Form	99	0		Poturr	n of Organizat	tion Exempt	From Incon	no Tay		OMB No. 1545-0047			
Form	33			Neturi	i oi oi yailizai					2017			
			Under	section 501(c), 527, or 4947(a)(1) o	of the Internal Reve	enue Code (excep	t private foundat	ions)	2017			
Depart	tment of t	he Treasury		Do not en	ter social security n	umbers on this for	n as it may be ma	ade public.		Open to Public			
Interna	al Revenu	le Service		► Gotow	/ww.irs.gov/Form99	0 for instructions a	ind the latest info	ormation.		Inspection			
A F	or the	2017 calend	ar year, or t	tax year begin	ning		, 2017, and en	nding , 20					
B c	Check if a	pplicable:	C Name of or	ganization INTR	NL SOCIETY FOR	R THE STUDY O	F FATTY ACID	S/LIPIDS	D	Employer identification no			
A	ddress cl	hange	Doing busin	ness as				1	1	22-3103189			
<u> </u>	lame cha	nge	Number and	d street (or P.O. bo	x if mail is not delivered to st	reet address)		Room/suite	E	Telephone number			
Iı	nitial retur	rn	1000	POTOMAC S	FREET NW			108		(202)521-6749			
L F	inal retur	n/terminated	City or town	n, state or province,	country, and ZIP or foreign	postal code			G	Gross receipts			
L A	mended	return	WASHI	NGTON, DC	20007					<u> </u>			
A	pplication	n pending	F Name and a	address of principa	officer: TOM BRE	NNA		H(a) Is this a group r	eturn for s	subordinates? 🗌 Yes 🔀 No			
				AS C ABOVI	E			H(b) Are all subor	dinates i	included? Yes No			
I T	ax-exem	pt status: X	501(c)(3)	501(c) () < (insert no.)	4947(a)(1) or 5	27	lf "No," a	ttach a l	ist. (see instructions)			
	Vebsite:		FAL.ORG					H(c) Group exen	nption n	umber 🕨			
		ganization: X	Corporation	Trust Ass	ociation 🔄 Other 🕨	L	Year of formation: 1	991 M State	of legal	domicile: MA			
Pa	rt I	Summar	у										
	1	Briefly descr	ibe the orga	nization's miss	ion or most significant	activities: AN I	NTERNATIONAL	SCIENTIFIC	soc	CIETY WHOSE			
d)		MEMBERS	CONSIST	OF SCIENT	ISTS, MEDICAL	PROFESSIONAL	S, EDUCATORS	, ADMINISTR	ATOP	RS,			
nce		COMMUNIC	ATORS AN	ID OTHERS	WHO ARE INTERN	ESTED IN INCR	EASING THE U	INDERSTANDIN	IG OF	THE ROLE OF			
rna		DIETARY	FATTY AC	CIDS AND L	IPIDS IN HEALT	гн.							
Activities & Governance	2	Check this be	ox 🕨 🗌 if th	he organizatior	n discontinued its oper	ations or disposed o	of more than 25% c	of its net assets.					
õ	3	Number of v	oting membe	ers of the gove	rning body (Part VI, li	ne 1a)			3	2			
s S			-	-	s of the governing boo			F	4	1			
itie			•	0	n calendar year 2017 (,		F	5				
€ti				ers (estimate if		•••••		H	6	2			
Ă					Part VIII, column (C),			F	7a				
					from Form 990-T, line			F	7b				
							· · · · · · · · · · ·	Prior Year	10	Current Year			
	•	Contribution	and grapte	(Part \/III_lina	1b)				050				
e			-	•	1h)		-		,950	67,96			
nue		-			e 2g)			325	,363				
Revenue					A), lines 3, 4, and 7d)								
œ				. ,	nes 5, 6d, 8c, 9c, 10c,	,							
					must equal Part VIII, c			412	,313	67,96			
				• •	X, column (A), lines 1	,							
					K, column (A), line 4)								
ŝ					e benefits (Part IX, col								
nse			0		column (A), line 11e)								
Expenses			0 1		lumn (D), line 25) 🕨								
ш		•	•		nes 11a-11d, 11f-24e)			404	,772	110,38			
	18	Total expens	es. Add line	es 13-17 (must	equal Part IX, column	n (A), line 25)		404	,772	110,38			
	19	Revenue les	s expenses.	Subtract line	18 from line 12			7	,541	(42,42			
ces								Beginning of Current	Year	End of Year			
Net Assets or Fund Balances	20		•	,				250	,417	227,56			
As	21	Total liabilitie	es (Part X, lir	ne 26)				11	,010	30,57			
Par	22	Net assets o	r fund balan	nces. Subtract	line 21 from line 20 .			239	,407	196,98			
Pa	rt II	Signatu	re Block										
					rn, including accompanying			nowledge and belief, it	is				
true,	correct, a	ind complete. Dee	claration of prep	arer (other than off	icer) is based on all informat	ion of which preparer has	any knowledge.		-				
		GRAH	АМ НАИСК	2						11-15-2018			
Sig	n	D	e of officer	-					Date				
Her		GRAU	АМ НАПСИ	, ADMINIS	TRATOR								
	-	—	print name and t										
		<u> </u>	•				Date	Check X	if D	TIN			
Paio	4	Print/Type pre	•		Preparer's signature								
			E WILLIA		ROBERT E WILLI		11-15-2018	self-employe	a	P00847766			
	parer		►		VE FINANCIAL E	-		Firm's EIN 🕨					
USE	Only	Firm's addres	s 🕨		VAN CHASE DRIV	/E		Phone no.					
					PA 19311					30-0745			
May	the IRS	discuss this	return with t	he preparer sh	own above? (see inst	ructions)				🛛 Yes 🗌 No			

Form	n 990 (2017) INTRNL SOCIETY FOR THE STUDY OF FATTY ACIDS/LIPIDS	22-3103189	Page 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission:		
	AN INTERNATIONAL SCIENTIFIC SOCIETY WHOSE MEMBERS CONSIST OF SCIENTISTS, MEI	DICAL	
	PROFESSIONALS, EDUCATORS, ADMINISTRATORS, COMMUNICATORS AND OTHERS WHO ARE 1	INTERESTED IN	
	INCREASING THE UNDERSTANDING OF THE ROLE OF DIETARY FATTY ACIDS AND LIPIDS	N HEALTH.	
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	Yes 🛛	No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program		
	services?	Yes 🗴	No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as measur	ed by	
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to a	others,	
	the total expenses, and revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$ 27,209 including grants of \$) (Revenue	\$ 67,	960)
	ISSFAL'S BIENNIAL INTERNATIONAL CONFERENCE IS HELD TO DISCUSS THE EFFECTS OF		
	OILS AND LIPIDS IN THE DISEASE PROCESS. ISSFAL MAKES FOUR TYPES OF AWARDS W		-
	ENCOURAGING INVESTIGATORS WORKING IN SCIENTIFIC FIELDS OF RELEVANCE TO ISSF2		
	INTERESTS. ADDITIONALLY, ISSFAL PROVIDES SCHOLARSHIPS TO A NUMBER OF NEW INV		
	ATTEND THE CONFERENCE AND OFFERS A RESEARCH SCHOLARSHIP BIENNIALLY TO A QUAI		
	ATTEND THE CONFERENCE AND OFFERD A REDEARCH DEHOMARDHIT DIENNIADH TO A QUA	IITIED CANDIDA	11.
		•	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue	\$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue	\$)
4d	Other program services (Describe in Schedule O.)		
та	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses 27,209	1	
EEA		Form	990 (2017)
		i unit a	~~ (~017)

Form	990 (2017) INTRNL SOCIETY FOR THE STUDY OF FATTY ACIDS/LIPIDS 22-31031	89	Р	age 3
Pa	rt IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		Х
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	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a		Х
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more			37
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
a	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	44-1		v
_	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11e		Х
T	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	4.45		v
10-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	40-		v
h	Schedule D, Parts XI and XII	12a		Х
b	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	106		v
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b 13		X X
13 14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b 14a	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	144		Λ
D	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15		140		Λ
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	13		Λ
10	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	10		17
17	Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	17		Λ
10	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	10		Λ
13	If "Yes," complete Schedule G, Part III	19		Х
		<u>г</u> э	000 (/	12

Form 990 (2017)

EEA

b l	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		Yes	No
b l	Did the organization operate one or more hospital facilities? If "Yes " complete Schedule H			
		20a		Х
-	f "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this retum?	20b		
	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
	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	22		Σ
	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	briganization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		7
		23		Σ
	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		Σ
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c [Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
t	o defease any tax-exempt bonds?	24c		
d [Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
a S	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
t	ransaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		2
bΙ	s 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		2
	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		2
		20		<u> </u>
	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		2
	Nas the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a ∕	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	Х	
b /	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
;	Schedule L, Part IV	28b		2
c /	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
1	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		2
[Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		2
	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		2
	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		
		31		2
	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			5
	complete Schedule N, Part II	32		2
	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	33		2
١	Nas 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	34		2
a [Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		2
	f "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	35b		
	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		-
	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
		1		i
	Dart V/	27		-
ŀ	Part VI	37		2

Form 990 (2017)

	1990 (2017) INTRNL SOCIETY FOR THE STUDY OF FATTY ACIDS/LIPIDS 22-31031	.89	P	Page 5
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			_
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a	þ		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b	<u>)</u>		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a	þ		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
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		Х
b	If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
	(FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
с	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		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
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		Х
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?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	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:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
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.			
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	1		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

Form	990 (2017) INTRNL SOCIETY FOR THE STUDY OF FATTY ACIDS/LIPIDS 22-31031	89	Р	age 6
Pa	rt VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a	"No"		
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instruction	S.		
	Check if Schedule O contains a response or note to any line in this Part VI			. <u>X</u>
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 20			
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			37
•	any other officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct	_	v	
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3	Х	v
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4 5		X X
5 6	Did the organization become aware during the year of a significant diversion of the organization's assets?	6		X
0 7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	0		Λ
74	one or more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	74		25
D.	stockholders, or persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	10		- 23
•	the year by the following:			
а		8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
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		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		Х
40-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	40-		37
	with a taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
		16h		
Sec	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 Massachusetts			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)			
10	available for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (<i>explain in Schedule O</i>)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and			
	financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
_	GRAHAM HAUCK (202)452-8100, 1000 POTOMAC STREET, NW, SUITE 108, WASHINGTON, DC 2000	7		

Section A.	Officers, Directors, Trus	tees, Key Em	ployees, aı	nd Highest C	compensat	ed Employees		
	Check if Schedule O con	tains a respons	se or note t	o any line in	this Part VI	<u> </u>	<u></u>	🗌
	Independent Contr	actors						
Part VII	Compensation of (Officers, Di	rectors,	Trustees	, Key En	nployees, Highe	st Compensated Employee	s, and
Form 990 (201	7) INTRNL	SOCIETY H	FOR THE	STUDY O	F FATTY	ACIDS/LIPIDS	22-3103189	Page 7

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.

					(C)						
(A)	(B)	Position			(D)		(E)	(F)			
Name and Title	Average hours per week (list any	box,	unles	ss per	rson is	han one s both an /trustee)		Reportable compensation from		Reportable compensation from related organizations	Estimated amount of other
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)		organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) TOM BRENNA	5.00										
PRESIDENT		Х		Χ					0	0	0
(2) SUSAN CARLSON	5.00										
IMMEDIATE PAST PRESIDENT		X		Χ					0	0	0
(3) RICHARD BAZINET	5.00										
VICE PRESIDENT AND PRESIDENT ELECT		X		Χ					0	0	0
(4) PETER CLOUGH	5.00										
HONORARY SECRETARY		Х		Χ					0	0	0
(5) BEV MUHLHAUSLER	5.00										
TREASURER		X		Χ					0	0	0
(6) ROBERT BLOCK	2.00										
BOARD MEMBER		X							0	0	0
(7) RENATE H.M. DE GROOT	2.00										
BOARD MEMBER		X							0	0	0
(8) GRAHAM BURDGE	2.00										
BOARD MEMBER		X							0	0	0
(9) SIMON DYALL	2.00										
BOARD MEMBER		X							0	0	0
(10)ADINA MICHAEL-TITUS	2.00										
BOARD MEMBER		Х							0	0	0
(11) TREVOR MORI	2.00										
BOARD MEMBER		Х							0	0	0
(12)BARBARA MEYER	2.00										
BOARD MEMBER		X							0	0	0
(13)TORU_MORIGUCHI	2.00										
BOARD MEMBER		X							0	0	0
(14)NORMAN SALEM	2.00										
BOARD MEMBER		X							0	0	0
											Form 000 (2017)

VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

Part VII	Section A. Officers, Directors, Trustees	<u>, Key Emplo</u>	yees,	and	Hig	hes	t Com	pen	sated Employees	s (continued)	-		
					(C)							
	(A)	(B)			Posi				(D)	(E)		(F)	
	Name and title	Average	· ·				an one		Reportable	Reportable	F	stimated	1
		hours per			•		both an trustee)		compensation	compensation from		mount of	
		week (list any	-			_	, í		from	related		other	
		hours for	Individual trustee or director	nstitutional trustee	Offic	≺ey employee	i i i i ji ji	Former	the	organizations		npensati	
		related	rect	utio	er	emp	oye	Per	organization (W-2/1099-MISC)	(W-2/1099-MISC)		from the ganizatio	
		organizations below dotted	or al tr	nal		loye	e com		(W-2/1033-10100)			nd relate	
		line)	Iste	trus		ee	ipen					anizatio	
			σ	tee			Highest compensated employee						
							ă						
(4 F)													
	SINCLAIR	2.00											
BOARD	MEMBER		Х						0	0	_		0
16)ANNA 1	IICOLAOU	2.00											
BOARD	MEMBER		Х						0	0			0
17)ASHLEY	PATTERSON	2.00											
	MEMBER		х						C	0			0
	DAMODEN	2.00							ų				
	RAMSDEN	<u>⊢ _ ∡.00</u> _							~				~
	MEMBER	.	X	-+					C	0			0
19)MARIUS		2.00											
BOARD	MEMBER		Х						C	0	-		0
20) KUAN - 1	PIN_SU_SU	2.00											
BOARD	MEMBER		Х						C	0			0
21)GRAHAN		8.00											
					Х				C	0			0
22)					- 23				Ū				
(23)													
(24)													
(25)													
1b Sub-	total				-								
							•••						
	I from continuation sheets to Part VII, Sectio		•••				••••				-		
	I (add lines 1b and 1c)								0	-			0
2 Tota	I number of individuals (including but not limited	d to those list	ed abo	ve) v	who	rec	eived n	nore	e than \$100,000 of				
repo	rtable compensation from the organization									0			
												Yes	No
3 Did 1	the organization list any former officer, directo	r. or trustee.	kev er	volan	vee.	or l	hiahest	t cor	mpensated				
	loyee on line 1a? If "Yes," complete Schedule		•		-		-		•		3		X
	any individual listed on line 1a, is the sum of rep										J		- 21
-	nization and related organizations greater than								J for such				
	<i>ridual</i>										4		X
5 Did a	any person listed on line 1a receive or accrue co	ompensation	from a	ny ur	nrela	ated	organi	izati	on or individual				
for s	ervices rendered to the organization? If "Yes,"	' complete So	chedul	e J fo	or sı	ıch	person	n .			5		X
Section B	3. Independent Contractors												
	plete this table for your five highest compensate	d independer	nt contr	racto	ors th	nat r	eceive	d m	ore than \$100 000	of			
	pensation from the organization. Report comper	ISALIUTI TOF THE	- calen	iuar y	year	eno	ung wi	u i Ol	within the organiz	auons lax			
year										I			
	(A)								(B)			(C)	
	Name and business address								Description of	services	Com	pensatio	n
-													
									1	1			

►

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

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

2

Form 99	90 (20	17) INTRNL S	OCIETY FO	OR THE STUDY OF	FATTY ACIDS	LIPIDS	22-3103	1 89 Page 9
Part V	VIII	Statement of Revenu	ie					
		Check if Schedule O contair	is a response	or note to any line in th	is Part VIII		<u></u>	<u></u>
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
	1a	Federated campaigns		1a				
unt	b	Membership dues		1b 67,960				
Amo G	с	Fundraising events		1c				
Gifts lar /	d	Related organizations	[1d				
Contributions, Gifts, Grants and Other Similar Amounts	е	Government grants (contribution	ons)	1e				
Ltion Let S	f	All other contributions, gifts, gr	ants,					
dt ja		and similar amounts not includ	led above	1f				
and	g	Noncash contributions include		·				
	h	Total. Add lines 1a-1f		<u></u>	67,960			
¢				Business Code				
Program Service Revenue	2a							
Rev	b							
rvice	C							
n Se	d							
ograr	e f	All other program service rever						
Pro		Total. Add lines 2a-2f						
	3	Investment income (including diand other similar amounts) .						
	4	Income from investment of tax-						
	5	Royalties	•					
	_	,	(i) Real	(ii) Personal				
	6a	Gross rents	()					
	b	Less: rental expenses						
	1	Rental income or (loss)						
	d	Net rental income or (loss) .						
	7a	Gross amount from sales of assets other than inventory	(i) Securities	; (ii) Other	_			
	b	Less: cost or other basis and sales expenses						
	c	Gain or (loss)						
	d	Net gain or (loss)						
ne		Gross income from fundraising						
Other Revenue		events (not including \$		_				
Re		of contributions reported on line	e 1c).					
ther		See Part IV, line 18						
δ		Less: direct expenses						
		Net income or (loss) from fundr	-	· <u>· · · · · · · </u>				
	9a	Gross income from gaming act						
		See Part IV, line 19			-			
		Less: direct expenses						
		Net income or (loss) from gami	ng activities	· · · · · · · · · •				
	10a	Gross sales of inventory, less returns and allowances		a	_			
	b	Less: cost of goods sold		b				
	C	Net income or (loss) from sales	of inventory	<u></u>				
	L	Miscellaneous Revenue		Business Code				
	11a							
	b							
	C.							
		All other revenue						
		Total. Add lines 11a-11d .				-		0
	14	Total revenue. See instructions	••••••••	<u></u>	67,960	0		0 C

Pa	rt IX Statement of Functional Expenses				
Sect	ion 501(c)(3) and 501(c)(4) organizations must complete all	columns. All other orgai	nizations must complet	te column (A).	
	Check if Schedule O contains a response or note to	any line in this Part IX			X
Do r	not include amounts reported on lines 6b, 7b,	(A)	(B)	(C)	(D)
8b, 9	9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
а	Management	37,278		37,278	
b	Legal				
C	Accounting				
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17 .				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.)	48,960	6,960	42,000	
12	Advertising and promotion				
13		4 959	4 050		
14 15		4,070	4,070		
15 16					
10		7 4 4 4	7 444		
17	Travel	7,444	7,444		
10					
19	for any federal, state, or local public officials Conferences, conventions, and meetings				
20					
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23					
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	BANK FEES	3,896		3,896	
b	DUES AND SUBSCRIPTIONS	70	70		
c	AWARDS	5,100	5,100		
d	ADMINISTRATIVE SUPPORT	3,565	3,565		
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e .	110,383	27,209	83,174	0
26	Joint costs. Complete this line only if the	-	-		
	organization reported in column (B) joint costs				
	from a combined educational campaign and fundraising solicitation. Check here				
	following SOP 98-2 (ASC 958-720)				

INTRNL SOCIETY FOR THE STUDY OF FATTY ACIDS/LIPIDS

22-3103189

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Form 990 (2017)

	990 (20		LIPIDS 2	2-310	3189 Page 11
Par	t X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X	· · · · · · · · · · · · · · · · · · ·	••••	
			(A)		(B)
	4	Cash non interest booring	Beginning of year	1	End of year
	1	Cash - non-interest-bearing	236,108	1	204,323
	2	Savings and temporary cash investments		2	
	3 4	Pledges and grants receivable, net	14 200	4	
	5	Loans and other receivables from current and former officers, directors,	14,309	4	
	5				
		trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section		5	
	0				
		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		6	
	7	organizations (see instructions). Complete Part II of Schedule L		7	
ets	7	Notes and loans receivable, net		8	
Assets	8	Inventories for sale or use		9	22.240
4	9	Prepaid expenses and deferred charges		9	23,240
	10a	Land, buildings, and equipment: cost or			
	h	other basis. Complete Part VI of Schedule D 10a Less: accumulated depreciation 10b		10c	
	b			11	
	11 12	Investments - publicly traded securities		12	
		Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14			14	
	15 16	Other assets. See Part IV, line 11 Image: Comparison of the second s	250 417	16	227 562
	10	Accounts payable and accrued expenses	250,417	17	227,563
	18	Grants payable	6,500	18	3,758
	19		4 510	19	26 921
	20	Tax-exempt bond liabilities	4,510	20	26,821
	20	·		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	~~~	trustees, key employees, highest compensated employees, and			
llide		disqualified persons. Complete Part II of Schedule L		22	
Ë	23	Secured mortgages and notes payable to unrelated third parties		23	
	23	Unsecured notes and loans payable to unrelated third parties		23	
	25	Other liabilities (including federal income tax, payables to related third			
	25	parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	11,010	26	30,579
		Organizations that follow SFAS 117 (ASC 958), check here	11/010		307373
		complete lines 27 through 29, and lines 33 and 34.			
Ces	27	Unrestricted net assets	239,407	27	196,984
alar	28	Temporarily restricted net assets		28	
Å B	29	Permanently restricted net assets		29	
ŭ		Organizations that do not follow SFAS 117 (ASC 958), check here			
Net Assets or Fund Balances		complete lines 30 through 34.			
its e	30	Capital stock or trust principal, or current funds		30	
SSE	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
et A	32	Retained earnings, endowment, accumulated income, or other funds		32	
Ž	33	Total net assets or fund balances	239,407	33	196,984
	34	Total liabilities and net assets/fund balances	250,417	34	227,563
EEA					Form 990 (2017)

Form	990 (2017) INTRNL SOCIETY FOR THE STUDY OF FATTY ACIDS/LIPIDS 2	2-310	3189	F	Page 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		67	,960
2	Total expenses (must equal Part IX, column (A), line 25)	2		110	,383
3	Revenue less expenses. Subtract line 2 from line 1	3		(42)	,423)
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		239	,407
5	Net unrealized gains (losses) on investments	5			
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			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10		196	,984
Pa	rt 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," explain in				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2	a	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled 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?	• • •	2	b	X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight				
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2	C	
	If the organization changed either its oversight process or selection process during the tax year, explain in				
	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?		3	a	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	<u></u> .	3	b	
EEA			Fo	rm 990	(2017)

			F	Public Chari	ity Status and F	Public	Sunno	rt	OMB No. 1545-0047
SC	Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.						2017		
•	orm 990 or 990-EZ) ► Attach to Form 990 or Form 990-EZ.						Open to Public		
		enue Service	•	Go to www.irs.go	ov/Form990 for instruct	ions and	the latest	information.	Inspection
Name	of the	e organization						Employer identifica	tion number
INTRNL SOCIETY FOR THE STUDY OF FATTY ACIDS/LIPIDS 22-310318							9		
Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.									
The	orga	nization is not a	private foundation bec	ause it is: (For line	s 1 through 12, check onl	y one box.)		
1		A church, conv	vention of churches, or	association of chu	urches described in sect	ion 170(b))(1)(A)(i).		
2		A school desc	ribed in section 170(b)(1)(A)(ii). (Attach	Schedule E (Form 990 c	or 990-EZ)	.)		
3		A hospital or a	cooperative hospital s	service organizatio	n described in section 1	70(b)(1)(A	()(iii) .		
4		A medical rese	earch organization ope	rated in conjunctio	on with a hospital describ	ed in sect	ion 170(b)	(1)(A)(iii). Enter the	
		•	e, city, and state:						
5		-		-	university owned or opera	ated by a g	governmen	tal unit described in	
_		•)(1)(A)(iv). (Complete	,					
6			•	•	init described in section				
7		0		•	t of its support from a gov	/ernmental	unit or fror	n the general public	
•			ection 170(b)(1)(A)(vi						
8			rust described in secti		, , ,	roted in ac		with a land grant calls	
9		•	•		ion 170(b)(1)(A)(ix) ope see instructions). Enter the		•	•	ye .
		university:	a non-iano-grani cone	ge of agriculture (s	see instructions). Enter th	e name, ci	ly, and sial	e of the college of	
10	X	· _	n that normally receive	s: (1) more than 33	3 1/3% of its support from	contributi	ons memb	ershin fees and gross	
	23	•	•	()	subject to certain exception				
		•		•	siness taxable income (le		,		
					section 509(a)(2). (Com		,		
11			•		test for public safety. Se	•	,		
12		•	•	•	the benefit of, to perform			carry out the purpose	6
		of one or more	publicly supported or	ganizations describ	bed in section 509(a)(1)	or section	n 509(a)(2)	. See section 509(a)(3).
		Check the box	in lines 12a through 12	2d that describes th	ne type of supporting orga	anization a	ind complet	te lines 12e, 12f, and 1	2g.
	а	Type I. As	supporting organization	n operated, superv	vised, or controlled by its	supported	l organizati	ion(s), typically by givi	ng
		the suppor	ted organization(s) the	power to regularly	/ appoint or elect a major	rity of the c	directors or	trustees of the	
		supporting	organization. You mu	ist complete Part	IV, Sections A and B.				
	b	Type II. A	supporting organizatio	on supervised or co	ontrolled in connection w	ith its supp	ported orga	inization(s), by having	
		control or I	management of the sup	oporting organization	on vested in the same pe	rsons that	control or n	nanage the supported	
		_ ·	on(s). You must comp						
	С				anization operated in cor				ith,
			e () (,	u must complete Part I	•			
	d				g organization operated i				n(s)
					generally must satisfy a d			it and an attentiveness	
	•	_ ·	, ,	-	e Part IV, Sections A and determination from the IF				
	е		0		ntegrated supporting orga		sa iypei,	гуре II, туре III	
	f			•		anization.			
	g		owing information abo						••••
) Name of supported		(ii) EIN	(iii) Type of organization	(iv) Is the o	organization	(v) Amount of monetary	(vi) Amount of
		,	0		(described on lines 1-10	listed in you	ur governing	support (see	other support (see
	above (see instructions)) document? instructions) instructions)						instructions)		
	Yes No								
(^)									
(A)									
(B)									
. /									
(C)									

(D)

(E)

Sched			FOR THE STUD			22-3103189	Page 2
Pa	rt II Support Schedule for Org						
	(Complete only if you chec						under
	Part III. If the organization f	ails to qualify	under the tests	isted below, p	please complete	e Part III.)	
	tion A. Public Support		1	1			
Caler	ndar 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.")						
2	Tax revenues levied for the organization's benefit and either paid						
	to or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to the						
4	organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						
	tion B. Total Support	() 00/0	<i>"</i>))) ())	()	(1) 00/0	() 22/7	(0 T)
	ndar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans,						
	rents, royalties and income from						
	similar sources						
9	Net income from unrelated business						
	activities, whether or not the business						
	is regularly carried on						
10	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
11	Total support. Add lines 7 through 10 .						
12	Gross receipts from related activities, etc. (s	see instructions)				12	
13	First five years. If the Form 990 is for the						_
	organization, check this box and stop here						▶□
Sec	tion C. Computation of Public Su					1	
14	Public support percentage for 2017 (line 6, c						%
15	Public support percentage from 2016 Sched						%
16a	33 1/3% support test - 2017. If the organiz						_
	box and stop here. The organization qualit						▶ []
b	33 1/3% support test - 2016. If the organiz	zation did not che	ck a box on line 13	or 16a, and line 1	5 is 33 1/3% or mo	re, check	_
	this box and stop here. The organization q	ualifies as a publi	cly supported orga	nization			▶ 📙
17a	10%-facts-and-circumstances test - 2017	 If the organization 	on did not check a	box on line 13, 16	Sa, or 16b, and line	14 is	
	10% or more, and if the organization meets	s the "facts-and-ci	rcumstances" test,	check this box an	d stop here. Expla	in in	
	Part VI how the organization meets the "fac	ts-and-circumstan	ces" test. The orga	nization qualifies a	is a publicly suppor	ted	
	organization						🕨 🗌
b	10%-facts-and-circumstances test - 2010	6. If the organizati	on did not check a	box on line 13, 16	6a, 16b, or 17a, and	l line	
	15 is 10% or more, and if the organization	-					
	Explain in Part VI how the organization mee				-	cly	
	supported organization						🕨 🗌
18	Private foundation. If the organization did						
	instructions						► 🗌
EEA							m 990 or 990-EZ) 2017

	· · · · · · · · · · · · · · · · · · ·	IL SOCIETY FO				22-3103189	Page 3
Pa	Int III Support Schedule for Org						
	(Complete only if you check						Part II.
_	If the organization fails to qu	ualify under the	tests listed be	low, please co	mplete Part II.		
	ction A. Public Support						
Cale	endar 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.")	83,900	79,264	92,815	86,950	67,960	410,889
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	21,575	731,595		325,363		1,078,533
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 furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	105,475	810,859	92,815	412,313	67,960	1,489,422
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000						
-	or 1% of the amount on line 13 for the year						
C	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						1,489,422
Se	ction B. Total Support						
000		1					
	endar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	• •	(a) 2013 105,475	(b) 2014 810,859	(c) 2015 92,815	(d) 2016 412,313		(f) Total 1,489,422
Cale 9	endar year (or fiscal year beginning in) ►				()		
Cale 9 10a b	Amounts from line 6				()		
Cale 9 10a b	Amounts from line 6				()		
Cale 9 10a b	Amounts from line 6				()		
Cale 9 10a b c 11	endar year (or fiscal year beginning in) Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether				()		
Cale 9 10a b c 11	Amounts from line 6				()	67,960	
Cale 9 10a b c 11 12 13	Amounts from line 6	105,475 105,475 ganization's first, s	810,859 810,859 econd, third, fourth	92,815 92,815 92,815	412,313 412,313 412,313 as a section 501(c	67,960 67,960 (3)	1,489,422
Cale 9 10a b c 11 12 13 14	endar year (or fiscal year beginning in) Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.)	105,475 105,475 ganization's first, s	810,859 810,859 econd, third, fourth	92,815 92,815 92,815	412,313 412,313 412,313 as a section 501(c	67,960 67,960 (3)	1,489,422
Cale 9 10a b c 11 12 13 14	Amounts from line 6	105,475 105,475 ganization's first, s	810,859 810,859 econd, third, fourth	92,815 92,815 92,815	412,313 412,313 412,313 as a section 501(c	67,960 67,960)(3)	1,489,422
Cale 9 10a b c 11 12 13 14 <u>See</u>	Amounts from line 6	105,475 105,475 ganization's first, s 	810,859 810,859 810,859 econd, third, fourth 	92,815 92,815 92,815	412,313 412,313 412,313 as a section 501(c	67,960 67,960)(3) 	1,489,422 1,489,422 1,489,422 ▶□
Cale 9 10a b c 11 12 13 14 <u>Sec</u> 15 16	Amounts from line 6	105,475 105,475 ganization's first, s poport Percenta lumn (f) divided by le A, Part III, line 15	810,859 810,859 810,859 econd, third, fourth age line 13, column (f)	92,815 92,815 92,815	412,313 412,313 412,313 as a section 501(c	67,960 67,960)(3) 	1,489,422 1,489,422 1,489,422 ▶□ 100.00 %
Cale 9 10a b c 11 12 13 14 <u>Sec</u> 15 16	Amounts from line 6	105,475 105,475 105,475 ganization's first, s port Percenta lumn (f) divided by le A, Part III, line 15 the income Percental	810,859 810,859 econd, third, fourth age line 13, column (f); centage	92,815 92,815 92,815	412,313 412,313 412,313 as a section 501(c)	67,960 67,960)(3) 	1,489,422 1,489,422 1,489,422 ▶□ 100.00 %
Cale 9 10a b c 11 12 13 14 <u>Sec</u> 15 16 Sec	Amounts from line 6	105,475 105,475 105,475 ganization's first, s port Percenta lumn (f) divided by le A, Part III, line 15 ht Income Percenta 10c, column (f) divided by	810,859 810,859 810,859 econd, third, fourth age line 13, column (f); :	92,815 92,815 92,815	412,313 412,313 412,313 as a section 501(c	67,960 67,960 (3) 15 16	1,489,422 1,489,422 ▶□ 100.00 %
Cale 9 10a b c 11 12 13 14 <u>Sec</u> 15 16 <u>Sec</u> 17 18	Amounts from line 6	105,475 105,475 105,475 ganization's first, s port Percenta lumn (f) divided by le A, Part III, line 15 at Income Percenta lumn (f) divided by le A, Part III, line 15 at Income Percenta 100, column (f) divided by le A, Part III, line 15 at Income Percenta station did not check	810,859 810,859 810,859 econd, third, fourth 	92,815 92,815 92,815 n, or fifth tax year a 	412,313 412,313 412,313 as a section 501(c	67,960 67,960)(3) 	1,489,422 1,489,422 ▶□ 100.00 % 100.00 % 0.00 % 0.00 %
Cale 9 10a b C 11 12 13 14 <u>Se</u> 17 18 19a	Amounts from line 6	105,475 105,475 105,475 ganization's first, s port Percenta lumn (f) divided by le A, Part III, line 15 th Income Percenta 10c, column (f) div chedule A, Part III, ation did not check and stop here. The ation did not check	810,859 810,859 810,859 econd, third, fourth 	92,815 92,815 92,815 92,815 n, or fifth tax year a bolumn (f)) 	412, 313 412, 313 412, 313 as a section 501(c	67,960 67,960 (3) 15 16 17 18 and line zation 33 1/3%, and	1,489,422 1,489,422 ►□ 100.00 % 100.00 % 0.00 % ►⊠

	IV Supporting Organizations (Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete			
	and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, co Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Pa		Ð	
ect	ion A. All Supporting Organizations	,		
	Are all of the organization's supported organizations listed by name in the organization's governing		Yes	N
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by			
	class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
	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).	2		
а		-		
	(b) and (c) below.	3a		
C	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. Did the extension and evaluation that all support to such extensions used evaluationly for eaction $170(a)(2)(P)$	3b		
;	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.	3c		
a	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.	4a		
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.	4b		
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.	4c		
a	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).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already	Ju		
	designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
	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.	6		
	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).	7		
	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). Was the organization controlled directly or indirectly at any time during the tax year by one or more	8		
а	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 .	9a		
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.	9b		
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit			
10	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9c		
a	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.	10a		
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.)	10b		

INTRNL SOCIETY FOR THE STUDY OF FATTY ACIDS/LIPIDS 22-3103189

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Schedule A (Form 990 or 990-EZ) 2017

Гa	rt IV Supporting Organizations (continued)			
			Yes	Nc
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		
b	A family member of a person described in (a) above?	11b		
С	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		
ec	tion B. Type I Supporting Organizations			
			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			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
iec	tion 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		100	
•	or trustees of each of the organization's supported organization(s)2 /f "No " describe in Part VI how control			

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).

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax 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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization</i> (s).	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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>	3		

Section 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 instructions).
- **a** The organization satisfied the Activities Test. *Complete line 2 below.*
- **b** The organization is the parent of each of its supported organizations. *Complete line 3 below.*
- c The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions). Yes No
- 2 Activities Test. Answer (a) and (b) below.
- a 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 those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- **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 reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer (a) and (b) below.
- a 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? Provide details in Part VI.
- **b** 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 Schedule A (Form 990 or 990-EZ) 2017

3a

2a

2b

1

Schedule A (Form 990 or 990-EZ) 2017 INTRNL SOCIETY FOR THE STUDY OF FATTY 2)3189 Page 6
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org			
1 Check here if the organization satisfied the Integral Part Test as a qualifying			-
instructions. All other Type III non-functionally integrated supporting organiz	zatior	is must complete Sectio	
Section A - Adjusted Net Income		(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-functionally-	integ	rated Type III supporting	g organization (see
instructions).			

Schedule A (Form 990 or 990-EZ) 2017

Schedule A (Fo	orm 990 or 9	90-EZ) 2017	INTRN	L S	SOCIETY	FOR	THE	STUDY	OF	FATTY	ACIDS	/LI	PIDS	22	2-31031	89
			 -		-						-	-				

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	rt V Type III Non-Functionally Integrated 509(a)			3189 Page A
	ction D - Distributions	5) Supporting Organia		Current Year
1	Amounts paid to supported organizations to accomplish exer	mot nurnoses		ourrent real
	Amounts paid to perform activity that directly furthers exemp	· · · ·		
2				
3	organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purpose	es of supported organizat	ions	
4	Amounts paid to acquire exempt-use assets	es of supported organizat	10115	
- 4	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
<u> </u>	Distributions to attentive supported organizations to which the	o organization in rooman	iivo	
0	(provide details in Part VI). See instructions.	le organization is respons		
-	Distributable amount for 2017 from Section C, line 6			
9				
10	Line 8 amount divided by Line 9 amount		(::)	(:::)
;	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) 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			
	instructions.			
3	Excess distributions carryover, if any, to 2017			
a				
b	From 2013			
С	From 2014			
d	From 2015			
е	From 2016			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount			
i	Carryover from 2012 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from			
	Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2017 distributable amount			
С	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:			
	Excess from 2013			
	Excess from 2014			
	Evenes from 2015			
	Evene from 2016			
	Evenes from 2017			
	Excess IIOIII 2017			

EEA

Schedule A (Form 990 or 990-EZ) 2017

Schedule A (For	rm 990 or 990-EZ) 2017 Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part II, 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.)

SCHEDULE L	I	-	Transactions With Interested Persons								I	OMB No. 1545-0047			
(Form 990 or 990-EZ) ► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.									2	2017					
Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.									Open To Public				ıblic		
Internal Revenue Servic Name of the organizatio		► Go to	o www.irs.gov/r	-0111990	/ for inst	ructions a	and the		n. Inspection						
INTENI, SOCIE	TY FOR TH	IE STUDY OF							31031	103189					
				-		01(c)(4).	and 50	1(c)(29) organiz).				
								or 25b, or Form				line 4	0b.		
1 (a) Name of disqualified person			(b) Relationship between disqualified person and organization				(c) Description of transaction						rected?		
													Yes	No	
(1)															
(2)															
(3)															
2 Enter the an	nount of tax inc	curred by the org	anization manag	ers or di	squalified	l persons d	uring the	e year							
										► \$	<u> </u>				
3 Enter the an	nount of tax, if	any, on line 2, ab	ove, reimbursed	by the o	organizati	on			• • •	▶ 9	\$				
Part II Loa	ans to and/o	or From Intere	stad Parsons												
Cor	nplete if the	organization a	nswered "Yes"	' on For				8a or Form 990	, Part	IV, lir	ne 26;	or if t	he		
		ported an amou													
		(b) Relationship with organization	ation Ioan		(d) Loan to or (e) Origination (e) Origination (e)			(g) In default? (h) Approve by board or committee?			ard or	agreement?			
				То	From	-			Yes	No	Yes	No	Yes	No	
				10	TION				105		100		100		
(1)															
(2)					-										
(3)															
(4)															
(5)															
Total		<u></u>					. ► ٩	5							
		sistance Bene	-												
C	implete if the	e organization a	answered "Yes	s" on Fo	orm 990.	, Part IV,	line 27.								
		.,	elationship between interested erson and the organization		(c) Amount of assistance		(0	(d) Type of assistance		(e) Purpose of assistance					
(1)															
(2)															
(3)															
(4)															
(5)			_	_											
For Paperwork R	eduction Act	Notice, see the	Instructions for	Form 99	90 or 990)-EZ.			5	Schedul	e L (For	m 990 o	r 990-E2	Z) 2017	

Schedule L (Form 990 or 990-EZ) 2017 INTRNL SOCIE			IPIDS	22-3103189	F	2 age
Part IV Business Transactions Invol						
Complete if the organization a	nswered "Yes" on Form 99	0, Part IV, line 28a,	28b, or 28c.			
(a) Name of interested person	(b) Relationship between	(c) Amount of	(d) Descript	on of transaction	(e) Sharing of	
	interested person and the	transaction		organization's		
	organization			revenues?		
					Yes	No
(II)	MR. CLOUGH IS ON		CONSULTING			37
(1) PETER CLOUGH	THE BOD	42,000	WITH MR. C	LOUGHS FIRM		X
(2)						
(2)						
(3)						
(4)						
(5)						
Part V Supplemental Information						
Provide additional information f	or responses to questions	on Schedule L (see	instructions).			

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. Attach to Form 990 or 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Open to Public

Employer identification number

22-3103189

Department of the Treasury Internal Revenue Service Name of the organization

INTRNL SOCIETY FOR THE STUDY OF FATTY ACIDS/LIPIDS

01. Management duties delegation (Part VI, line 3)

ISSFAL ENGAGED A PROFESSIONAL MANAGEMENT COMPANY, HAUCK & ASSOCIATES, INC., TO PROVIDE

ADMINISTRATIVE AND MANAGEMENT SUPPORT.

02. Form 990 governing body review (Part VI, line 11)

THE BOARD OF DIRECTORS IS PROVIDED A DRAFT ELECTRONIC COPY OF FORM 990 TO REVIEW PRIOR TO

IT BEING FILED. ONCE THE 990 IS APPROVED, THE BOARD OF DIRECTORS INSTRUCTS THE MANAGEMENT

COMPANY TO HAVE IT FINALIZED AND FILED.

03. Conflict of interest policy compliance (Part VI, line 12c)

THE CONFLICT OF INTEREST POLICY IS MONITORED REGULARLY AT BOARD MEETINGS.

04. Governing documents, etc, available to public (Part VI, line 19)

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL

INFORMATION AVAILABLE UPON REQUEST.

05. List of other fees for services expenses (Part IX, line 11g)

THE ORGANIZATION USES THE OUTSIDE SERVICES OF A PROFESSIONAL MANAGEMENT COMPANY TO HANDLE

ALL OF ITS ADMINISTRATIVE ACTIVITIES, AND ALSO USES THE OUTSIDE SERVICES OF A PROFESSIONAL

PROOF READING.