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Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047 2009

Open to Public Inspection

A Fo	r the 2	2009 Ca	iendar yea		beginning 01-01-200	9 and ending 12-31-20	09				
B Che	eck if ap	pplicable	Please	C Name of orga Transplant Fou					D Employer i	identific	cation number
☐ Add	lress ch	nange	use IRS label or	Doing Busines	с Лс				31-1481 E Telephone		-
∏ Nar	ne char	nge	print or type. See	Doing Busines	3713						
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✓ Am	ended r	return			state or country, and ZIP PA 191234101	+ 4					
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					s of principal officer		H(a)		• Is a group reti		
				l M Nathan orth 3rd Street	:			affilia	tes?		┌ Yes ┌ No
			Philade	lphia,PA 191	1234101		Н(Б)	Are al	l affiliates incl	uded?	┌ Yes ┌ No
	v ovom	nt status		· (2) • (··· · · ·	no)		\dashv				e instructions)
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	n of org r t I			ion Trust 7	Association Other -		L Ye	ar of fo	rmation 1997	M State	e of legal domicile PA
- 6			•	e organization	's mission or most s	ignificant activities					
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26 67											
Activities	2	Checkt	hıs box 🛏	If the organiz	zatıon dıscontınued ı	ts operations or dispose	d of more	than	25% of its ne	t asset	
Ketti			_			art VI, line 1a)				3 —	<u>5</u> 3
Q.	1					ning body (Part VI, line 1	Lb) .		•	4 —	3
	Total number of employees (Part V, line 2a)Total number of volunteers (estimate if necessary)									5	500
	1					II, column (C), line 12				6 7a	0
	1				ncome from Form 99	, , , , , , , , , , , , , , , , , , , ,				74 — 7b	0
	_										•
								Prio	r Year		Current Year
7 .	8	Contril	butions and	d grants (Part	VIII, line 1h)			Prio	r Year 820,261		
enne	8 9	Progra	m service	revenue (Part	VIII, line 2g)			Prio	820,261 312,549		307,474 320,679
- Jevenue	9 10	Progra Invest	m service ment incor	revenue (Part ne (Part VIII,	VIII, line 2g) column (A), lines 3,	4, and 7d)		Prio	820,261 312,549 -340,322		207,474 320,679 -720,970
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Part III Statement of Program Service Accomplishments

Briefly describe the organization's mission

Transplant Foundation is committed to supporting the mission of Gift of Life Donor Program through its commitment to 1) Improve the quality of life of patients awaiting transplantation by maximizing the availability of donor organs and tissues while upholding the highest medical, legal, ethical and fiscal standards through initiatives such as educational and informational programming, 2) Work in partnership with the region's hospitals and health care professionals to ensure that the family of every potential donor is offered the opportunity to support organ and tissue donation in a compassionate, timely, informative and caring manner, 3) Provide educational programs and materials to positively predispose all members of the community to organ and tissue donation so that donation is viewed as a fundamental human responsibility through programming such as Donors Are Heroes Grants, (SEE CONTINIUATION)

2	Did the organization undertake any signifithe prior Form 990 or 990-EZ?			es 🔽 No
	If "Yes," describe these new services on S			
3	Did the organization cease conducting, or services?	-		es 🗸 No
	If "Yes," describe these changes on Sche			
4	Describe the exempt purpose achievement Section 501(c)(3) and 501(c)(4) organizations to others, the total expenses,	ations and section 4947(a)(1) trusts are r	equired to report the amount of	
4a	(Code) (Expenses \$	733,923 including grants of \$	95,209) (Revenue \$	320,679)
	Foundation fulfilled its mission in 2009 through its and the Dash for Organ and Tissue Donor Awaren support through a grant for the on-going developing professional education and training through its ediadvance the science, safety and efficiency of the transplantation continues to fall short of expectations thousands others who could benefit from life enhall through clinical practice. Transplant Foundation be what is known, and to benefit from what is collect twenty-five (25) workshops and/or consulting opidevelopment, with more than 300 professionals pethan 240 additional professionals receiving inform leadership position by joining forces with the Orgadonation and transplantation professionals through Team Peam Philadelphia. In 2009, the Foundation the "Team Philadelphia" entry to the "U.S. Transplant recipients. The purpose of the Transpla commitment to organ donation by encouraging peorgans and tissues from their loved ones each yestissue transplants. The athletes act as torchbearer to the critical shortage of donated organs for transplants. The 2010 Games are to be hosted in Madteam meetings, recruitment and practices were we Foundation also supported and coordinated the 14 Sunday, April 19th involving more than 5,000 partievent was unveiled that enabled event participan organs and tissues. Over 75,000 registration broch distributed to all regional media and the Dash was donor quilts, a special tribute to our donor families base of Philadelphia Art Museum and along the Warnsplantation families, and the 2010 U.S. Transplantation families, and t	is to support the mission of Gift of Life Donor Progrongoing support of the Gift of Life Institute, the Tess In addition to the program expenses supporting the sign of the Gift of Life Institution and research division, the Gift of Life Institution and research division, the Gift of Life Institution process Transplant Foundation focuses on Currently, there are over 100,000 persons awarencing tissue transplants. In calendar year 2009, 6, tion to the underlying problem of the organ shortagolant Foundation's educational programming for prostorically there has been an unnecessary delay betieves a new approach is necessary to underscore tively achieved. In furtherance of the mission, Transportunities in 2009, covering family communication articipating in those 2009 trainings. The Gift of Life attoin about the importance of donation and transplant Donation and Transplantation Alliance as a particular programming of the continued its co-sponsorship, along with Gift of Life short the United States. The Institute is also a memory continued its co-sponsorship, along with Gift of Life short the more than 100,000 Americans who are with Games' for 2010. The Transplant Games are also declebration and to provide an event that fosters the success for the more than 100,000 Americans who are with splant. The Transplant Games are also a celebration ison, Wisconsin, and Team Philadelphia anticipates with Annual Dash for Organ and Tissue Donor Aware ticipants and raising more than \$400,000 to support to to develop their own web page and raise commitmers and 1,000 promotional posters were printed fis listed on several running-related web sites. The 2 second of the set site of the surgery and for follow-tice Lives License Plates. To increase awareness, as we plant Games entry for Team Philadelphia. Team Philadelphia Team Philadelphia, and the provide and the pr	ram Philadelphia entry into the 2010 g these initiatives, Transplant Foundation fulfills stitute. Transplant Foundation, through in these objectives because the suppliting a life saving organ transplant in 608 people died while awaiting a life ge, training, skill development, educatifessionals is grounded on the philosoween the acquisition of new knowled the significance of what is learned, to isplant Foundation, through the Gift of and consent for organ and tissue, ho Institute also hosted six (6) affiliated antation. In addition, the Institute has er in providing educational opportunity ber of the HRSA Collaborative Nation fee Donor Program of "Team Philadelpia Special Olympic type program condition is successful, to increase public with their families, to recognize the sful rehabilitation of all patients who aiting to receive transplants, and then of life among the recipients, their fahaving over 300 representatives in an for Organ and Tissue Donor Awarerness. The 2009 Dash for Organ Donor the mission of the Foundation. A neanity awareness and support for the for distribution. Press releases annour 1009 event included the dedication of each at 10K run, a 5k run and a 3k walkell as fundraising for programs suppositional summer of 2010 14th Annual Gift of Life Family House. Transplate families of patients undergoing trait privisits. Living donors can also be ache urgent need for life saving organ in the program of the collaboration of the Delaware "Organ Donor III be spread throughout the roads of ontinued its support of the collaboration traiting the organization serving western 153 applications for plates. As of Delawes License Plate. In 2009, Transplatorship of the Delaware "Organ Donor III be spread throughout the roads of ontinued its support of the collaboration of the foundation of the play of the collaboration of the play of the play of the collaboration of the play of the play of the collaboration of Fox 29 News, featuring Dr. Clitton of Fox 29 News, featuring Dr. Clitton of Fox 29 News, featuring Dr.	U.S. Transplant Games, ation extended capital its mission to provide its mission and itssues for the United States and saving organ transplant ation, and retention of phy that innovation must ge and its implementation of transmit and disseminate of Life Institute, conducted its inspection with more its taken a national itses to organ and itssue its and coordination of ucted biannually for awareness and families who donate the have received organ and it second chance at life due amilies, and the families of attendance During 2009, itsess. In 2009, Transplant if Awareness was held on its website for this year's critical need for gifts of incing the event were it will not event were it in an event held at the riting organ donation and ill be held from July 31-Aug at Dash for Organ and into Foundation supported its plants at the transplant in the commodated at the Gift of donation and life enhancing license plate. In Pennsylvania, the cember 31, 2009, there are Foundation collaborated its Save Lives" license plate. Delaware It is anticipated we project with Penn State of life, as well as their ortance of organ and tissue a specialized day camp. In ent, provided ten (10) vining donation, Transplant ove" joined more than 200 yide Barker as the keynote
4b	(Code) (Expenses \$	including grants of \$) (Revenue \$)
4c	(Code) (Expenses \$	including grants of \$) (Revenue \$)
4d	Other program services (Describe in Sc (Expenses \$ inc	•) (Revenue \$)
4e	Total program service expenses►\$	733,923		

Dart TV	Chackli	ct of Do	auirad	Schedules
2 II T 1 A	CHECKII	SL UI KE	:uuii eu	Scileuule:

			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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 💋	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Νο
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		Νo
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where 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		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi- endowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	Is the organization's answer to any of the following questions "Yes"? If so,complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
	◆ Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.			
	◆ 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.			
	◆ Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
	◆ Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.			
	◆ Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
	◆ Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	Yes	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? If "Yes," complete Schedule F, Part II	15		Νο
16	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Νο
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Νο
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		No

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
Ь	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 to 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		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Νο
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		Νο
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		Νο
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		Νο
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
	<i>IV</i>	28a		Νo
Ь	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Νο
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Νο
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Part I	31		N o
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		N o
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		Νο
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		Νο
36	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		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	38	Yes	

Par	Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
3	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal			
	of U.S. Information Returns. Enter -0- if not applicable			
	1a 7			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	Yes	
	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax</i> Statements filed for the calendar year ending with or within the year covered by this			
	return			
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	2b		
	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		N (
ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
	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		No
	If "Yes," enter the name of the foreign country ▶			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		N
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		N
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
	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?	6a		N
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
	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	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		N
d	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		N
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Ν
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501/c)/7) organizations Enter			

Initiation fees and capital contributions included on Part VIII, line 12 . .

Gross receipts, included on Form 990, Part VIII, line 12, for public use of club

b Gross income from other sources (Do not net amounts due or paid to other sources

b If "Yes," enter the amount of tax-exempt interest received or accrued during the

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

against amounts due or received from them)

facilities

year

Section 501(c)(12) organizations. Enter

a Gross income from members or shareholders .

12a

10a

10b

11a

11b

Philadelphia, PA 19123 (215) 557-8090

Part VI

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Se	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body 1a 5			
b	Enter the number of voting members that are independent 1b 3			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		Νo
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		Νο
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		Νo
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Νo
6	Does the organization have members or stockholders?	6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
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		Νο
	ection B. Policies (This Section B requests information about policies not required by the Internal evenue Code.)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		Νo
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14		Νο
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?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line a or b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	16a		Νο
h	taxable entity during the year?	104		110
	participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Se	ection C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed▶PA , NJ			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply			
19	Own website Another's website Vupon request Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of			
20	Interest policy, and financial statements available to the public. See Additional Data Table. State the name, physical address, and telephone number of the person who possesses the books and records of the ROBERT FINKEL DIRECTOR OF FINANCE. 401 North 3rd Street.	e orga	nızatıor	n ►

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

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. Use Schedule J-2 if additional space is needed.

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

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

Check this box if the organization did i	not compens	ate any	curr	ent o	or fo	rmer o	ffice	r, director, trustee o	or key employee	
(A) Name and Title	(B) Average hours	(C) Position (check all that apply)					(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other	
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
Howard M Nathan President & CEO	1 00	х		х				0	484,779	53,994
Michael Moritz MD Secretary	1 00	х		Х				0	50,004	0
Clyde F Barker MD Treasurer	1 00	х		Х				0	0	0
Meg McGoldrick Director	1 00	х						0	0	0
Frank Podeitz Director	1 00	х						0	0	0
Patricia Mulvania Staff Development Coord	10 00					Х		62,000	83,456	10,485
JOHN EDWARDS Administrator on Call	50					x		2,500	99,626	21,451

For	m 990 (2009)				Page 8		
1b	Total	64,500	717,865		85,930		
2	Total number of individuals (including but not limited to those listed above) who re \$100,000 in reportable compensation from the organization ▶0	eceived more than					
				Yes	No		
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual						
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual						
5	Did any person listed on line 1a receive or accrue compensation from any unrelat rendered to the organization? If "Yes," complete Schedule J for such person	•	rvices 5		No		
S	ection B. Independent Contractors						
1	Complete this table for your five highest compensated independent contractors the \$100,000 of compensation from the organization	hat received more tha	n				
	(A) Name and business address	(E Description	3) of services	Compe			
346	nus Inc East Walnut Lane ndelphia, PA 19144	General Contracto	r		232,060		

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

\$100,000 in compensation from the organization 🗗

Form **990** (2009)

Form 99			(Davidson					Page 9
Part	/	Statement o	of Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513,or 514
nts ots	1a	Federated camp	paigns 1a					
필급	Ь	Membership du	es					
ું ∰	c	Fundraising eve	ents 1c	226,310				
<u>≅,≅</u>	d	Related organiz	ations 1d					
ĘĘ.	e	Government grants	s (contributions) 1e					
Contributions, gifts, grants and other similar amounts	f	All other contribution	ons, gifts, grants, and 1f	81,164				
ê¥	g		butions included in					
ξŽ								
ठ ह	h	Total. Add lines	s 1a-1f	🏲	307,474			
<u> </u>				Business Code				
Program Service Revenue	2a	Training/Education	Rev	611,710	320,679	320,679		
<u>8</u>	ь							
ů.	c							
₹	d							
ج د	e							
GT 28	f	All other progra	am service revenue					
£	g	Total Add lines	s 2a – 2f	b	320,679			
	3		ome (including divident		320,075			
			aramounts)		127,848			127,848
	4	Income from inves	tment of tax-exempt bond p	proceeds 🕨				
	5	Royalties		• [
			(ı) Real	(II) Personal				
	6a	Gross Rents						
	b	Less rental expenses						
	c	Rental income or (loss)						
	d		me or (loss)					
			(ı) Securities	(II) O ther				
	7a	Gross amount from sales of	2,085,049					
		assets other than inventory						
	ь	Less cost or other basis and	2,933,867					
		sales expenses	040.040					
	C C	Gain or (loss)	-848,818		-848,818			-848,818
	d 8a	Gross income f	s)		-040,010			-040,010
<u>Φ</u>	04	events (not inc						
au a		\$ 226	, <u>310</u> s reported on line 1c)					
ě		See Part IV, lin						
<u>.</u>			а	312,954				
Other Revenue	b		penses b	166,907	445.047			445.047
0	С		loss) from fundraising (events 🕦	146,047			146,047
	9a	Gross income fi See Part IV, lin	rom gaming activities					
			а					
	ь		penses b					
	С		loss) from gaming activ	vities				
	10a	Gross sales of returns and allo						
	ь	Less cost of go	oods sold b					
	С		loss) from sales of inve					
		Miscellaneous	Revenue	Business Code				
	11a							
	b							
	C							
	d	All other revenu						
	e	Total. Add lines	s 11a-11d					
	12	Total revenue	See Instructions	. ▶				
]			-	53,230	320,679	0	-574,923

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).								
			(B)	(D).	(D)			
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses			
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	95,209	95,209					
2	Grants and other assistance to individuals in the US See Part IV, line 22							
3	Grants and other assistance to governments, organizations, and individuals outside the U S 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	360,662	360,662					
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	14,708	14,708					
9	Other employee benefits	57,462	57,462					
10	Payroll taxes	19,200	19,200					
11	Fees for services (non-employees)							
a	Management							
ь	Legal	3,084		3,084				
6	Accounting	3,004		3,004				
۔ ۔								
d	Lobbying							
e	Professional fundraising See Part IV, line 17	22.242		22.242				
f	Investment management fees	23,312		23,312				
g	Other	64,318	43,809		20,509			
12	Advertising and promotion	43,068	437	21,804	20,827			
13	Office expenses	39,996	39,789	207				
14	Information technology							
15	Royalties							
16	Occupancy							
17	Travel	12,229	12,229					
18	Payments of travel or entertainment expenses for any federal, state, or local public officials							
19	Conferences, conventions, and meetings	27,896	27,896					
20	Interest							
21	Payments to affiliates							
22	Depreciation, depletion, and amortization	6,467	6,467					
23	Insurance							
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)							
а	Other Direct Expenses	26,553	13,143	13,410				
ь	Team Philadelphia Expen	24,374	24,374	·				
с	Living Donor Recognitio	10,637	10,637					
d	Staff Development	4,836	4,836					
e	Membership Fees	3,065	3,065					
f	All other expenses	, -	, -					
25	Total functional expenses. Add lines 1 through 24f	837,076	733,923	61,817	41,336			
26	Joint costs. Check here ► ☐ If following SOP 98-2	037,076	733,923	01,017	71,330			
	Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation							

Part X Balance Sheet (A) (B) End of year Beginning of year 1 1 Cash—non-interest-bearing 1,629,340 2 834,666 2 Savings and temporary cash investments 3 3 4 47.220 4 17.175 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 5 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of 6 Notes and loans receivable, net 8 Inventories for sale or use 354 9 Prepaid expenses and deferred charges Land, buildings, and equipment cost or other basis Complete 51.115 10a 10a Part VI of Schedule D 5,200 **10c** 10b 7.752 43.363 b Less accumulated depreciation 8.599.249 10.897.396 11 11 12 12 Investments—other securities See Part IV, line 11 13 13 Investments—program-related See Part IV, line 11 . . 14 14 15 150.643 15 16 10,281,363 16 11,943,243 Total assets. Add lines 1 through 15 (must equal line 34) . . . 110.683 17 44.641 17 Accounts payable and accrued expenses 18 18 19 19 20 20 Liabilities 21 Escrow or custodial account liability Complete Part IV of Schedule D . . . 21 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 23 23 Secured mortgages and notes payable to unrelated third parties . . 24 Unsecured notes and loans payable to unrelated third parties 24 459,130 25 Other liabilities Complete Part X of Schedule D 25 368,601 26 **Total liabilities.** Add lines 17 through 25 569,813 413,242 Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. 9.655.925 11.459.681 27 Unrestricted net assets 27 28 55.625 28 70.320 Temporarily restricted net assets Fund 29 29 Permanently restricted net assets Organizations that do not follow SFAS 117, check here ▶ □ and complete lines 30 through 34. ö 30 30 Capital stock or trust principal, or current funds . . . Assets 31 Paid-in or capital surplus, or land, building or equipment fund 31 32 32 Retained earnings, endowment, accumulated income, or other funds ¥ Total net assets or fund balances 9,711,550 11,530,001 33 33 34 Total liabilities and net assets/fund balances 10.281.363 34 11.943.243

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Νo
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both			
	Separate basis Consolidated basis 🔽 Both consolidated and separated basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
Ь	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	3b		

Form **990** (2009)

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

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

Public Charity Status and Public Support

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Inspection Employer identification number

ansplant	Foundation								
	31-1481798								
Part :		ctions							
_									
1									
2									
3	Reason for Public Charity Status (All organizations must complete this part.) See instructions ion is not a private foundation because it is. (For lines 1 through 11, check only one box) church, convention of churches, or association of churches section 170(b)(1)(A)(ii). school described in section 170(b)(1)(A)(iii). (Attach Schedule E) hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the ospital's name, city, and state In 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) federal, state, or local government or governmental unit described in section 170(b)(1)(A)(vi). (Complete Part II) on organization that normally receives a substantial part of its support from a governmental unit or from the general public secribed in section 170(b)(1)(A)(vi). (Complete Part II) on organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross is support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses equired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III) on organization organized and operated exclusively to test for public safety. Seesection 509(a)(4). In organization organized and operated exclusively to test for public safety. Seesection 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h and Type III. C Type III. Functionally integrated d Type III. Other ye checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons the than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509 or mo								
4 「	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A hospital's name, city, and state)(iii). Ente	r the						
5		ıt describe	_ ed in						
6 Г									
7		he general	public	:					
8 Г	A community trust described in section 170(b)(1)(A)(vi) (Complete Part II)								
9	An organization that normally receives (1) more than 331/3% of its support from contributions, members	hıp fees, aı	nd gros	SS					
9	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) f	rom busin	esses						
·	acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III)								
.о Г	An organization organized and operated exclusively to test for public safety See section 509(a)(4).								
1 🔽	one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See se the box that describes the type of supporting organization and complete lines 11e through 11h	ction 509(_	a)(3).	Checl					
e √		•	•						
f	If the organization received a written determination from the IRS that it is a Type I, Type II or Type III sucheck this box	ipporting o	rganız	ation,					
g	Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?								
	(i) a person who directly or indirectly controls, either alone or together with persons described in (ii)		Yes	No					
	and (III) below, the governing body of the the supported organization?	11g(i)		No					
	(ii) a family member of a person described in (i) above?	11g(ii)		Νo					
	(iii) a 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)		Νo					
h	Provide the following information about the supported organization(s)								

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see	(iv) Is the organizati col (i) list your govel docume	on in ed in rning	(v) Did you not organizati col (i) of suppor	on in your	(vi) Is the organizati col (i) orga in the U	on in anized	(vii) A mount of support?
		ınstructions))	Yes	No	Yes	No	Yes	No	
GREATER DELAWARE VALLEY SOCIETY OF TRANSPLANT SURGEONS	237388767	9	Yes						0
Total									0

ınstructions

P	Support Schedule (Complete only if yo					and 170(b)	(1)(A)(vi)
S	ection A. Public Support	a checked tile	DOX OII IIIC 3,	,, or o or rare.	֥ <i>)</i>		
	endar year (or fiscal year beginning	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	ın)	(a) 2005	(b) 2006	(6) 2007	(d) 2008	(e) 2009	(I) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual						
_	grants ") Tax revenues levied for the						
2	organization's benefit and either						
	paid to or expended on its						
	behalf						
3	The value of services or facilities						
-	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the						
	amount shown on line 11, column						
_	(f) Dublic Support Subtract line F from						
6	Public Support. Subtract line 5 from line 4						
S	ection B. Total Support	1		-			
	endar year (or fiscal year beginning	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	ın)	(a) 2005	(b) 2000	(6) 2007	(d) 2008	(e) 2009	(1) Total
7	A mounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar						
9	sources Net income from unrelated						
9	business activities, whether or						
	not the business is regularly						
	carried on						
10	Other income (Explain in Part						
	IV) Do not include gain or loss						
	from the sale of capital assets						
11	Total support (Add lines 7						
4.5	through 10)	/5					
12	Gross receipts from related activities	,	•			12	
13	First Five Years If the Form 990 is f	or the organizati	on's first, second	, third, fourth, or	fifth tax year as a	501(c)(3) orga	inization, ▶□
	check this box and stop here						-1
S	ection C. Computation of Pub	lic Support P	ercentage				
14	Public Support Percentage for 2009			11 column (f))		14	
15	Public Support Percentage for 2008	Schedule A . Pa	rt II. line 14			15	
	33 1/3% support test—2009. If the	•	,	v on line 13 and	line 14 is 33 1/30		k this hox
_	and stop here. The organization qua	-		·	IIIIC 14 13 33 1/3/	o or more, ence	▶ □
ь	33 1/3% support test—2008. If the				5a, and line 15 is	33 1/3% or moi	
	box and stop here. The organization				,		▶
17a	10%-facts-and-circumstances test-	-2009. If the org	anızatıon dıd not	check a box on lı	ne 13, 16a, or 16	b and line 14	
	ıs 10% or more, and ıf the organizat						
	in Part IV how the organization mee	ts the "facts and	l cırcumstances"	test The organiz	ration qualifies as	a publicly supp	
L	organization	_2009 Ifthe c==	onization did net	chack a bay as li	no 12 165 164	or 17a and line	▶□
D	10%-facts-and-circumstances test- 15 is 10% or more, and if the organ	_					
	Explain in Part IV how the organizat						clv
	supported organization						▶ ┌
10	Deiveta Farmdation Ifthe averages	on did not obselv	a hay an line 12	16- 16- 17-	17	hay and cas	•

▶□

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

	(Complete only if you	cnecked the	box on line 9 o	r Part I.)			
	ction A. Public Support				1	T	ı
Cale	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
_	include any "unusual grants ")						
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						
3	purpose Gross receipts from activities that				+		
3	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				-		
7a	A mounts included on lines 1, 2, and 3 received from disqualified						
	persons				1		
ь	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						
с	Add lines 7a and 7b						
8	Public Support (Subtract line 7c						
	from line 6)						
	ction B. Total Support		1			1	Γ
Cale	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	A mounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
ь	Unrelated business taxable						
	ıncome (less section 511 taxes)						
	from businesses acquired after						
_	June 30, 1975 Add lines 10a and 10b						
c 11	Net income from unrelated						
11	business activities not included						
	ın lıne 10b, whether or not the						
	business is regularly carried on						
12	Other income Do not include gain or loss from the sale of						
	capital assets (Explain in Part						
	IV)						
13	Total support (Add lines 9, 10c,						
14	11 and 12) First Five Years If the Form 990 is for	or the organizat	lon's first, second	L third fourth or	l fifth tax vear as a	1 a 501(c)(3) organ	l uzation
	check this box and stop here	or the organizat		., 4,	men tax your as t	(c)(c) c.gu.	▶ ┌
	ction C. Computation of Publ						
15	Public Support Percentage for 2009	(line 8 column	(f) divided by line	13 column (f))		15	
16	Public support percentage from 200	8 Schedule A , F	art III, line 15			16	
Se	ction D. Computation of Inve	stment Inco	ome Percenta	ge			
17	Investment income percentage for 2	009 (line 10c c	olumn (f) dıvıded	by line 13 columi	n (f))	17	
18	Investment income percentage from	2008 Schedule	A, Part III, line 1	L 7		18	
19a	33 1/3% support tests—2009. If the	organization di	d not check the b	ox on line 14, and	d line 15 is more	than 33 1/3% and	d line 17 is not
	more than 33 1/3%, check this box a	ind stop here. T					
L	organization 33 1/3% support tests—2008. If the	► C	d not chastes here	on line 14 amilion	100 and line 4	5 ic mara +ha= 22	1/20/2 and line
b	שר בו בע suppoit tests—zouo. If the	organization (I	и посепеска вох	OILLINE TH OLINE	= ⊥⊃a, anu nne 1(us more man 33	1/370 and ine

18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Part IV

Supplemental Information. Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

Schedule A (Form 990 or 990-EZ) 2009

Additional Data

Software ID:

Software Version:

EIN: 31-1481798

Name: Transplant Foundation

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Other Direct Expenses	26,553	13,143	13,410	
Team Philadelphia Expen	24,374	24,374		
Living Donor Recognitio	10,637	10,637		
Staff Development	4,836	4,836		
Membership Fees	3,065	3,065		

DLN: 93493056003081

OMB No 1545-0047

Open to Public

SCHEDULE D (Form 990)

Department of the Treasury

Supplemental Financial Statements ► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

al Revenue Service ► Attach	to Form 990. ► See separate instructions.		Inspection
me of the organization Insplant Foundation		Emp	loyer identification number
nispiant i odildation		31-	1481798
	r Advised Funds or Other Similar	Funds	or Accounts. Complete if th
organization answered "Yes" to Forr		1	
	(a) Donor advised funds		(b) Funds and other accounts
Total number at end of year			
Aggregate contributions to (during year)			
Aggregate grants from (during year)			
Aggregate value at end of year			
Did the organization inform all donors and donor funds are the organization's property, subject to		onor advi	Yes No
Did the organization inform all grantees, donors, used only for charitable purposes and not for the conferring impermissible private benefit			
rt II Conservation Easements. Comp	ete if the organization answered "Yes"	to Forn	n 990, Part IV, line 7.
Preservation of land for public use (e g , rec Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a easement on the last day of the tax year	Preservation of a	a certifie	ically importantly land area d historic structure onservation
			Held at the End of the Year
Total number of conservation easements		2a	
Total acreage restricted by conservation easem	ents	2b	
Number of conservation easements on a certifie	d historic structure included in (a)	2c	
Number of conservation easements included in	(c) acquired after 8/17/06	2d	
Number of conservation easements modified, tra the taxable year Number of states where property subject to cons	servation easement is located 🗠		
Does the organization have a written policy rega enforcement of the conservation easements it h		ndling of	violations, and Yes No
Staff and volunteer hours devoted to monitoring,			<u> </u>
A mount of expenses incurred in monitoring, insp	5,		g the year 🟲 \$
Does each conservation easement reported on I 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?			□ Yes □ No
In Part XIV, describe how the organization repoin balance sheet, and include, if applicable, the tex the organization's accounting for conservation e	t of the footnote to the organization's financi		
t III Organizations Maintaining Colle Complete if the organization answer	ctions of Art, Historical Treasures red "Yes" to Form 990, Part IV, line 8.	, or Ot	her Similar Assets.
If the organization elected, as permitted under S art, historical treasures, or other similar assets provide, in Part XIV, the text of the footnote to i	held for public exhibition, education or resea	arch in fu	
If the organization elected, as permitted under S historical treasures, or other similar assets held provide the following amounts relating to these i	l for public exhibition, education, or research		
(i) Revenues included in Form 990, Part VIII, li	ne 1		▶ \$
(ii) Assets included in Form 990, Part X			► \$
If the organization received or held works of art, following amounts required to be reported under		for finan	
Revenues included in Form 990, Part VIII, line			► \$
Revenues included in Form 550, Fait VIII, lille	±		F Ψ

b Assets included in Form 990, Part X

Part	Organizations Maintaining Co	llections of Art	, Hist	tori	<u>cal Tre</u>	<u>asur</u>	es, or O	the	r Simila	ır Asse	ts (co	ontinued)
3	Using the organization's accession and othe items (check all that apply)	r records, check any	y of the	e foll	owing tha	at are	a significa	ant u	se of its o	ollection	1	
а	Public exhibition		d	Γ	Loan or	excha	ange progr	ams				
b	Scholarly research		e	Γ	Other							
с	Preservation for future generations											
4	Provide a description of the organization's co	ollections and expla	ın how	they	further	the or	ganızatıon	's ex	empt pur	pose in		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t			,					ılar	Г	Yes	┌ No
Par	t IV Escrow and Custodial Arrang Part IV, line 9, or reported an an	ements. Comple	ete ıf	the o	organiza	ation			es" to Fo			, 110
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ıan or other ınterme	diary	for c	ontributio	ons or	other ass	ets r	not	Г	Yes	┌ No
b	If "Yes," explain the arrangement in Part XIV	/ and complete the	followi	ng ta	able		Γ			A mou	ınt	
c	Beginning balance						F	1c		71		
d	Additions during the year							1d				
e	Distributions during the year						 	1e				
f							-	1f				
	Ending balance		. 3.15				L	TL			.	
2a	Did the organization include an amount on Fo	, ,	e 217							1	Yes	☐ No
	If "Yes," explain the arrangement in Part XIV				IIV II		000	D	t TV los	. 10		
Ра	rt V Endowment Funds. Complete	(a)Current Year		were Prior Y			Years Back		T IV, IINE Three Years) Four Y	ears Back
1a	Beginning of year balance	55,625	(-)		44,080	(6)	rears back	1(4)	Timee rear	, Back (C	<i>y</i> . ou	cars back
ь	Contributions	19,342			19,581							
c	Investment earnings or losses							T				
d	Grants or scholarships											
e	Other expenditures for facilities	4,647			8,036							
f	Administrative expenses											
g	End of year balance	70,320			55,625							
2	Provide the estimated percentage of the yea	r end balance held a			I			<u> </u>		_		
а		100 000 % %										
ь	Permanent endowment %											
c 3a	Term endowment % Are there endowment funds not in the posses	ssion of the organize	ation +	hat a	re held a	and ad	ministere	d for	the			
	organization by			., a				01			Yes	No
	(i) unrelated organizations									3a(i)		Νo
	(ii) related organizations									3a(ii)		No
	If "Yes" to 3a(II), are the related organizatio	•						•		3b		<u> </u>
4	Describe in Part XIV the intended uses of th					0 0-	- L V - I	10				
Par	t VI Investments—Land, Buildings	s, and Equipme	nt. 50				· ·		Ι.,			
	Description of investment				a) Cost or o		(b)Cost or basis (oth		(c) Accu depre	mulated ciation	(d) B	ook value
1a '	Land											
	Buildings						1		1		I	
Ь	Dunungs			-								
	Leasehold improvements		•									
c	•											
c d	Leasehold improvements						5	1,115		7,752		43,363

Part VII Investments—Other Securities. See (a) Description of security or category		(c) Method of valuation
(including name of security)	(b)Book value	Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests Other		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)		
Part VIII Investments—Program Related. See		13.
(a) Description of investment type	(b) Book value	(c) Method of valuation
	(-,	Cost or end-of-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)		
Part IX Other Assets. See Form 990, Part X, lir	ne 15.	
	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lir	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lir	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lir	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lir	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lir	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lir	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lir	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lir	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lir	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lir	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lir	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lir	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lir	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, III (a) Descrip	ne 15.	
Part IX Other Assets. See Form 990, Part X, III (a) Descrip	ne 15. Stion	(b) Book value
Part IX Other Assets. See Form 990, Part X, III (a) Descrip	ne 15. Stion	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.)	

1 Total revenue (Form 990, Part VIII, column (A), line 12)	1	53,230
Total expenses (Form 990, Part IX, column (A), line 25)	2	837,076
3 Excess or (deficit) for the year Subtract line 2 from line 1	3	-783,846
4 Net unrealized gains (losses) on investments	4	2,602,297
5 Donated services and use of facilities	5	
6 Investment expenses	6	
7 Prior period adjustments	7	
8 Other (Describe in Part XIV)	8	
9 Total adjustments (net) Add lines 4 - 8	9	2,602,297
10 Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	1,818,451
Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue	per Re	turn
1 Total revenue, gains, and other support per audited financial statements	1	2,799,122
A mounts included on line 1 but not on Form 990, Part VIII, line 12		
a Net unrealized gains on investments	7	
b Donated services and use of facilities		
c Recoveries of prior year grants		
d Other (Describe in Part XIV)	2	
e Add lines 2a through 2d	2e	2,578,985
3 Subtract line 2e from line 1	3	220,137
4 A mounts included on Form 990, Part VIII, line 12, but not on line 1		
a Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b Other (Describe in Part XIV)	7	
c Add lines 4a and 4b	4c	-166,907
Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	53,230
Part XIII Reconciliation of Expenses per Audited Financial Statements With Expense	es per	
1 Total expenses and losses per audited financial statements	1	980,671
A mounts included on line 1 but not on Form 990, Part IX, line 25		
a Donated services and use of facilities		
b Prior year adjustments		
c Other losses		
d Other (Describe in Part XIV) 2d 166,90	7	
e Add lines 2a through 2d	2e	166,907
3 Subtract line 2e from line 1	3	813,764
4 A mounts included on Form 990, Part IX, line 25, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b 4a	_	
b Other (Describe in Part XIV)	. 2	
c Add lines 4a and 4b	4c	23,312
Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	837,076

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Ident if ier	Return Reference	Explanation
Part V, Line 4	Description of Intended Use of Endowment Funds	THE ORGANIZATION'S ENDOWMENT FUNDS ARE USED TO PROVIDE SCHOLARSHIPS TO COLLEGE STUDENTS WHO WERE ORGAN RECIPIENTS AND ALSO FUND A CAMP FOR CHILDREN WHO WERE ORGAN RECIPIENTS
Part X	Description of Uncertain Tax Positions Under FIN 48	Foundation accounts for uncertainty in income taxes by prescribing a recognition threshold of more-likely-than-not to be sustained upon examination by the appropriate taxing authority Measurement of the tax uncertainty occurs if the recognition threshold has been met. There were no tax uncertainties that met the recognition threshold in 2009 or 2008. Foundation's policy is to recognize interest related to unrecognized tax benefits in interest expense and penalties in operating expenses.
Part XII, Line 2d - Other Adjustments		INVESTMENT EXPENSES -23312
Part XII, Line 4b - Other Adjustments		Special Event Expenses -166907
Part XIII, Line 2d - Other Adjustments		Special Event Expenses 166907
Part XIII, Line 4b - Other Adjustments		INVESTMENT EXPENSES 23312

DLN: 93493056003081

OMB No. 1545-0047

SCHEDULE G (Form 990 or 990-EZ)

licensing

Department of the Treasury

Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. Attach to Form 990 or Form 990-EZ.

	ne of the organization nsplant Foundation						Employer ider	tification number
	inspirance of danageron						31-1481798	
Pa		t ivities. Complet			tion answered "Yes" is part.	to Form	990, Part IV	, line 17.
1	Indicate whether the orga	nızatıon raısed funds	through	any of the	following activities Ch	eck all th	at apply	
а	Mail solicitations			e	☐ Solicitation of noi	ment grants		
b	☐ Internet and e-mail s	olicitations		f	☐ Solicitation of gov	vernment	grants	
c	Phone solicitations			g	Special fundraisir	ng events		
d	In-person solicitation	S						
2a	Did the organization have or key employees listed ii							Г Yes Г No
b	If "Yes," list the ten highe to be compensated at lea							
	(i) Name of individual or entity (fundraiser) (ii) Activity		custo	er have dy or rol of	(iv) Gross receipts from activity	(or re fundra	nount paid to etained by) iser listed in	(vi) A mount paid to (or retained by) organization
			les	NO				
Tot	al			.				
	list all states in which t	he organization is re	aistered o	rlicense	d to solicit funds or has	been not	fied it is exemi	ot from registration or

Pa	rt II	Fundraising Events. Com more than \$15,000 on Form					report	ed
			(a) Event #1 Dash for Organ Donor Awareness (event type)	(b) Event #2 Donors are Heroes (event type)	(c) O ther Events 1 (total number)	(Add col	tal Ever (a) thr I (c))	
Ψ	1	Gross receipts	429,554	93,228	16,482		539	9,264
Reveilue	2	Less Charitable contributions	125,000	84,828	16,482		226	5,310
	3	Gross income (line 1 minus line 2)	304,554	8,400			312	2,954
	4	Cash prizes						
မှာ	5	Non-cash prizes						
Expenses	6	Rent/facility costs	2,800	16,000			18	800
ă	7	Food and beverages						
Direct	8	Entertainment						
Δ	9	Other direct expenses .	76,494	68,318	3,295		148	3,107
	10	Direct expense summary Add lin	nes 4 through 9 ın column	(d)	🛌		166	5,907
	11	Net income summary Combine li	nes 3, column d, and line	10			146	5,047
Par	t III	Gaming. Complete if the oil \$15,000 on Form 990-EZ, lii		"Yes" to Form 990, Pa	rt IV, line 19, or repo	rted mor	e than	
Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) O ther gaming	(Add col	tal gam (a) thr I (c))	-
_	1	Gross revenue						
<u>မှ</u>	2	Cash prizes						
sesued:	3	Non-cash prizes						
<u>ភ</u>	4	Rent/facility costs						
Direct	5	Other direct expenses						
	6	Volunteer labor	Г Yes% Г No	Г Yes	┌ Yes%			
	7	Direct expense summary Add line	s 2 through 5 in column (d)				
	8	Net gaming income summary Com	nbine lines 1, column d, a	nd line 7				
9 a		er the state(s) in which the organiza he organization licensed to operate				· 9a	Yes	No
b	If "N	No," Explain						
10a b		e any of the organization's gaming 'es," Explain	licenses revoked, susper	nded or terminated during	the tax year?	10a_		
11		s the organization operate gaming	activities with nonmembe	ers?		11		
12		he organization a grantor, beneficia ned to administer charitable gaming						
	.0111	.ou to damminater charitable gallilli				12		

		Yes	No
13	Indicate the percentage of gaming activity operated in		
а	The organization's facility		
b	An outside facility		
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records		
	Name 🟲		
	Address -		
15a	Does the organization have a contract with a third party from whom the organization receives gaming		
	revenue?	,	
b	If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the	+	
	amount of gaming revenue retained by the third party 🟲 \$		
c	If "Yes," enter name and address		
	Name 🟲		
	Address •		
16			
16	Gaming manager information		
	Name 🟲		
	Name F		
	Gaming manager compensation 🕨 \$		
	Description of services provided -		
	Director/officer Employee Independent contractor		
	I Director/officer I Employee I Independent contractor		
.7	Mandatory distributions		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	<u> </u>	
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent		
	in the organization's own exempt activities during the tax year ▶ \$	1	

Schedule I (Form 990)

Department of the Treasury

PHILADELPHIA, PA 19123

Internal Revenue Service Name of the organization

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered "Yes." to Form 990, Part IV, line 21 or 22. Attach to Form 990

OMB No 1545-0047

DLN: 93493056003081

Open to Public **Inspection**

CONSTRUCTION

Employer identification number

Transplant Foundation 31-1481798 **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use (c) IRC Code section (a) Name and address of **(b)** EIN (d) A mount of cash (f) Method of (a) Description of (h) Purpose of grant (e) A mount of nonorganization ıf applicable valuation non-cash assistance or assistance grant cash (book, FMV, or government assistance appraisal, other) TRANSPLANT HOUSE401 260585694 501(C)(3) 95,209 GIFT OF LIFE FAMILY HOUSE NORTH 3RD STREET

Enter total number of section 501(c)(3) and government organizations

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Cat No 50055P

Schedule I (Form 990) 2009

Part III	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990,	Part IV, line 22
	Use Schedule I-1 (Form 990) if additional space is needed.	

(a)Type of grant or assistance	(b) Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance

Part IV	Supplemental Information. Con	nplete this part to provide the information required in Part I, line 2, and any other additional information.	
dent if ier	Return Reference	Explanation	

Procedure for Monitoring Grants in the U S	Part I, Line 2	Schedule I, Part I, Line 2 The organization provides assistance to Transplant House, an affiliated tax-exempt entity

DLN: 93493056003081

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

ın Part III

section 53 4958-6(c)?

Compensation Information For certain Officers, Directors, Trustees, Key Employees, and Highest

Compensated Employees ► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

	me of the organization nsplant Foundation	En	Employer identification number				
· · · ·	inspection of the control of the con		31	1481798			
Pa	rt I Questions Regarding Compensation	n	·				
						Yes	Νo
1a	Check the appropriate box(es) if the organization pro 990, Part VII, Section A, line 1a Complete Part III						
	First-class or charter travel		Housing allowance or residence for pe	rsonal use			
	Travel for companions		Payments for business use of persona	l residence			
	Tax idemnification and gross-up payments	Г	Health or social club dues or initiation	fees			
	Discretionary spending account	Γ	Personal services (e g , maid, chauffer	ur, chef)			
b	If any of the boxes in line 1a are checked, did the or reimbursement orprovision of all the expenses desc	_			1b	Yes	
2	Did the organization require substantiation prior to rofficers, directors, trustees, and the CEO/Executive				2	Yes	
3	Indicate which, if any, of the following the organizatiorganization's CEO/Executive Director Check all the		•				
	✓ Compensation committee	굣	Written employment contract				
	Independent compensation consultant	굣	Compensation survey or study				
	Form 990 of other organizations	굣	Approval by the board or compensation	n committee			
4	During the year, did any person listed in Form 990, or a related organization	Part VII	I, Section A, line 1a with respect to the	filing organization			
а	Receive a severance payment or change-of-control	paymer	nt?		4a		Νo
b	Participate in, or receive payment from, a suppleme	ntal non	qualified retirement plan?		4b		Νo
c	Participate in, or receive payment from, an equity-b	ased co	mpensation arrangement?		4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and pr	ovide th	ne applicable amounts for each item in F	art III			
5	Only 501(c)(3) and 501(c)(4) organizations only mu For persons listed in form 990, Part VII, Section A, compensation contingent on the revenues of	-					
а	The organization?				5a		Νo
ь	Any related organization?				5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III						
6	For persons listed in form 990, Part VII, Section A, compensation contingent on the net earnings of	line 1a,	, did the organization pay or accrue any				
а	The organization?				6a		Νo
b	Any related organization?				6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III						
7	For persons listed in Form 990, Part VII, Section A	. line 1a	did the organization provide any non-f	ixed			

payments not described in lines 5 and 6? If "Yes," describe in Part III

Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe

If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations

8

Yes

Νo

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(1)-(111) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of	W-2 and/or 1099-MI	(iii) Other	other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(ı)-(D)	(F) Compensation reported in prior
		compensation	incentive compensation	reportable compensation	compensation			Form 990 or Form 990-EZ
Howard M Nathan	(1) (11)	0 382,690	0 86,324	0 15,765		0 26,994	0 538,773	o 0
Patricia Mulvania	(1) (11)	62,000 80,656	0 2,800	-	0 10,485	0	62,000 93,941	o 0

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Ident if ier	Ret urn Ref erence	Explanation
	1	THE ORGANIZATION MAY MAKE GROSS UP PAYMENTS TO HOWARD M NATHAN (PRESIDENT & CEO) FOR ITS 457(B) SUPPLEMENTAL RETIREMENT PLAN
		THE ORGANIZATION PROVIDES BONUSES BASED ON ORGANIZATION PERFORMANCE, INDIVIDUAL PERFORMANCE, AND SENIORITY (LENGTH OF SERVICE) BONUSES ARE NOT BASED ON THE ORGANIZATION'S REVENUES OR NET EARNINGS

Schedule J (Form 990) 2009

Employer identification number

OMB No 1545-0047

Open to Public Inspection

SCHEDULE 0

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information. ► Attach to Form 990.

Name of the organization Transplant Foundation 31-1481798

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 6		The sole member of the Foundation is the Greater Delaw are Valley Society of Transplant Surgeons (d/b/a Gift of Life), an affiliated entity
Form 990, Part VI, Section A, line 7a		The board of Gift of Life, an affiliated entity, appoints the Transplant Foundation Board of Directors
Form 990, Part VI, Section A, line 7b		The Foundation's sole member, Gift of Life (an affiliated entity), has the authority to approve the following 1) Borrow money under terms which provide for a repayment period of at least twelve months, 2) Undertake any capital expenditures in excess of \$30,000 and any capital expenditures involving related projects which, in the aggregate, exceed \$100,000, 3) Authorize any fundamental changes to the Foundation, including the adoption of a plan of dissolution of the Foundation, the adoption of a plan of merger, consolidation, division, conversion or affiliation with another entity, and any change to the current Foundation corporate organizational structure, 4) Authorize and designate officers of the Foundation to execute a deed of assignment for the benefit of creditors, file a voluntary petition in bankruptcy, file an answer consenting to the appointment of a receiver, or file an answer to an involuntary petition in bankruptcy, and 5) Organize or acquire any subsidiary or affiliate. Also, any amendment or repeal of the Foundation's bylaws shall be subject to the approval of Gift of Life.
Form 990, Part VI, Section B, line 11		FORM 990 WAS REVIEWED WITH THE GOVERNING BODY AT A BOARD MEETING PRIOR TO FILING, AND ALL BOARD MEMBERS RECEIVED A COPY OF THE FORM 990 PRIOR TO FILING WITH THE IRS
Form 990, Part VI, Section B, line 12c		BOARD MEMBERS ARE ANNUALLY REQUIRED TO REVIEW THE CONFLICT OF INTEREST POLICY, DISCLOSE ANY POSSIBLE PERSONAL, FAMILIAL, OR BUSINESS RELATIONSHIP THAT WOULD GIVE RISE TO A CONFLICT OR APPEARANCE OF A CONFLICT, AND ACKNOWLEDGE BY SIGNING THE POLICY THAT HE/SHE IS ACTING IN ACCORDANCE WITH THE LETTER AND SPIRIT OF THE POLICY BOARD MEMBERS MUST REFRAIN FROM VOTING ON ANY TRANSACTION OR OTHER MATTER IN WHICH THE MEMBER HAS A CONFLICT OF INTEREST MEMBERS MUST ALSO REPORT PROMPTLY TO THE BOARD CHAIRPERSON AND PRESIDENT/CEO ANY FUTURE SITUATION IN WHICH A POSSIBLE CONFLICT OF INTEREST MIGHT ARISE
Form 990, Part VI, Section B, line 15		AN INFORMAL PAIRED COMPARISON RANKING AMONG EXISTING GIFT OF LIFE DONOR PROGRAM JOBS COMBINED WITH MARKET-BASED WAGE DATA (WHEN AVAILABLE) IS USED A periodic review with an independent compensation consultant is also conducted
Form 990, Part VI, Section C, line 19		The organization will make its governing documents, conflict of interest policy, and financial statements available to the public upon request
Form 990, Part I, Line 1	Continuation of Organization's Mission/Significant Activities	Additionally, Transplant Foundation conducts fundraising activities, educational programming and scholarship programs in support of the mission of Greater Delaw are Valley Society of Transplant Surgeons ("Gift of Life") and Transplant House ("Gift of Life Family House") During 2009, the Foundation supported extensive community programs, and grant and scholarship programs in support of the more than 6,000 people awaiting life saving organ transplants in the Eastern half of Pennsylvania, Southern New Jersey and Delaware, along with supporting the entry and attendance of an anticipated 300 transplant recipients and donor family members at the U.S. Transplant Olympics to be held in 2010

ldentifier	Return Reference	Explanation
Form 990, Part I, line 6	Number of Volunteers	The 500 volunteers are shared between Transplant Foundation and Greater Delaware Valley Society of Transplant Surgeons ("Gift of Life"), an affiliated tax-exempt entity

Schwartz College Scholarship program, along with the development and support of the Gift of Life Family House initiative and, 5) Serve as a leader in the advancement of organ and tissue donation and transplantation through initiatives such as Gift of Life Institute Form 990, Part III, Line 4a Continuation of Organization's Program Service Accomplishment Statement Jessica Beth Schwartz Scholarship Fund- In September 2009 Transplant Foundation was also able to help recognize the legacy of Jessica Beth Schwartz by hosting the seventh annual "Jessie's Day," a fundraiser for approximately 125 people to support the Jessica Beth Schwartz Scholarship Fund for transplant recipients who wish to pursue higher education. The event raised \$12,000. Donors Are Heroes-It's About Life Grant Program- The Foundation's fundraising and public awareness initiatives during 2009 included the annual "Donors Are Heroes" event designed to kick off National Donate Life Month in April and also create increasing awareness regarding donation. More than 300 people attended this evening and the event raised in excess of \$100,000 to be used to fund It's About Life Grants, School Summit Grants and other educational and awareness programming Twelve (12) grants were awarded to support programs in houses of worship and more than 1,000 people heard about the importance of donation through these programs. Additionally, ten (10) Philadelphia high schools participated in the School Summit for Life Grant program with students supported by faculty advisors implementing awareness projects in their high schools. In addition to its ongoing community education and grant programs, and the programming through its Gift of Life Institute, Transplant Foundation expanded its initiatives in support of the development of Gift of Life Family House, a

Form 990, Part III, Line 1 Continuation of Organization's Mission Statement 4) Serve as a community resource by providing support for families of donors as well as transplant recipients and their families, through programs such as the Gift of Life Family House and Lifelines and scholarships such as the Jessica Beth

Ronald McDonald type setting, where families of patients undergoing transplants at the transplant centers in the Philadelphia region will be accommodated near the site of the surgery and for follow-up visits. The Gift of Life Family House is anticipated to provide over 10,000 family nights of lodging and other supportive services once constructed. Various resources for transplant families will also be made available on line to allow for full regional access to the resources and certain services. The Foundation supported the planning, design and program development and construction of the Family House, along with various fundraising initiatives. Construction on the Gift of Life Family House commenced in the fall of 2009. FORM 990, PART V. LINE 2 NUMBER OF EMPLOYEES REPORTED ON FORM W-3 THE SALARY EXPENSE AND BENEFITS REPORTED IN PART IX OF FORM 990 ARE AN ALLOCATION FROM A RELATED ENTITY, GREATER DELAWARE VALLEY SOCIETY OF TRANSPLANT SURGEONS (EIN 23-7388767) THE EMPLOYEES OF THE TRANSPLANT FOUNDATION ARE REPORTED ON THE FORM W-3 OF THIS RELATED ENTITY FORM 990, PART VI, LINE 14 DOCUMENT RETENTION AND DESTRUCTION POLICY THE GOVERNING BODY IS CONSIDERING ADOPTING A COMPREHENSIVE DOCUMENT ADDRESSING THE RETENTION AND

DESTRUCTION POLICY AMENDED RETURN The return is being amended to more accurately reflect fundraising expenses requested by the Bureau of Charitable Organizations for the Commonwealth of Pennsylvania The following areas of the return are directly affected Form 990, Part VIII, line 8b Certain indirect expenses were removed from line 8b and reported as fundraising expenses on Form 990, Part IX Schedule G, Part II, line 9 Due to the change noted above for Form 990, Part VIII, line 8b, the indirect expenses were removed from line 9 here in Schedule G. Form 990, Part IX, lines 24a and 24b. Certain

expenses previously allocated to program service were removed and reported as fundraising expenses. Form 990, Part IX, lines 11g and 12. The expenses

Cat No 51056K

Schedule O (Form 990) 2009

removed from Form 990, Part VIII, line 8b and Form 990, Part IX, lines 24a and 24b were reported in the fundraising column here

For Paperwork Reduction Act Notice, see the Instructions for Form 990

DLN: 93493056003081

2009

OMB No 1545-0047

Open to Public Inspection

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

► Attach to Form 990. ► See separate instructions.

Department of the Treasury Internal Revenue Service

Philadelphia, PA 19123

26-0585694

Name of the organization Transplant Foundation Employer identification number

31-1481798

Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

(a)
Name, address, and EIN of disregarded entity

Primary activity

(c)
Legal domicile (state or foreign country)

(a) Total income End-of-year assets

Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
Greater Delaware Valley Society of Transplant Surgeons					
401 North 3rd Street	Organ and Tissue Procurement and	PA	501(c)(3)	Line 9	N/A
Philadelphia, PA 19123 23-7388767	Transplantation org		, , , ,		
Transplant House					
401 North 3rd Street	Provide temporary lodging and support for patients'	PA	501(c)(3)	Line 7	N/A
Philadelphia PA 19123	family members				

(j)

General or

managing

Part III	Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990,	Part IV, line	34
	because it had one or more related organizations treated as a partnership during the tax year.)		

(a) Name, address, and EIN of related organization **(b)** Primary activity (c)
Legal
domicile
(state or
foreign
country)

al (d)
cile Direct controlling
or entity
gn

(e)
Predominant income
(related, unrelated,
excluded from tax
under sections 512514)

(f) Share of total income (g) Share of end-of-year assets (h)
Disproprtionate
allocations? ai

(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)

hedule K-1 partner? form 1065)

Yes No

Yes

No

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a)
Name, address, and EIN of related organization

(b) Primary activity (c) Legal domicile (state or foreign country) (d) Direct controlling entity (e)
Type of entity
(C corp, S corp,
or trust)

(f) Share of total income

(g) Share of end-of-year assets **(h)** Percentage ownership

(6)

che	dule R (Form 990) 2009		Pa	ge 3
Pa	Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, or 36.)			
	Note. Complete line 1 if any entity is listed in Parts II, III or IV		Yes	No
1 D	uring the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity	1a		No
b	Gift, grant, or capital contribution to other organization(s)	1b	Yes	
c	Gift, grant, or capital contribution from other organization(s)	1 c		No
d	Loans or loan guarantees to or for other organization(s)	1d		No
e	Loans or loan guarantees by other organization(s)	1e		No
f	Sale of assets to other organization(s)	1f		No
g	Purchase of assets from other organization(s)	1g		No
h	Exchange of assets	1h		No
i	Lease of facilities, equipment, or other assets to other organization(s)	1 i		No
j	Lease of facilities, equipment, or other assets from other organization(s)	1j		No
k	Performance of services or membership or fundraising solicitations for other organization(s)	1k		No
1	Performance of services or membership or fundraising solicitations by other organization(s)	11		No
m	Sharing of facilities, equipment, mailing lists, or other assets	1m	Yes	
n	Sharing of paid employees	1n	Yes	
0	Reimbursement paid to other organization for expenses	10	Yes	
р	Reimbursement paid by other organization for expenses	1р		No
а	O ther transfer of cash or property to other organization(s)	1q		No
_	O ther transfer of cash or property from other organization(s)	1r		No
-	,,,,,,,			
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	olds		
	(a) (b) Transaction Name of other organization type(a-r)	Amouni	(c) t involve	ed
1)				

(1) (2) (3) (4) (5)

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

(a)
Name, address, and EIN of entity

(b) Primary activity (c) Legal domicile (state or foreign country) (d)
Are all
partners
section
501(c)(3)
organizations?

Yes No

(e) Share of end-of-year assets **(f)** Disproprtionate allocations?

No

Yes

(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065) (h) General or managing partner?

Yes No