(Rev. January 2020) Department of the Treasury Internal Revenue Service

RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public. Open to Public Go to www.irs.gov/Form990 for instructions and the latest information.

Inspection

A For the 2019 calendar year, or tax year beginning and ending							
	Check if applicable:	C Name of organization		D Employer ide	oloyer identification number		
	Address change	NEPHCURE KIDNEY INTERNATIONAL					
	Name change	Doing business as		38-356992	38-3569922		
	Initial return Final return/	Number and street (or P.O. box if mail is not delivered to street address) 150 SOUTH WARNER ROAD	Room/suite	E Telephone nu 866-637-4			
	termin- ated Amended	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	G Gross receipts \$ 4,727,306.		
	return Applica-	a- F Name and address of principal officer: IRVING SMOKLER		H(a) Is this a gro			
₿ e Rding		SAME AS C ABOVE		H(b) Are all subordin			
I Tax-exem		npt status: X 501(c)(3) 501(c)()§ (insert no.) 4947(a)(1) or	527	⊢ `′	If "No," attach a list. (see instructio		
J Website: WWW.NEPHCURE.ORG				_	H(c) Group exemption number		
K Form of organization: X Corporation Trust Association Other I Year of formation: 2000M State of legal domicile: MI							
Part I Summary							
Briefly describe the organization's mission or most significant activities: NEPHCURE KIDNEY INTERNATIONALIS							
٥		THE ONLY ORGANIZATION COMMITTED EXCLUSIVELY TO SUPPORTING RESEARCH					
9	2 Check this box I if the organization discontinued its operations or disposed of more than 25% of its net assets.						
S. Covernor	3 N	Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) Total number of individuals employed in calendar year 2019 (Part V, line 2a) Total number of volunteers (estimate if necessary)			3	20	
					4	20	
	5 To				5	0	
Activities &	6 T				6	250	
:	7 a Total unrelated business revenue from Part VIII, column (C), line 12			~~~~~	7a	0.	
_		et unrelated business taxable income from Form 990-T. line 39			\rfloor_{7b}	0.	
a		,		Prior Year		Current Year	
	8	Contributions and grants (Part VIII, line 1h) ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	~~~	3,570,	654.	3,765,323.	
Revenie	9	Program service revenue (Part VIII, line 2g) ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			0.	0.	
ă	10 1	nvestment income (Part VIII, column (A), lines 3, 4, and 7d) ~~~~~~~~	-~~~		0.	0.	
Ľ	11 01	ther revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) ~~~~~		3,	099.	10,905.	
_	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		3,573,	753.	3,776,228.	
	13 (Grants and similar amounts paid (Part IX, column (A), lines 1-3) ~~~~~~	~~~	339,9		188,368.	
	14	Benefits paid to or for members (Part IX, column (A), line 4) ~~~~~~~~~~~	~~~	0.		0.	
ú	15 Sala	aries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	~~~	1,339,4		1,613,046.	
Expenses	16a P	rofessional fundraising fees (Part IX, column (A), line 11e) ~~~~~~~~~~~~			0.	0.	
7		bTotalfundraisingexpenses(PartIX,column(D),line25)					
Ц	1/ 0	ther expenses (Part IX, column (A), lines 11a-11d, 11f-24e) ~~~~~~~~		1,172,		2,084,575.	
	18 Tot	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) ~~~~~~		2,852,031.		3,885,989.	
_	19 Revenue less expenses. Subtract line 18 from line 12			721,		-109,761.	
Net Assets or	<u>100</u>			seginning of Current		End of Year	
	1 000	20 Total assets (Part X, line 16) ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	~~~ _	1,783,		1,412,292.	
let∧	 	21 Total liabilities (Part X, line 26) ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	~~~	392, 1.390.		131,273. 1,281,019.	
				1,390,	700.1	1,201,019.	
Part II Signature Block							
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.							
true	s, correct,	and complete. Declaration of <u>preparer tother man one</u> er its based on all illionnation of	Control than one property is pased on an information of which prepar		11/19/2020		
6.		Signature of officer		Date			
Sign JOSHUA TARNOFF, Chief EXECUTIVEOFFICER							
Here Type or print name and title							
_		Print/Type preparer's name Preparer's signature		Date _{Ch}	eck	PTIN	
Pai	li E	FFREY A KOWALCZYK CPA JEFFREY A KOWALCZYK	ļ	7/20/20 if"	f-employe	D01FC2211	
		irm's name BARBACANE THORNTON & COMPANY LLP		Firm's EIN Q 51-0229493			
	o Only	-					
550	- ·, F	Firm's address 9 200 SPRINGER BLDG, 3411 SILVERSIDE RD WILMINGTON, DE 19810-4866			Phone no.302-478-8940		
May the IRS discuss this return with the preparer shown above? (see instructions) Yes							