

Return of Organization Exempt From Income Tax

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

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

▶ Do not enter social security numbers on this form as it may be made public.

► Go to www.lrs.gov/Form990 for instructions and the latest information.

Inspection 20 2017, and ending For the 2017 calendar year, or tax year beginning D Employer identification number C Name of organization INTERNATIONAL SOCIETY OF NEPHROLOGY Check if applicable 59-1776707 Doing business as Address change E Telephone number Number and street (or P O box if mail is not delivered to street address) Room/suite ■ Name change (567)248 - 9731340 NORTH AVENUE initial return

Complete if the organization answered	"Yes" on	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	5,481,820.	5,161,448.	2,436,524.	2,056,203.	1,928,155.
b	Contributions	187,649.	170,478.	152,155.	229,112.	327,590.
C	Net investment earnings, gains, and					
	losses	738,681.	407,336.	2,740,660.	307,719.	178,167.
d	Grants or scholarships					
е	Other expenditures for facilities and					
	programs					
f	Administrative expenses	276,886.	257,442.	167,891.	156,510.	377,709.
g	End of year balance	6,131,264.	5,481,820.	5,161,448.	2,436,524.	2,056,203.
2	Provide the estimated percentage of t	he current year en	d balance (line 1g	, column (a)) held	as:	· · · · · · · · · · · · · · · · · · ·

- Board designated or quasi-endowment ▶
- Permanent endowment ▶ _____%
- Temporarily restricted endowment ▶ %
 - The percentages on lines 2a, 2b, and 2c should equal 100%.
- Are there endowment funds not in the possession of the organization that are held and administered for the organization by.
 - (i) unrelated organizations .
- If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?
- Describe in Part XIII the intended uses of the organization's endowment funds.

(ii) related organizations

Part VI Land, Buildings, and Equipment.

3a(i) 3a(ii)

Yes

No

Statement of Program Service Accomplishments Check If Schedule Contains a response or note to any line in this Part III S Py afty door to be a government or a service Accomplishment of the service Accomplishm		17) ' Pag
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Hyperty describe the association is mission.		Check if Schedule O contains a response or note to any line in this Part III
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Part	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	1	×	"
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	×	
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			
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	3		
	plands are in additional description and the descriptional of the course of the Call of Call o	<u> </u>	<u>1.</u>	<u> </u>
Pt V	I, Line 7b: ALL DECISIONS WILL BE MADE BY A SIMPLE MAJORITY VOTE OF THISE			
мемв	ERS ELIGIBLE TO VOTE WHO ARE PRESENT AT THE GENERAL ASSEMBLY; THE CHAIR HAS			
THE	DECIDING VOTE	•••••		
Pt V	I, Line 11b: THE SOCIETY'S FINANCE MANAGER, TREASURER AND EXECUTIVE DIRECTOR	?		
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Part	Checklist of Required Schedules (continued)			
	•		Yes	No
20 a	Did, the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		×
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	F		
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		×
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	 -		 ^
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	00		
		22_	×	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	1		1
	organization's current and former officers, directors, trustees, key employees, and highest compensated	ļ		
	employees? If "Yes," complete Schedule J	23_		×
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? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		×
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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		
٨	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	274		_
234	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	05-		
		25a		×
ь	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?			
	If "Yes," complete Schedule L, Part I	25b	<u> </u>	×
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		×
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		×
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,		100000	100
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			4
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		×
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L. Part IV		1 1	
_	001.0001.0 2, 101.11	206	1 1	.
С	An antity of which a current or former officer, director, trustee, or key employee for a family member thereoft.	28b		×
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		×
29	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M			
29 30	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	28c 29		×
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30 31 32 33	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	28c 29 30 31 32		× × × × ×
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30 31 32 33 34 35a b	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related 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? If "Yes," complete Schedule R,	28c 29 30 31 32 33 34 35a 35b		x x x x x x x x
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Part	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	<u> </u>	<u>.</u>	
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable]		ĺ
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	4		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
_	reportable gaming (gambling) winnings to prize winners?	1c	$oxed{oxed}$	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a	-		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	——	
0-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			ļ—-
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	×	-
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.	3b	×	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a	_×	
b	If "Yes," enter the name of the foreign country: See Statement	40		
U	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
	(FBAR).		i	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		×
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		×
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 as charitable contributions?	6a		×
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or		\Box	
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			-
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		×
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7с	 _	×
d	If "Yes," indicate the number of Forms 8282 filed during the year	 	I	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		×
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		×
g h	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	7h		
O		8		
9	sponsoring organization have excess business holdings at any time during the year?			
э a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring 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		.	
ь	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	1		
11	Section 501(c)(12) organizations. Enter:	1	: I	
а	Gross income from members or shareholders		.	
b	Gross income from other sources (Do not net amounts due or paid to other sources]	.	
	against amounts due or received from them.)			
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.	<u></u>		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.]	. [
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans]		
С	Enter the amount of reserves on hand	igspace		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		×
h	If "Yes" has it filed a Form 720 to report these payments? If "No" provide an explanation in Schedule O	14h	1	

Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S. Check if Schedule O contains a response or note to any line in this Part VI	See in	for a struct	ions.
Secti	ion A. Governing Body and Management			
1a	Enter the number of voting members of the governing body at the end of the tax year		Yes	No
b 2	committee, explain in Schedule O. Enter the number of voting members included in line 1a, above, who are independent . 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		×
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		×
4 5 6	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders?	5 6	×	×
7a b	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	×	
8	stockholders, or persons other than the governing body?	7b	×	
a b	The governing body?	8a 8b	×	
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		×
Secu	ion B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C		
10a	Did the organization have local chapters, branches, or affiliates?	40-	Yes	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?	10a 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		×
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a b	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a 12b	×	
c 13	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	×	
14 15	Did the organization have a written document retention and destruction policy? 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?	14	×	
a b	The organization's CEO, Executive Director, or top management official	15a		
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	15b		×
b	with a taxable entity during the year?	16a		×
Sacti	organization's exempt status with respect to such arrangements?	16b		
17	List the states with which a copy of this Form 990 is required to be filed ► NJ			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	501(c)(3)s	only)
19	Own website Another's website Vi Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of integration in Schedule O whether (and if so, how) the organization made its governing documents, conflict of integration in Schedule O).	erest p	oolicy	, and
20	State the name, address, and telephone number of the person who possesses the organization's books and rec LISA SCARFUTO, 340 NORTH AVE, CRANFORD, NJ 07016 (567)248-9731	cords:	>	

Orm	990	(2017)	

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

. Check if Schedule O contains a response or note to any line in this Part VII

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

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

(A) Name and Title	te and Title Average hours per week (list any) (do not check more than one box, unless person is both a officer and a director/trustee		an tee)	(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		
(1) DAVID HARRIS PRESIDENT	20.00	×	×			0.	0.	0.
(2) ADEERA LEVIN PAST-PRESIDENT	20.00	×	×			0.	0.	0.
(3) VIVEKANAND JHA PRESIDENT-ELECT	20.00	×	×			0.	0.	0.
(4) JOHN FEEHALLY PROGRAMS CHAIR	20.00	×	×			0.	0.	0.
(5) STUART SHANKLAND TREASURER	20.00	×	×			0.	0.	0.
(6) LUCA SEGANTINI EXECUTIVE DIRECTOR	35.00	×	×			0.	0.	0.
(7) MASAOMI NANGAKU REPRESENTATIVE OF THE COUNCIL	10.00	×				0.	0.	0.
(8) GLORIA ASHUNTANTANG PRESIDENTIAL APPOINTEE	10.00	×				0.	0.	0.
(9) VALERIE LUYCKX PRESIDENTIAL APPOINTEE	10.00	×				0.	0.	0.
(10) ROBERTO PECOITS-FILHO REPRESENTATIVE OF THE COUNCIL	10.00	×				0.	0.	0.
(11) MIRIAN APARECIDA COUNCIL MEMBER	1.00	×				0.	0.	0.
(12) Sharon Andreoli COUNCIL MEMBER	1.00	×				0.	0.	0.
(13) ROSANNA COPPO COUNCIL MEMBER	1.00	×				0.	0.	0.
(14)Walter Guillermo COUNCIL MEMBER	1.00	×				0.	0.	0.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)												
	•	(C)									1	
	· (A)	(B) Position (do not check more than o						one	(D)	(E)		(F)
	Name and title	Average					is both		Reportable	Reportab		Estimated
		hours per week (list any		rano		lirect	or/trus		compensation	compensatio related		amount of other
		hours for	우급	insi	Officer	Ş.	em Hig	Former	the	organizati		compensation
		related	Individual trustee or director	Institutional trustee	Cer	Key employee	Highest compensated employee	Ter	organization (W-2/1099-MISC)	(W-2/1099-N	/ISC)	from the
		organizations below dotted	학교	опа		bo	8 8		(W-2/1099-MISC)			organization and related
		line)	T St	ltru		è	npe					organizations
			8	stee			nsat		1			
						<u> </u>	8	$ldsymbol{ldsymbol{ldsymbol{eta}}}$				
	LFRED CHEUNG	1.00										
	DUNCIL MEMBER		×			<u>L</u>			0.		0.	0.
	ELICIA EKE	1.00						ŀ				
	DUNCIL MEMBER		×		_			<u> </u>	0.		0.	0.
	ANDRINE FLORQUIN	1.00						1				
	DUNCIL MEMBER		×		ļ			_	0.		0.	0.
	AUL HARDEN	1.00										_
	DUNCIL MEMBER		×		_				0.		0.	0.
	AN FAN HOU	1.00										
	DUNCIL MEMBER		×		<u> </u>	lacksquare		L	0.		0.	0.
	ADAYOSHI ITO	1.00	×									•
	OUNCIL MEMBER	1 00						ļ	0.		0.	0.
	AVID JOHNSON	1.00	×									•
	OUNCIL MEMBER	1 00							0.		0.	<u> </u>
	AMYAR KALANTER-ZADEH	1.00	×									0
	DUNCIL MEMBER	1 00	^					<u> </u>	0.		0.	0.
	JMEYZA KAZANCIOGLU DUNCIL MEMBER	1.00	×									0
		1 00							0.		0.	0.
	DRIAN LAW DUNCIL MEMBER	1.00	×						0.		0.	0.
	AVINDRA MEHTA	1.00							0.			· · · · · · · · · · · · · · · · · · ·
	DUNCIL MEMBER	1.00	×						0.		0.	0.
	Sub-total					L			0.		0.	0.
C	Total from continuation sheets to Part	VII Sectio	 n Δ	•	•		•		0.		0.	0.
d	_			•	•		•	•	0.		0.1	0.
2	Total number of individuals (including but					ed :	above	- w	L	re than \$1		
_	reportable compensation from the organi		10 111	030	1130	·Cu	abov (., vv.	no received me	ne triarry r	00,000	01
												Yes No
3	Did the organization list any former of	ficer, direct	tor, o	r tn	uste	ee, I	kev e	emp	lovee, or high	est compe	nsated	
	employee on line 1a? If "Yes," complete S							٠.				3 ×
4	For any individual listed on line 1a, is the	sum of reg	oortal	ole d	com	per	satio	n ai	nd other comp	ensation from	om the	
	organization and related organizations											
	ındıvıdual	·										4 ×
5	Did any person listed on line 1a receive o	r accrue co	mper	nsat	ion	fror	n any	uni	related organiz	ation or inc	lividual	
	for services rendered to the organization?	If "Yes," c	ompl	ete :	Sch	edu	le J f	or s	uch person .			5 ×
Section	on B. Independent Contractors	<u>"</u>										
1	Complete this table for your five highest of	compensate	ed inc	lepe	ende	ent o	contr	acto	ors that receive	d more tha	n \$100),000 of
	compensation from the organization. Rep	ort compe	nsatio	n fo	or th	e ca	alend	ar y	ear ending with	n or within t	the org	anızation's tax
	year.											
	(A)								(B)			(C)
	Name and business add	ress						L	Description of se	ervices		Compensation
ELSE	JIER, INC, 1600 JOHN F KENNEDY BLV	D, PHILA	DELP	HIA	, F	PA]	1913	Sul	bscription	s		642,355.
Wash	ington University, 660 S. Euclid	Ave, St	Lou	LS,	MC	63	3110	Ed	ıtorial Se	rvices		235,000.

Total number of independent contractors (including but not limited to those listed above) who

received more than \$100,000 of compensation from the organization ▶

Par	t VIII	Statement of Rev	enue			-		
		Check if Schedule (O contains a res	sponse or note t		s Part VIII		<u></u> 🗆
	•				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Gifts, Grants ilar Amounts	1a	Federated campaign	ıs 1a					
ributions, Gifts, Grants Other Similar Amounts	b	Membership dues .						
ts, Am	С	Fundraising events .			_			
ië ë	d	Related organization						
Sim.	е	Government grants (con			_			
er (f	All other contributions, g	' I					•
ē ē		and similar amounts not in		754,138.	_			
Contributions, and Other Sim	9	Noncash contributions inclu			754 120			
	h	Total. Add lines 1a-1	<u> 11</u>	Business Code	754,138.			
Program Service Revenue	22	MEETINGS / EVENIT	20		3 150 064	3 150 064		
ě	2a	MEETINGS/EVENT PUBLICATIONS	. 5	611710 511120		3,150,964.	0.	0.
9	b	MEMBERSHIP DUE	20	561990		3,046,907.	32,640.	<u> </u>
Š	d	MANAGEMENT INC	***************************************	541618		1,121,422.	0.	0.
Š		MANAGEMENT INC	.OME	541618	35,000.	35,000.	0.	0.
Jar	e	All other program ser	nico rovonuo			 		
ĕ	g	Total. Add lines 2a-2			7,386,933.			
	3	Investment income			7,300,933.	 		·
		and other similar amo			371,650.	0.	0.	371,650.
	4	Income from investmen	•		371,030.	1	U.	3/1,630.
	5	Royalties	K Of tax exempt b	ona procedas ►				 .
			(i) Real	(ii) Personal				
	6a	Gross rents			1		}	
	b	Less: rental expenses			1			
	С	Rental income or (loss)						
	d	Net rental income or	(loss)	<u>'</u> ▶				
	7a	Gross amount from sales of	(i) Securities	(ii) Other		-		-
		assets other than inventory	1,693,790.		1			
	b	Less cost or other basis						
		and sales expenses .	1,350,215.	İ				
	С	Gain or (loss)	343,575.			! !		
	d	Net gain or (loss) .		>	343,575.	0.	0.	343,575.
enne	8a	Gross income from fu	undraising					
Other Revenue		of contributions reporte See Part IV, line 18			<u> </u>			
チ	b	Less: direct expenses	s b	-	İ	l		
J		Net income or (loss) f Gross income from ga See Part IV, line 19	aming activities.					
	ь	Loss: direct expenses	-			İ		
		Net income or (loss) f						
	10a	Gross sales of in returns and allowance						
		Less: cost of goods s Net income or (loss) f			<u> </u>			
		Miscellaneous R		Business Code				
	11a							
	b					·		
	c	*						
	d	All other revenue .						
	e	Total. Add lines 11a-						<u> </u>
		Total revenue. See in			8.856.296.	7.354.293	32.640	715,225

Part IX Statement of Functional Expenses

Sec	ction 501(c)(3)) and 501(c)(4)	organizations must com	plet	e all columns.	All o	ther or	ganızations	must cor	nplete column ((A)	

Check if Schedule O o					
Do not include amounts reported 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 dor					
and domestic governments. See Pa	_	614,036.	614,036.		
2 Grants and other assistan- individuals. See Part IV, line 2.	2	0.	0.		
3 Grants and other assista organizations, foreign governm individuals. See Part IV, lines 1	nents, and foreign 5 and 16	1,140,352.	1,140,352.		
 Benefits paid to or for memb Compensation of current of trustees, and key employees 	ficers, directors,				
6 Compensation not included aborder sectors (as defined under sector persons described in section 49	tion 4958(f)(1)) and				
7 Other salaries and wages8 Pension plan accruals and con	ntributions (include	243,523.	170,466.	73,057.	0.
section 401(k) and 403(b) emplo	· _				
9 Other employee benefits .		01 150	11.010		
10 Payroll taxes		21,160.	14,812.	6,348.	0.
11 Fees for services (non-emplo a Management	* '	1 640 570	1 226 424	412 145	0
a Managementb Legal	-	1,648,579.	1,236,434.	412,145. 17,847.	0.
c Accounting	<u> </u>	25,000.	0.	25,000.	0.
d Lobbying	-	23,000.	- 0.1	23,000.	
e Professional fundraising services.	See Part IV, line 17				
f Investment management fee		29,158.	0.	29,158.	0.
g Other. (If line 11g amount exceeds 10					
(A) amount, list line 11g expenses on	· L	686,544.	686,544.	0.	0.
12 Advertising and promotion		199,369.	179,432.	19,937.	0.
13 Office expenses		55,854.	0.	55,854.	0.
14 Information technology .15 Royalties	⊢	422,172.	379,955.	42,217.	<u> </u>
15 Royalties 16 Occupancy	_				
17 Travel	_	392,557.	353,301.	39,256.	0.
18 Payments of travel or enterta for any federal, state, or local	inment expenses	372,337.	333,301.	33,230.	
19 Conferences, conventions, a	·	1,706,252.	1,706,252.	0.	0.
	[
21 Payments to affiliates	[
22 Depreciation, depletion, and	amortization .				
23 Insurance	[57,764.	40,435.	17,329.	0.
24 Other expenses, Itemize expe		,	İ	,	
above (List miscellaneous expe					
line 24e amount exceeds 10% (A) amount, list line 24e expense					
	es on scriedule O.,	100 010	76 172	32 646	
<pre>a Merchant Bank Fees b Editorial Office Bu</pre>		108,818.	76,172. 1,284,489.	32,646.	0.
		1,204,409.	1,204,409.	_ 	<u> </u>
d					
e All other expenses		340,777.	297,365.	43,412.	0.
25 Total functional expenses. Add	lines 1 through 24e	8,994,251.	8,180,045.	814,206.	0.
Joint costs. Complete this organization reported in colum from a combined educationa fundraising solicitation. Check following SOP 98-2 (ASC 958-7.	line only if the on (B) joint costs al campaign and here			·	
		REV 12/05/17 PRO			Form 990 (2017

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X (B) Beginning of year End of year 1 276,590. 1 266,713. 2 Savings and temporary cash investments 2 3 3 4 4 561,925. 382,613. Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L 6 7 7 8 8 Inventories for sale or use Prepaid expenses and deferred charges . . . 834,139. 9 392,640. 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10b Less: accumulated depreciation 10c 11 Investments—publicly traded securities 16,919,574. 11 18,631,270. 12 Investments—other securities. See Part IV, line 11 12 13 13 Investments—program-related. See Part IV, line 11 14 14 15 15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 34) 18,592,228. 16 19,673,236. 17 Accounts payable and accrued expenses 17 1,860,690. 933,512. 18 18 19 531,000. 19 689,662. 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D. 21 Loans and other payables to current and former officers, directors, 22 trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 23 Secured mortgages and notes payable to unrelated third parties . . . 24 24 Unsecured notes and loans payable to unrelated third parties . . . 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 25 26 Total liabilities. Add lines 17 through 25 . . . 26 2,391,690. 1,623,174. Organizations that follow SFAS 117 (ASC 958), check here ▶ 🔯 and Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 14,613,500. 27 16,413,157. 28 587,405. 28 637,272. 29 999,633. 29 999,633. Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 30 31 Paid-in or capital surplus, or land, building, or equipment fund . . . 31 32 32 Retained earnings, endowment, accumulated income, or other funds. 33 16,200,538. 33 18,050,062. 19,673,236. 34 Total liabilities and net assets/fund balances . . . 18,592,228.

Paπ	Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u> .		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	8,8	56,2	96.
2	Total expenses (must equal Part IX, column (A), line 25)	2		94,2	
3	Revenue less expenses. Subtract line 2 from line 1	3	-1	37,9	55.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	16,2	00,5	38.
5	Net unrealized gains (losses) on investments	5	1,9	87,4	79.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				_
	33, column (B))	10	18,0	50,0	62.
Part	XII Financial Statements and Reporting				-
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☐ Accrual ☐ Other				
	If the organization changed its method of accounting from a prior year or checked "Other," e.	kplaın ın			
	Schedule O.				
2a	The state of the s		2a		×
	If "Yes," check a box below to indicate whether the financial statements for the year were com-	piled or			
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		×
	If "Yes," check a box below to indicate whether the financial statements for the year were audit	ed on a			
	separate basis, consolidated basis, or both:				
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or				
	of the audit, review, or compilation of its financial statements and selection of an independent acco		2c		
	If the organization changed either its oversight process or selection process during the tax year, e	xplaın ın			
	Schedule O.				
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?		3a		<u>×</u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und			İ	
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	udits.	3b		
			Form	990	(2017)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

2017

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Square Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public

Employer identification number Name of the organization 59-1776707 INTERNATIONAL SOCIETY OF NEPHROLOGY 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 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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: 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.) ☐ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: An organization that normally receives: (1) more than 331/3% 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 331/3% 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having b control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. ☐ Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) d that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV. Sections A and D. and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported organization (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 listed in your governing other support (see support (see document? above (see instructions)) instructions) instructions) Yes (A) **(B)** (C) (D) (E)

Part							
	(Complete only if you checked the Part III. If the organization fails to						illy under
Sooti		quality unue	er the tests is	sted below, p	lease comple	ete Fart III.)	/
	on A. Public Support dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(a) 2015	(4) 2016	(e) 2017 /	(f) Total
1	Gifts, grants, contributions, and	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017 /	(i) Total
'	membership fees received. (Do not					/	
	include any "unusual grants.")						
2	Tax revenues levied for the						
_	organization's benefit and either paid				/	r I	
	to or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to the			ļ	/		
	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		1				
	supported organization) included on			/			
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)			/			
6	Public support. Subtract line 5 from line 4		<u> </u>		L	L	
	on B. Total Support	(-) 0010	11-1 202/4	(-) 0015	(-N-004C	(-) 0047	(O T-4-1
	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7			- / -		<u> </u>		
8	Gross income from interest, dividends, payments received on securities loans,				ļ		
	rents, royalties, and income from						
	similar sources		/				
9	Net income from unrelated business	/					
•	activities, whether or not the business						
	is regularly carried on						
10	Other income. Do not include gain or	/					
	loss from the sale of capital assets						
	(Explain in Part VI.)						
11	Total support. Add lines 7 through 10	/					
12	Gross receipts from related activities, etc.					12	
13	First five years. If the Form 990 is for th						
 :	organization, check this box and stop her			· · · · ·	· · · · ·	<u> </u>	<u>· · ▶ ∐</u>
	on C. Computation of Public Suppor			4 1 (0)			
14	Public support percentage for 2017 (line 6 Public support percentage from 2016 Sch					14	<u> </u>
15 16a	331/3% support test—2017. If the organi					15	%
iva	box and stop here. The organization qual						
b	331/3% support test - 2016. If the organi			_			
_	this box and stop here. The organization						
17a	10%-facts-and-circumstances test – 20	-		_			_
	10% or more, and if the organization me	•			•		
	Part VI how the organization meets the "						
	organization				•		▶ 🗆
b	10%-facts-and-circumstances test – 20	016. If the ora	anization did n	ot check a bo	x on line 13, 1	6a, 16b, or 17a	, and line
_	15 is 10% or more, and if the organiza						
	Explain in Part VI how the organization in						
	supported organization						▶ 🗆
18	Private foundation. If the organization di	d not check a	box on line 13	, 16a, 16b, 17a	ı, or 17b, checl	k this box and s	ee
	ınstructions	<u> </u>		<u>.</u>	<u> </u>	<u> </u>	<u> ▶ </u>

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

(Complete only if you checked the box on line 10 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.)

Secti	Section A. Public Support							
Calen	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total	
1	Gifts, grants, contributions, and membership fees							
	received (Do not include any "unusual grants.")	3,069,392.	2,119,905.	2,237,947.	2,376,195.	1,875,560.	11,678,999.	
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	5,298,165.	3,949,912.	10,874,046.	3,211,232.	6,265,511.	29,598,866.	
3	Gross receipts from activities that are not an							
	unrelated trade or business under section 513					_		
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		1					
	furnished by a governmental unit to the		ĺ					
	organization without charge							
6		8,367,557.	6,069,817.	13,111,993.	5,587,427.	8,141,071.	41,277,865.	
7a	Amounts included on lines 1, 2, and 3		İ					
	received from disqualified persons .							
ь	Amounts included on lines 2 and 3							
	received from other than disqualified	ļ						
	persons that exceed the greater of \$5,000		ļ			ļ		
	or 1% of the amount on line 13 for the year	}						
	Add lines 7a and 7b							
8	Public support. (Subtract line 7c from							
Cooti	on B. Total Support	l	<u> </u>	<u> </u>	L	L., _,	41,277,865.	
	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total	
Galen 9	Amounts from line 6						41,277,865.	
10a	Gross income from interest, dividends,	0,301,331.	0,009,017.	13,111,993.	3,301,421.	0,141,0/1.	41,211,005.	
iva	payments received on securities loans, rents,			•				
	royalties, and income from similar sources .	215,401.	307,719.	331,888.	391,675.	371 650	1,618,333.	
h	Unrelated business taxable income (less	213, 401.	307,713.	331,000.	331,073.	371,030.	1,010,333.	
-	section 511 taxes) from businesses	i						
	acquired after June 30, 1975							
С	Add lines 10a and 10b	215,401.	307,719.	331,888.	391,675.	371,650.	1,618,333.	
11	Net income from unrelated business		00.77231		3327 3.31	3.27000	170107000	
	activities not included in line 10b, whether							
	or not the business is regularly carried on				i			
12	Other income. Do not include gain or							
	loss from the sale of capital assets							
	(Explain in Part VI.)	0.	0.	0.			0.	
13	Total support. (Add lines 9, 10c, 11,							
			6,377,536.					
14	First five years. If the Form 990 is for the	•	n's first, secon	d, third, fourth	, or fifth tax ye	ear as a sectio	n 501(c)(3)	
	organization, check this box and stop he			<u> </u>	<u>.</u>	<u> </u>	· · <u></u>	
	Section C. Computation of Public Support Percentage							
15	Public support percentage for 2017 (line		-	3, column (f))		15	96.23 %	
16	Public support percentage from 2016 Scl		•	<u>· · · · · · · · · · · · · · · · · · · </u>	<u></u>	16	96.36 %	
	on D. Computation of Investment In			- to - 40	(0)	147		
17	Investment income percentage for 2017 (17	3.77 %	
18	Investment income percentage from 2010					18	3.64 %	
19a	331/3% support tests—2017. If the organ 17 is not more than 331/3%, check this box						_	
	33 ¹ /3% support tests—2016. If the organiz		•	•		-	_	
b	line 18 is not more than 331/3%, check this							
20	Private foundation. If the organization di	•	-		•	• •	_	
20	Tirate Iouniaanon ii ilie organization di	a not oneon a	DOX OIL IIIIC 14	, , <u>, , , , , , , , , , , , , , , , , </u>	ACOUNTING DOX	and see mode		

Yes

Part IV

Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Secti	Section A. All Supporting Organizations							
•								
1	Are all of the organization's supported organizations listed by name in the organization's governing							
	documents? If "No." describe in Part VI how the supported organizations are designated. If designated by							

2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).

class or purpose, describe the designation. If historic and continuing relationship, explain.

- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- C Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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Part	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			:
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
ь	A family member of a person described in (a) above?	11b		-
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		-
	on B. Type I Supporting Organizations	1		<u> </u>
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	}		
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part	ľ		
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	<u> </u>		
- Cooti	on D. All Type III Supporting Organizations	1		
Secu	on b. All Type III Supporting Organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		163	140
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	ļ		
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).			
2		2		_
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's			. }
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see it	nstru	ctions	
a	☐ The organization satisfied the Activities Test. Complete line 2 below.			7.
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below</i> .			
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (s	see in:	structi	ons).
		i		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			ŀ
	those supported organizations and explain how these activities directly furthered their exempt purposes,		Ì	, i
	how the organization was responsive to those supported organizations, and how the organization determined		-	
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the		1	. [
	reasons for the organization's position that its supported organization(s) would have engaged in these	<u> </u>		
_	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			. 1
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>			
L	··· ·	3a		- 1
þ	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
	, <u>, , , , , , , , , , , , , , , , , , </u>	لــــــــــــــــــــــــــــــــــــــ		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Or	gan	izations	Page C
1 Check here if the organization satisfied the Integral Part Test as a qualifying	g tru	st on Nov. 20, 1970 (expl	ain in Part VI). See
instructions. All other Type III non-functionally integrated supporting organisation A - Adjusted Net Income	nizai	(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		(
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functionall instructions).	y int	egrated Type III supporting	ng organization (see

Schedule A (Form 990 or 990-EZ) 2017

Part	Type III Non-Functionally Integrated 509(a)(3	Supporting Organi	zations (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish	exempt purposes		
2	Amounts paid to perform activity that directly furthers exe	empt purposes of suppo	rted	
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.		<u> </u>	
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to whic	h the organization is res	ponsive	-
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2017 from Section C, line 6		· -·	
10	Line 8 amount divided by line 9 amount			
•		(i)	(ii)	(iii)
S6	ection E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2017	Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017			
	(reasonable cause required—explain in Part VI). See			te.
	instructions.			
3	Excess distributions carryover, if any, to 2017			
a				
b	From 2013			
С	From 2014			
<u>d</u>	From 2015			
	From 2016			
f	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2017 distributable amount			
<u>i</u>	Carryover from 2012 not applied (see instructions)			
<u>j</u>	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from			
	Section D, line 7:			
	Applied to underdistributions of prior years		·	
	Applied to 2017 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, if			
	any. Subtract lines 3g and 4a from line 2. For result			_
	greater than zero, explain in Part VI. See instructions.	•		,,
6	Remaining underdistributions for 2017. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j and 4c.			
8	Breakdown of line 7:			· · · · · · · · · · · · · · · · · · ·
a	Excess from 2013			
<u>b</u>	Excess from 2014		-	
	Excess from 2015			
d	Excess from 2016			
	Excess from 2017			

Schedule A (Form 990 or 990-EZ) 2017

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
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SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 2017

Open to Public Inspection

Name of the organization Employer identification number INTERNATIONAL SOCIETY OF NEPHROLOGY 59-1776707 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) . 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? ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used 6 only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Conservation Easements. Part II Complete if the organization answered "Yes" on Form 990. Part IV. line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area ☐ Preservation of a certified historic structure ☐ Protection of natural habitat ☐ Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation Held at the End of the Tax Year easement on the last day of the tax year. 2a 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 7/25/06, and not on a 2d 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax vear ▶ Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 5 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 8 In Part XIII, 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. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), 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 XIII, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116 (ASC 958), 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: 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 (ASC 958) relating to these items: Assets included in Form 990, Part X

Schedu	e D (Form 990) 2017		Page 2
Part	III Organizations Maintaining Collections of Art, Historical Treasures, or	r Oth	er Similar Assets (continued)
3	Using the organization's acquisition, accession, and other records, check any of the focollection items (check all that apply):		
a b	☐ Public exhibition ☐ Scholarly research ☐ Other ☐ Other		ams
с 4	Preservation for future generations Provide a description of the organization's collections and explain how they further the XIII.	orga	inization's exempt purpose in Part
5	During the year, did the organization solicit or receive donations of art, historical treas assets to be sold to raise funds rather than to be maintained as part of the organization'		
Part	Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, 990, Part X, line 21.	, or re	eported an amount on Form
1a	Is the organization an agent, trustee, custodian or other intermediary for contribution included on Form 990, Part X?		
b	If "Yes," explain the arrangement in Part XIII and complete the following table:		
			Amount
С	Beginning balance	1c	

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

Yes No

h If "Yes " explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

1d

1e

1f

d

е

2a

Additions during the year

Distributions during the year

Part VII	Investments—Other Securities				
	Complete if the organization ans		rm 990, Part IV, Iir	ne 11b. See Form	990, Part X, line 12.
•	(a) Description of security or category (including name of security)	1	(b) Book value		hod of valuation -of-year market value
(1) Financia	derivatives				
(2) Closely-	neld equity interests				
(3) Other					
(A)					<u> </u>
(B)		••••••			
(C)					
(D)		•••••			
(E)		•••••			<u> </u>
(F)		••••••			_
(G)		•			
(H)			· -		
	b) must equal Form 990, Part X, col (B) line 12.)				
Part VIII	Investments—Program Related		000 D-+ IV I'-		000 D. I.V.I. 40
	Complete if the organization ans	wered "Yes" on Foi		1 "	
	(a) Description of investment		(b) Book value		hod of valuation -of-year market value
(1)					
(2)					
(3)					
(4)				<u></u>	
(5)					
(6)	 .				
(7)					
_(8)					
(9)	b) must equal Form 990, Part X, col (B) line 13)				
Part IX	Other Assets.				
raitix	Complete if the organization ans	wered "Yes" on Fo	m 990 Part IV lin	e 11d See Form	990 Part Y line 15
·		Description	111 000, 1 211 14, 111	Tra. Oce r on i	(b) Book value
(1)	· · · · · · · · · · · · · · · · · · ·	•	-		.,
(2)					
(3)					
(4)	··············				
(5)		· · · · · · · · · · · · · · · · · · ·			
(6)			-		
(7)			· · · · · ·		-
(8)		· · · · · · · · · · · · · · · · · · ·			
(9)		· ·			
Total. (Colu	mn (b) must equal Form 990, Part X, co	ol. (B) line 15.) .			
Part X	Other Liabilities.			<u>-</u>	
	Complete if the organization ans	wered "Yes" on For	m 990, Part IV, Iir	e 11e or 11f. See	Form 990, Part X,
	line 25.				
1.	(a) Description of liability	(b) Book value			
(1) Federal ır	ncome taxes				
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	b) must equal Form 990, Part X, col. (B) line 25) ▶				
2. Liability for	r uncertain tax positions. In Part XIII, provi	de the text of the footn	ote to the organizatio	n's financial stateme	nts that reports the

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

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

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

ame of the	organization			-	Employer	identification number
	ATIONAL SOCIETY O				59-177	
art I	General Information Form 990, Part IV, line		ies Outside	the United States. Comp	lete if the organization an	swered "Yes" on
				ords to substantiate the amo		
	sistance, the grantees el ants or assistance?			ssistance, and the selection	criteria used to award th	e ⊠Yes ∐No
J						Elica Lino
	r grantmakers. Describ sistance outside the Unit		the organizatı	on's procedures for monito	oring the use of its gran	nts and other
3 Ac	tivities per Region. (The f	ollowing Part	I, line 3 table o	can be duplicated if addition	al space is needed.)	
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
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						-
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Form 990) 2017

Page 2 Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

רשנו	, iille IO, IOI al	ny recipient wno re	rantiv, interto, tor any recipient who received more than 35,000. Part it can be duplicated it additional space is needed	o,uuu. Pari II ca	n be duplicated II a	dollorial space is	needed.	
) Name of ganization	(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 noncash assistance	(h) Description of noncash assistance	(I) Method of valuation (book, FMV, appraisal, other)
	-	Sub-Saharan Africa	sister renal center	90,000.	wire			
		Europe	sister renal center	42,000.	wire			
		South America	sister renal center	39,000.	wire			
		Russia	sister renal center	27,000.	wire			
		East Asia and Pacific	sister renal center	12,000.	Wire			
		South Asia	sister renal center	117,000.	wire			
		South America	Hyration research	25,000.	wire			
		Europe	Hydration research	25,000.	wire			
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		•						
ļ								
nter total nu y the IRS, or	ımber of recipie r for which the ç	ent organizations liste grantee or counsel h	nter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt y the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter	ognized as charitie 501(c)(3) equivale	is by the foreign coun	try, recognized as to	ax-exempt	
nter total nu	mber of other o	nter total number of other organizations or entities					A	
			REV 11/13/17 PRO				Sche	Schedule F (Form 990) 2017

Page 3 Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Schedule F (Form 990) 2017 (h) Method of valuation (book, FMV, appraisal, other) (g) Description of noncash assistance (f) Amount of noncash assistance (e) Manner of cash disbursement ire ire ire ire ire ire ire ire ıre ire ire ıre ire ire ire

Sign Here	Signature of officer Styart Shank	land Treasurer		Date	10/24/1	8	
Paid Preparer	Type or print name and title Print/Type preparer's name	Preparer's signature	Date		Check [] if self-employed	PTIN	7
Ise Only	Firm's name ▶			Firm's	s EIN 🕨	/	7
	Firm's address ▶			Phon	e no		
May the IRS	discuss this return with the pre	eparer shown above? (see instructions) .				./	

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Schedule F (Form 990) 2017

Part	IV	Foreign Forms		
1	the o	the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign poration (see Instructions for Form 926)	Yes	⊠ No
2	may Trus	the organization have an interest in a foreign trust during the tax year? If "Yes," the organization be required to separately file Form 3520, Annual Return To Report Transactions With Foreign ts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign twith a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	☐ Yes	⊠ No
3	the c	the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To ain Foreign Corporations (see Instructions for Form 5471)	☐ Yes	⊠ No
4	qual Infor	the organization a direct or indirect shareholder of a passive foreign investment company or a field electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, mation Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing I (see Instructions for Form 8621)	☐ Yes	⊠ No
5	the o	the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain ign Partnerships (see Instructions for Form 8865)	☐ Yes	⊠ No
6	"Yes	the organization have any operations in or related to any boycotting countries during the tax year? If ," the organization may be required to separately file Form 5713, International Boycott Report (see justions for Form 5713; don't file with Form 990)	∏ Vas	⊠ No

REV 11/13/17 PRO

Part V	Supplemental	Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

See Statement	
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Schedule I (Form 990) (2017) OMB No 1545-0047 **%** □ zation answered "Yes" on Form is needed. (h) Purpose of grant or assistance Employer identification number renal center renal center RENAL CENTER RENAL CENTER renal center X Yes 59-1776707 or assistance, and ription of (Code:) (Expenses \$ 2,754,400. including grants of \$ 0.) (Revenue \$ 3,063,300.) MEETING & EVENTS: WORLD KIDNEY DAY (WKD) IS TO INCREASE AWARENSS OF THE IMPORTANCE OF OUR KIDNEYS AND TO REDUCE THE FREQUENCY AND IMPACT OF KIDNEY DISEASES AND THEIR ASSOCIATED PROBLEMS WORLDWIDE

Schedule I (F	Schedule I (Form 990) (2017)					Page 2
Part III	Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.	mestic Individua space is needed	als. Complete if the I.	organization answ	ered "Yes" on Form 990,	
	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
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5						
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7						
Part IV	Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.	the information re	equired in Part I, lin	e 2; Part III, columr	(b); and any other additi	onal information.
			4 1 1 1 1 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4			
BAA		REV 11/13/17 PRO	30			Schedule I (Form 990) (2017)

SCHEDULE O' (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization Employer identification number 59-1776707 INTERNATIONAL SOCIETY OF NEPHROLOGY Pt VI, Line 6: MEMBERS: ELIGIBLE FOR MEMBERSHIP SHALL BE A PHYSICIAN Pt VI, Line 6: OR SCIENTIST HOLDING A DOCTORAL DEGREE WHO HAS Pt VI, Line 6: MANIFESTED A SCIENTIFIC OR CLINICAL INTEREST IN Pt VI, Line 6: NEPHROLOGY, AND NEPHROLOGY SUPPORTING STAFF(NO VOTING RIGHTS) Pt VI, Line 7a: VOTING CLASSES OF MEMBERSHIP ELECT REGION COUNCILLORS WHO IN THRN ELECT THE PRESIDENT OF THE EXECUTIVE COMMITTEE ------FRONTIER MEETINGS HELP TO STIMULATE EXPOSURE TO NEW SCIENTIFIC DOMAINS WORLD CONGRESS OF NEPHROLOGY IS A PREMIERE EDUCATIONAL EVENT IN NEPHROLOGYTHAT ROTATES AROUND AND BETWEEN CONTINENTS. IT ENABLES PROFESSIONALS FOM ALL PARTS OF THE WORLD TO EXCHANGE VIEWS AND RESEARCH) (Expenses \$ 1,284,490. including grants of \$ 0.)(Revenue \$ PUBLICATIONS: THROUGH ITS VARIOUS PUBLICATIONS, ISN BRINGS ITS MEMBERS THE LATEST NEWS IN RESEARCH, HIGHLIGHTS FROM CURRENT LITERATURE, COMPREHENSIVE REVIEWS, AND IN DEPTH CASE STUDIES (Code:) (Expenses \$ 1,621,600. including grants of \$ 1,428,300.) (Revenue \$ 332,800.) PROGRAMS: THROUGH ISN'S PROGRAMS EDUCATIONAL AMBASSADORS, FELLOWSHIPS, SISTER RENAL CENTERS AND OTHER RESEARCH PROGRAMS AROUND THE WORLD, THESE PROGRAMS HAVE PURSUED THE WORLDWIDE ADVANCEMENT OF EDUCATION, SCIENCE AND PATIENT CARE IN NEPHROLOGY. THE SOCIETY PROMOTES SCIENTIFIC EXCHANGE, DEBATE, AND DISSEMINATION BETWEEN HEALTHCARE PROFESSIONALS