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Part III

Statement of Program Service Accomplishments

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

1

Briefly describe the organization's mission

FOUNDED IN 1966, THE AMERICAN SOCIETY OF NEPHROLOGY (ASN) IS THE WORLD'S LARGEST PROFESSIONAL SOCIETY DEVOTED TO THE STUDY OF KIDNEY DISEASE COMPRISED OF 11,000 PHYSICIANS AND SCIENTISTS, ASN PROMOTES EXPERT PATIENT CARE, ADVANCES MEDICAL RESEARCH, AND EDUCATES THE RENAL COMMUNITY ASN ALSO INFORMS POLICYMAKERS ABOUT ISSUES OF IMPORTANCE TO KIDNEY DOCTORS AND THEIR PATIENTS

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes

No

If "Yes," describe these new services on Schedule O

3

Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes

No

If "Yes," describe these changes on Schedule O

4

Describe the exempt purpose achievements for each of the organization's three largest program services by expenses

Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a

(Code ) (Expenses \$ 6,760,697 including grants of \$ ) (Revenue \$ 6,200,153 )

THE SOCIETY'S ANNUAL MEETING INCLUDES THE PRESENTATION OF RESEARCH PAPERS AND EDUCATIONAL SESSIONS IN ADDITION TO THE ANNUAL MEETING (RENAL WEEK), THE SOCIETY ALSO OFFERS REGIONAL MEETINGS (RENAL WEEKENDS), PROVIDES AN ANNUAL BOARD REVIEW COURSE & UPDATE, AND OFFER OTHER DISTANCE LEARNING OPPORTUNITIES FOR NEPHROLOGISTS IN 2010, AN ESTIMATED 475 HOURS OF INSTRUCTION WERE PROVIDED, MORE THAN 15,000 PHYSICIANS AND 3,000 NON-PHYSICIANS PARTICIPATED IN THESE ACTIVITIES

4b

(Code ) (Expenses \$ 4,732,954 including grants of \$ ) (Revenue \$ 3,052,359 )

THE SOCIETY PUBLISHES THE JOURNAL OF THE AMERICAN SOCIETY OF NEPHROLOGY (JASN) (IMPACT FACTOR 7 689), THE CLINICAL JOURNAL OF THE AMERICAN SOCIETY OF NEPHROLOGY (CJASN) (IMPACT FACTOR 4 844), THE NEPHROLOGY SELF-ASSESSMENT PROGRAM (NEPHSAP), AND ASN KIDNEY NEWS JASN, ESTABLISHED IN 1990, PUBLISHES PEER-REVIEWED ORIGINAL ARTICLES RELEVANT TO NEPHROLOGY CJASN, ESTABLISHED IN 2006, FOCUSES ON ADVANCING THE PRACTICE OF RENAL MEDICINE BY REPORTING NOVEL AND RIGOROUSLY REVIEWED CLINICAL RESEARCH NEPHSAP PROVIDES TOPIC-FOCUSED UPDATES ON CLINICAL AND RESEARCH ADVANCES IN NEPHROLOGY, AS WELL AS MEDICAL EDUCATION (CME) AND MAINTENANCE OF CERTIFICATION (MOC) CREDITS FOR NEPHROLOGISTS ASN KIDNEY NEWS, A NEWS MAGAZINE ESTABLISHED IN 2009, PROVIDES KIDNEY PROFESSIONALS AND OTHERS ACCESS TO KEY INFORMATION, CHANGES AND ADVANCES IN KIDNEY CARE, POLICY AND RESEARCH

4c

(Code ) (Expenses \$ 2,673,281 including grants of \$ 2,440,421 ) (Revenue \$ )

GRANTS AND AWARDS SUPPORT SCIENTIFIC RESEARCH FOR THE ADVANCEMENT OF SCIENTIFIC KNOWLEDGE AND THE IMPROVEMENT OF CARE IN THE FIELD OF NEPHROLOGY FOR THE BENEFIT OF THE GENERAL PUBLIC IN 2010, ASN PROVIDED NEARLY 300 RESEARCH AND TRAVEL SUPPORT

4d

Other program services (Describe in Schedule O ) See also Additional Data for Description

(Expenses \$ 1,178,548 including grants of \$ ) (Revenue \$ 1,985,398 )





















4e

Total program service expenses

\$ 15,345,480

Part IV

Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A.</i> 	1	Yes
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)? 	2	Yes
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</i> 	3	No
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II.</i> 	4	No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III.</i>	5	
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I.</i> 	6	No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II.</i> 	7	No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i> 	8	Yes
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? <i>If "Yes," complete Schedule D, Part IV.</i> 	9	No
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i> 	10	No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i> 	11a	Yes
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? <i>If "Yes," complete Schedule D, Part VII.</i> 	11b	No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i> 	11c	No
d	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? <i>If "Yes," complete Schedule D, Part IX.</i> 	11d	No
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i> 	11e	Yes
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X.</i> 	11f	No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i> 	12a	Yes
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional.</i> 	12b	No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>	13	No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Parts I and IV.</i> 	14b	Yes
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U.S.? <i>If "Yes," complete Schedule F, Parts II and IV.</i> 	15	Yes
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U.S.? <i>If "Yes," complete Schedule F, Parts III and IV.</i> 	16	No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I (see instructions).</i>	17	No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II.</i>	18	No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i>	19	No
20a	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H.</i>	20a	No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? <b>Note.</b> Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions).	20b	

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> . . . . .	21	Yes	
22	Did 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? <i>If "Yes," complete Schedule I, Parts I and III</i> . . . . .	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> . . . . .	23	Yes	
24a	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? <i>If "Yes," answer lines 24b-24d and complete Schedule K. If "No," go to line 25</i> . . . . .	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . .	24b		No
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? . . . . .	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . .	24d		No
25a	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	25a		No
b	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-EZ? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	25b		No
26	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? <i>If "Yes," complete Schedule L, Part II</i> . . . . .	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i> . . . . .	27		No
28	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? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . .	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> . . . . .	34		No
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? . . . . .	35		No
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> . . . . .	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	38	Yes	

<div>Part V</div> <div>Statements Regarding Other IRS Filings and Tax Compliance</div>			
Check if Schedule O contains a response to any question in this Part V <input type="checkbox"/>			
		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	1a	655
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this return.	2a	31
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.	3b	Yes
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	No
b	If "Yes," 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.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7 Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	No
d	If "Yes," indicate the number of Forms 8282 filed during the year.	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
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?			
8			
9 Sponsoring organizations maintaining donor advised funds.			
a	Did the organization make any taxable distributions under section 4966?	9a	
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	
10 Section 501(c)(7) organizations. Enter			
a	Initiation fees and capital contributions included on Part VIII, line 12.	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b	
11 Section 501(c)(12) organizations. Enter			
a	Gross income from members or shareholders.	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).	11b	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b	
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.	13a	
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.	13b	
c	Enter the amount of reserves on hand.	13c	
14a Did the organization receive any payments for indoor tanning services during the tax year?			
14a			
14b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.			
14b			

Part VI

Governance, Management, and Disclosure

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.  
Check if Schedule O contains a response to any question in this Part VI

Section 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	1a8		
b	Enter the number of voting members included in line 1a, above, who are independent	1b8		
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		No
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		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	Yes	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Does the organization have members or stockholders?	6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b		No
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
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?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b		No
	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		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure	
17	List the States with which a copy of this Form 990 is required to be filed
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization. THE ORGANIZATION 1510 H STREET NW NO 800 WASHINGTON, DC 20005 (202) 640-4660

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, and **current** key employees. 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.

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) SHARON ANDERSON MD FASN PRESIDENT	2.00	X						0	0	0
(2) THOMAS M COFFMAN MD FASN PAST-PRESIDENT	2.00	X						0	0	0
(3) JOSEPH V BONVENTRE MD PHD PRESIDENT-ELECT	2.00	X						0	0	0
(4) DONALD WESSON MD SECRETARY-TREASURER	2.00	X						0	0	0
(5) JONATHAN HIMMELFARD MD FASN COUNCILOR	2.00	X						0	0	0
(6) RONALD J FALK MD FASN COUNCILOR	2.00	X						0	0	0
(7) BRUCE A MOLITORIS MD COUNCILOR	2.00	X						0	0	0
(8) SHARON M MOE MD FASN COUNCILOR	2.00	X						0	0	0
(9) TOD IBRAHIM EXECUTIVE DIRECTOR	35.00			X				338,467	0	34,191
(10) PHILLIP KOKEMUELLER CHIEF LEARNING OFFICER	35.00			X				204,684	0	16,402
(11) DANETTE BROUGHTON DIRECTOR OF OPERATIONS	35.00					X		160,161	0	25,276
(12) HECTOR RUIZ DIRECTOR OF FINANCIAL OPER	35.00					X		153,288	0	24,932
(13) PAUL SMEDBERG DIRECTOR OF PUBLIC AFFAIRS	35.00					X		139,418	0	13,139
(14) ADRIENNE LEA DIRECTOR OF COMMUNICATIONS	35.00					X		145,277	0	13,432
(15) GISELA DEUTER DIRECTOR, NEPHSAP	35.00					X		126,234	0	12,480

## Part VII

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization: 7

## Section B. Independent Contractors

## Section B. Independent Contractors

Form **990** (2010)

Part VIII

Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections  512, 513, or 514		
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . . . .	1a					
	b	Membership dues . . . . .	1b					
	c	Fundraising events . . . . .	1c					
	d	Related organizations . . . . .	1d					
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	3,328,217				
	g	Noncash contributions included in lines 1a-1f \$						
	h	Total. Add lines 1a-1f . . . . .		3,328,217				
	Program Service Revenue			Business Code				
2a		ANNUAL AND REGIONAL ME	541900	5,756,371	5,756,371			
b		PUBLICATIONS	511120	4,558,367	3,052,359	1,506,008		
c		MEMBERSHIP DUES	541900	1,984,492	1,984,492			
d		EXHIBITS	541900	1,938,335			1,938,335	
e		EDUCATIONAL PROGRAMS	611710	443,782	443,782			
f		All other program service revenue		16,300			16,300	
g		Total. Add lines 2a-2f . . . . .		14,697,647				
Other Revenue	3	Investment income (including dividends, interest and other similar amounts) . . . . .			949,746		949,746	
	4	Income from investment of tax-exempt bond proceeds . . .						
	5	Royalties . . . . .			569,930		569,930	
	6a	Gross Rents		(i) Real	(ii) Personal			
		b Less rental expenses						
		c Rental income or (loss)						
	d	Net rental income or (loss) . . . . .						
	7a	Gross amount from sales of assets other than inventory		(i) Securities	(ii) Other			
				22,357,588				
		b Less cost or other basis and sales expenses		22,249,500	1,628			
		c Gain or (loss)		108,088	-1,628			
	d	Net gain or (loss) . . . . .			106,460		106,460	
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . .		a				
		b Less direct expenses . . . . .		b				
		c Net income or (loss) from fundraising events . . .						
	9a	Gross income from gaming activities See Part IV, line 19 . . .		a				
		b Less direct expenses . . . . .		b				
		c Net income or (loss) from gaming activities . . .						
	10a	Gross sales of inventory, less returns and allowances . . . . .		a				
b Less cost of goods sold . . . . .		b						
c	Net income or (loss) from sales of inventory . . .							
Miscellaneous Revenue		Business Code						
11a	MISCELLANEOUS		541900	906	906			
	b _____							
	c _____							
	d All other revenue . . . . .							
	e Total. Add lines 11a-11d . . . . .			906				
12	Total revenue. See Instructions . . . . .			19,652,906	11,237,910	1,506,008	3,580,771	

Part IX

Statement of Functional Expenses

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).

Do not include amounts reported on lines 6b, 7b, 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 U S See Part IV, line 21	2,591,914	2,591,914		
2	Grants and other assistance to individuals in the U S See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees . . . . .	623,967	271,625	352,342	
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	2,148,764	1,537,223	611,541	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . . .	179,469	124,447	55,022	
9	Other employee benefits . . . . .	80,421	60,134	20,287	
10	Payroll taxes . . . . .	119,562	85,535	34,027	
a	Fees for services (non-employees)				
	Management . . . . .				
b	Legal . . . . .	86,761		86,761	
c	Accounting . . . . .	57,174	2,000	55,174	
d	Lobbying . . . . .				
e	Professional fundraising services See Part IV, line 17 . . . . .				
f	Investment management fees . . . . .	231,794		231,794	
g	Other . . . . .	138,626	27,495	111,131	
12	Advertising and promotion . . . . .	75,488	69,936	5,552	
13	Office expenses . . . . .	33,784	3,736	30,048	
14	Information technology . . . . .	311,105	132,663	178,442	
15	Royalties . . . . .				
16	Occupancy . . . . .	489,956		489,956	
17	Travel . . . . .	1,141,972	1,126,805	15,167	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
19	Conferences, conventions, and meetings . . . . .	1,940,210	1,923,809	16,401	
20	Interest . . . . .	92,201		92,201	
21	Payments to affiliates . . . . .				
22	Depreciation, depletion, and amortization . . . . .	79,296		79,296	
23	Insurance . . . . .	86,784	66,152	20,632	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O )				
a	UBIT	35,499	35,499		
b	PRINTING AND COPYING	1,903,905	1,893,356	10,549	
c	EDITORIAL EXPENSES	1,138,154	1,138,154		
d	POSTAGE AND SHIPPING	738,284	700,506	37,778	
e	STAFF/TEMP SUPPORT	548,265	507,535	40,730	
f	All other expenses	2,620,564	3,046,956	-426,392	
25	Total functional expenses. Add lines 1 through 24f	17,493,919	15,345,480	2,148,439	0
26	Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X

Balance Sheet

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing . . . . .				1	
	2	Savings and temporary cash investments . . . . .			3,627,994	2	6,519,897
	3	Pledges and grants receivable, net . . . . .				3	
	4	Accounts receivable, net . . . . .			1,016,711	4	1,131,534
	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 section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Schedule L . . . . .				6	
	7	Notes and loans receivable, net . . . . .				7	
	8	Inventories for sale or use . . . . .				8	
	9	Prepaid expenses and deferred charges . . . . .			190,216	9	268,976
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D.	10a	8,421,259			
	b	Less: accumulated depreciation . . . . .	10b	486,338	110,945	10c	7,934,921
	11	Investments—publicly traded securities . . . . .			36,449,369	11	40,637,049
	12	Investments—other securities. See Part IV, line 11 . . . . .				12	
	13	Investments—program-related. See Part IV, line 11 . . . . .				13	
	14	Intangible assets . . . . .			64,404	14	36,223
	15	Other assets. See Part IV, line 11 . . . . .			98,604	15	98,604
16	Total assets. Add lines 1 through 15 (must equal line 34) . . . . .			41,558,243	16	56,627,204	
Liabilities	17	Accounts payable and accrued expenses . . . . .			860,324	17	1,286,624
	18	Grants payable . . . . .				18	
	19	Deferred revenue . . . . .			1,592,018	19	1,863,648
	20	Tax-exempt bond liabilities . . . . .				20	8,900,000
	21	Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .				21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete 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. Complete Part X of Schedule D . . . . .			108,148	25	116,477
	26	Total liabilities. Add lines 17 through 25 . . . . .			2,560,490	26	12,166,749
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets . . . . .			38,778,080	27	44,242,506
	28	Temporarily restricted net assets . . . . .			219,673	28	217,949
	29	Permanently restricted net assets . . . . .				29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds . . . . .				30	
	31	Paid-in or capital surplus, or land, building or equipment fund . . . . .				31	
	32	Retained earnings, endowment, accumulated income, or other funds . . . . .				32	
	33	Total net assets or fund balances . . . . .			38,997,753	33	44,460,455
34	Total liabilities and net assets/fund balances . . . . .			41,558,243	34	56,627,204	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	19,652,906
2	Total expenses (must equal Part IX, column (A), line 25)	2	17,493,919
3	Revenue less expenses Subtract line 2 from line 1	3	2,158,987
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	38,997,753
5	Other changes in net assets or fund balances (explain in Schedule O)	5	3,303,715
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	44,460,455

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		No
b	Were the organization's financial statements audited by an independent accountant?	Yes	
c	If "Yes," to 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated basis		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury  
Internal Revenue Service

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

2010

Open to Public  
Inspection

Name of the organization AMERICAN SOCIETY OF NEPHROLOGY	Employer identification number 52-6078378
--	--

Part I

Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box )

- 1

☐

A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E )
- 3

☐

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
- 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 )
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☐

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II )
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II )
- 9

☒

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III )
- 10

☐

An organization organized and operated exclusively to test for public safety See**section 509(a)(4).**
- 11

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Other
- e

☐

By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f

☐

If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box
- g

☐

Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?  
**(i)** a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?  
**(ii)** a family member of a person described in (i) above?  
**(iii)** a 35% controlled entity of a person described in (i) or (ii) above?
- h

☐

Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

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.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization'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						
5 The portion of total contributions by each person (other than a governmental unit or publicly 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						

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on 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 assets (Explain in Part IV )						
11 Total support (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (See instructions )					12	
13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage						
14 Public Support Percentage for 2010 (line 6 column (f) divided by line 11 column (f))		14				
15 Public Support Percentage for 2009 Schedule A, Part II, line 14		15				
16a 33 1/3% support test—2010. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶						
b 33 1/3% support test—2009. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶						
17a 10%-facts-and-circumstances test—2010. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶						
b 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶						
18 Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions ▶						

Part IIIPart 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.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	2,707,690	2,736,494	5,528,980	3,785,010	3,328,217	18,086,391
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	13,806,416	14,301,247	9,534,459	10,033,555	11,226,929	58,902,606
3 Gross receipts from activities that are not an unrelated trade or business under section 513	2,231,816	2,391,900	3,429,364	6,034,132	5,097,760	19,184,972
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	18,745,922	19,429,641	18,492,803	19,852,697	19,652,906	96,173,969
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	7,765,596	7,320,514	5,101,080	4,348,950	3,532,793	28,068,933
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						0
c Add lines 7a and 7b	7,765,596	7,320,514	5,101,080	4,348,950	3,532,793	28,068,933
8 Public Support (Subtract line 7c from line 6 )						68,105,036

Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6	18,745,922	19,429,641	18,492,803	19,852,697	19,652,906	96,173,969
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,325,197	1,999,552	701,990	1,514,330	1,519,676	7,060,745
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	1,325,197	1,999,552	701,990	1,514,330	1,519,676	7,060,745
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	1,022,036	1,253,571	1,282,375	1,566,974	1,506,008	6,630,964
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	77,892	28,449	33,488	6,646	906	147,381
13 Total support (Add lines 9, 10c, 11 and 12.)	21,171,047	22,711,213	20,510,656	22,940,647	22,679,496	110,013,059
14 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 here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage			
15 Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	15	61.910 %	
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	57.020 %	

Section D. Computation of Investment Income Percentage			
17	Investment income percentage for <b>2010</b> (line 10c column (f) divided by line 13 column (f))	17	6 420 %
18	Investment income percentage from <b>2009</b> Schedule A, Part III, line 17	18	6 110 %
19a	<b>33 1/3% support tests—2010.</b> If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>		
b	<b>33 1/3% support tests—2009.</b> If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization <input type="checkbox"/>		
20	<b>Private Foundation</b> If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions <input type="checkbox"/>		

Part IV

**Supplemental Information.** Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

SCHEDULE C  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ **Complete if the organization is described below.**  
▶ **Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**

OMB No 1545-0047

2010

Open to Public Inspection

**If the organization answered “Yes,” to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then**

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

**If the organization answered “Yes,” to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then**

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

**If the organization answered “Yes,” to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35a (Proxy Tax), then**

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization AMERICAN SOCIETY OF NEPHROLOGY	Employer identification number 52-6078378
--	--

**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

1	Provide a description of the organization’s direct and indirect political campaign activities in Part IV	
2	Political expenditures	▶ \$ _____
3	Volunteer hours	_____

**Part I-B Complete if the organization is exempt under section 501(c)(3).**

1	Enter the amount of any excise tax incurred by the organization under section 4955	▶ \$ _____
2	Enter the amount of any excise tax incurred by organization managers under section 4955	▶ \$ _____
3	If the organization incurred a section 4955 tax, did it file Form 4720 for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4a	Was a correction made?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b	If "Yes," describe in Part IV	

**Part I-C Complete if the organization is exempt under section 501(c) except section 501(c)(3).**

1	Enter the amount directly expended by the filing organization for section 527 exempt function activities	▶ \$ _____
2	Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt funtion activities	▶ \$ _____
3	Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b	▶ \$ _____
4	Did the filing organization file <b>Form 1120-POL</b> for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5	Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization’s funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV	

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

Part II-A

Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

A

Check

☐

if the filing organization belongs to an affiliated group

B

Check

☐

if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing Organization's Totals	(b) Affiliated Group Totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)															
b Total lobbying expenditures to influence a legislative body (direct lobbying)															
c Total lobbying expenditures (add lines 1a and 1b)		0													
d Other exempt purpose expenditures															
e Total exempt purpose expenditures (add lines 1c and 1d)		0													
f Lobbying nontaxable amount Enter the amount from the following table in both columns		0													
<table><tr><td>If the amount on line 1e, column (a) or (b) is:</td><td>The lobbying nontaxable amount is:</td></tr><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000</td></tr></table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
g Grassroots nontaxable amount (enter 25% of line 1f)		0													
h Subtract line 1g from line 1a If zero or less, enter -0-															
i Subtract line 1f from line 1c If zero or less, enter -0-															
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No													

4-Year Averaging Period Under Section 501(h)  
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots non-taxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

**Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).**

		(a)		(b)
		Yes	No	Amount
<b>1</b>	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
<b>a</b>	Volunteers?			
<b>b</b>	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
<b>c</b>	Media advertisements?			
<b>d</b>	Mailings to members, legislators, or the public?			
<b>e</b>	Publications, or published or broadcast statements?			
<b>f</b>	Grants to other organizations for lobbying purposes?			
<b>g</b>	Direct contact with legislators, their staffs, government officials, or a legislative body?			
<b>h</b>	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
<b>i</b>	Other activities? If "Yes," describe in Part IV			
<b>j</b>	Total lines 1c through 1i			
<b>2a</b>	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
<b>b</b>	If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b>	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b>	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

**Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).**

			Yes	No
<b>1</b>	Were substantially all (90% or more) dues received nondeductible by members?	<b>1</b>		
<b>2</b>	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	<b>2</b>		
<b>3</b>	Did the organization agree to carryover lobbying and political expenditures from the prior year?	<b>3</b>		

**Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes".**

<b>1</b>	Dues, assessments and similar amounts from members	<b>1</b>	
<b>2</b>	Section 162(e) non-deductible lobbying and political expenditures ( <b>do not include amounts of political expenses for which the section 527(f) tax was paid</b> ).		
<b>a</b>	Current year	<b>2a</b>	
<b>b</b>	Carryover from last year	<b>2b</b>	
<b>c</b>	Total	<b>2c</b>	
<b>3</b>	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	<b>3</b>	
<b>4</b>	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	<b>4</b>	
<b>5</b>	Taxable amount of lobbying and political expenditures (see instructions)	<b>5</b>	

**Part IV Supplemental Information**

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i. Also, complete this part for any additional information.

Identifier	Return Reference	Explanation
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SCHEDULE D  
(Form 990)

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.  
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization  
AMERICAN SOCIETY OF NEPHROLOGY

Employer identification number  
52-6078378

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1

Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or pleasure)

☐ Preservation of an historically importantly land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

2

Complete lines 2a–2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Year
2a	
2b	
2c	
2d	

3

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ \_\_\_\_\_

4

Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

5

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

6

Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ▶ \_\_\_\_\_

7

Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9

In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a

If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b

If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1	▶ \$ _____
(ii) Assets included in Form 990, Part X	▶ \$ _____ 68,332

2

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1	▶ \$ _____
b Assets included in Form 990, Part X	▶ \$ _____

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3

Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

a

☒

Public exhibition

b

☐

Scholarly research

c

☐

Preservation for future generations

d

☐

Loan or exchange programs

e

☐

Other

4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☒ No

Part IV

Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV and complete the following table

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV

Part V

Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a)Current Year	(b)Prior Year	(c)Two Years Back	(d)Three Years Back	(e)Four Years Back
1a	Beginning of year balance . . . . .				
b	Contributions . . . . .				
c	Investment earnings or losses . . . . .				
d	Grants or scholarships . . . . .				
e	Other expenditures for facilities and programs . . . . .				
f	Administrative expenses . . . . .				
g	End of year balance . . . . .				

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶

b

Permanent endowment ▶

c

Term endowment ▶

3a

Are there endowment funds not in the possession of the organization that are held and administered for the organization by

(i)

unrelated organizations . . . . .

3a(i)

Yes

No

(ii)

related organizations . . . . .

3a(ii)

b

If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

3b

4

Describe in Part XIV the intended uses of the organization's endowment funds

Part VI

Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land . . . . .				
b Buildings . . . . .		7,743,650		7,743,650
c Leasehold improvements . . . . .		210,449	168,841	41,608
d Equipment . . . . .		107,798	79,666	28,132
e Other . . . . .		359,362	237,831	121,531
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) . . . . . ▶				7,934,921



Part XI

Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	19,652,906
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	17,493,919
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	2,158,987
4	Net unrealized gains (losses) on investments	4	3,303,715
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	3,303,715
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	5,462,702

Part XII

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements . . . . .	1	22,726,455
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments . . . . .	2a	3,303,715
b	Donated services and use of facilities . . . . .	2b	
c	Recoveries of prior year grants . . . . .	2c	
d	Other (Describe in Part XIV) . . . . .	2d	1,628
e	Add lines 2a through 2d . . . . .	2e	3,305,343
3	Subtract line 2e from line 1 . . . . .	3	19,421,112
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	4a	231,794
b	Other (Describe in Part XIV) . . . . .	4b	
c	Add lines 4a and 4b . . . . .	4c	231,794
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12 ) . . . . .	5	19,652,906

Part XIII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements . . . . .	1	17,263,753
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities . . . . .	2a	
b	Prior year adjustments . . . . .	2b	
c	Other losses . . . . .	2c	
d	Other (Describe in Part XIV) . . . . .	2d	1,628
e	Add lines 2a through 2d . . . . .	2e	1,628
3	Subtract line 2e from line 1 . . . . .	3	17,262,125
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	4a	231,794
b	Other (Describe in Part XIV) . . . . .	4b	
c	Add lines 4a and 4b . . . . .	4c	231,794
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18 ) . . . . .	5	17,493,919

Part XIV

Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Identifier	Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS		LOSS FROM DISPOSAL OF PROPERTY
PART XIII, LINE 2D - OTHER ADJUSTMENTS		LOSS FROM DISPOSAL OF PROPERTY

OMB No. 1545-0047

**Open to Public Inspection**

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.**

▶ **Attach to Form 990. ▶ See separate instructions.**

Employer identification number

52-6078378

**1 For grantmakers.** 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 criteria used to award the grants or assistance? ☒ **Yes** ☐ **No**

**3** Activities per Region (Use Part V if additional space is needed )

**Schedule F (Form 990) 2010**

**Part II** **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000 . . . . . ☒ **Use Part V if additional space is needed.**

[illegible]

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . .                     

3 Enter total number of other organizations or entities . . . . . 1

**Part III** **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16.  
Use Part V if additional space is needed.

[illegible]

**Part IV Foreign Forms**

- 1

Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926 (see instructions for Form 926)*

☐

Yes

☒

No
- 2

Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)*

☐

Yes

☒

No
- 3

Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see instructions for Form 5471)*

☐

Yes

☒

No
- 4

Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621)*

☐

Yes

☒

No
- 5

Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see instructions for Form 8865)*

☐

Yes

☒

No
- 6

Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see instructions for Form 5713).*

☐

Yes

☒

No

Complete this part to provide the information (see instructions) required in Part I, line 2, and any additional information.

**Schedule F (Form 990) 2010**

Schedule I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization  
AMERICAN SOCIETY OF NEPHROLOGY

Grants and Other Assistance to Organizations,  
Governments and Individuals in the United States

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990

OMB No 1545-0047

2010

Open to Public  
Inspection

Employer identification number

52-6078378

Part I General Information on Grants and Assistance

1

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 criteria used to award the grants or assistance?

☒ Yes ☐ No

2

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II 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. ☐

1 (a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							

2

Enter total number of section 501(c)(3) and government organizations

3

Enter total number of other organizations

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.  
Use Schedule I-1 (Form 990) if additional space is needed.

(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

Part IV

Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	PART I, LINE 2	SCHEDULE I, PART I, LINE 2 AWARDEES ARE SELECTED BY A COMMITTEE COMPRISED OF RESEARCHERS IN THE FIELD OF NEPHROLOGY BASED ON APPLICATIONS SUBMITTED TO THE SOCIETY THE COMMITTEE CHOOSES THE MOST PROMISING PROJECTS FOR FUNDING THE QUALIFICATION OF THE APPLICATION TO CARRY OUT THE PROPOSED RESEARCH IS EVALUATED BASED ON THE APPLICANT'S RESEARCH EXPERIENCE AND THE COMMITTEE MEMBERS' JUDGMENT REGARDING THE FEASIBILITY OF THE PROJECT

Software ID:  
Software Version:  
EIN: 52-6078378  
Name: AMERICAN SOCIETY OF NEPHROLOGY

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BETH ISRAEL DEACONESS MEDICAL CENTER330 BROOKLINE AVE BOSTON,MA 02115	04-2103881	501(C)(3)	100,000				TO PROVIDE FUNDING FOR YOUNG FACULTY TO FOSTER EVOLUTION TO AN INDEPENDENT RESEARCH CAREER BY PROVIDING TRANSITION FUNDING TOWARD SUCCESSFUL APPLICATION FOR AN RO1 GRANT
DUKE UNIVERSITY SCHOOL OF MEDICINE 2200 WEST MAIN STREET SUITE 820 DURHAM,NC 27705	56-0532129	501(C)(3)	200,000				TO PROVIDE FUNDING FOR YOUNG FACULTY TO FOSTER EVOLUTION TO AN INDEPENDENT RESEARCH CAREER BY PROVIDING TRANSITION FUNDING TOWARD SUCCESSFUL APPLICATION FOR AN RO1 GRANT
							TO PROVIDE FUNDING FOR YOUNG FACULTY TO FOSTER EVOLUTION TO AN INDEPENDENT RESEARCH CAREER BY PROVIDING TRANSITION FUNDING TOWARD SUCCESSFUL APPLICATION FOR AN RO1 GRANT
UNIVERSITY OF PENNSYLVANIA3451 WALNUT STREET PHILADELPHIA,PA 19104	23-1352685	501(C)(3)	75,000				SUPPORTS DEVELOPING ACADEMIC SUBSPECIALISTS INTERESTED IN CAREERS FOCUSED ON THE GERIATRIC AND GERONTOLOGIC ASPECTS OF NEPHROLOGY DURING THE EARLY YEARS OF A FIRST FACULTY APPOINTMENT
UNIVERSITY OF WISCONSIN SCHOOL OF MEDICINE AND PUBLIC HEALTH21 N PARK ST SUITE 6401 MADISON,WI 53715	39-6006492	501(C)(3)	100,000				TO PROVIDE FUNDING FOR YOUNG FACULTY TO FOSTER EVOLUTION TO AN INDEPENDENT RESEARCH CAREER BY PROVIDING TRANSITION FUNDING TOWARD SUCCESSFUL APPLICATION FOR AN RO1 GRANT, SUPPORTS DEVELOPING ACADEMIC SUBSPECIALISTS INTERESTED IN CAREERS FOCUSED ON THE GERIATRIC AND GERONTOLOGIC ASPECTS OF NEPHROLOGY DURING THE EARLY YEARS OF A FIRST FACULTY APPOINTMENT
YALE UNIVERSITY SCHOOL OF MEDICINE135 COLLEGE STREET NEW HAVEN,CT 06510	06-0646973	501(C)(3)	24,000				TO PROVIDE FUNDING FOR YOUNG FACULTY TO FOSTER EVOLUTION TO AN INDEPENDENT RESEARCH CAREER BY PROVIDING TRANSITION FUNDING TOWARD SUCCESSFUL APPLICATION FOR AN RO1 GRANT, SUPPORTS DEVELOPING ACADEMIC SUBSPECIALISTS INTERESTED IN CAREERS FOCUSED ON THE GERIATRIC AND GERONTOLOGIC ASPECTS OF NEPHROLOGY DURING THE EARLY YEARS OF A FIRST FACULTY APPOINTMENT
BRIGHAM AND WOMEN'S HOSPITAL75 FRANCIS STREET BOSTON,MA 02115	04-2312909	501(C)(3)	426,000				TO PROVIDE FUNDING FOR YOUNG FACULTY TO FOSTER EVOLUTION TO AN INDEPENDENT RESEARCH CAREER BY PROVIDING TRANSITION FUNDING TOWARD SUCCESSFUL APPLICATION FOR AN RO1 GRANT, TO ANABLE SELECTED MEDICAL STUDENTS WITH AN INTEREST IN EITHER BASIC OR CLINICAL RESEARCH TO SPEND FROM 10-52 WEEKS ENGAGED IN CONTINUOUS FULL-TIME RESEARCH
CHILDREN'S HOSPITAL BOSTON300 LONGWOOD AVENUE BOSTON,MA 02115	04-2774441	501(C)(3)	100,000				TO PROVIDE FUNDING FOR YOUNG FACULTY TO FOSTER EVOLUTION TO AN INDEPENDENT RESEARCH CAREER BY PROVIDING TRANSITION FUNDING TOWARD SUCCESSFUL APPLICATION FOR AN RO1 GRANT, TO ANABLE SELECTED MEDICAL STUDENTS WITH AN INTEREST IN EITHER BASIC OR CLINICAL RESEARCH TO SPEND FROM 10-52 WEEKS ENGAGED IN CONTINUOUS FULL-TIME RESEARCH
CLEVELAND CLINIC9500 EUCLID AVENUE CLEVELAND,OH 44195	34-0714585	501(C)(3)	100,000				TO PROVIDE FUNDING FOR YOUNG FACULTY TO FOSTER EVOLUTION TO AN INDEPENDENT RESEARCH CAREER BY PROVIDING TRANSITION FUNDING TOWARD SUCCESSFUL APPLICATION FOR AN RO1 GRANT
MASSACHUSETTS GENERAL HOSPITAL101 HUNTINGTON AVENUE SUITE 300 BOSTON,MA 02199	04-2697983	501(C)(3)	86,000				TO PROVIDE FUNDING FOR YOUNG FACULTY TO FOSTER EVOLUTION TO AN INDEPENDENT RESEARCH CAREER BY PROVIDING TRANSITION FUNDING TOWARD SUCCESSFUL APPLICATION FOR AN RO1 GRANT
							TO PROVIDE FUNDING FOR YOUNG FACULTY TO FOSTER EVOLUTION TO AN INDEPENDENT RESEARCH CAREER BY PROVIDING TRANSITION FUNDING TOWARD SUCCESSFUL APPLICATION FOR AN RO1 GRANT
PENNSYLVANIA STATE UNIVERSITY COLLEGE OF MEDICINE44 EAST GRANADA AVENUE MCG230 HERSHEY,PA 17033	24-6000376	501(C)(3)	33,000				TO PROVIDE FUNDING FOR YOUNG FACULTY TO FOSTER EVOLUTION TO AN INDEPENDENT RESEARCH CAREER BY PROVIDING TRANSITION FUNDING TOWARD SUCCESSFUL APPLICATION FOR AN RO1 GRANT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
							TO PROVIDE FUNDING FOR YOUNG FACULTY TO FOSTER EVOLUTION TO AN INDEPENDENT RESEARCH CAREER BY PROVIDING TRANSITION FUNDING TOWARD SUCCESSFUL APPLICATION FOR AN RO1 GRANT
TUFTS UNIVERSITY SCHOOL OF MEDICINE800 WASHINGTON STREET BOX 453 BOSTON,MA 02111	04-3400617	501(C)(3)	100,000				TO PROVIDE FUNDING FOR YOUNG FACULTY TO FOSTER EVOLUTION TO AN INDEPENDENT RESEARCH CAREER BY PROVIDING TRANSITION FUNDING TOWARD SUCCESSFUL APPLICATION FOR AN RO1 GRANT
							TO PROVIDE FUNDING FOR YOUNG FACULTY TO FOSTER EVOLUTION TO AN INDEPENDENT RESEARCH CAREER BY PROVIDING TRANSITION FUNDING TOWARD SUCCESSFUL APPLICATION FOR AN RO1 GRANT
UNIVERSITY OF COLORADO DENVER ANSCHUTZ MEDICAL CAMPUS BLDG 500 RM W1126 AURORA,CO 80445	84-6000555	501(C)(3)	50,000				TO PROVIDE FUNDING FOR YOUNG FACULTY TO FOSTER EVOLUTION TO AN INDEPENDENT RESEARCH CAREER BY PROVIDING TRANSITION FUNDING TOWARD SUCCESSFUL APPLICATION FOR AN RO1 GRANT, TO ENABLE SELECTED MEDICAL STUDENTS WITH AN INTEREST IN EITHER BASIC OR CLINICAL RESEARCH TO SPEND FROM 10-52 WEEKS ENGAGED IN CONTINUOUS FULL-TIME RESEARCH
							TO PROVIDE FUNDING FOR YOUNG FACULTY TO FOSTER EVOLUTION TO AN INDEPENDENT RESEARCH CAREER BY PROVIDING TRANSITION FUNDING TOWARD SUCCESSFUL APPLICATION FOR AN RO1 GRANT
							TO PROVIDE FUNDING FOR YOUNG FACULTY TO FOSTER EVOLUTION TO AN INDEPENDENT RESEARCH CAREER BY PROVIDING TRANSITION FUNDING TOWARD SUCCESSFUL APPLICATION FOR AN RO1 GRANT
							TO PROVIDE FUNDING FOR YOUNG FACULTY TO FOSTER EVOLUTION TO AN INDEPENDENT RESEARCH CAREER BY PROVIDING TRANSITION FUNDING TOWARD SUCCESSFUL APPLICATION FOR AN RO1 GRANT
							TO PROVIDE FUNDING FOR YOUNG FACULTY TO FOSTER EVOLUTION TO AN INDEPENDENT RESEARCH CAREER BY PROVIDING TRANSITION FUNDING TOWARD SUCCESSFUL APPLICATION FOR AN RO1 GRANT
UNIVERSITY OF TEXAS SOUTHWESTERN MEDICAL CENTER AT DALLAS LOCKBOX 841753 DALLAS,TX 75202	75-6002868	501(C)(3)	200,000				TO PROVIDE FUNDING FOR YOUNG FACULTY TO FOSTER EVOLUTION TO AN INDEPENDENT RESEARCH CAREER BY PROVIDING TRANSITION FUNDING TOWARD SUCCESSFUL APPLICATION FOR AN RO1 GRANT
BOSTON MEDICAL CENTER 660 HARRISON AVENUE 2ND FLOOR BOSTON,MA 02118	04-3314093	501(C)(3)	100,000				TO PROVIDE FUNDING FOR YOUNG FACULTY TO FOSTER EVOLUTION TO AN INDEPENDENT RESEARCH CAREER BY PROVIDING TRANSITION FUNDING TOWARD SUCCESSFUL APPLICATION FOR AN RO1 GRANT
UNIVERSITY OF TULANE 1430 TULANE AVENUE NEWORLEANS,LA 70112	72-0423889	501(C)(3)	24,500				TO ENABLE SELECTED MEDICAL STUDENTS WITH AN INTEREST IN EITHER BASIC OR CLINICAL RESEARCH TO SPEND FROM 10-52 WEEKS ENGAGED IN CONTINUOUS FULL-TIME RESEARCH
MEDICAL COLLEGE OF GEORGIA RESEARCH INSTITUTELOCKBOX 945552 3585 ATLANTA AVE HAPEVILLE,GA 30354	58-1418202	501(C)(3)	33,000				TO ENABLE SELECTED MEDICAL STUDENTS WITH AN INTEREST IN EITHER BASIC OR CLINICAL RESEARCH TO SPEND FROM 10-52 WEEKS ENGAGED IN CONTINUOUS FULL-TIME RESEARCH

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
STANFORD UNIVERSITY 3440 WALNUT AVE BLDNG A 2ND FLOOR FREMONT,CA 94538	94-1156365	501(C)(3)	100,000				TO ENABLE SELECTED MEDICAL STUDENTS WITH AN INTEREST IN EITHER BASIC OR CLINICAL RESEARCH TO SPEND FROM 10-52 WEEKS ENGAGED IN CONTINUOUS FULL-TIME RESEARCH
EMORY UNIVERSITY1599 CLIFTON ROAD 4TH FLOOR ATLANTA,GA 30322	94-1156365	501(C)(3)	100,000				TO ENABLE SELECTED MEDICAL STUDENTS WITH AN INTEREST IN EITHER BASIC OR CLINICAL RESEARCH TO SPEND FROM 10-52 WEEKS ENGAGED IN CONTINUOUS FULL-TIME RESEARCH
UNIVERSITY OF CALIFORNIA SAN DIEGO 9500 GILMAN DRIVE LA JOLLA,CA 92093	95-0006144	501(C)(3)	100,000				TO ENABLE SELECTED MEDICAL STUDENTS WITH AN INTEREST IN EITHER BASIC OR CLINICAL RESEARCH TO SPEND FROM 10-52 WEEKS ENGAGED IN CONTINUOUS FULL-TIME RESEARCH
COLUMBIA UNIVERSITY 615 W 131ST STREET NEW YORK,NY 10027	13-5598093	501(C)(3)	126,000				TO ENABLE SELECTED MEDICAL STUDENTS WITH AN INTEREST IN EITHER BASIC OR CLINICAL RESEARCH TO SPEND FROM 10-52 WEEKS ENGAGED IN CONTINUOUS FULL-TIME RESEARCH
UNIVERSITY OF MARYLAND620 W LEXINGTON STREET 4TH FL BALTIMORE,MD 21201	52-6002033	501(C)(3)	21,000				TO ENABLE SELECTED MEDICAL STUDENTS WITH AN INTEREST IN EITHER BASIC OR CLINICAL RESEARCH TO SPEND FROM 10-52 WEEKS ENGAGED IN CONTINUOUS FULL-TIME RESEARCH
MEDICAL UNIVERSITY OF SC173 ASHLEY AVENUE CHARLESTON,SC 29425	57-6000722	501(C)(3)	5,000				TO ENABLE SELECTED MEDICAL STUDENTS WITH AN INTEREST IN EITHER BASIC OR CLINICAL RESEARCH TO SPEND FROM 10-52 WEEKS ENGAGED IN CONTINUOUS FULL-TIME RESEARCH
UNIVERSITY OF OKLAHOMA1100 N LINDSAY SCB 228 OKLAHOMA CITY,OK 73104	73-6017987	501(C)(3)	100,000				TO ENABLE SELECTED MEDICAL STUDENTS WITH AN INTEREST IN EITHER BASIC OR CLINICAL RESEARCH TO SPEND FROM 10-52 WEEKS ENGAGED IN CONTINUOUS FULL-TIME RESEARCH

Schedule J  
(Form 990)

Compensation Information

OMB No 1545-0047

2010

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization  
AMERICAN SOCIETY OF NEPHROLOGY

Employer identification number  
52-6078378

Part I

Questions Regarding Compensation

		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Discretionary spending account</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div>		
1b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply. <div><div><input checked="" type="checkbox"/> Compensation committee</div><div><input checked="" type="checkbox"/> Written employment contract</div><div><input type="checkbox"/> Independent compensation consultant</div><div><input checked="" type="checkbox"/> Compensation survey or study</div><div><input type="checkbox"/> Form 990 of other organizations</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div>		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization:		
4a	Receive a severance payment or change-of-control payment from the organization or a related organization?		No
4b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?		No
4c	Participate in, or receive payment from, an equity-based compensation arrangement?		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III		
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.		
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
5a	The organization?		No
5b	Any related organization?		No
	If "Yes," to line 5a or 5b, describe in Part III		
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
6a	The organization?		No
6b	Any related organization?		No
	If "Yes," to line 6a or 6b, describe in Part III		
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III		No
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53.4958-4(a)(3)? If "Yes," describe in Part III		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		

**Part II** **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

**Note.** The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) TOD IBRAHIM	(i)	338,467	0	0	16,923	17,268	372,658	0
	(ii)	0	0	0	0	0	0	0
(2) PHILLIP KOKEMUELLER	(i)	204,684	0	0	10,234	6,168	221,086	0
	(ii)	0	0	0	0	0	0	0
(3) DANETTE BROUGHTON	(i)	160,161	0	0	8,008	17,268	185,437	0
	(ii)	0	0	0	0	0	0	0
(4) HECTOR RUIZ	(i)	153,288	0	0	7,664	17,268	178,220	0
	(ii)	0	0	0	0	0	0	0
(5) PAUL SMEDBERG	(i)	139,418	0	0	6,971	6,168	152,557	0
	(ii)	0	0	0	0	0	0	0
(6) ADRIENNE LEA	(i)	145,277	0	0	7,264	6,168	158,709	0
	(ii)	0	0	0	0	0	0	0
( 7 )								
( 8 )								
( 9 )								
( 10 )								
( 11 )								
( 12 )								
( 13 )								
( 14 )								
( 15 )								
( 16 )								

**Part III**   **Supplemental Information**

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
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Schedule K  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990).  
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public  
Inspection

Name of the organization  
AMERICAN SOCIETY OF NEPHROLOGY

Employer identification number  
52-6078378

Part I Bond Issues											
(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased		(h) On Behalf of Issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A DISTRICT OF COLUMBIA			07-29-2010	8,900,000	FOR THE PURCHASE OF AN OFFICE BUILDING		X		X		X

Part II Proceeds									
		A		B		C		D	
1	Amount of bonds retired								
2	Amount of bonds legally defeased								
3	Total proceeds of issue	8,900,000							
4	Gross proceeds in reserve funds								
5	Capitalized interest from proceeds								
6	Proceeds in refunding escrow								
7	Issuance costs from proceeds	176,351							
8	Credit enhancement from proceeds								
9	Working capital expenditures from proceeds								
10	Capital expenditures from proceeds	7,860,997							
11	Other spent proceeds								
12	Other unspent proceeds	862,652							
13	Year of substantial completion	2010							
		Yes	No						
14	Were the bonds issued as part of a current refunding issue?		X						
15	Were the bonds issued as part of an advance refunding issue?		X						
16	Has the final allocation of proceeds been made?		X						
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?		X						

Part III Private Business Use											
				A		B		C		D	
				Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?				X						
2	Are there any lease arrangements that may result in private business use of bond-financed property?				X						

Part III

Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use?		X						
b	Are there any research agreements that may result in private business use of bond-financed property?		X						
c	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?		X						
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government	0 %							
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government	0 %							
6	Total of lines 4 and 5	0 %							
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?		X						

Part IV

Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		X						
2	Is the bond issue a variable rate issue?		X						
3a	Has the organization or the governmental issuer entered into a hedge with respect to the bond issue?		X						
b	Name of provider								
c	Term of hedge								
d	Was the hedge superintegrated?		X						
e	Was a hedge terminated?		X						
4a	Were gross proceeds invested in a GIC?		X						
b	Name of provider								
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
5	Were any gross proceeds invested beyond an available temporary period?		X						
6	Did the bond issue qualify for an exception to rebate?		X						

Part V

Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule K (see instructions)

Identifier	Return Reference	Explanation
SCHEDULE K, PART III, 7,	POST- ISSUANCE COMPLIANCE POLICY FOR TAX-EXEMPT BOND	THE SOCIETY IS IN THE PROCESS OF ADOPTING A COMPLIANCE POLICY TO PROPERLY MONITOR THE BOND ISSUANCE

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2010

Open to Public  
Inspection

Name of the organization AMERICAN SOCIETY OF NEPHROLOGY	Employer identification number 52-6078378
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Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 4		A CHANGE IN THE AMERICAN SOCIETY OF NEPHROLOGY'S ARTICLES OF INCORPORATION OCCURRED DURING 2010 IN ORDER TO ADDRESS POTENTIAL CONFLICT WITH BY-LAWS

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 8B		MINUTES ARE RECORDED BY THE EXECUTIVE DIRECTOR AND APPROVED BY THE COUNCIL AT THE SUBSEQUENT MEETING

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 8B		MINUTES TAKEN BY THE EXECUTIVE DIRECTOR INCLUDE DETAILS OF VARIOUS COMMITTEE DISCUSSIONS

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11		COUNCIL REVIEWS FORM 990/990-T AND ADDITIONAL SCHEDULES A WEEK BEFORE SUBMISSION TO THE IRS

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 12C	COUNCIL MEMBERS SIGN CONFLICT OF INTEREST POLICY ANNUALY

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15A	EXECUTIVE DIRECTOR'S SALARY IS REVIEWED AND DETERMINED BY THE COUNCIL

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	THE SOCIETY MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY , AND FINANCIAL STATEMETNS AVAILABLE TO THE PUBLIC UPON REQUEST

Identifier	Return Reference	Explanation
ALL OTHER FUNCTIONAL EXPENSES	FORM 990, PART X, LINE 24F	FOOD AND BEVERAGE PROGRAM SERVICE EXPENSES 494,946 MANAGEMENT AND GENERAL EXPENSES 11,725 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 506,671 PROCESSING EXPENSE PROGRAM SERVICE EXPENSES 412,770 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 412,770 STIPENDS PROGRAM SERVICE EXPENSES 332,500 MANAGEMENT AND GENERAL EXPENSES 30,000 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 362,500 FACILITIES & EQUIPT RENTAL PROGRAM SERVICE EXPENSES 262,532 MANAGEMENT AND GENERAL EXPENSES 31,520 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 294,052 BANK CHARGES PROGRAM SERVICE EXPENSES 0 MANAGEMENT AND GENERAL EXPENSES 263,829 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 263,829 MISCELLANEOUS PROGRAM SERVICE EXPENSES 193,504 MANAGEMENT AND GENERAL EXPENSES 17,120 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 210,624 HONORARIA PROGRAM SERVICE EXPENSES 199,700 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 199,700 ONLINE JOURNAL PROGRAM SERVICE EXPENSES 175,982 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 175,982 DUES & SUBSCRIPTIONS PROGRAM SERVICE EXPENSES 26,930 MANAGEMENT AND GENERAL EXPENSES 55,574 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 82,504 PROFESSIONAL DEVELOPMENT PROGRAM SERVICE EXPENSES 33,288 MANAGEMENT AND GENERAL EXPENSES 22,348 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 55,636 SYLLABI PROGRAM SERVICE EXPENSES 34,996 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 34,996 CERTIFICATES/PLAQUES PROGRAM SERVICE EXPENSES 21,218 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 21,218 STRATEGIC PLANNING PROGRAM SERVICE EXPENSES 82 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 82

Identifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED GAINS ON INVESTMENTS 3,303,715

Additional Data

Software ID:  
Software Version:  
EIN: 52-6078378  
Name: AMERICAN SOCIETY OF NEPHROLOGY

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services			
(Code	) (Expenses \$	1,178,548 including grants of \$	) (Revenue \$ 1,985,398 )
MEMBERSHIP, LEADERSHIP AND POLICY & PUBLIC AFFAIRS - MEMBERSHIP ASN HAS NEARLY 13,000 MEMBERS FROM MORE THAN 102 COUNTRIES NEARLY SEVENTY PERCENT OF ASN MEMBERS RESIDE WITHIN THE UNITED STATES MOST OF ASN MEMBERS HAVE EARNED AN M D (85 PERCENT) OR PH D (15 PERCENT), TEN PERCENT OF MEMBERS HOLD BOTH M D AND PH D DEGREES LEADERSHIP THE COUNCIL IS THE GOVERNING BODY OF THE SOCIETY AS SUCH, THE COUNCIL SUPERVISES THE AFFAIRS OF THE SOCIETY, PROVIDES DIRECTION FOR THE ADVANCEMENT OF THE SOCIETY, AND ENSURES THAT ITS GOALS, MISSION AND PURPOSE ARE ACCOMPLISHED IN A TIMELY MANNER AND WITH THE HIGHEST QUALITY THE COUNCIL SETS DUES FOR THE MEMBERS (OTHER THAN EMERITUS AND SENIOR EMERITUS MEMBERS, WHO ARE NOT REQUIRED TO PAY DUES) ON AN ANNUAL BASIS THE COUNCIL HAS THE POWER TO RETAIN AN EXECUTIVE DIRECTOR TO MANAGE AND DIRECT ALL DAY TO DAY ACTIVITIES OF THE SOCIETY IN ACCORDANCE WITH THE POLICIES ADOPTED BY THE COUNCIL AND SUCH OTHER PROFESSIONAL AND ADMINISTRATIVE STAFF AND LEGAL COUNSEL AS IT DEEMS NECESSARY TO CARRY OUT THE PURPOSES OF THIS SOCIETY POLICY AND PUBLIC AFFAIRS THE ASN POLICY AND PUBLIC AFFAIRS DEPARTMENT SEEKS TO SHAPE FEDERAL POLICIES, INCREASE FEDERAL AND INSTITUTIONAL RESOURCES, AND INFLUENCE REGULATORY DIRECTIVES TO HELP ITS MEMBERS			

Identifier	Return Reference	Explanation
		FINANCE COMMITTEE AND THE COUNCIL ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT OF THE ANNUAL FINANCIAL STATEMENTS AND SELECTION OF AN INDEPENDENT ACCOUNTANT

Form

4562

Depreciation and Amortization  
(Including Information on Listed Property)

OMB No 1545-0172

2010

Attachment  
Sequence No 67

Department of the Treasury  
Internal Revenue Service (99)

See separate instructions. Attach to your tax return.

Name(s) shown on return AMERICAN SOCIETY OF NEPHROLOGY	Business or activity to which this form relates  FORM 990 PAGE 10	Identifying number  52-6078378
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Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount See the instructions for a higher limit for certain businesses . . . . .	1	500,000
2	Total cost of section 179 property placed in service (see instructions) . . . . .	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions) . . . . .	3	2,000,000
4	Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0- . . . . .	4	
5	Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions . . . . .	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property Enter the amount from line 29 . . . . .	7	
8	Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 . . . . .	8	
9	Tentative deduction Enter the smaller of line 5 or line 8 . . . . .	9	
10	Carryover of disallowed deduction from line 13 of your 2009 Form 4562 . . . . .	10	
11	Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions) . . . . .	11	
12	Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 . . . . .	12	
13	Carryover of disallowed deduction to 2011 Add lines 9 and 10, less line 12 .	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property ) (See instructions )

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election . . . . .	15	
16	Other depreciation (including ACRS) . . . . .	16	41,446

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2010 . . . . .	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here . . . . .		

Section B—Assets Placed in Service During 2010 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27 5 yrs	MM	S/L	
			27 5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2010 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

Part IV Summary (see instructions)

21	Listed property Enter amount from line 28 . . . . .	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations—see instructions . . . . .	22	41,446
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs . . . . .	23	

Part V

Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)  
**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? <input type="checkbox"/> Yes <input type="checkbox"/> No						24b If "Yes," is the evidence written? <input type="checkbox"/> Yes <input type="checkbox"/> No		
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation/ deduction	(i) Elected section 179 cost
25Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)						25		
26 Property used more than 50% in a qualified business use								
		%						
		%						
		%						
27 Property used 50% or less in a qualified business use								
		%				S/L -		
		%				S/L -		
		%				S/L -		
28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1						28		
29 Add amounts in column (i), line 26 Enter here and on line 7, page 1							29	

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person  
If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles

30 Total business/investment miles driven during the year ( <b>do not</b> include commuting miles)	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
31 Total commuting miles driven during the year												
32 Total other personal(noncommuting) miles driven												
33 Total miles driven during the year Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who **are not** more than 5% owners or related persons (see instructions)

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions )		
<b>Note:</b> If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles		

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) A mortization period or percentage	(f) A mortization for this year
42 A mortization of costs that begins during your 2010 tax year (see instructions)					
LOAN FEES	2010-07-29	348,101		180M	9,669
43 A mortization of costs that began before your 2010 tax year				43	28,181
44 <b>Total.</b> Add amounts in column (f) See the instructions for where to report				44	37,850