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Other deductions (attach schedule) 28 Total deductions. Add lines 14 through 28 29 Total deductions. Add lines 14 through 28 30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 Net operating loss deduction (limited to the amount on line 30) Unrelated business taxable income before specific deduction. Subtract line 31 from line 30 Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions) Unrelated business taxable income. Subtract line 32 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32 34 269,781.	• •	, ,					—				
Total deductions. Add lines 14 through 28 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 Net operating loss deduction (limited to the amount on line 30) Unrelated business taxable income before specific deduction. Subtract line 31 from line 30 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30 Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions) Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32 32 34 36 37 37 38 39 30 37 37 31 32 37 38 39 30 31 30 31 32 37 37 38 39 30 30 31 30 31 32 32 37 38 38 39 30 30 30 31 30 30 31 32 32 37 38 38 39 30 30 30 30 31 30 30 30 30 30		' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '									
Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 Net operating loss deduction (limited to the amount on line 30) Unrelated business taxable income before specific deduction. Subtract line 31 from line 30 Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions) Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32 30 270,781. 32 270,781. 33 270,781.											
Net operating loss deduction (limited to the amount on line 30) 132 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30 133 Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions) 134 Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32 134 269,781.		19 Total debuggings, Aud littles 14 till ought 20									
Unrelated business taxable income before specific deduction. Subtract line 31 from line 30 Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions) Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32 32 33 37 37 38 39 30 30 30 30 30 30 30 30 30			-	aut 11115 2				270,701.			
Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions) 33 1,000. Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32 34 269,781.				from line	o 30			270 791			
34 Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32 34 269,781.					u uu		\rightarrow				
ine 32 269 , 781 .			•		than line 32 enter the am	aller of zero or	33	1,000.			
		LEAGUIC HILVING, SUUNICH	55 HOM BIR 52. II IIIR 55 K	s yr talti	man mic 32, chief the SIII	1011 01 2010 UI	04	269 781			
		or Panerwork Reduction As	Notice see instructions		-		1 94				

Form 990-7	(2017	American Society of Nephrology	52-60	<u> 78378</u>		Page 2
Part I	II 🕍	Tax Computation	<u></u>			
35	Orga	nizations Taxable as Corporations. See instructions for tax computation.				
	Cont	rolled group members (sections 1561 and 1563) check here See instructions and:				
a	Ente	your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):				
	(1)	\$ (2) \$ (3) \$				
b		organization's share of: (1) Additional 5% tax (not more than \$11,750)				
		Additional 3% tax (not more than \$100,000)				
c		me tax on the amount on line 34	•	35c	88.	465.
36		ts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 fro	m:		<u> </u>	
		Tax rate schedule or Schedule D (Form 1041)	•	36		
37	Prox	y tax. See instructions	•	37		
38		native minimum tax		38		
39		on Non-Compliant Facility Income. See instructions		39		
40		I. Add lines 37, 38 and 39 to line 35c or 36, whichever applies		40	88.	465.
Part I	_	Tax and Payments		1 1	,	
_		gn tax credit (corporations attach Form 1118; trusts attach Form 1116) 41a		1 1		
		r credits (see instructions)	-	1		
		ral business credit. Attach Form 3800		1		
		at for prior year minimum tax (attach Form 8801 or 8827)		1		
		I credits. Add lines 41a through 41d		41e		
42		ract line 41e from line 40		42	88	465.
43			er (attach schedule)	43	00,	
44		tax. Add lines 42 and 43	ci (attach scheddia)	44	88	465.
		nents: A 2016 overpayment credited to 2017		+ + + + + + + + + + + + + + + + + + + +	00,	1 03.
	•	· · ·	200,000	-		
			200,000	'		
			0.	-		
		gn organizations: Tax paid or withheld at source (see instructions) 450		4 I		
		up withholding (see instructions) It for small employer health insurance premiums (Attach Form 8941) 456		1		
		, , , , , , , , , , , , , , , , , , , ,		-		
g	$\overline{}$	r credits and payments: Form 2439 Other Total 45g		,		
46				46	200,	000
46		payments. Add lines 45a through 45g		47		550.
47		nated tax penalty (see instructions). Check if Form 2220 is attached	_	48		550.
48		due. If line 46 is less than the total of lines 44 and 47, enter amount owed		49	110,	0.05
49 50		payment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid the amount of line 49 you want: Credited to 2018 estimated tax	Refunded >	50	110,.	0.
Part \		the amount of line 49 you want; Credited to 2018 estimated tax 110, 985.] 50]		.
		y time during the 2017 calendar year, did the organization have an interest in or a signature or other auth-			Yes	No
31		a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to f	•		1 53	1 110
		in mancial account (bank, securities, or other) in a foreigh country r if res, the organization may have to be N Form 114, Report of Foreigh Bank and Financial Accounts. If YES, enter the name of the foreigh country.				}
	here		у		x	-
EO		g the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a	foreign truet?		— ├^	 x
52			ioreign trustr		<u> </u>	+^;
53		S, see instructions for other forms the organization may have to file. the amount of tax-exempt interest received or accrued during the tax year ▶\$				1.1
J3		nder penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and	to the best of my kno	wiedge and t	nelief, it is true	
Sign	co	irrect, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any know	vledge			
Here	1.	11/2/18 Executur 1/4	10-11-1	•	scuss this return	
		Signature of officer Date Title		e preparer sr structions)?	nown below (see	_ No
				f PTIN	TV 129 [
		Print/Type preparer's name Nicole M. Prince, Preparer's signature Date		" FIIN		
Paid		CPA LCOL Numer 10/18/18	self- employed	ם חם	L31524!	5
Prepa		Firm's name Rogers & Company PLLC	* , 		-267626	
Use C	nly	8300 Boone Boulevard, Suite 600	Firm's EIN	56-	20/020	<u> </u>
			Dhone no	7021	003_U1	3 0 0
		Firm's address ▶ Vienna, VA 22182	Phone no. (1031	893-03	, , , ,

Form **990-T** (2017)

Schedule A - Cost of Goo	de Sold Ento	r method of invent	ory valuation N/A				
1 Inventory at beginning of year	1	metriod or invent	6 Inventory at end of yea			6	
2 Purchases	2		7 Cost of goods sold Subtract line 6				
3 Cost of labor	3		from line 5. Enter here				
4a Additional section 263A costs			line 2	 7			
(attach schedule)	4a		8 Do the rules of section	<u> </u>	Yes No		
b Other costs (attach schedule)	4b		property produced or a				
5 Total. Add lines 1 through 4b	5		the organization?		o tot toodio, apply to		
Schedule C - Rent Income		Property and		Leas	ed With Real Pro	perty)	
(see instructions)	•						
1. Description of property							
(1)							
(2)							
(3)							
(4)					 		
		ved or accrued			3(a) Deductions directly	v connected with th	e income in
(a) From personal property (if the prent for personal property is months and the following that the following the following that the following the following the following that the following the following that the following th	re than	` 'of rent for pe	nd personal property (if the percenta ersonal property exceeds 50% or if is based on profit or income)	ige		nd 2(b) (attach sche	
(1)							
(2)							
(3)							
(4)							
Total	0.	Total		0.	/h) Takal da da aki aki a a		
(c) Total income. Add totals of columns		iter		^	(b) Total deductions. Enter here and on page 1,	_	^
here and on page 1, Part I, line 6, colum Schedule E - Unrelated De		l Incomo /		0.	Part I, line 6, column (B)	<u> </u>	0.
Schedule E - Officialed De	bt-Financet	income (see	nstructions)		3. Deductions directly cor	nected with or allog	rahla
			2. Gross income from		to debt-finan	ced property	ADIO
1. Description of debt-	financed property		or allocable to debt- financed property		Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)	
					((,
(1) Parking spaces	For 1510	H Street	10,800.			1	
(2)			,				
(3)					-		
(4)							
 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) 	of or debt-fine	e adjusted basis allocable to inced property h schedule)	6. Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	(column 6 x	ole deductions total of columns and 3(b))
(1) 5,048,538	6	,045,114.	83.51%	_	9,019	•	
(2)			%				
(3)			%				
(4)			%		-		
					nter here and on page 1, Part I, line 7, column (A)		nd on page 1, ', column (B)
Totals			•		9,019		0.
Total dividends-received deductions	ncluded in columi	1 8	•			.	0.

Schedule F - Interest,	Annuitie	s, Roya	lties, aı					atio	ns (see in:	structio	ns)
•				Exempt (Controlled O	rganızatı	ons				
1. Name of controlled organizat	ion	2. Em identifi num	cation		elated income instructions)		al of specified nents made	includ			6. Deductions directly connected with income in column 5
(1)						_				-	
(1)		<u></u>						-			
(2)								┝		-	
(3)		_						 			
(4)		L				L					
Nonexempt Controlled Organi				,							
7. Taxable Income		nrelated incor see instruction		9. Total	of specified pay made	ments	10. Part of colur in the controlli gross		nization's		eductions directly connected th income in column 10
(1)					•						
(2)											
(3)	-				·						
(4)											
				1			Add			—	
							Add colum Enter here and line 8, c		e 1, Part I,		add columns 6 and 11 here and on page 1, Part I, line 8, column (B)
Totals						▶			0.	ŀ	0.
Schedule G - Investme	nt Inco	me of a	Section	501(c)(7), (9), or	(17) Or	ganization	<u> </u>			
(see insti				(-)(.,, (-,,	(,	3				
1. Desc	ription of inco	me			2. Amount of	income	3. Deduction directly conne (attach sched	cted	4. Set-	asides schedule)	5. Total deductions and set-asides (col 3 plus col 4)
(1)									1		
(2)	-								<u> </u>		
(3)									<u> </u>		
									 		
(4)					Catal base and	1			<u> </u>	_	F-1
					Enter here and Part I, line 9, co	lumn (A)					Enter here and on page 1 Part I, line 9, column (B)
Totals				•		0.			•		0.
Schedule I - Exploited (see instru	_	Activity	Incom	e, Othe	r Than Ac	lvertisi	ng Income	•			
			3	penses	4. Net incon						7. Excess exempt
Description of exploited activity	unrelated	e from	directly of with pro of unr	connected oduction elated s Income	from unrelated business (co minus colum gain, comput through	numn 2 n 3) If a e cols 5	 Gross inco from activity to is not unrelate business inco 	hat ed	attribut	enses able to mn 5	expenses (column 6 minus column 5, but not more than column 4)
(1)											
(2)											
(3)											
(4)				-		+					
(4)	Enter her	e and on	Enter he	re and on							Enter here and
	page 1	, Part I,	page 1	, Part I,							on page 1,
	line 10,	` ' _	line 10,								Part II, line 26
Totals		0.		0.			· .	,			0.
Schedule J - Advertision											
Part I Income From I	Periodic	als Rep	orted o	n a Con	solidated	Basis					
1. Name of periodical		2. Gross advertising income	adve	3. Direct ertising costs	or (loss) (co col 3) If a ga cols 5 th		5. Circulati Income	ion	6. Reade cost		7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1) JASN	3	09,80		6,743	•		2,488,	668,	1,37	9,789.	
(2) CJASN	4	71,77	3. 25	0,637	.		1,006,	566.	1,06	0,041.	1
(3) Kidney News		82,00	2. 8	7,653	.		134,4		539,		1
(4)		,_,			1						
Totals (carry to Part II, line (5))	•	1,063,5	75. 77	5,033	. 288	,542.	3,629,	690.	2,97	8,889.	0.

Form 990-T (2017) American Society of Nephrology 52-60783 Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis)

1. Name of periodical		2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col 2 minus col 3) if a gain, compute cols 5 through 7	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)	一						
(2)	ヿ					-	
(3)	T		·			_	
(4)							
Totals from Part I	▶	1,063,575.	775,033.	,			0.
		Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5)	▶	1,063,575.	775,033.				0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14		•	0.

Form 990-T (2017)