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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

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 01-01-2011 and ending 12-31-2011

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
TRANSPLANT FOUNDATION

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
401 NORTH 3RD STREET

City or town, state or country, and ZIP + 4
PHILADELPHIA, PA 191234101

D Employer identification number
31-1481798

E Telephone number
(215) 557-8090

G Gross receipts $ 4,099,697

F Name and address of principal officer
HOWARD M NATHAN
401 NORTH 3RD STREET
PHILADELPHIA,PA 191234101

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW DONORS1 ORG

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ | **L** Year of formation 1997 | **M** State of legal domicile PA

Part I Summary

1 Briefly describe the organization's mission or most significant activities
SEE SCHEDULE O

2 Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	4
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	2
5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	**5**	5
6	Total number of volunteers (estimate if necessary)	**6**	550
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	0

		Prior Year	Current Year
Revenue	**8** Contributions and grants (Part VIII, line 1h)	1,038,156	587,129
	9 Program service revenue (Part VIII, line 2g)	382,140	366,412
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	587,144	518,824
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	190,363	345,728
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,197,803	1,818,093
Expenses	**13** Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,641,194	1,207,663
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	501,756	602,834
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶73,819		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	506,804	388,343
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	2,649,754	2,198,840
	19 Revenue less expenses Subtract line 18 from line 12	-451,951	-380,747

		Beginning of Current Year	End of Year
Net Assets or Fund Balances	**20** Total assets (Part X, line 16)	12,708,454	11,504,274
	21 Total liabilities (Part X, line 26)	907,558	747,626
	22 Net assets or fund balances Subtract line 21 from line 20	11,800,896	10,756,648

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

****** | 2012-11-09
Signature of officer | Date

HOWARD M NATHAN PRESIDENT & CEO
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ JULIUS GREEN CPA	Date	Check if self-employed ▶☐	Preparer's taxpayer identification number (see instructions) P00350393
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ PARENTEBEARD LLC 1650 MARKET STREET SUITE 4500 PHILADELPHIA, PA 19103			EIN ▶ 23-2932984 Phone no ▶ (215) 972-0701

May the IRS discuss this return with the preparer shown above? (see instructions) ☑ Yes ☐ No

Part III **Statement of Program Service Accomplishments**

Check if Schedule O contains a response to any question in this Part III . . . . . ☑

1 Briefly describe the organization's mission

SEE SCHEDULE O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ Yes ☑ No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☐ Yes ☑ No

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses $ 2,033,577 including grants of $ 1,207,663) (Revenue $ 366,412)

SEE SCHEDULE O

4b (Code) (Expenses $ including grants of $) (Revenue $)

4c (Code) (Expenses $ including grants of $) (Revenue $)

4d Other program services (Describe in Schedule O)

(Expenses $ including grants of $) (Revenue $)

4e **Total program service expenses** ▶ $ 2,033,577

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	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		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		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 temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII.*	11b		No
c	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.*	11c		No
d	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.*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*	11e	Yes	
f	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 (ASC 740)? *If "Yes," complete Schedule D, Part X.*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional*	12b	Yes	
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
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, 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 and IV*	15		No
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 and IV*	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		No
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		No
20a	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? **Note.** All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b		

Part 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**	Yes	
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
b	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**		No
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**		No
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**		No
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**		No
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)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or 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**		No
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	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
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**		No
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**		No
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	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	**35a**		No
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**		No
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? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V **Statements Regarding Other IRS Filings and Tax Compliance**

Check if Schedule O contains a response to any question in this Part V . . . . . ☑

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	**1a**	8		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	**1b**	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			**1c**	Yes	
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	**2a**	5		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			**2b**	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)					
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?			**3a**		No
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*			**3b**		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account or securities account)?			**4a**		No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .			**5a**		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			**5b**		No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			**5c**		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?			**6a**		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			**6b**		
7	**Organizations that may receive deductible contributions under section 170(c).**					
a	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	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			**7c**		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			**7e**		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .			**7f**		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			**7g**		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			**7h**		
8	**Sponsoring organizations maintaining donor advised funds 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**		
9	**Sponsoring organizations maintaining donor advised funds.**					
a	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**		
10	**Section 501(c)(7) organizations.** Enter					
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	**10a**				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**				
11	**Section 501(c)(12) organizations.** Enter					
a	Gross income from members or shareholders	**11a**				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	**11b**				
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			**12a**		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	**12b**				
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**					
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state			**13a**		
b	Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**				
c	Enter the aggregate amount of reserves on hand	**13c**				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			**14a**		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .			**14b**		

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.

Check if Schedule O contains a response to any question in this Part VI . . . . . ☑

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	4		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	2		
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		No
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		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .		5		No
6	Did the organization have members or stockholders?		6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	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		No

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	Yes	
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14		No
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section 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 made these available Check all that apply

☐ Own website ☐ Another's website ☑ Upon request

19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶

ROBERT FINKEL DIRECTOR OF FINANCE
401 NORTH 3RD STREET
PHILADELPHIA, PA 19123
(215) 557-8090

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

Check if Schedule O contains a response to any question in this Part VII . . . . . ☑

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, 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, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, 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 neither the organization nor any related organizations compensated any current or former officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) HOWARD M NATHAN PRESIDENT & CEO	1 00	X		X				0	489,028	55,274
(2) MICHAEL MORITZ MD SECRETARY	1 00	X		X				0	50,004	0
(3) CLYDE F BARKER MD TREASURER	1 00	X		X				0	0	0
(4) FRANK PODIETZ DIRECTOR	3 00	X						25,500	4,950	0
(5) MEG MCGOLDRICK DIRECTOR	1 00	X						0	0	0
(6) JAN L WEINSTOCK ESQ VICE PRESIDENT	1 00				X			0	337,496	43,974
(7) PATRICIA MULVANIA SENIOR FACULTY	20 00					X		54,975	98,274	12,080
(8) THERESA DALY DIRECTOR, INSTITUTE	50 00					X		128,973	0	13,823
(9) ROBERT FINKEL DIRECTOR	3 00					X		0	142,748	19,310

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
1b **Sub-Total** . . . . . ▶										
c **Total from continuation sheets to Part VII, Section A** . . . . ▶										
d **Total (add lines 1b and 1c)** . . . . . ▶								209,448	1,122,500	144,461

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 1

			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*	**3**		No
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*	**4**	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	**5**		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 0

Part VIII Statement 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
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . 1a 6,363				
	b	Membership dues 1b				
	c	Fundraising events 1c 164,150				
	d	Related organizations . . . 1d 158,210				
	e	Government grants (contributions) 1e				
	f	All other contributions, gifts, grants, and similar amounts not included above 1f 258,406				
	g	Noncash contributions included in lines 1a-1f $				
	h	**Total.** Add lines 1a-1f . . . . . ▶	587,129			
Program Service Revenue		Business Code				
	2a	TRAINING/EDUCATION REV 611710	366,412	366,412		
	b					
	c					
	d					
	e					
	f	All other program service revenue				
	g	**Total.** Add lines 2a–2f . . . . . ▶	366,412			
	3	Investment income (including dividends, interest and other similar amounts) . . . . . ▶	183,457			183,457
	4	Income from investment of tax-exempt bond proceeds . . ▶				
	5	Royalties . . . . . ▶				
		(i) Real / (ii) Personal				
	6a	Gross rents				
	b	Less rental expenses				
	c	Rental income or (loss)				
	d	Net rental income or (loss) . . . . . ▶				
		(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory 2,429,844				
	b	Less cost or other basis and sales expenses 2,094,477				
	c	Gain or (loss) 335,367				
	d	Net gain or (loss) . . . . . ▶	335,367			335,367
Other Revenue	8a	Gross income from fundraising events (not including $ 164,150 of contributions reported on line 1c) See Part IV, line 18 . . . a 532,855				
	b	Less direct expenses . . . b 187,127				
	c	Net income or (loss) from fundraising events . . ▶	345,728			345,728
	9a	Gross income from gaming activities See Part IV, line 19 . . . a				
	b	Less direct expenses . . . b				
	c	Net income or (loss) from gaming activities . . ▶				
	10a	Gross sales of inventory, less returns and allowances . a				
	b	Less cost of goods sold . . b				
	c	Net income or (loss) from sales of inventory . . ▶				
		Miscellaneous Revenue / Business Code				
	11a					
	b					
	c					
	d	All other revenue				
	e	**Total.** Add lines 11a–11d . . . . . ▶				
	12	**Total revenue.** See Instructions . . . ▶	1,818,093	366,412	0	864,552

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)
Check if Schedule O contains a response to any question in this Part IX . . . . . ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	1,197,663	1,197,663		
2	Grants and other assistance to individuals in the United States See Part IV, line 22	10,000	10,000		
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	25,500			25,500
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	450,052	413,235	36,817	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	23,321	23,321		
9	Other employee benefits	77,588	66,544	11,044	
10	Payroll taxes	26,373	26,373		
11	Fees for services (non-employees)				
a	Management				
b	Legal	4,318	3,719	599	
c	Accounting	5,500	5,500		
d	Lobbying				
e	Professional fundraising *See Part IV, line 17* . .				
f	Investment management fees	31,565		31,565	
g	Other	97,899	77,007	1,564	19,328
12	Advertising and promotion	29,553	562		28,991
13	Office expenses	20,245	20,094	151	
14	Information technology				
15	Royalties . .				
16	Occupancy				
17	Travel	40,288	40,288		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	66,899	66,645	254	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	10,081	1,881	8,200	
23	Insurance				
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	ATC EXPENSES	32,241	32,241		
b	TEAM PHILADELPHIA EXPEN	15,398	15,398		
c	PROMOTIONAL EXPENSE	14,086	14,086		
d	DONOR RECOGNITION	13,012	13,012		
e					
f	All other expenses	7,258	6,008	1,250	
25	**Total functional expenses.** Add lines 1 through 24f	2,198,840	2,033,577	91,444	73,819
26	**Joint costs.** Check here ▶ ☐ if following SOP 98-2 (ASC 958-720) 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) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing			1	
	2	Savings and temporary cash investments		1,261,625	2	243,440
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		70,125	4	60,366
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			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 Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		829	9	971
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 63,914			
	b	Less accumulated depreciation	10b 26,425	34,771	10c	37,489
	11	Investments—publicly traded securities		11,341,104	11	11,162,008
	12	Investments—other securities See Part IV, line 11			12	
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11			15	
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		12,708,454	16	11,504,274
Liabilities	17	Accounts payable and accrued expenses		22,385	17	23,682
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	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 persons *Complete Part II of Schedule L*			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		885,173	25	723,944
	26	**Total liabilities.** Add lines 17 through 25		907,558	26	747,626
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		11,641,691	27	10,674,724
	28	Temporarily restricted net assets		159,205	28	81,924
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		11,800,896	33	10,756,648
	34	Total liabilities and net assets/fund balances		12,708,454	34	11,504,274

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI . . . . . ☑

1	Total revenue (must equal Part VIII, column (A), line 12) . . .	1	1,818,093
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,198,840
3	Revenue less expenses Subtract line 2 from line 1	3	-380,747
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .	4	11,800,896
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-663,501
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	10,756,648

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII . . . . . ☐

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? . .	2a		No
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 separate basis, consolidated 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
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits . .	3b		

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
TRANSPLANT FOUNDATION

Employer identification number
31-1481798

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

1 ☐ A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

11 ☑ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a ☑ Type I **b** ☐ Type II **c** ☐ Type III - Functionally integrated **d** ☐ Type III - Other

e ☑ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

		Yes	No
(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) 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)**		No
(iii) a 35% controlled entity of a person described in (i) or (ii) above?	**11g(iii)**		No

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 instructions))	(iv) Is the organization in col (i) listed in your governing document? Yes	(iv) No	(v) Did you notify the organization in col (i) of your support? Yes	(v) No	(vi) Is the organization in col (i) organized in the U S ? Yes	(vi) No	(vii) Amount of support?
(A) GREATER DELAWARE VALLEY SOCIETY OF TRANSPLANT SURGEONS	237388767	9	Yes						0
Total									0

Part II **Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public Support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
11 **Total support** (Add lines 7 through 10)						

12 Gross receipts from related activities, etc (See instructions) **12**

13 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f)) **14**

15 Public Support Percentage for 2010 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2011.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

b **33 1/3% support test—2010.** If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

17a **10%-facts-and-circumstances test—2011.** If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization

b **10%-facts-and-circumstances test—2010.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization

18 **Private Foundation** If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions

Part III **Support Schedule for Organizations Described in IRC 509(a)(2)**
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public Support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 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, 11 and 12)						

14 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2011** (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from **2010** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2011.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

b **33 1/3% support tests—2010.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

20 **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. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

Additional Data

Software ID:
Software Version:
EIN: 31-1481798
Name: TRANSPLANT FOUNDATION

Form 990, Special Condition Description:

Special Condition Description

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
TRANSPLANT FOUNDATION

Employer identification number
31-1481798

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit ☐ Yes ☐ No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)
☐ Preservation of land for public use (e g , recreation or pleasure)
☐ Preservation of an historically importantly land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a–2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

		Held at the End of the Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ $ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV and complete the following table

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a Beginning of year balance	159,205	70,320	55,625	44,080	
b Contributions	19,794	113,540	19,342	19,581	
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs	97,075	24,655	4,647	8,036	
f Administrative expenses					
g End of year balance	81,924	159,205	70,320	55,625	

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment ▶ 100 000 %
- b Permanent endowment ▶
- c Term endowment ▶

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

		Yes	No
(i) unrelated organizations	3a(i)		No
(ii) related organizations	3a(ii)		No

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 3b

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other		63,914	26,425	37,489
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				37,489

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
Other		
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶		

Part VIII Investments—Program Related. See Form 990, Part X, line 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, line 15.

(a) Description	(b) Book value
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	
DUE TO AFFILIATES	723,944
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	723,944

2. FIN 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC740)

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	1,818,093
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	2,198,840
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-380,747
4	Net unrealized gains (losses) on investments	4	-663,501
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	-663,501
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-1,044,248

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements			1	1,151,944
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	-663,501		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d	-31,565		
e	Add lines **2a** through **2d**			2e	-695,066
3	Subtract line **2e** from line **1**			3	1,847,010
4	Amounts 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)	4b	-28,917		
c	Add lines **4a** and **4b**			4c	-28,917
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	1,818,093

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements			1	2,196,192
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV)	2d	28,917		
e	Add lines **2a** through **2d**			2e	28,917
3	Subtract line **2e** from line **1**			3	2,167,275
4	Amounts 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)	4b	31,565		
c	Add lines **4a** and **4b**			4c	31,565
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	2,198,840

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

Identifier	Return Reference	Explanation
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	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
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	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 2011 AND 2010 FOUNDATION'S POLICY IS TO RECOGNIZE INTEREST RELATED TO UNRECOGNIZED TAX BENEFITS IN OPERATING EXPENSES FOUNDATION'S FEDERAL EXEMPT ORGANIZATION BUSINESS INCOME TAX RETURNS FOR YEARS ENDED DECEMBER 31, 2010, 2009 AND 2008 REMAIN SUBJECT TO EXAMINATION BY THE IRS
PART XII, LINE 2D - OTHER ADJUSTMENTS		INVESTMENT EXPENSES -31,565
PART XII, LINE 4B - OTHER ADJUSTMENTS		FUNDRAISING EVENT EXPENSES -187,127 TRANSFER FROM AFFILIATE NETTED WITH EXPENSE ON FINANCIAL STATEMENTS 158,210
PART XIII, LINE 2D - OTHER ADJUSTMENTS		FUNDRAISING EVENT EXPENSES 187,127 TRANSFER FROM AFFILIATE NETTED WITH EXPENSE ON FINANCIAL STATEMENTS -158,210
PART XIII, LINE 4B - OTHER ADJUSTMENTS		INVESTMENT EXPENSES 31,565

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SCHEDULE G (Form 990 or 990-EZ)

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. See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
TRANSPLANT FOUNDATION

Employer identification number
31-1481798

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1 Indicate whether the organization raised funds through any of the following activities Check all that apply

a ☐ Mail solicitations
b ☐ Internet and e-mail solicitations
c ☐ Phone solicitations
d ☐ In-person solicitations
e ☐ Solicitation of non-government grants
f ☐ Solicitation of government grants
g ☐ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ **Yes** ☐ **No**

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization Form 990-EZ filers are not required to complete this table

(i) Name and address of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions?		**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col **(i)**	**(vi)** Amount paid to (or retained by) organization
		Yes	**No**			
Total . . . . . ▶						

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

Part II **Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than $5,000.

		(a) Event #1 DASH FOR ORGAN DONOR AWARENESS (event type)	(b) Event #2 DONORS ARE HEROES (event type)	(c) Other Events 1 (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1 Gross receipts	572,617	106,935	17,453	697,005
	2 Less Charitable contributions	53,412	93,285	17,453	164,150
	3 Gross income (line 1 minus line 2)	519,205	13,650		532,855
Direct Expenses	4 Cash prizes				
	5 Non-cash prizes				
	6 Rent/facility costs	8,362	2,000		10,362
	7 Food and beverages	1,618	22,010		23,628
	8 Entertainment	1,850			1,850
	9 Other direct expenses	91,796	56,519	2,972	151,287
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				(187,127)
	11 Net income summary Combine lines 3 and 10 in column (d) ▶				345,728

Part III **Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				( )
	8 Net gaming income summary Combine lines 1 and 7 in column (d) ▶				

9 Enter the state(s) in which the organization operates gaming activities _____

a Is the organization licensed to operate gaming activities in each of these states? ☐ Yes ☐ No

b If "No," Explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," Explain _____

11 Does the organization operate gaming activities with nonmembers? . . . . . ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? . . . . . ☐ Yes ☐ No

13 Indicate the percentage of gaming activity operated in

a	The organization's facility	**13a**	
b	An outside facility	**13b**	

14 Provide 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? . . . . . ☐ Yes ☐ No

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 Gaming manager information

Name ▶ ----------

Gaming manager compensation ▶ $ ----------

Description of services provided ▶ ----------

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . . ☐ Yes ☐ No

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 ▶ $

Part IV Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

2011

Open to Public Inspection

Name of the organization
TRANSPLANT FOUNDATION

Employer identification number
31-1481798

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☑ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II 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 Part IV and Schedule I-1 (Form 990) if additional space is needed . . . . . ▶ ☐

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) TRANSPLANT HOUSE 401 NORTH 3RD STREET PHILADELPHIA, PA 19123	26-0585694	501(C)(3)	1,197,663				GIFT OF LIFE FAMILY HOUSE CONSTRUCTION

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 1

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶

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) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
(1) SCHOLARSHIPS	4	10,000	0		

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	PART I, LINE 2	SCHEDULE I, PART I, LINE 2 THE FOUNDATION PROVIDES ASSISTANCE TO TRANSPLANT HOUSE, AN AFFILIATED TAX-EXEMPT ENTITY THE FOUNDATION ALSO PROVIDES SCHOLARSHIPS TO INDIVIDUALS WHO MEET THE FOLLOWING CRITERIA 1) BE A SOLID ORGAN TRANSPLANT RECIPIENT 2) BE A SENIOR IN HIGH SCHOOL OR PRESENTLY ENROLLED IN A 2 OR 4-YEAR COLLEGE, UNIVERSITY, OR TRADE/TECHNICAL SCHOOL 3) RESIDE IN GIFT OF LIFE REGION (EASTERN HALF OF PENNSYLVANIA, SOUTHERN NEW JERSEY OR DELAWARE) 4) BE UNDER 25 YEARS OLD 5) USE SCHOLARSHIP AWARD FOR CONTINUING EDUCATION AT ACCREDITED COLLEGE, UNIVERSITY, OR TRADE/TECHNICAL SCHOOL CERTIFICATE PROGRAM DURING 2012-2013 ACADEMIC YEAR 6) WRITE A SHORT ESSAY (200 WORDS OR LESS) DESCRIBING AN EDUCATIONAL INITIATIVE TO PROMOTE ORGAN AND TISSUE DONATION AND TRANSPLANTATION AWARENESS IN HIGH SCHOOL STUDENTS 7) PROVIDE A PERSONAL STATEMENT (500 WORDS OR LESS) SUMMARIZING THEIR TRANSPLANT STORY AND EXTRACURRICULAR AND/OR VOLUNTEER ACTIVITIES 8) PROVIDE TWO LETTERS OF REFERENCE FROM A NON-RELATIVE (E G , FROM TRANSPLANT CENTER) 9) PROVIDE CURRENT TRANSCRIPT AND/OR ACCEPTANCE LETTER FROM COLLEGE, UNIVERSITY, OR TRADE/TECHNICAL SCHOOL

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

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.

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2011

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Name of the organization
TRANSPLANT FOUNDATION

Employer identification number
31-1481798

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☑ Tax idemnification and gross-up payments ☑ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain	**1b**	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	**2**	Yes	
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply ☑ Compensation committee ☑ Written employment contract ☑ Independent compensation consultant ☑ Compensation survey or study ☑ Form 990 of other organizations ☑ Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	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-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**	Yes	
8	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 in Part III	**8**		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

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)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, columns (D) and (E) for that individual

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) HOWARD M NATHAN	(i)	0	0	0	0	0	0	0
	(ii)	395,825	88,557	4,646	45,293	9,981	544,302	0
(2) JAN L WEINSTOCK ESQ	(i)	0	0	0	0	0	0	0
	(ii)	337,496	0	0	32,501	11,473	381,470	0
(3) PATRICIA MULVANIA	(i)	54,975	0	0	0	0	54,975	0
	(ii)	92,924	5,350	0	12,080	0	110,354	0
(4) ROBERT FINKEL	(i)	0	0	0	0	0	0	0
	(ii)	132,498	10,250	0	14,761	4,549	162,058	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

Identifier	Return Reference	Explanation
	PART I, LINE 1A	COMPENSATION IS PAID BY A RELATED ORGANIZATION THE RELATED ORGANIZATION MAY MAKE GROSS UP PAYMENTS TO HOWARD M NATHAN (PRESIDENT & CEO) AND VICE PRESIDENT JAN L WEINSTOCK, ESQ FOR ITS 457(B) SUPPLEMENTAL RETIREMENT PLAN ALSO, ALL EMPLOYEES OF THE RELATED ORGANIZATION ARE ENTITLED TO BE REIMBURSED FOR HALF OF A HEALTH CLUB MEMBERSHIP UP TO A MAXIMUM OF $200 WHICH IS NOT INCLUDED IN TAXABLE COMPENSATION THE INDIVIDUAL LISTED IN FORM 990, PART VII THAT PARTICIPATES IN THIS BENEFIT IS ROBERT FINKEL
	PART I, LINE 4B	PRESIDENT & CEO HOWARD M NATHAN PARTICIPATES IN A 457(F) NON-QUALIFIED, SUPPLEMENTAL RETIREMENT PLAN SPONSORED BY GREATER DELAWARE VALLEY SOCIETY OF TRANSPLANT SURGEONS, A RELATED ENTITY HIS 2010 FORM W-2 INCLUDED $110,338 OF EARNINGS FROM THIS PLAN, HOWEVER, THIS AMOUNT WAS NOT ACTUALLY PAID TO HIM UNTIL 2011
	PART I, LINE 7	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

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
TRANSPLANT FOUNDATION

Employer identification number
31-1481798

Identifier	Return Reference	Explanation
MISSION/SIGNIFICANT ACTIVITIES	FORM 990, PART I, LINE 1	TRANSPLANT FOUNDATION (THE "FOUNDATION") IS COMMITTED TO SUPPORTING ORGAN AND TISSUE DONATION AND TRANSPLANTATION, AS WELL AS ORGAN AND TISSUE DONOR FAMILIES AND RECIPIENTS THIS INCLUDES THE MORE THAN 112,000 PEOPLE AWAITING A LIFE SAVING ORGAN TRANSPLANT NATIONALLY (MORE THAN 6,400 OF WHOM ARE AWAITING TRANSPLANT IN THE FOUNDATION'S REGION), AND THOUSANDS OF OTHERS WOULD BENEFIT FROM LIFE ENHANCING TISSUE TRANSPLANT THROUGH ITS GIFT OF LIFE INSTITUTE, THE FOUNDATION SUPPORTS RESEARCH, EDUCATIONAL PROGRAMS, AND TRAINING SEMINARS IN SUPPORT OF ORGAN AND TISSUE DONATION AND TRANSPLANTATION DURING 2011, THE GIFT OF LIFE INSTITUTE PROVIDED DIRECT TRAINING OR INCREASED AWARENESS REGARDING DONATION AND TRANSPLANTATION TO MORE THAN 720 PROFESSIONALS ADDITIONALLY, TRANSPLANT FOUNDATION CONDUCTS FUNDRAISING ACTIVITIES, EDUCATIONAL PROGRAMMING AND SCHOLARSHIP PROGRAMS IN SUPPORT OF THE MISSION OF GREATER DELAWARE VALLEY SOCIETY OF TRANSPLANT SURGEONS ("GIFT OF LIFE") AND TRANSPLANT HOUSE ("GIFT OF LIFE FAMILY HOUSE") DURING 2011, THE FOUNDATION SUPPORTED EXTENSIVE COMMUNITY PROGRAMS, AND GRANT AND SCHOLARSHIP PROGRAMS IN SUPPORT OF THE MORE THAN 6,400 PEOPLE AWAITING LIFE-SAVING ORGAN TRANSPLANTS IN THE EASTERN HALF OF PENNSYLVANIA, SOUTHERN NEW JERSEY AND DELAWARE, ALONG WITH SUPPORTING THE ANTICIPATED ENTRY AND ATTENDANCE OF OVER 200 TRANSPLANT RECIPIENTS, DONOR FAMILY MEMBERS AND THEIR SUPPORTERS AT THE NATIONAL TRANSPLANT GAMES OF AMERICA TO BE HELD IN 2012

Identifier	Return Reference	Explanation
MISSION STATEMENT	FORM 990, PART III, LINE 1	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 TO THE COMMUNITY AT LARGE THROUGH THE SPECIAL EVENTS AND CLINICAL TRAININGS SUPPORTED BY TRANSPLANT FOUNDATION TO THE MEDICAL COMMUNITY THROUGH ITS GIFT OF LIFE INSTITUTE, 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 OF 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, 4) SERVE AS A COMMUNITY RESOURCE BY PROVIDING SUPPORT FOR FAMILIES OF DONORS AS WELL AS TRANSPLANT RECIPIENTS AND THEIR FAMILIES, COLLABORATING WITH HEARTS AND SMILES FOUNDATION TO SUPPORT CAMP JEREMY, PROGRAMS SUCH AS THE CAREGIVER LIFELINES AND SCHOLARSHIPS SUCH AS THE JESSICA BETH SCHWARTZ COLLEGE SCHOLARSHIP PROGRAM AND THE DAVID NELSON SCHOLARSHIP, 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.

Identifier	Return Reference	Explanation
PROGRAM SERVICE STATEMENT	FORM 990, PART III, LINE 4A	GIFTS OF LIFE ACTS OF LOVE - RECOGNIZING THE ONGOING IMPORTANCE OF LIVING DONATION, TRANSPLANT FOUNDATION ALSO HOSTED A SPECIAL LIVING DONOR RECOGNITION EVENT ON FEBRUARY 20, 2011 THIS EVENT APPROPRIATELY ENTITLED "GIFTS OF LIFE ACTS OF LOVE" JOINED MORE THAN 50 LIVING DONORS AND THEIR RECIPIENTS AND FAMILY MEMBERS THE CEREMONY WAS EMCEED BY DAVE HUDDLESTON, FORMERLY OF CBS3/CW NEWS KEYNOTE SPEAKER WAS ALTRUISTIC LIVING DONOR, STEPHEN TURNER HONOREES WERE PRESENTED WITH SPECIAL COMMEMORATIVE PINS AS WELL AS A CERTIFICATE FROM THE DEPARTMENT OF HEALTH AND HUMAN SERVICES JESSICA BETH SCHWARTZ SCHOLARSHIP FUND - IN SEPTEMBER 2011, TRANSPLANT FOUNDATION WAS ALSO ABLE TO HELP RECOGNIZE THE LEGACY OF JESSICA BETH SCHWARTZ BY HOSTING THE NINTH ANNUAL "JESSIE'S DAY", A FUNDRAISER FOR APPROXIMATELY 150 PEOPLE TO SUPPORT THE JESSICA BETH SCHWARTZ SCHOLARSHIP FUND FOR TRANSPLANT RECIPIENTS WHO WISH TO PURSUE HIGHER EDUCATION OVER $10,000 WAS RAISED BY THE EVENT FOUR (4) STUDENTS RECEIVED SCHOLARSHIPS TO SUPPORT THEIR ENROLLMENT IN COLLEGE DONORS ARE HEROES-GRANT PROGRAMS - THE FOUNDATION'S FUNDRAISING AND PUBLIC AWARENESS INITIATIVES DURING 2011 INCLUDED THE ANNUAL "DONORS ARE HEROES" EVENT DURING NATIONAL DONATE LIFE MONTH IN APRIL TO HELP INCREASE AWARENESS REGARDING DONATION MORE THAN 500 PEOPLE ATTENDED THE EVENT AND THE EVENT RAISED IN EXCESS OF $100,000 TO FUND "IT'S ABOUT LIFE" GRANTS AND "SPIRIT FOR LIFE" SCHOOL GRANTS THREE GRANTS WERE AWARDED TO SUPPORT PROGRAMS IN HOUSES OF WORSHIP REACHING MORE THAN 200 PEOPLE ADDITIONALLY, TEN (10) PHILADELPHIA HIGH SCHOOLS PARTICIPATED IN THE SPIRIT FOR LIFE SCHOOL GRANT PROGRAM TO IMPLEMENT EDUCATIONAL CAMPAIGNS IN THEIR HIGH SCHOOL COMMUNITIES 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 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 ANNUALLY WHEN IT IS FULLY OPERATIONAL 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 AND THE FAMILY HOUSE OPENED IN JULY, 2011

Identifier	Return Reference	Explanation
PROGRAM SERVICE ACCOMPLISHMENT STATEMENT	FORM 990, PART III, LINE 4A	TRANSPLANT FOUNDATION'S PRIMARY EXEMPT PURPOSE IS TO SUPPORT THE MISSION OF GIFT OF LIFE D ONOR PROGRAM AS DETAILED ABOVE IN PART IIIA SPECIFICALLY, TRANSPLANT FOUNDATION FULFILLED ITS MISSION IN 2011 THROUGH ITS ONGOING SUPPORT OF THE GIFT OF LIFE INSTITUTE, THE TEAM P HILADELPHIA ENTRY INTO THE TRANSPLANT GAMES OF AMERICA, THE DASH FOR ORGAN AND TISSUE DONO R AWARENESS, AND EDUCATIONAL PROGRAMMING THROUGH GRANTS ISSUED TO SCHOOLS AND HOUSES OF WO RSHIP, AND SCHOLARSHIPS IN ADDITION TO THE PROGRAM EXPENSES SUPPORTING THESE INITIATIVES, TRANSPLANT FOUNDATION EXTENDED CAPITAL SUPPORT THROUGH A GRANT FOR THE ON-GOING DEVELOPME NT OF THE GIFT OF LIFE FAMILY HOUSE GIFT OF LIFE INSTITUTE TRANSPLANT FOUNDATION FULFILL S ITS MISSION TO PROVIDE PROFESSIONAL EDUCATION AND TRAINING THROUGH ITS EDUCATION AND RES EARCH DIVISION, THE GIFT OF LIFE INSTITUTE TRANSPLANT FOUNDATION, THROUGH ITS INSTITUTE, SEEKS TO ADVANCE THE SCIENCE, SAFETY AND EFFICIENCY OF THE DONATION PROCESS TRANSPLANT FO UNDATION FOCUSES ON THESE OBJECTIVES BECAUSE THE SUPPLY OF ORGANS AND TISSUES FOR TRANSPLA NTATION CONTINUES TO FALL SHORT OF EXPECTATION CURRENTLY, THERE ARE OVER 113,000 PERSONS AWAITING A LIFE SAVING ORGAN TRANSPLANT IN THE UNITED STATES AND THOUSANDS OTHERS WHO COUL D BENEFIT FROM LIFE ENHANCING TISSUE TRANSPLANTS IN CALENDAR YEAR 2011, 7,220 PEOPLE DIED WHILE AWAITING A LIFE SAVING ORGAN TRANSPLANT ALTHOUGH THERE IS NO CONSENSUS SURROUNDING A SOLUTION TO UNDERLYING PROBLEM OF THE ORGAN SHORTAGE, TRAINING, SKILL DEVELOPMENT, EDUC ATION, AND RETENTION OF DONATION PROFESSIONALS ARE MAJOR CONCERNS TRANSPLANT FOUNDATION'S EDUCATIONAL PROGRAMMING FOR PROFESSIONALS IS GROUNDED ON THE PHILOSOPHY THAT INNOVATION M UST REPLACE TRADITIONAL LEARNING IN THIS FIELD AND THAT HISTORICALLY THERE HAS BEEN AN UNN ECESSARY DELAY BETWEEN THE ACQUISITION OF NEW KNOWLEDGE AND ITS IMPLEMENTATION THROUGH CLI NICAL PRACTICE TRANSPLANT FOUNDATION BELIEVES A NEW APPROACH IS NECESSARY TO UNDERSCORE T HE SIGNIFICANCE OF WHAT IS LEARNED, TO TRANSMIT AND DISSEMINATE WHAT IS KNOWN, AND TO BENE FIT FROM WHAT IS COLLECTIVELY ACHIEVED IN FURTHERANCE OF THE MISSION, TRANSPLANT FOUNDATI ON THROUGH THE GIFT OF LIFE INSTITUTE CONDUCTED TWENTY-FOUR (24) WORKSHOPS AND/OR CONSULTI NG OPPORTUNITIES IN 2011, COVERING FAMILY COMMUNICATION AND CONSENT FOR ORGAN AND TISSUE, HOSPITAL SERVICES STAFF DEVELOPMENT, WITH MORE THAN 340 PROFESSIONALS PARTICIPATING IN THO SE 2011 TRAININGS THE GIFT OF LIFE INSTITUTE ALSO HOSTED SIX (6) AFFILIATED ORGANIZATIONS WITH MORE THAN 380 ADDITIONAL PROFESSIONALS RECEIVING INFORMATION ABOUT THE IMPORTANCE OF DONATION AND TRANSPLANTATION IN ADDITION, THE INSTITUTE HAS TAKEN A NATIONAL LEADERSHIP POSITION BY JOINING FORCES WITH THE ORGAN DONATION AND TRANSPLANTATION ALLIANCE AS A PARTN ER IN PROVIDING EDUCATIONAL OPPORTUNITIES TO ORGAN AND TISSUE DONATION AND TRANSPLANTATION PROFESSIONALS THROUGHOUT THE UNITED STATES IN 2011, THE INSTITUTE CONSULTED WITH THE COM MONWEALTH OF AUSTRALIA AS REPRESENTED BY THE AUSTRALIAN ORGAN AND TISSUE DONATION AND TRAN SPLANTATION AUTHORITY TO PROVIDE ADVICE AND TRAINING FOR FAMILY COMMUNICATION AND AUTHORIZ ATION DISCUSSIONS CLOSE TO 50 AUSTRALIAN PROFESSIONALS WERE TRAINED DURING THE WORKSHOPS THE INSTITUTE HAS WORKED WITH OVER 13 COUNTRIES TO SUPPORT DONATION AND TRANSPLANTATION I NITIATIVES TEAM PHILADELPHIA IN 2011, THE FOUNDATION COMMITTED TO CONTINUE ITS SPONSORSH IP AND COORDINATION, ALONG WITH GIFT OF LIFE DONOR PROGRAM OF THE "TEAM PHILADELPHIA" ENTR Y TO THE "TRANSPLANT GAMES OF AMERICA " THE TRANSPLANT GAMES ARE A SPECIAL OLY MPIC TY PE PR OGRAM CONDUCTED BIANNUALLY FOR TRANSPLANT RECIPIENTS THE PURPOSE OF THE TRANSPLANT GAMES IS TO INCREASE AWARENESS THAT TRANSPLANTATION IS SUCCESSFUL, TO INCREASE PUBLIC AWARENESS AND COMMITMENT TO ORGAN DONATION BY ENCOURAGING PEOPLE TO DISCUSS THEIR FEELINGS ABOUT ORG AN DONATION WITH THEIR FAMILIES, TO RECOGNIZE THE FAMILIES WHO DONATE THE ORGANS AND TISSU ES FROM THEIR LOVED ONES EACH Y EAR, AND TO PROVIDE AN EVENT THAT FOSTERS THE SUCCESSFUL RE HABILITATION OF ALL PATIENTS WHO HAVE RECEIVED ORGAN AND TISSUE TRANSPLANTS THE ATHLETES ACT AS TORCHBEARERS FOR THE MORE THAN 113,000 AMERICANS WHO ARE WAITING TO RECEIVE TRANSPL ANTS, AND THEIR SECOND CHANCE AT LIFE DUE TO THE CRITICAL SHORTAGE OF DONATED ORGANS FOR T RANSPLANT THE TRANSPLANT GAMES ARE ALSO A CELEBRATION OF LIFE AMONG THE RECIPIENTS, THEIR FAMILIES, AND THE FAMILIES OF DONORS THE 2012 GAMES WILL BE HOSTED IN GRAND RAPIDS, MI, AND TEAM PHILADELPHIA EXPECTS TO HAVE OVER 200 REPRESENTATIVES IN ATTENDANCE DASH FOR ORG AN AND TISSUE DONOR AWARENESS IN 2011, TRANSPLANT FOUNDATION ALSO SUPPORTED AND COORDINAT ED THE 16TH ANNUAL DASH FOR ORGAN AND TISSUE DONOR AWARENESS THE 2011 DASH FOR ORGAN DONO R AWARENESS WAS HELD ON SUNDAY, APRIL 17 INVOLVING MORE THAN 7,000 PARTICIPANTS AND RAISIN G MORE THAN $446,000 TO SUPPORT THE MISSION OF THE FOUNDATION A FUNDRAISING WEBSITE ENABL ED EVENT PARTICIPANTS TO DEVELOP THEIR OWN WEB PAG

Identifier	Return Reference	Explanation
PROGRAM SERVICE ACCOMPLISHMENT STATEMENT	FORM 990, PART III, LINE 4A	E AND RAISE COMMUNITY AWARENESS AND SUPPORT FOR THE CRITICAL NEED FOR GIFTS OF ORGANS AND TISSUES OVER 65,000 REGISTRATION BROCHURES AND 2,000 PROMOTIONAL POSTERS WERE PRINTED FOR DISTRIBUTION PRESS RELEASES ANNOUNCING THE EVENT WERE DISTRIBUTED TO ALL REGIONAL MEDIA AND THE DASH WAS LISTED ON MANY RUNNING-RELATED WEB SITES THE 2011 EVENT INCLUDED THE DED ICATION OF TWO NEW ''THREADS OF LOVE'' DONOR QUILTS, A SPECIAL TRIBUTE TO OUR DONOR FAMILIES ON THE STEPS OF THE ART MUSEUM THE DASH INCLUDES A 10K RUN, A 5K RUN AND A 3K WALK IN AN EVENT HELD AT THE BASE OF PHILADELPHIA ART MUSEUM AND ALONG THE WEST RIVER DRIVE THE EVE NT RAISES AWARENESS, AS WELL AS FUNDRAISING FOR PROGRAMS SUPPORTING ORGAN DONATION AND TRA NSPLANTATION FAMILIES AND GIFT OF LIFE FAMILY HOUSE SCHEDULE OF TRANSPLANT FOUNDATION PRO GRAM SERVICES GIFT OF LIFE INSTITUTE TEAM PHILADELPHIA - SUPPORTED THE PLANNING AND INITI AL FORMATION OF THE 2012 TEAM PHILADELPHIA ENTRY OF RECIPIENTS, DONOR FAMILIES AND SUPPORT ERS PLANNING TO ATTEND THE TRANSPLANT GAMES OF AMERICA TO BE HELD IN GRAND RAPIDS, MI IN J ULY OF 2012 16TH ANNUAL DASH FOR ORGAN AND TISSUE DONOR AWARENESS - DASH FOR ORGAN AND TI SSUE DONOR AWARENESS WAS ON SUNDAY, APRIL 17, 2011 AT THE PHILADELPHIA MUSEUM OF ART THE DASH IS A 5K/10K RUN AND A 3K WALK THAT ATTRACTED MORE THAN 7,000 ATTENDEES AND RAISED MOR E THAN $440,000 GIFT OF LIFE FAMILY HOUSE - TRANSPLANT FOUNDATION SUPPORTED THE DEVELOPME NT AND DESIGN OF THE GIFT OF LIFE FAMILY HOUSE, A RONALD MCDONALD TYPE SETTING, WHERE FAMI LIES OF PATIENTS UNDERGOING TRANSPLANTS AT THE TRANSPLANT CENTERS IN THE PHILADELPHIA REGI ON WILL BE ACCOMMODATED NEAR THE SITE OF THE SURGERY AND FOR FOLLOW-UP VISITS LIVING DONO RS CAN ALSO BE ACCOMMODATED AT THE GIFT OF LIFE FAMILY HOUSE PENNSYLVANIA ORGAN DONORS SA VE LIVES LICENSE PLATES - TO INCREASE AWARENESS OF THE URGENT NEED FOR LIFE SAVING ORGAN D ONATION AND LIFE ENHANCING TISSUE DONATION, IN 2011, THE FOUNDATION CONTINUED TO BE THE PR OUD SPONSOR OF AND PROMOTE THE PENNSYLVANIA ''ORGAN DONORS SAVE LIVES'' LICENSE PLATE IN CO OPERATION WITH GIFT OF LIFE AND WITH THE CENTER FOR ORGAN RECOVERY AND EDUCATION, THE ORGA N PROCUREMENT ORGANIZATION SERVING WESTERN PENNSYLVANIA, THE FOUNDATION WORKED WITH THE PE NNSYLVANIA DIVISION OF MOTOR VEHICLES IN 2011 TO PROCESS AN ADDITIONAL 114 APPLICATIONS FO R PLATES AS OF DECEMBER 31, 2011, THERE OVER 1,350 LICENSE PLATES ORDERED TO BE SEEN ''ON THE ROAD'' DELAWARE ORGAN DONORS SAVE LIVES LICENSE PLATE - IN 2011, TRANSPLANT FOUNDATION COLLABORATED WITH THE DELAWARE ORGAN AND TISSUE DONOR AWARENESS BOARD TO PROMOTE DONATION THROUGH THE SPONSORSHIP OF THE DELAWARE ''ORGAN DONORS SAVE LIVES'' LICENSE PLATE AFTER 20 0 APPLICATIONS ARE GENERATED, THE PLATE CAN GO INTO PRODUCTION AND THE IMPORTANT MESSAGE W ILL BE SPREAD THROUGHOUT THE ROADS OF DELAWARE THE GARDEN OF LIFE - IN 2011, THE FOUNDATI ON ALSO CONTINUED ITS SUPPORT OF THE COLLABORATIVE PROJECT WITH PENN STATE HERSHEY MEDICAL CENTER FOR MAINTENANCE OF THE GARDEN OF LIFE, A MEDITATION GARDEN DESIGNED TO PAY TRIBUTE TO THOSE WHO GAVE THE GIFT OF LIFE, AS WELL AS THEIR FAMILIES, FOR PROVIDING HOPE TO THOU SANDS OF PATIENTS AWAITING LIFE-SAVING AND LIFE-ENHANCING TRANSPLANTS AND RAISING AWARENES S OF THE IMPORTANCE OF ORGAN AND TISSUE DONATION CAMP JEREMY - IN 2011, TRANSPLANT FOUNDA TION WAS ALSO ABLE TO OFFER YOUNG TRANSPLANT RECIPIENTS AND THEIR SIBLINGS THE OPPORTUNITY TO ATTEND A SPECIALIZED DAY CAMP IN CONJUNCTION WITH MERMAID LAKE DAY CAMP IN BLUE BELL, PENNSYLVANIA, ''CAMP JEREMY'', NAMED IN LOVING MEMORY AFTER A TRANSPLANT RECIPIENT, PROVIDE D TWELVE (12) TRANSPLANT RECIPIENTS ALONG WITH THEIR SIBLINGS THE JOY AND FUN OF A DAY CAM P EXPERIENCE

Identifier	Return Reference	Explanation
NUMBER OF EMPLOYEES REPORTED ON FORM W-3	FORM 990, PART V, LINE 2	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

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 6	THE SOLE MEMBER OF THE FOUNDATION IS THE GREATER DELAWARE VALLEY SOCIETY OF TRANSPLANT SURGEONS (D/B/A GIFT OF LIFE), AN AFFILIATED ENTITY

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 7A	THE BOARD OF GIFT OF LIFE, AN AFFILIATED ENTITY, APPOINTS THE TRANSPLANT FOUNDATION BOARD OF DIRECTORS

Identifier	Return Reference	Explanation
	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.

Identifier	Return Reference	Explanation
	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 FINAL FORM 990 PRIOR TO FILING WITH THE IRS

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 12C	BOARD MEMBERS, OFFICERS AND KEY EMPLOYEES 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 THESE SIGNED STATEMENTS AND DISCLOSURES ARE REVIEWED BY THE ORGANIZATION'S VICE PRESIDENT OF ADMINISTRATION AND GENERAL COUNSEL 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.

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15	COMPENSATION IS PAID BY A RELATED ORGANIZATION AT THE RELATED ORGANIZATION, COMPENSATION IS DETERMINED ANNUALLY BY A COMMITTEE OF THE BOARD WHICH IS COMPRISED OF INDEPENDENT PERSONS 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 PERFORMED EVERY TWO YEARS WITH AN INDEPENDENT COMPENSATION CONSULTANT IS ALSO CONDUCTED

Identifier	Return Reference	Explanation
	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

Identifier	Return Reference	Explanation
AVERAGE HOURS PER WEEK	FORM 990, PART VII	AVERAGE HOURS PER WEEK LISTED IN PART VII ARE FOR THIS LEGAL ENTITY ONLY CERTAIN INDIVIDUALS LISTED IN PART VII MAY ALSO DEVOTE TIME TO THE RELATED ORGANIZATIONS LISTED ON SCHEDULE R TOTAL AVERAGE HOURS PER WEEK FOR ALL RELATED ORGANIZATIONS ARE AS FOLLOWS FOR THE FOLLOWING INDIVIDUALS PRESIDENT & CEO HOWARD M NATHAN - 60 HOURS PER WEEK SECRETARY MICHAEL MORITZ, MD - 2 HOURS PER WEEK TREASURER CLYDE F BARKER, MD - 3 HOURS PER WEEK BOARD MEMBER FRANK PODIETZ - 4 HOURS PER WEEK BOARD MEMBER MEG MCGOLDRICK - 2 HOURS PER WEEK VICE PRESIDENT JAN L WEINSTOCK, ESQ - 60 HOURS PER WEEK SENIOR FACULTY PATRICIA MULVANIA - 40 HOURS PER WEEK DIRECTOR ROBERT FINKEL - 50 HOURS PER WEEK

Identifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED LOSSES ON INVESTMENTS -663,501

Identifier	Return Reference	Explanation
DOCUMENT RETENTION AND DESTRUCTION POLICY	FORM 990, PART VI, LINE 14	THE GOVERNING BODY IS CONSIDERING ADOPTING A COMPREHENSIVE DOCUMENT ADDRESSING THE RETENTION AND DESTRUCTION POLICY

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

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.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
TRANSPLANT FOUNDATION

Employer identification number
31-1481798

Part I 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	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) 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	(g) Section 512(b)(13) controlled organization	
						Yes	No
(1) GREATER DELAWARE VALLEY SOCIETY OF TRANSPLANT SURGEONS 401 NORTH 3RD STREET PHILADELPHIA, PA 19123 23-7388767	ORGAN AND TISSUE PROCUREMENT AND TRANSPLANTATION ORG	PA	501(C)(3)	LINE 9	N/A		No
(2) TRANSPLANT HOUSE 401 NORTH 3RD STREET PHILADELPHIA, PA 19123 26-0585694	PROVIDE TEMPORARY LODGING AND SUPPORT FOR PATIENTS' FAMILY MEMBERS	PA	501(C)(3)	LINE 7	GREATER DELAWARE VALLEY SOCIETY OF TRANSPLANT SURGEONS		No

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)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership

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

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, 35A, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III or IV

		Yes	No
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties **(iv)** rent from a controlled entity	1a		No
b Gift, grant, or capital contribution to related organization(s)	1b	Yes	
c Gift, grant, or capital contribution from related organization(s)	1c	Yes	
d Loans or loan guarantees to or for related organization(s)	1d	Yes	
e Loans or loan guarantees by related organization(s)	1e		No
f Sale of assets to related organization(s)	1f		No
g Purchase of assets from related organization(s)	1g		No
h Exchange of assets with related organization(s)	1h		No
i Lease of facilities, equipment, or other assets to related organization(s)	1i		No
j Lease of facilities, equipment, or other assets from related organization(s)	1j		No
k Performance of services or membership or fundraising solicitations for related organization(s)	1k	Yes	
l Performance of services or membership or fundraising solicitations by related organization(s)	1l		No
m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1m	Yes	
n Sharing of paid employees with related organization(s)	1n	Yes	
o Reimbursement paid to related organization(s) for expenses	1o	Yes	
p Reimbursement paid by related organization(s) for expenses	1p		No
q Other transfer of cash or property to related organization(s)	1q	Yes	
r Other transfer of cash or property from related 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

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

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Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation	