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Form 990

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 01-01-2011 and ending 12-31-2011

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Terminated

☐ Amended return

☐ Application pending

C Name of organization
AMERICAN SOCIETY OF NEPHROLOGY

Doing Business As

Number and street (or P O box if mail is not delivered to street address)
1510 H STREET NW NO 800

Room/suite

City or town, state or country, and ZIP + 4
WASHINGTON, DC 20005

F Name and address of principal officer
TOD IBRAHIM
1510 H STREET NW 800
WASHINGTON,DC 20006

H(a) Is this a group return for affiliates?

☐ Yes ☒ No

H(b) Are all affiliates included?

☐ Yes ☐ No

If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status

☒ 501(c)(3) ☐ 501(c) () ◀(insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW.ASN-ONLINE.ORG

K Form of organization

☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1966

M State of legal domicile DC

Part I

Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities ASN LEADS THE FIGHT AGAINST KIDNEY DISEASE BY EDUCATING HEALTH PROFESSIONALS, SHARING NEW KNOWLEDGE, ADVANCING RESEARCH, AND ADVOCATING THE HIGHEST QUALITY CARE FOR PATIENTS		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	8
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	8
	5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	29
	6	Total number of volunteers (estimate if necessary)	6	0
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	1,120,736
	7b	Net unrelated business taxable income from Form 990-T, line 34	7b	2,251
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	3,328,217	3,695,990
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	14,697,647	14,329,043
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,056,206	1,940,801
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	570,836	442,183
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	19,652,906	20,408,017
	14	Benefits paid to or for members (Part IX, column (A), line 4)	2,591,914	2,336,777
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	0	0
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	3,152,183	3,320,585
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ ⁰	0	0
Net Assets or Fund Balances	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	11,749,822	12,546,039
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	17,493,919	18,203,401
	19	Revenue less expenses Subtract line 18 from line 12	2,158,987	2,204,616
	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	56,627,204	55,907,516
	22	Net assets or fund balances Subtract line 21 from line 20	12,166,749	12,692,878
			44,460,455	43,214,638

Part II

Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer

TOD IBRAHIM EXECUTIVE DIRECTOR

2012-05-11

Date

Paid Preparer's Use Only

Preparer's signature

HAE LEE

Date

Check if self-employed ☐

Preparer's taxpayer identification number (see instructions)
P00727444

Firm's name (or yours if self-employed), address, and ZIP + 4

RENNER AND COMPANY CPA PC
700 NORTH FAIRFAX ST SUITE 400
ALEXANDRIA, VA 22314

EIN ▶ 54-1498950
Phone no ▶ (703) 535-1200

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2011)

Part IIISTatement 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

ASN LEADS THE FIGHT AGAINST KIDNEY DISEASE BY EDUCATING HEALTH PROFESSIONALS, SHARING NEW KNOWLEDGE, ADVANCING RESEARCH, AND ADVOCATING THE HIGHEST QUALITY CARE FOR 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 organization's program service accomplishments for each of its three largest program services, as measured 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 \$ 7,001,087 including grants of \$) (Revenue \$ 6,355,743)

THE SOCIETY'S ANNUAL MEETING (KIDNEY WEEK) INCLUDES EDUCATIONAL SESSIONS AND RESEARCH PAPERS ON RECENT DISCOVERIES AND ADVANCES IN NEPHROLOGY IN ADDITION TO KIDNEY WEEK, THE SOCIETY ALSO OFFERS REGIONAL MEETINGS (RENAL WEEKENDS OR HIGHLIGHTS), PROVIDES AN ANNUAL BOARD REVIEW COURSE & UPDATE, AND OFFERS OTHER DISTANCE LEARNING OPPORTUNITIES FOR NEPHROLOGISTS IN 2011, AN ESTIMATED 551 HOURS OF INSTRUCTION WERE PROVIDED, 15,491 PHYSICIANS AND 1,245 OTHER HEALTH PROFESSIONALS PARTICIPATED IN THESE ACTIVITIES

4b

(Code) (Expenses \$ 4,856,265 including grants of \$) (Revenue \$ 4,052,135)

THE SOCIETY PUBLISHES THE JOURNAL OF THE AMERICAN SOCIETY OF NEPHROLOGY (JASN) (IMPACT FACTOR 8 288) THE CLINICAL JOURNAL OF THE AMERICAN SOCIETY OF NEPHROLOGY (CJASN) (IMPACT FACTOR 4 763), 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) CREDITS AND MAINTENANCE OF CERTIFICATION (MOC) POINTS 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 \$ 2,682,096 including grants of \$ 2,336,777) (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 2011, ASN PROVIDED RESEARCH GRANTS AND TRAVEL SUPPORT TO OVER 300 PEOPLE

(Code) (Expenses \$ 1,065,547 including grants of \$) (Revenue \$ 2,211,224)

MEMBERSHIP, LEADERSHIP AND POLICY & PUBLIC AFFAIRS - MEMBERSHIP ASN HAS NEARLY 14,000 MEMBERS FROM MORE THAN 105 COUNTRIES NEARLY SIXTY-EIGHT 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

4d

Other program services (Describe in Schedule O)





















(Expenses \$ 1,065,547 including grants of \$) (Revenue \$ 2,211,224)

4e

Total program service expenses \$ 15,604,995

Form 990 (2011)

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)? If "Yes," complete Schedule A 	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II 	Yes	
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? If "Yes," complete Schedule C, Part III		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 		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? If "Yes," complete Schedule D, Part II 		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	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? If "Yes," complete Schedule D, Part IV 		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 		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? If "Yes," complete Schedule D, Part VI. 	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? If "Yes," complete Schedule D, Part VII. 		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? If "Yes," complete Schedule D, Part VIII. 		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? If "Yes," complete Schedule D, Part IX. 		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. 	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)? If "Yes," complete Schedule D, Part X. 		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII 	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional 		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Part I 	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? If "Yes," complete Schedule F, Part II and IV 	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? If "Yes," complete Schedule F, Part III and IV 		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? If "Yes," complete Schedule G, Part I		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? If "Yes," complete Schedule G, Part II		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. All Form 990 filers that operated one or more hospitals must attach audited financial statements		

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	Yes	
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 questions 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	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <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 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
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a		No
b	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>	35b		No
36	Section 501(c)(3) organizations. 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? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance		
Check if Schedule O contains a response to any question in this Part V <input type="checkbox"/>		
		YesNo
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. .	1a338
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1cYes
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. .	2a29
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	2bYes
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3aYes
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.	3bYes
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 or securities account)? .	4aNo
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?	5aNo
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5bNo
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?	6aNo
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?	7aNo
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?	7cNo
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?	7eNo
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7fNo
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?	12a
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. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state.	13a
b	Enter the aggregate 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 aggregate amount of reserves on hand.	13c
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14aNo
b	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		
1a	8		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	8
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	No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	No
6	Did the organization have members or stockholders?	6	No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	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	Did the organization have local chapters, branches, or affiliates?	10a	No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	
11a	Has the organization provided a complete 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 the Form 990		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes
13	Did the organization have a written whistleblower policy?	13	Yes
14	Did 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," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's 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 made 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 made 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, or 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 organizations compensated any current or former officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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 PAST-PRESIDENT	2 00	X						0	0	0
(2) RAYMOND C HARRIS MD FASN COUNCILOR	2 00	X						0	0	0
(3) JOSEPH V BONVENTRE MD PHD PRESIDENT	2 00	X						0	0	0
(4) DONALD WESSON MD SECRETARY-TREASURER	2 00	X						0	0	0
(5) JONATHAN HIMMELFARB MD FASN COUNCILOR	2 00	X						0	0	0
(6) RONALD J FALK MD FASN PRESIDENT-ELECT	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				389,506	0	36,941
(10) PHILLIP KOKEMUELLER CHIEF LEARNING OFFICER	35 00			X				214,390	0	16,911
(11) DANETTE BROUGHTON DIRECTOR OF OPERATIONS	35 00				X			170,149	0	25,973
(12) HECTOR RUIZ DIRECTOR OF FINANCIAL OPER	35 00				X			163,433	0	25,638
(13) ADRIENNE LEA DIRECTOR OF COMMUNICATIONS	35 00					X		148,310	0	13,608
(14) GISELA DEUTER DIRECTOR, NEPHSAP	35 00					X		132,252	0	12,805
(15) KARA DAVIS DIRECTOR, DEVELOPMENT	35 00					X		111,700	0	11,777
(16) JIN KIM ASSOCIATE DIR, EDUCATION	35 00					X		114,087	0	11,896
(17) JAMES NESBITT ASSOCIATE DIR, INFO SERVICE	35 00					X		104,842	0	10,564

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	3,695,990				
	g	Noncash contributions included in lines 1a-1f \$ _____						
	h	Total. Add lines 1a-1f			3,695,990			
Program Service Revenue			Business Code					
	2a	ANNUAL AND REGIONAL ME	541900	5,814,668	5,814,668			
	b	PUBLICATIONS	511120	4,052,135	2,931,399	1,120,736		
	c	MEMBERSHIP DUES	541900	2,210,629	2,210,629			
	d	EXHIBITS	541900	1,701,336			1,701,336	
	e	EDUCATIONAL PROGRAMS	611710	541,075	541,075			
	f	All other program service revenue		9,200			9,200	
	g	Total. Add lines 2a-2f			14,329,043			
Other Revenue	3	Investment income (including dividends, interest and other similar amounts)			908,241		908,241	
	4	Income from investment of tax-exempt bond proceeds . .						
	5	Royalties			441,588		441,588	
	6a	(i) Real		(ii) Personal				
	b	Less rental expenses						
	c	Rental income or (loss)						
	d	Net rental income or (loss)						
	7a	(i) Securities		(ii) Other				
		19,190,949						
		18,109,639		48,750				
		1,081,310		-48,750				
	d	Net gain or (loss)			1,032,560			1,032,560
	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	595	595				
b								
c								
d	All other revenue							
e	Total. Add lines 11a-11d			595				
12	Total revenue. See Instructions			20,408,017	11,498,366	1,120,736	4,092,925	

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

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 United States See Part IV, line 21	2,073,890	2,073,890		
2	Grants and other assistance to individuals in the United States See Part IV, line 22	136,887	136,887		
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	126,000	126,000		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	690,645	287,746	402,899	
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	2,240,003	1,625,437	614,566	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	82,899	61,975	20,924	
9	Other employee benefits	185,015	129,990	55,025	
10	Payroll taxes	122,023	88,545	33,478	
11	Fees for services (non-employees)				
a	Management				
b	Legal	61,293		61,293	
c	Accounting	74,369	2,000	72,369	
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees	240,733		240,733	
g	Other	596,674	546,513	50,161	
12	Advertising and promotion	108,675	99,809	8,866	
13	Office expenses	91,946	11,191	80,755	
14	Information technology	337,144	54,226	282,918	
15	Royalties				
16	Occupancy	508,345		508,345	
17	Travel	973,511	961,912	11,599	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	2,839,506	2,809,306	30,200	
20	Interest	268,358		268,358	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	320,156		320,156	
23	Insurance	78,028	50,318	27,710	
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	PRINTING AND PRODUCTION	2,238,214	2,228,370	9,844	
b	EDITORIAL EXPENSES	836,312	836,312		
c	POSTAGE AND DELIVERY	725,482	711,382	14,100	
d	HONORARIA AND GRATUITIE	706,244	676,244	30,000	
e					
f	All other expenses	1,541,049	2,086,942	-545,893	
25	Total functional expenses. Add lines 1 through 24f	18,203,401	15,604,995	2,598,406	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			6,519,897	2	6,317,854
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			1,131,534	4	798,949
	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)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L				6	
	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			268,976	9	199,759
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	9,377,072			
	b	Less: accumulated depreciation	10b	302,273	7,934,921	10c	9,074,799
	11	Investments—publicly traded securities			40,637,049	11	39,404,794
	12	Investments—other securities. See Part IV, line 11				12	
	13	Investments—program-related. See Part IV, line 11				13	
	14	Intangible assets			36,223	14	12,757
	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)			56,627,204	16	55,907,516	
Liabilities	17	Accounts payable and accrued expenses			1,286,624	17	1,793,873
	18	Grants payable				18	
	19	Deferred revenue			1,863,648	19	1,885,260
	20	Tax-exempt bond liabilities			8,900,000	20	8,483,625
	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 (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D			116,477	25	530,120
	26	Total liabilities. Add lines 17 through 25			12,166,749	26	12,692,878
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			44,242,506	27	42,998,177
	28	Temporarily restricted net assets			217,949	28	216,461
	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			44,460,455	33	43,214,638
34	Total liabilities and net assets/fund balances			56,627,204	34	55,907,516	

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	20,408,017
2	Total expenses (must equal Part IX, column (A), line 25)	2	18,203,401
3	Revenue less expenses Subtract line 2 from line 1	3	2,204,616
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	44,460,455
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-3,450,433
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	43,214,638

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

2011

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 **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 IRC 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
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 2011 (line 6 column (f) divided by line 11 column (f))	14	
15	Public Support Percentage for 2010 Schedule A, Part II, line 14	15	
16a	33 1/3% support test—2011. 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—2010. 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—2011. 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—2010. 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 IIISupport Schedule for Organizations Described in IRC 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	1,140,840	2,723,614	3,785,010	3,328,217	3,695,990	14,673,671
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	15,896,901	12,336,432	10,033,565	11,237,004	11,497,771	61,001,673
3 Gross receipts from activities that are not an unrelated trade or business under section 513	2,418,575	2,363,401	2,249,122	1,954,635	1,710,536	10,696,269
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	19,456,316	17,423,447	16,067,697	16,519,856	16,904,297	86,371,613
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	7,320,514	5,101,080	4,348,950	3,532,793	5,107,350	25,410,687
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	7,320,514	5,101,080	4,348,950	3,532,793	5,107,350	25,410,687
8 Public Support (Subtract line 7c from line 6.)						60,960,926

Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6	19,456,316	17,423,447	16,067,697	16,519,856	16,904,297	86,371,613
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,016,835	2,189,671	1,514,330	1,519,676	1,349,829	7,590,341
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	1,016,835	2,189,671	1,514,330	1,519,676	1,349,829	7,590,341
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	1,289,789	1,351,558	1,566,974	1,506,008	1,120,736	6,835,065
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	1,774	1,966	6,646	906	595	11,887
13 Total support (Add lines 9, 10c, 11 and 12.)	21,764,714	20,966,642	19,155,647	19,546,446	19,375,457	100,808,906
14 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	<input type="checkbox"/>					

Section C. Computation of Public Support Percentage		
15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15	60.470%
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	61.910%

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))	17	7.530%
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	6.420%
19a 33 1/3% support tests—2011. 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 stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 33 1/3% support tests—2010. 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 stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
20 Private Foundation 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 explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

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

2011

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, line 35c (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 on behalf of or in opposition to candidates for public office 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 function 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 Form 1120-POL 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 (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)
- 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) 2008	(b) 2009	(c) 2010	(d) 2011	(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
1	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			
a	Volunteers?			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c	Media advertisements?			
d	Mailings to members, legislators, or the public?			
e	Publications, or published or broadcast statements?			
f	Grants to other organizations for lobbying purposes?			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i	Other activities? If "Yes," describe in Part IV			
j	Total lines 1c through 1i			
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	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
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2		
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?	3		

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".

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	2a	
a	Current year		
b	Carryover from last year		
c	Total		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	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?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

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

OMB No 1545-0047

2011

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
Attach to Form 990. See separate instructions.

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?	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	
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	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	

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
a	Total number of conservation easements
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06

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
- d** ☐ Loan or exchange programs
- b** ☐ Scholarly research
- e** ☐ Other
- c** ☐ Preservation for future generations

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

	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

	Yes	No
(i) unrelated organizations	3a(i)	
(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 Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		8,882,340	240,677	8,641,663
c Leasehold improvements				
d Equipment		100,775	20,140	80,635
e Other		393,957	41,456	352,501
Total. Add lines 1a-1e <i>(Column (d) should equal Form 990, Part X, column (B), line 10(c).)</i> 				9,074,799

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	20,408,017
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	18,203,401
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	2,204,616
4	Net unrealized gains (losses) on investments	4	-2,988,202
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-462,231
9	Total adjustments (net) Add lines 4 - 8	9	-3,450,433
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-1,245,817

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	17,227,832
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	-2,988,202
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	48,750
e	Add lines 2a through 2d	2e	-2,939,452
3	Subtract line 2e from line 1	3	20,167,284
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	240,733
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	240,733
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	20,408,017

Part XIII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	18,473,649
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	462,231
d	Other (Describe in Part XIV)	2d	48,750
e	Add lines 2a through 2d	2e	510,981
3	Subtract line 2e from line 1	3	17,962,668
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	240,733
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	240,733
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	18,203,401

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 XI, LINE 8 - OTHER ADJUSTMENTS		CHANGE IN FAIR VALUE OF INTEREST SWAP AGREEMENT - 462,231
PART XII, LINE 2D - OTHER ADJUSTMENTS		LOSS FROM DISPOSAL OF PROPERTY 48,750
PART XIII, LINE 2D - OTHER ADJUSTMENTS		LOSS FROM DISPOSAL OF PROPERTY 48,750

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.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			NORTH AMERICA - CANADA	TRANSITION FUNDING TOWARD SUCCESSFUL APPLICATION FOR RO1 GRANT OR EQUIVALENT	100,000	CHECK			
			NORTH AMERICA - CANADA	BASIC OR CLINICAL RESEARCH IN THE FIELD OF NEPHROLOGY	26,000	CHECK			

- 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

Part III

[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) 2011

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

2011

Open to Public
Inspection

Name of the organization
AMERICAN SOCIETY OF NEPHROLOGY

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. Use Part IV and Schedule I-1 (Form 990) if additional space is needed ▶ ☐

(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 listed in the line 1 table ▶

3

Enter total number of other organizations listed in the line 1 table ▶

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
(1) RESEARCH AND TRAVEL ASSISTANCE	147	136,887			

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
STANFORD UNIVERSITY3440 WALNUT AVE BLDNG A 2ND FLOOR FREMONT, CA 94538	94-1156365	501C3	100,000				TO PROVIDE FUNDING FOR YOUNG FACULTY TO FOSTER EVOLUTION TO AN INDEPENDENT RESEARCH CAREER AND A SUCCESSFUL APPLICATION A NATIONAL INSTITUTES OF HEALTH (NIH) R01 GRANT OR EQUIVALENT
BRIGHAM AND WOMEN'S HOSPITAL 101 HUNTINGTON AVE 3RD FLOOR BOSTON, MA 02199	04-2312909	501C3	100,000				TO PROVIDE FUNDING FOR YOUNG FACULTY TO FOSTER EVOLUTION TO AN INDEPENDENT RESEARCH CAREER AND A SUCCESSFUL APPLICATION A NATIONAL INSTITUTES OF HEALTH (NIH) R01 GRANT OR EQUIVALENT
CHILDREN'S HOSPITAL BOSTON 300 LONGWOOD AVENUE BOSTON, MA 02115	04-2774441	501C3	100,000				TO PROVIDE FUNDING FOR YOUNG FACULTY TO FOSTER EVOLUTION TO AN INDEPENDENT RESEARCH CAREER AND A SUCCESSFUL APPLICATION A NATIONAL INSTITUTES OF HEALTH (NIH) R01 GRANT OR EQUIVALENT
BRIGHAM AND WOMEN'S HOSPITAL 101 HUNTINGTON AVE 3RD FLOOR BOSTON, MA 02199	04-2312909	501C3	50,000				TO PROVIDE FUNDING FOR YOUNG FACULTY TO FOSTER EVOLUTION TO AN INDEPENDENT RESEARCH CAREER AND A SUCCESSFUL APPLICATION A NATIONAL INSTITUTES OF HEALTH (NIH) R01 GRANT OR EQUIVALENT
EMORY UNIVERSITY 1599 CLIFTON ROAD 4TH FLOOR ATLANTA, GA 30322	58-0566256	501C3	100,000				TO PROVIDE FUNDING FOR YOUNG FACULTY TO FOSTER EVOLUTION TO AN INDEPENDENT RESEARCH CAREER AND A SUCCESSFUL APPLICATION A NATIONAL INSTITUTES OF HEALTH (NIH) R01 GRANT OR EQUIVALENT TOWARD SUCCESSFUL APPLICATION FOR AN R01 GRANT
UNIVERSITY OF CALIFORNIA SAN DIEGO9500 GILMAN DRIVE LA JOLLA, CA 92093	95-0006144	501C3	100,000				TO PROVIDE FUNDING FOR YOUNG FACULTY TO FOSTER EVOLUTION TO AN INDEPENDENT RESEARCH CAREER AND A SUCCESSFUL APPLICATION A NATIONAL INSTITUTES OF HEALTH (NIH) R01 GRANT OR EQUIVALENT
COLUMBIA UNIVERSITY615 W 131ST STREET NEW YORK, NY 10027	13-5598093	501C3	100,000				TO PROVIDE FUNDING FOR YOUNG FACULTY TO FOSTER EVOLUTION TO AN INDEPENDENT RESEARCH CAREER AND A SUCCESSFUL APPLICATION A NATIONAL INSTITUTES OF HEALTH (NIH) R01 GRANT OR EQUIVALENT
VANDERBILT UNIVERSITY MEDICAL CENTER DEPT AT 40303 ATLANTA, GA 31192	62-0476822	501C3	100,000				TO PROVIDE FUNDING FOR YOUNG FACULTY TO FOSTER EVOLUTION TO AN INDEPENDENT RESEARCH CAREER AND A SUCCESSFUL APPLICATION A NATIONAL INSTITUTES OF HEALTH (NIH) R01 GRANT OR EQUIVALENT
MASSACHUSETTS GENERAL HOSPITAL 101 HUNTINGTON AVENUE SUITE 300 BOSTON, MA 02199	10-4269798	501C3	100,000				TO PROVIDE FUNDING FOR YOUNG FACULTY TO FOSTER EVOLUTION TO AN INDEPENDENT RESEARCH CAREER AND A SUCCESSFUL APPLICATION A NATIONAL INSTITUTES OF HEALTH (NIH) R01 GRANT OR EQUIVALENT
THE UNIVERSITY OF CHICAGO1427 E 60TH STREET SUITE 120 CHICAGO, IL 60637	36-2177139	501C3	100,000				TO PROVIDE FUNDING FOR YOUNG FACULTY TO FOSTER EVOLUTION TO AN INDEPENDENT RESEARCH CAREER AND A SUCCESSFUL APPLICATION A NATIONAL INSTITUTES OF HEALTH (NIH) R01 GRANT OR EQUIVALENT
UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER AT HOUSTON SYSTEM 7000 FANNIN SUITE 1002 HOUSTON, TX 77030	74-1761309	501C3	100,000				TO PROVIDE FUNDING FOR YOUNG FACULTY TO FOSTER EVOLUTION TO AN INDEPENDENT RESEARCH CAREER AND A SUCCESSFUL APPLICATION A NATIONAL INSTITUTES OF HEALTH (NIH) R01 GRANT OR EQUIVALENT
MOUNT SINAI SCHOOL OF MEDICINEONE GUSTAVE L LEVY PLACE NEW YORK, NY 10058	13-6171197	501C3	100,000				TO PROVIDE FUNDING FOR YOUNG FACULTY TO FOSTER EVOLUTION TO AN INDEPENDENT RESEARCH CAREER AND A SUCCESSFUL APPLICATION A NATIONAL INSTITUTES OF HEALTH (NIH) R01 GRANT OR EQUIVALENT
UNIVERSITY OF KANSAS MEDICAL CENTER RESEARCH INSTITUTE INC3901 RAINBOW BOULEVARD MSN 1039 KANSAS CITY, KS 66103	48-1108830	501C3	100,000				TO PROVIDE FUNDING FOR YOUNG FACULTY TO FOSTER EVOLUTION TO AN INDEPENDENT RESEARCH CAREER AND A SUCCESSFUL APPLICATION A NATIONAL INSTITUTES OF HEALTH (NIH) R01 GRANT OR EQUIVALENT
UT SOUTHWESTERN MEDICAL CENTER 1950 N STEMMONS FREEWAY SUITE 5010 DALLAS, TX 75207	75-6002868	501C3	100,000				TO PROVIDE FUNDING FOR YOUNG FACULTY TO FOSTER EVOLUTION TO AN INDEPENDENT RESEARCH CAREER AND A SUCCESSFUL APPLICATION A NATIONAL INSTITUTES OF HEALTH (NIH) R01 GRANT OR EQUIVALENT
UNIVERSITY OF ALABAMA AT BIRMGINGHAM1600 9TH AVE SO BIRMINGHAM, AL 35233	63-6005396	501C3	100,000				TO PROVIDE FUNDING FOR YOUNG FACULTY TO FOSTER EVOLUTION TO AN INDEPENDENT RESEARCH CAREER AND A SUCCESSFUL APPLICATION A NATIONAL INSTITUTES OF HEALTH (NIH) R01 GRANT OR EQUIVALENT
UNIVERSITY OF WISCONSINSUITE 6601 21 N PARK STREET MADISON, WI 53715	39-6006492	501C3	100,000				TO PROVIDE FUNDING FOR YOUNG FACULTY TO FOSTER EVOLUTION TO AN INDEPENDENT RESEARCH CAREER AND A SUCCESSFUL APPLICATION A NATIONAL INSTITUTES OF HEALTH (NIH) R01 GRANT OR EQUIVALENT
UNIVERSITY OF PITTSBURGH3100 CATHEDRAL OF LEARNING PITTSBURGH, PA 15260	25-0965591	501C3	100,000				TO PROVIDE FUNDING FOR YOUNG FACULTY TO FOSTER EVOLUTION TO AN INDEPENDENT RESEARCH CAREER AND A SUCCESSFUL APPLICATION A NATIONAL INSTITUTES OF HEALTH (NIH) R01 GRANT OR EQUIVALENT
THE REGENTS OF THE UNIVERSITY OF MICHIGAN3003 SOUTH STATE STREET 1054 ANN ARBOR, MI 48109	38-6006309	501C3	25,000				THE AWARD WILL PROVIDE AN OPPORTUNITY TO GAIN SKILLS AND EXPERIENCE IN AGING RESEARCH AND HELP THE INVESTIGATORS ESTABLISH AN INDEPENDENT PROGRAM OF RESEARCH IN THIS FIELD
THE CURATORS OF THE UNIVERSITY OF MISSOURI310 JESSE HALL COLUMBIA, MO 65203	43-6003859	501C3	25,000				THE AWARD WILL PROVIDE AN OPPORTUNITY TO GAIN SKILLS AND EXPERIENCE IN AGING RESEARCH AND HELP THE INVESTIGATORS ESTABLISH AN INDEPENDENT PROGRAM OF RESEARCH IN THIS FIELD
UNIV OF NORTH CAROLINA AT CHAPEL HILL7022 BURNETT WOMACK - UNC NEPHROLOG CHAPEL HILL, NC 27599	56-6001393	501C3	16,500				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

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
UNIV OF MARYLAND BALTIMORE620 W LEXINGTON BALTIMORE, MD 21201	52-6002033	501C3	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
ALBERT EINSTEIN COLL OF MEDICINE 1300 MORRIS PARK AVE BELFER 306 BRONX,NY 10461	13-1624225	501C3	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
UNIV OF NORTH CAROLINA AT CHAPEL HILL7022 BURNETT WOMACK - UNC NEPHROLOG CHAPEL HILL,NC 27599	56-6001393	501C3	23,500				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
COLUMBIA UNIVERSITY622 WEST 168TH ST NEWYORK,NY 10032	13-5598093	501C3	4,000				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
NATIONWIDE CHILDREN'S HOSPITAL (OHIO STATE UNIVERSITY) 700 CHILDRENS DRIVE COLUMBUS,OH 43205	31-6056230	501C3	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 MIAMI MILLER SCHOOL OF MEDICINE1400 NW 10TH AVE MIAMI,FL 33136	15-0624458	501C3	26,000				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
NATIONWIDE CHILDREN'S HOSPITAL (OHIO STATE UNIVERSITY) 700 CHILDRENS DRIVE COLUMBUS,OH 43205	31-6056230	501C3	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
BROWN UNIVERSITY 164 ANGELL STREET PROVIDENCE,RI 02912	05-0258809	501C3	4,890				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
UNIV OF NORTH CAROLINA AT CHAPEL HILL7024 BURNETT WOMACK - UNC NEPHROLOG CHAPEL HILL,NC 27599	56-6001393	501C3	13,000				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
NEW YORK INSTITUTE OF TECHNOLOGY NORTHERN BLVD GERRY HOUSE ROOM 203 OLD WESTBURY,NY 11568	11-1788788	501C3	7,000				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 SOUTHERN CALIFORNIA1501 SAN PABLO STREET ZNI 101 LOS ANGELES,CA 90089	95-1642394	501C3	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
THE ADMINISTRATORS OF THE TULANE EDUCATIONAL FUND 1430 TULANE AVENUE DEPT OF PEDIATRICS SL37 NEW ORLEANS,LA 70112	72-0423889	501C3	13,000				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
UT SOUTHWESTERN MEDICAL CENTER 1950 N STEMMONS FRWY SUITE 5010 DALLAS,TX 75207	75-6002868	501C3	6,500				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
UNIV OF NORTH CAROLINA AT CHAPEL HILL7024 BURNETT WOMACK - UNC NEPHROLOG CHAPEL HILL,NC 27599	56-6001393	501C3	12,000				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
THE TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA3450 HAMILTON WALK PHILADELPHIA,PA 19124	23-1352685	501C3	9,500				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
WEILL MEDICAL COLLEGE OF CORNELL UNIVERSITY575 LEXINGTON AVE 9TH FL NEWYORK,NY 10022	13-1623978	501C3	13,000				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 HOUSTON316 E CULLEN BUILDING HOUSTON,TX 77204	74-6001399	501C3	100,000				TO PROVIDE BRIDGE FUNDING FOR INVESTIGATORS FROM RO1 TO RO1 WHOSE APPLICATION WAS NOT FUNDED APPLICANTS ARE ELIGIBLE ONLY DURING THE PERIOD OF FIRST REVISION OF RO1
ALBERT EINSTEIN COLLEGE OF MEDICINE1300 MORRIS PARK AVE BRONX,NY 10461	13-1624225	510C3	100,000				TO PROVIDE BRIDGE FUNDING FOR INVESTIGATORS FROM RO1 TO RO1 WHOSE APPLICATION WAS NOT FUNDED APPLICANTS ARE ELIGIBLE ONLY DURING THE PERIOD OF FIRST REVISION OF RO1

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2011

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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
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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>		
b	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	1b	
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?	2	
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 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		
a	Receive a severance payment or change-of-control payment?	4a	No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	No
c	Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III	4c	No
	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		
a	The organization?	5a	No
b	Any related organization? If "Yes," to line 5a or 5b, describe in Part III	5b	No
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		
a	The organization?	6a	No
b	Any related organization? If "Yes," to line 6a or 6b, describe in Part III	6b	No
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	7	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	8	No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9	

Part II **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use Schedule J-1 if additional space 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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, columns (D) and (E) for that individual

(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)	339,506	50,000	0	19,475	17,466	426,447	0
	(ii)	0	0	0	0	0	0	0
(2) PHILLIP KOKEMUELLER	(i)	211,390	3,000	0	10,719	6,192	231,301	0
	(ii)	0	0	0	0	0	0	0
(3) DANETTE BROUGHTON	(i)	164,149	6,000	0	8,507	17,466	196,122	0
	(ii)	0	0	0	0	0	0	0
(4) HECTOR RUIZ	(i)	158,433	5,000	0	8,172	17,466	189,071	0
	(ii)	0	0	0	0	0	0	0
(5) ADRIENNE LEA	(i)	148,310	0	0	7,416	6,192	161,918	0
	(ii)	0	0	0	0	0	0	0
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

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

2011

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	416,375							
2	Amount of bonds 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	8,723,649							
11	Other spent proceeds								
12	Other unspent proceeds								
13	Year of substantial completion	2010							
		Yes	No	Yes	No	Yes	No	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	If 'Yes' to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c	Are there any research agreements that may result in private business use of bond-financed property?		X						
d	If 'Yes' to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
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								
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								
6	Total of lines 4 and 5								
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?								
e	Was a hedge terminated?								
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

Procedures To Undertake Corrective Action

Check the box if the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations ☐ Yes ☒ No

Part VI

Supplemental Information

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

Identifier	Return Reference	Explanation
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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

2011**Open to Public
Inspection**Name of the organization
AMERICAN SOCIETY OF NEPHROLOGY**Employer identification number**

52-6078378

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
	FORM 990, PART VI, SECTION A, LINE 8B	MINUTES TAKEN BY THE EXECUTIVE DIRECTOR INCLUDE DETAILS OF VARIOUS COMMITTEE DISCUSSIONS
	FORM 990, PART VI, SECTION B, LINE 11	COUNCIL REVIEWS FORM 990/990-T AND ADDITIONAL SCHEDULES A WEEK BEFORE SUBMISSION TO THE IRS
	FORM 990, PART VI, SECTION B, LINE 12C	COUNCIL MEMBERS SIGN CONFLICT OF INTEREST POLICY ANNUALLY
	FORM 990, PART VI, SECTION B, LINE 15A	EXECUTIVE DIRECTOR'S SALARY IS REVIEWED AND DETERMINED BY THE COUNCIL
	FORM 990, PART VI, SECTION C, LINE 19	THE SOCIETY MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED LOSSES ON INVESTMENTS -2,988,202 CHANGE IN FAIR VALUE OF INTEREST SWAP AGREEMENT -462,231 TOTAL TO FORM 990, PART XI, LINE 5 - 3,450,433
		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

2011

Attachment
Sequence No 179

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 instructions)	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 2010 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 2012 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	273,483

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 2011	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 2011 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 2011 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	273,483
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 (do not 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)		
Note: 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) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2011 tax year (see instructions)					
43 Amortization of costs that began before your 2011 tax year				43	46,673
44 Total. Add amounts in column (f) See the instructions for where to report				44	46,673

Additional Data

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

Form 990, Special Condition Description:

Special Condition Description

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

4d. Other program services
(Code) (Expenses \$ 1,065,547 including grants of \$) (Revenue \$ 2,211,224) MEMBERSHIP, LEADERSHIP AND POLICY & PUBLIC AFFAIRS - MEMBERSHIP ASN HAS NEARLY 14,000 MEMBERS FROM MORE THAN 105 COUNTRIES NEARLY SIXTY-EIGHT 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