promiters in schedule G if the sum of such gross promiters in schedule G if the sum of such gross promiters in schedule G if the sum of such gross promiters in schedule G if the sum of such gross promiters in schedule G if the sum of such gross pr	ć	31					1	62,691.
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8 Other revenue (describe in Scheduce of S		С	Gross profit or (loss) from sales of (five fitory, Subtracting 7b from line 7a)			<u></u>	7c	
10   Grants and similar amounts paid (list in Schedule 1)   11   12   12   13   Professional fees and other payments to independent contractors   13   Professional fees and other payments to independent contractors   13   14   Occupancy, rent, utilities, and maintenance   14   15   Printing, publications, postage, and shipping   15   16   Other expenses (describe in Schedule 0)   SEE SCHEDULE 0   16   60,372.   17   Total expenses Add lines 10 through 16   17   60,372.   18   Excess or (deficit) for the year (Subtract line 17 from line 9)   18   3,283.   19   Net assets or fund balances at beginning of year (from line 27, column (A))   (must agree with end-of-year figure reported on prior year's return)   19   123,614.   126,897.   126,897.			Other revenue (describe in Schedule 0)			<u> </u>	8	
10   Grants and similar amounts paid (list in Schedule 1)   11   12   12   13   Professional fees and other payments to independent contractors   13   Professional fees and other payments to independent contractors   13   14   Occupancy, rent, utilities, and maintenance   14   15   Printing, publications, postage, and shipping   15   16   Other expenses (describe in Schedule 0)   SEE SCHEDULE 0   16   60,372.   17   Total expenses Add lines 10 through 16   17   60,372.   18   Excess or (deficit) for the year (Subtract line 17 from line 9)   18   3,283.   19   Net assets or fund balances at beginning of year (from line 27, column (A))   (must agree with end-of-year figure reported on prior year's return)   19   123,614.   126,897.   126,897.		9	Total revenue. Add lines 1, 2, 8,455c, 6d5c, and 80/		•	<u> </u>	9	<u>63,655.</u>
Salaries, other compensation, and employes benefits  12		1 -	Grants and similar amounts haid (lift in Schedule OH)					
Salaries, other compensation, and employes benefits  12		11	Benefits paid to or for members					
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Net assets or fund balances at beginning of year (from line 27, column (A))  (must agree with end-of-year figure reported on prior year's return)  19 123,614.  20 Other changes in net assets or fund balances (explain in Schedule O)  20 0.  Net assets or fund balances at end of year. Combine lines 18 through 20  21 126,897.	_							
21 Net assets or fund balances at end of year. Combine lines 18 through 20	ম	18				<u> </u>	18	3,283.
21 Net assets or fund balances at end of year. Combine lines 18 through 20	ssei	19	• • • • • • • • • • • • • • • • • • • •			-		400 55 1
21 Net assets or fund balances at end of year. Combine lines 18 through 20	t As		• • • • • • • • • • • • • • • • • • • •			_		
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_	n 990-EZ (2014) VERMONT KIDNEY ASSOCIATIO	N, INC.		<u> 23-72453</u>	881 Page 2
P	art II Balance Sheets (see the instructions for Part II)				_
	Check if the organization used Schedule O to res	pond to any que			
			(A) Beginning of year	<del> </del>	nd of year
22			123,614.		126,897.
23				23	
24	Other assets (describe in Schedule O)			24	405 005
25			123,614.		126,897.
26			0,	26	0.
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	to loss the inst	123,614.	*	126,897.
P	art III Statement of Program Service Accomplishmer				xpenses I for section
	Check if the organization used Schedule O to res		estion in this Part in		and 501(c)(4)
wn	at is the organization's primary exempt purpose? SEE SCHEDULE O		<del></del>	organizat others.)	ions; optional for
	cribe the organization's program service accomplishments for each of its three largest program sincribe the services provided, the number of persons benefited, and other relevant inform			Ollicis.)	
					·
28	PATIENT SERVICES FOF KIDNEY RELATED	DISEASES		-	
				— I I	
	/One-stands				
00	(Grants \$ ) If this amount includes foreign g	rants, check here		28a	
29			<del></del>	-	
			<del></del> .		
	(Crosto \$ ) If this amount includes foreign a	rants shock hara		29a	
30	(Grants \$ ) If this amount includes foreign g	rants, check here		234	
30				-	
				-	
	(Grants \$ ) If this amount includes foreign of	rants check here		30a	
21	(Grants \$ ) If this amount includes foreign g Other program services (describe in Schedule O)	rants, check here			
31	(Grants \$ ) If this amount includes foreign of	trants check here		31a	
32	Total program service expenses (add lines 28a through 31a)	ranta, cricox ricro		32	0.
P	art IV List of Officers, Directors, Trustees, and Key E	mployees (list eac	h one even if not compensated - :		
<u> </u>	Check if the organization used Schedule O to res				
		(b) Average hour		(d) Health benefits	(e) Estimated
	(a) Name and title	per week devoted	1 1 1	contributions to employee benefit	amount of other
	(-)	position	(if not paid, enter -0-)	plans, and deferred compensation	compensation
R	OCHELLE GARDNER	1.00			
_	RESIDENT	10.00	0.	0	. 0.
	RUCE POQUETTE				
	PRESIDENT	10.00	0.	0	. 0.
	EG LANGLAIS				
-	REAURER	10.00	0.	0	. 0.
_	BORAH TAFT				
	BC.	10.00	0.	0	. 0.
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432	172 12-15-14	•		Forr	n <b>990-EZ</b> (2014)
702	THE RESIDENCE OF THE PROPERTY				, ,

	990-EZ (2014) VERMONT KIDNEY ASSOCIATION, INC. 23-7245			age 3
Pa	other Information (Note the Schedule A and personal benefit contract statement requirement instructions for Part V) Check if the organization used Sch. O to respond to any question in this	s III t s Par	ne + V	T.
	instructions for Part v) Check if the organization used Sch. O to respond to any question in the	3 i ai		X
			Yes	NO
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each			
	activity in Schedule O	33		<u> </u>
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended			
	documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34_		X
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported			
	on lines 2, 6a, and 7a, among others)?	35a		_X
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	N/	Α
	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax			
	requirements during the year? If "Yes," complete Schedule C, Part III	35c		Х
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes,"			
•	complete applicable parts of Schedule N	36		Х
<b>3</b> 7 a	Enter amount of political expenditures, direct or indirect, as described in the instructions    37a   0.			
		37b		X
	Did the organization file Form 1120-POL for this year?	370		
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made	202		х
	in a prior year and still outstanding at the end of the tax year covered by this return?	38a	-	Α.
	If "Yes," complete Schedule L, Part II and enter the total amount involved  N/A	1		
39	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on line 9  39a N/A	1		ļ
b	Gross receipts, included on line 9, for public use of club facilities 39b N/A	1		
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:	ļ		
	section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶ 0.			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit			l
	transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any	ļ		1
	of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		X
C	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on			
	organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed	İ		
Ī	by the organization   •0 .			
۵	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			
·	transaction? If "Yes," complete Form 8886-T	40e	ł	X
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		540		
L	At any time during the calendar year, did the organization have an interest in or a signature or other authority	7 1 0		
D			Yes	No
	over a financial account in a foreign country (such as a bank account, securities account, or other financial	42b	1.00	X
	account)?	420	1	_ <u>^</u>
	If "Yes," enter the name of the foreign country:			ļ
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			٦,
C	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c	<u> </u>	X
	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			
	and enter the amount of tax-exempt interest received or accrued during the tax year	N/A		
			Yes	No
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of			
	Form 990-EZ	44a		X
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead			
_	of Form 990-EZ	44b		X
_	Did the organization receive any payments for indoor tanning services during the year?	44c		X
	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation	T	1	1
a		44d		
	In Schedule O	45a	<del>                                     </del>	X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	704	+	12
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section	456		
_	512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b	100 53	12014
4321	73	Form !	3U-EZ	. (2014

	014) <u>VERM</u>	MONT KIDI	ALT L	<u> </u>	<u> </u>	21/ 22101				<u> </u>		81		age 4
		<del> </del>											Yes	No
6 Did the org	ganization engage, c	directly or indirectl	y, ın polit	ical campa	aign activitie	s on behalf of o	or in opposition	on to candi	dates for pu	iblic offi	ceo			
	omplete Schedule C,											46		<u>X</u>
Part VI S	Section 501(c	)(3) organiza	itions (	only										
•	All section 501(c)(	<ol><li>3) organizations</li></ol>	must an	swer que	estions 47	49b and 52,	and comple	te the tab	les for line	s 50 ar	id 51			_
	Check if the organ	ization used Sc	hedule C	to respo	ond to any	question in t	his Part VI						,	Ш
											_		Yes	
7 Did the org	ganization engage in	n lobbying activitie	s or have	a section	501(h) elec	tion in effect di	iring the tax y	/ear? If "Ye	s,* complete	Sch. C	, Part II	47		X
18 Is the orga	anization a school as	s described in sect	tion 170(t	)(1)(A)(ii)	)? If "Yes," c	omplete Sched	ule E				_	48		_X
19a Did the org	ganization make any	transfers to an ex	kempt noi	n-charitab	le related or	ganization?						49a		<u>X</u>
b If "Yes," wa	as the related organ	ization a section 5	27 organi	zation?							Ĺ	49b		
<b>50</b> Complete	this table for the org	ganization's five hi	ghest cor	npensated	d employees	(other than of	icers, directo	rs, trustee:	and key en	nployee	s) who ea	ch re	ceived i	nore
than \$100	0,000 of compensati	on from the organ	ization. If	there is n	one, enter "i	None."						-		
	(a) Name a	nd title of each em	ployee				ige hours	(C) R	eportable	(d) Heal	th benefits outions to		) Estim	
						I .	devoted to	W-2/10	ation (Forms 199-MISC)	employ	ree benefit nd deferred		ount of impens	
			NON	3		pos	ition 				ensation	1 60	inpens	
						]								
													_	
-		•			·									
		<del></del>												
-		•				7		-						
					_									
			•		,	1								
organizati	this table for the ordinal three is none, lame and business a	ganization's five h	ighest coi	€		ent contractors		eived more		,000 of c			from the	
Complete organizati	this table for the ore	ganization's five h	ighest coi	€		ent contractors				,000 of d				
Complete organizati	this table for the ore	ganization's five h	ighest coi	€		ent contractors				,000 of c				
5 1 Complete organizati	this table for the ore	ganization's five h	ighest coi	€		ent contractors				,000 of c				
5 1 Complete organizati	this table for the org ion. If there is none, lame and business a	ganization's five h enter "None." address of each in	ighest coi NONI dependen	E t contract	or	ent contractors				,000 of c				
5 1 Complete organizati (a) Ni	this table for the orgion. If there is none, lame and business a	ganization's five hi enter "None." address of each in	ghest cor NONI dependen	E t contract	or r \$100,000		(1)			,000 of c				
d Total num 52 Did the or complete or comp	this table for the orgon. If there is none, lame and business a la	ganization's five henter "None." address of each initial address of each initi	each rece	t contract	or sr \$100,000 c)(3) organi	zations must at	(I	b) Type of	Service		(c) (i	Comp	ensatio	n N
d Total num 52 Did the or complete Under penalties	nber of other indeperganization completed Schedule As of perjury, I declare	ganization's five henter "None."  address of each initial address of each init	each receive. All sec	t contract	or sr \$100,000 c)(3) organi	zations must at	tach a	b) Type of s	service	est of m	(c) (i	Comp	ensatio	n N
d Total num 52 Did the or complete Under penalties	this table for the orgon. If there is none, lame and business a la	ganization's five henter "None."  address of each initial address of each init	each receive. All sec	t contract	or sr \$100,000 c)(3) organi	zations must at	tach a	b) Type of s	service	est of m	(c) (i	Comp	ensatio	n N
d Total num 52 Did the or complete under penalties true, correct, ar	nber of other indeperganization complete. Declaration complete.	ganization's five henter "None."  address of each initial address of each init	each receive. All sec	t contract	or sr \$100,000 c)(3) organi	zations must at	tach a	b) Type of s	service	est of m	(c) (i	Comp	ensatio	n N
d Total num 52 Did the or completee Under penalties true, correct, ar	nber of other indeperganization completed Schedule As of perjury, I declare	ndent contractors e Schedule A? Note that I have exam	each receive. All sec	t contract  t contract  enving ove tion 501(correturn, incorreturn) in	or sr \$100,000 c)(3) organi cluding acco	zations must at	tach a	b) Type of s	service	est of m	(c) (i	Comp	ensatio	n N
d Total num 52 Did the or complete under penalties true, correct, ar	nber of other indeperganization complete. Declaration of other indepercent	ndent contractors e Schedule A? Note that I have examation of preparer (	each rectee. All seconder than	t contract  enving ove tion 501(c	or \$100,000 c)(3) organic luding accordis based on	zations must at impanying scheall information	tach a	b) Type of s	service	est of m	(c) (i	Comp	ensatio	n N
d Total num 52 Did the or complete Under penalties true, correct, ar Here	nber of other indeperganization complete. Declaration complete. Declaration complete. Print/Type prepari	ndent contractors e Schedule A? Note that I have examation of preparer (	each rectee. All seconder than	t contract  enving ove tion 501(c	or sr \$100,000 c)(3) organi cluding acco	zations must at impanying scheall information	tach a edules and sta	b) Type of s	and to the be	est of myge.	(c) (	Comp	ensatio	n N
d Total num 52 Did the or complete: Under penalties true, correct, ar Sign Here	nber of other indeperganization complete. Declaration complete. De	ndent contractors e Schedule A? Note that I have examation of preparer ( and title er's name SMALL	each rectee. All seconder than	t contract  enving ove tion 501(c	or \$100,000 c)(3) organic luding accordis based on	zations must at impanying scheall information	tach a edules and state of which prep	atements, a	and to the being knowledge	est of myge.	(c) (d)	X Y dge ar	ensatio	n N
d Total num 52 Did the or complete Under penalties true, correct, ar Sign Here	nber of other indeperganization complete. Declaration complete. De	ndent contractors e Schedule A? Note that I have exame at on of preparer ( and title er's name SMALL CVA	each rective. All seconder than	t contract  t contract  eiving ove tion 501(o	or \$100,000 c)(3) organical states on PRES	zations must at impanying scheal information	tach a edules and state of which prepared to the detection of the detectio	b) Type of s	and to the being knowleds  Check xelf- emplo	est of myge.	(c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	X Y dge ar	ensatio	n N
d Total num 52 Did the or complete under penalties true, correct, ar Sign Here	nber of other indeperganization completed Schedule As of perjury, I declared complete Declaration of print/Type preparations of perjury and complete Declarations of perjury. I declared complete Declarations of perjury and complete Declarations of perjury and complete Declarations. Type or print name and Print/Type preparations of perjury and perjury. Type preparations of perjury and perj	ndent contractors e Schedule A? Note that I have exame at low of preparer ( CVA JEFFERY	each rective. All seconder than	t contract  t contract  eiving ove tion 501(oreturn, incenturn, incenturn) incenturn, in	or \$100,000 c)(3) organic luding accordis based on	zations must at impanying scheal information	tach a edules and state of which prep	atements, a	and to the being knowledge  Check Self- emplo	est of mige. Date  If byed	(c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	X Y dge ar	ensatio	n Ni
d Total num 52 Did the or complete Under penalties true, correct, ar Sign Here	nber of other indeperganization completed Schedule As of perjury, I declared complete Declaration of print/Type preparations of perjury and complete Declarations of perjury. I declared complete Declarations of perjury and complete Declarations of perjury and complete Declarations. Type or print name and Print/Type preparations of perjury and perjury. Type preparations of perjury and perj	ndent contractors e Schedule A? Note that I have exame at the contractors of preparer (CVA)  JEFFERY  72 PINE	each receive. All seconder than	eiving ove tion 501(oreturn, inc n officer) i	or \$100,000 c)(3) organics based on CPA/A	zations must at impanying scheal information	tach a edules and state of which prepared to the detection of the detectio	atements, a	and to the being knowleds  Check xelf- emplo	est of mige. Date  If byed	(c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	X Y dge ar	ensatio	n Ni
d Total num 52 Did the or complete Under penalties true, correct, ar Here  Paid Preparer Use Only	nber of other indeperganization completed Schedule As of perjury, I declared complete Declaration of print/Type preparations of perjury and complete Declarations of perjury. I declared complete Declarations of perjury and complete Declarations of perjury and complete Declarations. Type or print name and Print/Type preparations of perjury and perjury. Type preparations of perjury and perj	ndent contractors as Schedule A? Note that I have example that I h	each receive. All seconds of the second of the se	eiving ove tion 501(c return, inc n officer) i	or \$100,000 c)(3) organic sbased on CPAY 2	zations must at impanying scheal information	tach a edules and state of which prepared to the detection of the detectio	atements, a	and to the being knowledge  Check Self- emplo	est of mige. Date  If byed	(c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	X Y dge ar	ensatio	n N N N N N N N N N N N N N N N N N N N

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#### **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.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.lrs.gov/form990.

OMB No 1545-0047

Open to Public Inspection

Name of the organization

VERMONT KIDNEY ASSOCIATION INC.

Employer identification number

	VERM	ONT KIDNEY	ASSOCIATION	_ INC		2	<u>3-7245381                                    </u>				
Part		Charity Status (A	Il organizations must co	mplete this							
he ora	anization is not a private found										
1	A church, convention of chu	•		•	-	(A)(i).					
2	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)										
3	<b>¬</b>	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).									
4	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,										
* :	city, and state	ation operated in cor	nanotion with a noophar	000011000	300000	1 17 O(D)( 1)(M)(M), 2.110.					
<u> </u>											
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). (Complete Part II)									
	~	•		47	0/5//4//4//	- A					
6	A federal, state, or local gov	_				•	nublic described in				
7 LX	_	-	ntial part of its support fi	om a gove	ernmentai	unit or from the general	public described in				
. —	section 170(b)(1)(A)(vi). (Co	•									
8  =	A community trust describe										
9 _	An organization that normal										
	activities related to its exem										
	income and unrelated busin		(less section 511 tax) fro	om busines	ses acqu	red by the organization	after June 30, 1975.				
_	See <b>section 509(a)(2).</b> (Cor	•									
10 🛌	An organization organized a						_				
11 📙	An organization organized a										
	more publicly supported or	•					Check the box in				
	lines 11a through 11d that	describes the type o	f supporting organization	n and com	plete lines	11e, 11f, and 11g					
а	Type I. A supporting orga	anization operated, s	upervised, or controlled	by its sup	oorted org	anızatıon(s), typıcally by	giving				
	the supported organization	on(s) the power to re	gularly appoint or elect a	majority o	of the direc	ctors or trustees of the s	supporting				
	organization You must o	complete Part IV, Se	ections A and B.								
b l	Type II. A supporting org	anization supervised	or controlled in connect	tion with it	s supporte	ed organization(s), by ha	iving				
	control or management o	of the supporting org	anization vested in the s	ame perso	ns that co	ntrol or manage the sur	ported				
	organization(s) You mus	t complete Part IV,	Sections A and C.								
c	Type III functionally inte	egrated. A supportin	g organization operated	ın connect	ion with, a	and functionally integrat	ed with,				
	its supported organizatio	n(s) (see instructions	s) You must complete f	Part IV, Se	ctions A,	D, and E.					
d	Type III non-functionally	y integrated. A supp	orting organization oper	ated in coi	nnection v	vith its supported organ	zation(s)				
	that is not functionally int										
	requirement (see instruct										
e i	Check this box if the orga										
	functionally integrated, o										
f E	inter the number of supported	••	, , , , , , , , , , , , , , , , , , , ,	• •							
	Provide the following information	-	ed organization(s)								
<u> </u>	(i) Name of supported	(II) EIN	(III) Type of organization	(IV) Is the o			(vi) Amount of				
	organization		(described on lines 1.9	listed i governing (	n your document?	support (see	other support (see				
			above or IRC section (see instructions))	Yes	No	Instructions)	Instructions)				
	<del></del>	<del></del>	1222								
					-						
		<del></del>	<del> </del>	<del> </del>							
_		<del> </del>	<del></del>								
							<del> </del>				
Total		1	1	1		ı	1				

#### 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.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grants ")						
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						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3		- "		-		
	The portion of total contributions						
_	by each person (other than a						
	governmental unit or publicly				1		
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4						0.
	ction B. Total Support		<u> </u>				
Cale	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Amounts from line 4						
8	Gross income from interest,		-				
	dividends, payments received on	Ī					
	securities loans, rents, royalties						
	and income from similar sources						
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	1					
	assets (Explain in Part VI )	1					
11	Total support. Add lines 7 through 10						0.
	Gross receipts from related activities,	etc. (see instructi	ions)			12	
	First five years. If the Form 990 is for			ird, fourth, or fifth t	tax year as a secti	on 501(c)(3)	
	organization, check this box and stop	p here					▶□
Se	ction C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2014 (	line 6, column (f) d	livided by line 11,	column (f))		14	.00 %
	Public support percentage from 2013					15	%
16a	33 1/3% support test - 2014. If the	organization did no	ot check the box	on line 13, and line	14 is 33 1/3% or	more, check this b	ox and
	stop here. The organization qualifies						
t	33 1/3% support test - 2013. If the	organization did no	ot check a box on	line 13 or 16a, and	d line 15 is 33 1/39	% or more, check t	his box
	and stop here. The organization qual	lifies as a publicly	supported organi	zation			▶
178	10% -facts-and-circumstances tes						
	and if the organization meets the "fac	cts-and-circumstan	nces" test, check	this box and stop	here. Explain in Pa	art VI how the orga	nization
	meets the "facts-and-circumstances"	test The organiza	ation qualifies as a	a publicly supporte	ed organization		▶□
k	10% -facts-and-circumstances tes	t - 2013. If the orc	ganization did not	check a box on lin	ne 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets t						е
	organization meets the "facts-and-cire						▶Щ
18	Private foundation. If the organization	on did not check a	box on line 13, 1	<u>6a, 16b, 17a, or 17</u>	b, check this box	and see instruction	ns ►X
					Sch	edule A (Form 990	or 990-EZ) 2014

432022 09-17-14

# Schedule A (Form 990 or 990 EZ) 2014 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	e organization fails to
qualify under the tests listed below, please complete Part II.)	

Section A. Public Support	ow, please com	ipiete i ait ii j				
Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and						
membership fees received (Do not						
include any "unusual grants ")				ł		
2 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		ł	}			
3 Gross receipts from activities that		<u> </u>	<del></del>	-		
are not an unrelated trade or bus-						
iness under section 513				1		
<u>├</u>		<del> </del>				
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf					<del> </del>	
5 The value of services or facilities		1				
furnished by a governmental unit to		1				
the organization without charge		<del> </del>	ļ			
6 Total. Add lines 1 through 5			ļ	ļ	<del> </del>	
7a Amounts included on lines 1, 2, and		1			}	
3 received from disqualified persons					ļ	
<b>b</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						
8 Public support (Subtract line 7c from line 6)						
Section B. Total Support		<u> </u>				
Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6						
10a Gross income from interest,						
dividends, payments received on				1		
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						
·		-	<del>                                     </del>	<del>}</del>	<del> </del>	
c Add lines 10a and 10b  11 Net income from unrelated business				<del> </del>	<del></del>	
activities not included in line 10b,						
whether or not the business is						
regularly carried on					<del></del>	
or loss from the sale of capital					1	
assets (Explain in Part VI)		<del></del>				
13 Total support (Add lines 9, 10c, 11, and 12)			<u> </u>	<u> </u>	<u> </u>	
14 First five years. If the Form 990 is for	the organization	i's first, second, thi	rd, fourth, or fifth t	ax year as a section	on 501(c)(3) organiz	zation,
check this box and stop here						
Section C. Computation of Public					<del></del>	
15 Public support percentage for 2014 (lir		-	column (f))		15	
16 Public support percentage from 2013					16	
Section D. Computation of Inves					<del></del>	
17 Investment income percentage for 201			ne 13, column (f))		17	9
18 Investment income percentage from 2					18	9
19a 33 1/3% support tests - 2014. If the o	-					17 is not
more than 33 1/3%, check this box an	d stop here. Th	ie organization qua	ilifies as a publicly	supported organia	zation	▶∟
b 33 1/3% support tests - 2013. If the o	organization did	not check a box o	n line 14 or line 19	a, and line 16 is m	ore than 33 1/3%,	and
line 18 is not more than 33 1/3%, chec	k this box and	<b>stop here.</b> The org	anızatıon qualıfıes	as a publicly supp	oorted organization	▶ <u></u>
20 Private foundation. If the organization	i did not check a	a box on line 14, 19	9a, or 19b, check t	his box and see in	structions	<b>▶</b> L_
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## Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete

<u></u>	Sections A, D, and E If you checked 11d of Part I, complete Sections A and D, and complete Part V)			
Sec	fion A. All Supporting Organizations		V 1	N <sub>1</sub>
	A seal of the assessment of a second of assessment on the design of the arganization of a concern.		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing			
	documents? If "No" describe in Part VI how the supported organizations are designated. If designated by	1		
_	class or purpose, describe the designation. If historic and continuing relationship, explain.  Did the organization have any supported organization that does not have an IRS determination of status.	<u>'</u>		
2		ŀ		
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported	2	1 1	
0-	organization was described in section 509(a)(1) or (2)  Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
3a		3a		
	(b) and (c) below  Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and	38		
D	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the			
		3b		
_	organization made the determination  Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)	30	<del> </del>	
C	(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3с		
		30_	<b> </b>	
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If	4a		
	"Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	44	<del>                                     </del>	-
a	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion	4b		
	despite being controlled or supervised by or in connection with its supported organizations	40	<del>                                     </del>	
С	Did the organization support any foreign supported organization that does not have an IRS determination			
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used			
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)	4c		
_	purposes	40_	1	
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"			
	answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN			
	numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action,		1	
	(iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action	5a		
	was accomplished (such as by amendment to the organizing document)  Type I or Type II only. Was any added or substituted supported organization part of a class already	Ja	<del> </del>	
D		5b		
_	designated in the organization's organizing document?  Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	<del> </del>	1
	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to	- 50		l
6	anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class			
	benefited by one or more of its supported organizations, or (c) other supporting organizations that also			
	support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in			ļ
	Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial			
7	contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent			
	controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990)	7		
0	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?			
8	If "Yes," complete Part I of Schedule L (Form 990)	8		
00	Was the organization controlled directly or indirectly at any time during the tax year by one or more			1
Эа	disqualified persons as defined in section 4946 (other than foundation managers and organizations described	İ		
	in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a		
h	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which		1	1
b	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		1
^	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit			
U	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		
100	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f)			
100	(regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting			
	organizations)? If "Yes," answer (b) below	10a	1	
h	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to			
J	determine whether the organization had excess business holdings )	10b		

determine whether the organization had excess business holdings )

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Ра	rt IV   Supporting Organizations (continued)			,
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a	<u> </u>	<u> </u>
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		<u> </u>
Sec	ction B. Type I Supporting Organizations			Γ
4	Did the directors, trustees, or membership of one or more supported organizations have the power to		Yes	No
1	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
		ŀ		
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or		1	
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	1		
2	organizations and what conditions or restrictions, if any, applied to such powers during the tax year  Did the organization operate for the benefit of any supported organization other than the supported	<u> </u>	<b></b>	<del>                                     </del>
2	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carned out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2	ĺ	1
Sec	ction C. Type II Supporting Organizations		<u>.</u>	L
	or type it eappoining enganizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		1.55	1
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed	}	{	
	the supported organization(s).	1	1	
Sec	ction D. Type III Supporting Organizations		I	<u> </u>
	J		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax		]	
	year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1_		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2	L	
3	By reason of the relationship described in (2), did the organization's supported organizations have a	1		
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	ļ		
	supported organizations played in this regard.	3		
Sec	ction E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year(see instruction)	:tlons):		
а	The organization satisfied the Activities Test Complete line 2 below			
b				
C	: Lighthamped a governmental entity. Describe in Part VI how you supported a government entity (s	ee instruction:	s)	
2	Activities Test Answer (a) and (b) below.		Yes	No
а				
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities	2a	<u> </u>	ļ
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b	<u> </u>	ļ
3	Parent of Supported Organizations. Answer (a) and (b) below.	1		
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a	<u> </u>	ļ
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3b	1	l

	dule A (Form 990 or 990 EZ) 2014 VERMONT KIDNEY ASSOCIAT			23-7245381 Page 6
Pa	Type ten tandadiany integrated ecota/e/ capporting			<del></del>
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	g trust on	Nov 20, 1970 See in	structions. All
	other Type III non-functionally integrated supporting organizations must co	mplete S	ections A through E	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3_	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or		-	
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year)			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c	· · ·	
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			\
	factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
_7_	Recoveries of prior-year distributions	7		
_8_	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	tion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1_		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3_	·	
4	Enter greater of line 2 or line 3	4	· · · · · ·	
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	llv-integra	ited Type III supporting	organization (see

Schedule A (Form 990 or 990-EZ) 2014

Sche <b>Par</b>	t V Type III Non-Functionally Integrated 509			3-7245381 Page 7			
		(a)(3) Supporting Orga	anizations (continued)	0			
<u>3ecu</u> 1	on D - Distributions			Current Year			
	Amounts paid to supported organizations to accomplish exe						
2	2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity						
3	Administrative expenses paid to accomplish exempt purpose	os of supported organization					
4	Amounts paid to acquire exempt-use assets	es of supported organization	3				
5		<del> · </del>	- <u> </u>	<del></del>			
6	Qualified set-aside amounts (prior IRS approval required) Other distributions (describe in Part VI). See instructions		<del></del>				
7	Total annual distributions, Add lines 1 through 6.	<del></del>		<del></del>			
8	Distributions to attentive supported organizations to which the	ho organization is responsive					
Ü	(provide details in Part VI) See instructions	ne organization is responsive	7				
9	Distributable amount for 2014 from Section C, line 6						
10	Line 8 amount divided by Line 9 amount						
	End o amount divisor by and o amount	(i)	(ii)	(111)			
		Excess Distributions	Underdistributions	Distributable			
Sect	on E - Distribution Allocations (see instructions)	2,0000 2,00 1000010	Pre-2014	Amount for 2014			
1	Distributable amount for 2014 from Section C, line 6			711100111101 2017			
2	Underdistributions, if any, for years prior to 2014						
_	(reasonable cause required-see instructions)						
3	Excess distributions carryover, if any, to 2014						
а							
þ							
c							
d							
e	From 2013						
f	Total of lines 3a through e						
g	Applied to underdistributions of prior years			<u> </u>			
h	Applied to 2014 distributable amount						
i	Carryover from 2009 not applied (see instructions)						
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f						
4	Distributions for 2014 from Section D,						
	line 7 \$						
<u>a</u>	Applied to underdistributions of prior years						
<u>b</u>	Applied to 2014 distributable amount						
	Remainder Subtract lines 4a and 4b from 4.			-			
5	Remaining underdistributions for years prior to 2014, if	}					
	any Subtract lines 3g and 4a from line 2 (if amount			1			
	greater than zero, see instructions)			<u> </u>			
6	Remaining underdistributions for 2014 Subtract lines 3h						
	and 4b from line 1 (if amount greater than zero, see	]	}				
	instructions)		<del>-</del>				
7	Excess distributions carryover to 2015. Add lines 3j						
	and 4c			<del></del>			
_8_	Breakdown of line 7:	<del> </del>					
<u>_a</u>							
b				<del> </del>			
_ <u>c</u>	Evenes from 2012		<del></del>	<del></del>			
<u> </u>	Excess from 2013	1	I	I			

Schedule A (Form 990 or 990-EZ) 2014

e Excess from 2014

Schedule A	(Form 990 or 990-l	EZ) 2014 VERI	MONT KID	<u>NEY ASS</u>	<u>OCIATIO</u>	N, INC.		<u>23-7245381</u>	Page 8
Part VI	Supplementa	I Information	1. Provide the e	xplanations re	quired by Part	II, line 10, Pa	t II, line 17a or	17b, and Part III, line	12.
	Also complete the	s part for any ad	ditional informat	ion (See instr	uctions)				
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#### SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

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 Open to Public

**Employer identification number** 

Internal Revenue Service Name of the organization ► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.lrs.gov/form990.

Inspection

VERMONT KIDNEY ASSOCIATION, INC. 23-7245381 FORM 990-EZ, PART I, LINE 4. OTHER INVESTMENT INCOME: DESCRIPTION OF PROPERTY: AMOUNT: INTEREST INCOME 322. **DIVIDEND INCOME** 642. TOTAL INCLUDED ON FORM 990-EZ, LINE 4 964. FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES: DESCRIPTION OF OTHER EXPENSES: AMOUNT: 750. INSURANCE 126. OTHER 4,309. SUPPLIES 55,000. GRANTS 187. PATIENT SERVICES 60,372. TOTAL TO FORM 990-EZ, LINE 16 FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - PATIENT SERVICES FOR KIDNEY RELATED DISEASES FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS: THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY, OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT. THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY, OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 432211 08-27-14

Schedule O (Form 990 or 990-EZ) (2014)