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Form 990

Return of Organization Exempt From Income Tax

2012

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

Open to Public Inspection

A For the 2012 calendar year, or tax year beginning 01-01-2012, 2012, and ending 12-31-2012

B Check if applicable	C Name of organization CALIFORNIA TRANSPLANT DONOR NETWORK		D Employer identification number 94-3062436
<input type="checkbox"/> Address change	Doing Business As		
<input type="checkbox"/> Name change			
<input type="checkbox"/> Initial return	Number and street (or P O box if mail is not delivered to street address)	Room/suite	E Telephone number (510) 444-8500
<input type="checkbox"/> Terminated			
<input type="checkbox"/> Amended return	City or town, state or country, and ZIP + 4		
<input type="checkbox"/> Application pending	OAKLAND, CA 94607	G Gross receipts \$ 60,597,354	
F Name and address of principal officer CYNTHIA SILJESTROM 1000 BROADWAY NO 600 OAKLAND, CA 94607		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

J Website: ► WWW.CTDN.ORG

K Form of organization Corporation Trust Association Other ► L Year of formation 1987 M State of legal domicile CA

Part I Summary

1 Briefly describe the organization's mission or most significant activities HUMAN ORGAN PROCUREMENT FOR TRANSPLANTATION	
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 14
4 Number of independent voting members of the governing body (Part VI, line 1b)	4 13
5 Total number of individuals employed in calendar year 2012 (Part V, line 2a)	5 316
6 Total number of volunteers (estimate if necessary)	6 300
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

8 Contributions and grants (Part VIII, line 1h)	Prior Year 75,378	Current Year 171,338
9 Program service revenue (Part VIII, line 2g)	59,037,893	60,224,149
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	149,555	192,597
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	60,428	-16,892
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	59,323,254	60,571,192

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0	0
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)	24,878,953	27,484,293
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ► 0		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	31,039,149	30,164,769
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	55,918,102	57,649,062
19 Revenue less expenses Subtract line 18 from line 12	3,405,152	2,922,130

20 Total assets (Part X, line 16)	Beginning of Current Year 24,342,143	End of Year 27,613,477
21 Total liabilities (Part X, line 26)	8,302,995	8,711,252
22 Net assets or fund balances Subtract line 21 from line 20	16,039,148	18,902,225

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	Signature of officer		2013-08-02
	CYNTHIA SILJESTROM CEO		Date
	Type or print name and title		

Paid Preparer Use Only	Print/Type preparer's name BARBARA CYPHERS	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN P00386728
	Firm's name ► ARMANINO LLP			Firm's EIN ► 94-6214841	
	Firm's address ► 12667 ALCOSTA BOULEVARD SUITE 500 SAN RAMON, CA 945834427			Phone no (925) 790-2600	

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

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response to any question in this Part III **1 Briefly describe the organization's mission**

THE CALIFORNIA TRANSPLANT DONOR NETWORK'S MISSION IS TO SAVE AND IMPROVE LIVES THROUGH ORGAN AND TISSUE DONATION FOR TRANSPLANTATION WE CONCENTRATE OUR EFFORTS ON THE RECOVERY OF VITAL ORGANS SUCH AS LUNGS, HEART, LIVER, KIDNEYS, PANCREAS AND SMALL BOWEL FROM DECEASED DONORS AND PLACEMENT OF THESE ORGANS WITH MORE THAN 114,000 PEOPLE WHO ARE CURRENTLY WAITING FOR A LIFE-SAVING ORGAN TRANSPLANT IN OUR COUNTY WE ALSO FOCUS ON THE RECOVERY OF TISSUES FOR TRANSPLANTATION INCLUDING SKIN, HEART VALVES, CORNEAS, AND MUSCULOSKELETAL TISSUES TISSUES ARE PROCESSED AND PLACED THROUGH SEVERAL TISSUE BANKS TO HELP HEAL THOUSANDS WITH THE GIFTS OF TISSUE

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 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 \$	53,307,421	including grants of \$) (Revenue \$	60,224,149)
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MORE THAN 10,000 PEOPLE WAIT FOR A LIFESAVING ORGAN TRANSPLANT AND THOUSANDS MORE FOR TISSUE TRANSPLANTS IN THE CTDN SERVICE AREA. THE RECOVERY AND PLACEMENT OF ORGANS AND TISSUES IS VITAL TO THE ORGANIZATION'S MISSION OF SAVING AND IMPROVING LIVES. OUR CLINICAL OPERATIONS STAFF PROVIDED CARE FOR MORE THAN A THOUSAND FAMILIES DURING A VERY EMOTIONAL TIME IN THEIR LIVES AS THEY SUFFERED THE LOSS OF THEIR LOVED ONES. MANY INDIVIDUALS HAD ALREADY MADE THE DECISION TO BECOME A DONOR AT THE TIME OF THEIR DEATH, WHILE OTHERS HAD FAMILY MEMBERS AGREE TO DONATION AT THIS DIFFICULT TIME. THROUGH THEIR GENEROSITY, THOUSANDS OF OTHERS WERE SAVED OR HEALED BECAUSE OF THESE GIFTS OF LIFE. IN 2012, WE RECOVERED 1,054 ORGANS FOR TRANSPLANTATION FROM 305 ORGAN DONORS AND PROVIDED TISSUES FOR TRANSPLANTATION FROM 1,708 TISSUE DONORS, AN ESTIMATED 66,500 LIVES WERE IMPROVED AS A RESULT. THE SHORTAGE OF AVAILABLE ORGANS AND TISSUES IS A SERIOUS ISSUE AS 18 PEOPLE NATIONALLY WILL DIE TODAY WAITING FOR AN ORGAN TRANSPLANT. PUBLIC OUTREACH EFFORTS ARE FOCUSED ON INCREASING REGISTRATIONS ON THE CALIFORNIA AND NEVADA STATE DONOR REGISTRY KNOWN AS THE DONATE LIFE CALIFORNIA REGISTRY AND DONATE LIFE NEVADA REGISTRY. WE ADDED 316,000 NEW NAMES TO THE REGISTRY IN OUR SERVICE AREA THROUGH A VARIETY OF EFFORTS IN 2012. THE COMMUNITY DEVELOPMENT DEPARTMENT FOCUSED ON SEVERAL KEY CAMPAIGNS TO INCREASE DONOR REGISTRATIONS. THESE CAMPAIGNS INCLUDED WORKING WITH OUR 75 DEPARTMENT OF MOTOR VEHICLE OFFICES, COMMUNITY HEALTH CLINICS, HIGH SCHOOLS AND FOCUSING ON MULTICULTURAL MEDIA. WE REGULARLY WORK WITH OUR DEPARTMENT OF MOTOR VEHICLE OFFICES TO PROVIDE INFORMATION, APPRECIATION AND DEVELOP RELATIONSHIPS WITH EACH OFFICE TO ENSURE THE RECORDING OF THE DONATION DECISIONS OF MILLIONS OF CALIFORNIAN'S AND NEVADAN'S. OUR EFFORTS RESULTED IN A 4.8% INCREASE OVER 2011. WE SUCCESSFULLY REACHED MANY MULTICULTURAL COMMUNITY CLINICS WITH INFORMATION AND IN-SERVICES AND WORKED WITH HIGH SCHOOL TEACHERS TO INTEGRATE ORGAN AND TISSUE DONATION INFORMATION IN HEALTH AND SCIENCE CURRICULUMS. WE DOCUMENTED 98 PROACTIVE FREE MEDIA STORIES THAT WERE SEEN ACROSS THE COUNTRY. THE RESULTS - 38% OF OUR ORGAN DONORS AND 37% OF OUR TISSUE DONORS WERE ON THE STATE REGISTRY. THESE INDIVIDUALS HAD OFFICIALLY DOCUMENTED THEIR DECISION TO BE A DONOR, AND WE WERE ABLE TO FOLLOW THROUGH ON THEIR WISHES. OUR DONOR FAMILIES ARE CARED FOR THROUGHOUT THE WHOLE DONATION PROCESS AS WELL AS AFTER THE DONATION OCCURS. OUR PROFESSIONAL STAFF FOLLOWS UP WITH THE FAMILIES FOR A YEAR POST-DONATION AND OFFERS ASSISTANCE. WE HOSTED THREE DONOR FAMILY GATHERINGS TO HONOR AND CELEBRATE THE DONOR FAMILIES AND THEIR LOVED ONES WHO GAVE THE GIFT OF LIFE OF ORGANS AND TISSUES TO MORE THAN 66,500 IN 2012. DONOR FAMILY GATHERINGS WERE HELD IN PLEASANTON, RENO, AND FRESNO ON THREE SEPARATE DAYS TO ACCOMMODATE THE NEARLY 2,030 FAMILIES WHOSE LOVED ONES BECAME DONORS IN 2012.

4b	(Code) (Expenses \$	including grants of \$) (Revenue \$)
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4c	(Code) (Expenses \$	including grants of \$) (Revenue \$)
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4d Other program services (Describe in Schedule O)

(Expenses \$	including grants of \$) (Revenue \$)
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4e Total program service expenses ►	53,307,421
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Part IV Checklist of Required Schedules

1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A

2 Is the organization required to complete Schedule B, *Schedule of Contributors* (see instructions)?

3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

4 **Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II

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

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

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

8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III

9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV

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

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, line 10? If "Yes," complete Schedule D, Part VI

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

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

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

e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X

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 XI

12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII

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 and XII is optional

13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

14a Did the organization maintain an office, employees, or agents outside of the United States?

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, Parts I and IV

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 United States? If "Yes," complete Schedule F, Parts II and IV

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 United States? If "Yes," complete Schedule F, Parts III and IV

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 (see instructions)

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

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

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

	Yes	No
1	Yes	
2	Yes	
3		No
4		No
5		No
6		No
7		No
8		No
9		No
10		No
11a	Yes	
11b	Yes	
11c		No
11d		No
11e	Yes	
11f	Yes	
12a	Yes	
12b		No
13		No
14a		No
14b		No
15		No
16		No
17		No
18	Yes	
19		No
20a		No
20b		

Part IV Checklist of Required Schedules (continued)

21 Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

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

23 Did the organization answer "Yes" to Part VII, Section A, line 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

24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25

b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?

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?

d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?

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

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

26 Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II

27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III

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

b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV

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 direct or indirect owner? If "Yes," complete Schedule L, Part IV

29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M

30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M

31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I

32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II

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

34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2

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

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

38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O

21		No
22		No
23	Yes	
24a		No
24b		
24c		
24d		
25a		No
25b		No
26		No
27		No
28a		No
28b		No
28c		No
29		No
30		No
31		No
32		No
33		No
34		No
35a		No
35b		
36		No
37		No
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	1	
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		
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	316	
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
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, securities account, or other financial 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 as charitable contributions?	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).	7a	No	
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?	7b		
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7c	No	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	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.	9a		
a Did the organization make any taxable distributions under section 4966?	9b		
10 Section 501(c)(7) organizations. Enter	10a		
a Initiation fees and capital contributions included on Part VIII, line 12	10b		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11 Section 501(c)(12) organizations. Enter	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.	13a		
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13b		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	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	14		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O				
b Enter the number of voting members included in line 1a, above, who are independent	1b	13		
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		Yes	
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		No	
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		No	
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		No	
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following	8a		Yes	
a The governing body?	8b		Yes	
b Each committee with authority to act on behalf of the governing body?	9		No	
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				

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 this 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	Yes	
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?	15a	Yes	
a The organization's CEO, Executive Director, or top management official	15b	Yes	
b Other officers or key employees of the organization			
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 CA
- 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 Other (explain in Schedule O)
- 19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization
 SANDRA MEJIA VICE PRESIDENT OF FINANCE 1000 BROADWAY SUITE 600 OAKLAND, CA (510) 273-6708

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck 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. 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 organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(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	Office	Key employee	Highest compensated	Former			
(1) JOHN ROBERTS CHAIRMAN	4 00	X		X				0	0	0
(2) CHERYL A FAMA SECRETARY-TREASURER	4 00	X		X				0	0	0
(3) KATHLEEN F LYNAUGH BOARD MEMBER	4 00	X						0	0	0
(4) TIM BUCKHOUT BOARD MEMBER	4 00	X						0	0	0
(5) CARLOS ESQUIVEL BOARD MEMBER	4 00	X						0	0	0
(6) REECE FAWLEY BOARD MEMBER	4 00	X						0	0	0
(7) BEVERLY JONES BOARD MEMBER	4 00	X						0	0	0
(8) HAMILA KOWNACKI BOARD MEMBER	4 00	X						0	0	0
(9) NANCY LEE BOARD MEMBER	4 00	X						0	0	0
(10) JOHN RABKIN BOARD MEMBER	4 00	X						0	0	0
(11) JILL SULLIVAN BOARD MEMBER	4 00	X						0	0	0
(12) DOLLY B TYAN BOARD MEMBER	4 00	X						0	0	0
(13) CHRIS YOUNG BOARD MEMBER	4 00	X						0	0	0
(14) CYNTHIA SILJESTROM CHIEF EXECUTIVE OFFICER	40 00	X		X				356,100	0	25,764
(15) DENISE KINDER VICE PRESIDENT OF CLINICAL	40 00				X			255,706	0	37,385
(16) SANDRA MEJIA VICE PRESIDENT OF FINANCE	40 00				X			238,943	0	23,390
(17) MATTHEW CRUMP DIR OF TISSUE SERVICES	40 00				X			211,853	0	22,628

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(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	
		Or director	Individual trustee	Instrumental Trustee	Officer	Key employee	Highest compensated employee	Former		
(18) KIM PATTON DIR OF CLINICAL SERVICES	40 00				X				200,815	0 31,093
(19) NIKOLE NEIDLINGER MEDICAL DIRECTOR	32 00				X				209,867	0 17,499
(20) SEAN VAN SLYCK DIR OF PROCUREMENT	40 00				X				198,689	0 25,896
(21) EUGENE OSBORNE VICE PRESIDENT OF ADMINISTRATION	40 00				X				210,556	0 0
(22) COLLEEN CIESZKOWSKI DIR OF FAMILY SERVICES	40 00				X				172,305	0 19,632
(23) JOHN MASON DIR OF INFORMATION SERVICES	40 00				X				163,709	0 25,783
(24) SHARON SHAMOON TRANSPLANT COORDINATOR	40 00					X			187,616	0 35,755
(25) RICARDO ELIZONDO MANAGER OF CLINICAL SERVICES	40 00					X			151,676	0 38,580
(26) SALVADOR GUERRERO FAMILY RESOURCE COORDINATOR	40 00					X			151,519	0 31,824
(27) JOHN LILLEY SUPERVISOR OF CLINICAL SERVICES	40 00					X			143,033	0 36,795
(28) JOHN NGUYEN ADVANCED PRACTICE COORDINATOR	40 00					X			160,411	0 16,623

1b Sub-Total	►			
c Total from continuation sheets to Part VII, Section A	►			
d Total (add lines 1b and 1c)	►	3,012,798	0	388,647

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 ►85

	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
TRANSPLANT TRANSPORTATION SERVICES INC PO BOX 937 PENNGROVE CA 94951	TRANSPORTATION	1,493,679
STATLINE LLC 6440 S FIDDLERS GREEN CIRCLE STE GREENWOOD CO 80111	CALL CENTER	626,717
LABS INC PO BOX 843224 KANSAS CITY MO 641843224	LABORATORY	423,810
APPLEONE EMPLOYMENT SERVICES PO BOX 29048 GLENDALE CA 912099048	TEMPORARY STAFFING	310,962
ANGEL WORLDWIDE TRANSPORTATION 982 E LEWELING BLVD HAYWARD CA 94541	TRANSPORTATION	290,940

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 ►16

Part VIII Statement of Revenue

Check if Schedule O contains a response to any question in this Part VIII

			(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					
	b Membership dues	1b					
	c Fundraising events	1c	89,668				
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	81,670				
	g Noncash contributions included in lines 1a-1f \$						
	h Total. Add lines 1a-1f		171,338				
Program Service Revenue			Business Code				
			621500	60,050,728	60,050,728		
			900099	173,421	173,421		
	f All other program service revenue						
	g Total. Add lines 2a-2f		60,224,149				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		192,597			192,597	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	(i) Real	(ii) Personal				
	b Less rental expenses						
	c Rental income or (loss)						
	d Net rental income or (loss)						
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
	b Less cost or other basis and sales expenses						
	c Gain or (loss)						
	d Net gain or (loss)						
	8a Gross income from fundraising events (not including \$ 89,668 of contributions reported on line 1c) See Part IV, line 18						
	a	0					
	b Less direct expenses	b	26,162				-26,162
c Net income or (loss) from fundraising events			-26,162				
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 OTHER INCOME	900099	9,270				9,270	
b							
c							
d All other revenue							
e Total. Add lines 11a-11d		9,270					
12 Total revenue. See Instructions		60,571,192	60,224,149	0	175,705		

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)

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				
2 Grants and other assistance to individuals in the United States See Part IV, line 22				
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	2,631,653	2,087,975	543,678	
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	19,100,907	17,884,726	1,216,181	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	646,042	594,359	51,683	
9 Other employee benefits	3,563,759	3,278,658	285,101	
10 Payroll taxes	1,541,932	1,418,577	123,355	
11 Fees for services (non-employees)				
a Management				
b Legal	131,571		131,571	
c Accounting	66,693		66,693	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	588,055	242,930	345,125	
12 Advertising and promotion				
13 Office expenses	1,328,805	536,700	792,105	
14 Information technology				
15 Royalties				
16 Occupancy	1,515,052	1,052,858	462,194	
17 Travel	2,470,760	2,470,760		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	651,298	509,038	142,260	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	417,029	246,942	170,087	
23 Insurance	470,946	470,946		
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a IMPORT ORGAN EXPENSE	8,124,586	8,124,586		
b DONOR HOSPITAL MAINT	6,769,030	6,769,030		
c PRESERVATION	2,505,708	2,505,708		
d COORDINATION	1,797,398	1,797,398		
e All other expenses	3,327,838	3,316,230	11,608	
25 Total functional expenses. Add lines 1 through 24e	57,649,062	53,307,421	4,341,641	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► if following SOP 98-2 (ASC 958-720)				

Part X Balance SheetCheck if Schedule O contains a response to any question in this Part X

		(A) Beginning of year	(B) End of year	
Assets				
1	Cash—non-interest-bearing	7,091,856	1	6,417,902
2	Savings and temporary cash investments	1,468,673	2	3,003,725
3	Pledges and grants receivable, net	3		
4	Accounts receivable, net	9,271,133	4	10,872,584
5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
7	Notes and loans receivable, net	7		
8	Inventories for sale or use	8		
9	Prepaid expenses and deferred charges	709,119	9	1,036,073
10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	2,630,299	
b	Less accumulated depreciation	10b	1,525,086	
		1,166,929	10c	1,105,213
11	Investments—publicly traded securities	11		
12	Investments—other securities See Part IV, line 11	4,634,433	12	5,177,980
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)	24,342,143	16	27,613,477
Liabilities				
17	Accounts payable and accrued expenses	8,003,496	17	8,447,138
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	Loans and other 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	299,499	25	264,114
26	Total liabilities. Add lines 17 through 25	8,302,995	26	8,711,252
Net Assets or Fund Balances				
	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
27	Unrestricted net assets	16,032,855	27	18,893,262
28	Temporarily restricted net assets	6,293	28	8,963
29	Permanently restricted net assets	29		
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> 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	16,039,148	33	18,902,225
34	Total liabilities and net assets/fund balances	24,342,143	34	27,613,477

Part XI Reconciliation of Net AssetsCheck 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	60,571,192
2	Total expenses (must equal Part IX, column (A), line 25)	2	57,649,062
3	Revenue less expenses Subtract line 2 from line 1	3	2,922,130
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	16,039,148
5	Net unrealized gains (losses) on investments	5	-59,053
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	18,902,225

Part XII Financial Statements and ReportingCheck if Schedule O contains a response to any question in this Part XII

	Yes	No
1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2a	No
2b Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2b	Yes
2c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes
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? 3b 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	3a	No
	3b	

SCHEDULE A
(Form 990 or 990EZ)**Public Charity Status and Public Support****2012****Open to Public
Inspection**

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.

Department of the Treasury
Internal Revenue Service**Name of the organization**

CALIFORNIA TRANSPLANT DONOR NETWORK

Employer identification number

94-3062436

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 described in **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

e a Type I b Type II c Type III - Functionally integrated d Type III - Non-functionally integrated

f 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)

g 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

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

(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

(ii) A family member of a person described in (i) above?

(iii) A 35% controlled entity of a person described in (i) or (ii) above?

i Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(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?	(v) Did you notify the organization in col (i) of your support?	(vi) Is the organization in col (i) organized in the U S ?	(vii) Amount of monetary support
Total						

Part II Support Schedule for Organizations Described in Sections 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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
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 2012 (line 6, column (f) divided by line 11, column (f))	14	
15 Public support percentage for 2011 Schedule A, Part II, line 14	15	
16a 33 1/3% support test—2012. 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—2011. If the organization did not check a 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—2012. 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—2011. 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 Section 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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	49,697	72,199	46,688	75,378	171,338	415,300
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	43,988,865	40,111,523	52,527,213	59,037,893	60,224,149	255,889,643
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	44,038,562	40,183,722	52,573,901	59,113,271	60,395,487	256,304,943
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0
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						0
c Add lines 7a and 7b						0
8 Public support (Subtract line 7c from line 6)						256,304,943

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6	44,038,562	40,183,722	52,573,901	59,113,271	60,395,487	256,304,943
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	215,565	54,043	118,781	161,427	192,597	742,413
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	215,565	54,043	118,781	161,427	192,597	742,413
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)			9,492	74,882	9,270	93,644
13 Total support. (Add lines 9, 10c, 11, and 12)	44,254,127	40,237,765	52,702,174	59,349,580	60,597,354	257,141,000
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 2012 (line 8, column (f) divided by line 13, column (f))	15	99 670 %
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	99 630 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	0 290 %
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18	0 340 %
19a 33 1/3% support tests—2012. 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—2011. 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.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

SCHEDULE D
(Form 990)**Supplemental Financial Statements****2012****Open to Public
Inspection**

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

 Department of the Treasury
 Internal Revenue Service

 Employer identification number
 94-3062436
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 can 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 education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 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
2a	
2b	
2c	
2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 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 section 170(h)(4)(B)(ii)? Yes No

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

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 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(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 (ASC 958) 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 acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

a <input type="checkbox"/> Public exhibition	d <input type="checkbox"/> Loan or exchange programs
b <input type="checkbox"/> Scholarly research	e <input type="checkbox"/> Other
c <input type="checkbox"/> Preservation for future generations	

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

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 XIII and complete the following table

	Amount
1c	
1d	
1e	
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 XIII. Check here if the explanation has been provided in Part XIII

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					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

a Board designated or quasi-endowment

b Permanent endowment

c Temporarily restricted endowment

The percentages in lines 2a, 2b, and 2c should equal 100%

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

(i) unrelated organizations

(ii) related organizations

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

	Yes	No
3a(i)		
3a(ii)		
3b		

4 Describe in Part XIII 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		1,410,391	893,843	516,548	
e Other		1,219,908	631,243	588,665	
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				1,105,213	

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		
(3) Other		
(A) INVESTMENT SECURITIES	5,177,980	F

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

1	Total revenue, gains, and other support per audited financial statements	1	60,512,139
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	-59,053
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	
e	Add lines 2a through 2d	2e	-59,053
3	Subtract line 2e from line 1	3	60,571,192
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 XIII)	4b	
c	Add lines 4a and 4b	4c	0
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	60,571,192

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

1	Total expenses and losses per audited financial statements	1	57,649,062
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 XIII)	2d	
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	57,649,062
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 XIII)	4b	
c	Add lines 4a and 4b	4c	0
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	57,649,062

Part XIII 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, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X, LINE 2	CTDN HAS ADOPTED THE PROVISIONS FOR ACCOUNTING FOR UNCERTAIN TAX POSITIONS. IT EVALUATES ITS TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN TO DETERMINE WHETHER THE TAX POSITIONS ARE "MORE-LIKELY-THAN-NOT" OF BEING SUSTAINED BY THE APPLICABLE TAX AUTHORITY. TAX POSITIONS NOT DEEMED TO MEET THE "MORE-LIKELY-THAN-NOT" THRESHOLD ARE RECORDED AS AN EXPENSE IN THE APPLICABLE YEAR AS OF DECEMBER 31, 2012, AND 2011. CDTN DOES NOT HAVE ANY SIGNIFICANT UNCERTAIN TAX POSITIONS FOR WHICH A RESERVE WOULD BE NECESSARY.

SCHEDULE G
(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

2012

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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. Form 990-EZ filers are not required to complete this part.

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

Name of the organization

CALIFORNIA TRANSPLANT DONOR NETWORK

Employer identification number

94-3062436

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 email 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

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 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col (a) through col (c))
		DONATE LIFE WALK (event type)	(event type)	(total number)	
Revenue	1 Gross receipts . . .	89,668			89,668
	2 Less Contributions . . .	89,668			89,668
	3 Gross income (line 1 minus line 2) . . .				
Direct Expenses	4 Cash prizes . . .				
	5 Noncash prizes . . .	4,841			4,841
	6 Rent/facility costs . . .	3,506			3,506
	7 Food and beverages . . .				
	8 Entertainment . . .	503			503
	9 Other direct expenses . .	17,312			17,312
	10 Direct expense summary Add lines 4 through 9 in column (d)				(26,162) ►
	11 Net income summary Combine line 3, column (d), and line 10				-26,162

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	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> 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 _____

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

13a	
13b	

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

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ► _____

Address ► _____

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? 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 of the third party

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 Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

Identifier	Return Reference	Explanation
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Schedule J
(Form 990)**Compensation Information**

OMB No 1545-0047

Department of the Treasury
Internal Revenue Service

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.

2012**Open to Public Inspection**Name of the organization
CALIFORNIA TRANSPLANT DONOR NETWORK

Employer identification number

94-3062436

Part I Questions Regarding Compensation

1a Check the appropriate 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

<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence
<input type="checkbox"/> Tax indemnification and gross-up payments	<input checked="" type="checkbox"/> Health or social club dues or initiation fees
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> 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 or provision of all of the expenses described above? If "No," complete Part III to explain

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?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III

<input type="checkbox"/> Compensation committee	<input checked="" type="checkbox"/> Written employment contract
<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study
<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> 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?

b Participate in, or receive payment from, a supplemental nonqualified retirement plan?

c Participate in, or receive payment from, an equity-based compensation arrangement?

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?

b Any related organization?

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?

b Any related organization?

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

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b	Yes	
2	Yes	
4a	Yes	
4b	Yes	
4c		No
5a		No
5b		No
6a		No
6b		No
7		No
8		No
9		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is 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, applicable column (D) and (E) amounts for that individual.

(A) Name and Title	(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 as deferred in prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
See Additional Data Table							

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
	PART I, LINE 1A	ALL REGULAR CTDN EMPLOYEES MAY RECEIVE UP TO \$30 PER MONTH FOR A GYM MEMBERSHIP OR EXERCISE CLASS AS PART OF THE EMPLOYEE HEALTH BENEFIT. PROOF OF PAYMENT IS REQUIRED. REIMBURSEMENT IS PROCESSED THROUGH THE PAYROLL SYSTEM INITIATION. COUNTRY CLUB AND GOLF FEES ARE EXCLUDED FROM REIMBURSEMENT.
	PART I, LINES 4A-B	CINDY SILJESTROM, CHIEF EXECUTIVE OFFICER AND SANDRA MEJIA, VICE PRESIDENT OF FINANCE, PARTICIPATED IN THE CTDN 457(B) PLAN. EUGENE OSBORNE RECEIVED SEVERANCE OF \$210,556.

Software ID:
Software Version:
EIN: 94-3062436
Name: CALIFORNIA TRANSPLANT DONOR NETWORK

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) 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 compensation				
CYNTHIA SILJESTROM	(I) 325,925 (II) 0	30,175 0	0 0	15,000 0	10,764 0	381,864 0	0 0
DENISE KINDER	(I) 236,056 (II) 0	19,650 0	0 0	18,378 0	19,007 0	293,091 0	0 0
SANDRA MEJIA	(I) 219,743 (II) 0	19,200 0	0 0	13,411 0	9,979 0	262,333 0	0 0
MATTHEW CRUMP	(I) 192,978 (II) 0	18,875 0	0 0	11,284 0	11,344 0	234,481 0	0 0
KIM PATTON	(I) 179,462 (II) 0	21,353 0	0 0	14,753 0	16,340 0	231,908 0	0 0
NIKOLE NEIDLINGER	(I) 192,017 (II) 0	17,850 0	0 0	5,843 0	11,656 0	227,366 0	0 0
SEAN VAN SLYCK	(I) 185,857 (II) 0	12,832 0	0 0	15,077 0	10,819 0	224,585 0	0 0
EUGENE OSBORNE	(I) 210,556 (II) 0	0 0	0 0	0 0	0 0	210,556 0	0 0
COLLEEN CIESZKOWSKI	(I) 162,051 (II) 0	10,254 0	0 0	9,831 0	9,801 0	191,937 0	0 0
JOHN MASON	(I) 153,709 (II) 0	10,000 0	0 0	9,137 0	16,646 0	189,492 0	0 0
SHARON SHAMOON	(I) 169,321 (II) 0	18,295 0	0 0	9,232 0	26,523 0	223,371 0	0 0
RICARDO ELIZONDO	(I) 142,453 (II) 0	9,223 0	0 0	11,915 0	26,665 0	190,256 0	0 0
SALVADOR GUERRERO	(I) 142,963 (II) 0	8,556 0	0 0	7,740 0	24,084 0	183,343 0	0 0
JOHN LILLEY	(I) 123,993 (II) 0	19,040 0	0 0	10,220 0	26,575 0	179,828 0	0 0
JOHN NGUYEN	(I) 140,145 (II) 0	20,266 0	0 0	10,428 0	6,195 0	177,034 0	0 0

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.

2012**Open to Public
Inspection**

Name of the organization

CALIFORNIA TRANSPLANT DONOR NETWORK

Employer identification number

94-3062436

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 4	THE BY LAWS WERE AMENDED TO EXTEND THE TERMS FOR THE CURRENT BOARD MEMBERS BY ONE ADDITIONAL YEAR
	FORM 990, PART VI, SECTION B, LINE 11	THE FORM 990 IS DISTRIBUTED TO THE ENTIRE GOVERNING BODY BEFORE FILING THE FORM 990 IS REVIEWED AND APPROVED BY THE CHAIR OF THE AUDIT COMMITTEE
	FORM 990, PART VI, SECTION B, LINE 12C	THE BOARD OF DIRECTORS OF THE CALIFORNIA TRANSPLANT DONOR NETWORK HAS ADOPTED A POLICY ON CONFLICTS OF INTEREST OF ITS BOARD MEMBERS AND EMPLOYEES CTDN IS COMMITTED TO THIS POLICY AND WILL PERFORM AN ANNUAL REVIEW OF THIS POLICY TO CARRY OUT THIS POLICY, EACH BOARD MEMBER IS TO IDENTIFY ANY ACTUAL OR POTENTIAL CONFLICTS OF INTEREST AS DESCRIBED IN THE POLICY WITH RESPECT TO OUTSIDE INTERESTS, INVESTMENTS, OR OTHER ACTIVITIES THAT MIGHT RELATE TO SERVICES PROVIDED TO CTDN
	FORM 990, PART VI, SECTION B, LINE 15	CTDN UTILIZES A COMPREHENSIVE SALARY SURVEY CONDUCTED BY THE ASSOCIATIONS OF ORGAN PROCUREMENT ORGANIZATIONS UTILIZING MCGLADREY CONSULTING SERVICES AS WELL AS OTHER PUBLICLY AVAILABLE SALARY INFORMATION TO SET EXECUTIVE SALARIES THE EXECUTIVE COMMITTEE TO THE BOARD OF DIRECTORS ALSO REVIEWS ANY SALARY INCREASE FOR THE CEO
	FORM 990, PART VI, SECTION C, LINE 19	FINANCIAL STATEMENT, 990 AND CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON REQUEST GOVERNING DOCUMENTS ARE NOT AVAILABLE TO THE GENERAL PUBLIC
		FORM 990, PART XII, LINE 2C THE PROCESS HAS NOT CHANGED FROM PRIOR YEAR

Title	Chief Executive Officer		
Document Number	Page Number	Effective Date	
EX-JD-600.00	Page 1 of 7	07/01/2011	

POSITION TITLE: Chief Executive Officer

FLSA CATEGORY: Exempt

DEPARTMENT: Executive Management

OSHA CATEGORY: III

JOB CODE: 11

MISSION STATEMENT:

The California Transplant Donor Network's mission is to save and improve lives through organ and tissue donation for transplantation

We concentrate our efforts on the recovery of vital organs such as lungs, heart, liver, kidneys, heart-lung and pancreas from deceased donors and placement of these organs with the over 100,000 people who are currently waiting for a life-saving organ transplant in our country. The Transplant Network also recovers corneas and a variety of tissues. The Transplant Network also offers on-going support and resources for both organ and tissue donor families.

VISION:

Our vision is to provide premier-level service to the community acting as the primary resource for organ and tissue donation in our area. We will provide excellent and compassionate support and service to the public and the health care professionals who serve them in the hope that each person who is eligible will be able to be a donor.

CORE VALUES:

We will strive to attain our vision by incorporating our core values of passion, integrity, and teamwork

JOB SUMMARY:

The Chief Executive Officer must be dedicated to supporting the mission of the California Transplant Donor Network (CTDN) to provide the opportunity to improve and extend lives through organ and tissue donation for transplantation. This individual is responsible for management and operation of all programs and services provided by CTDN, and for implementing all policy decisions of the governing Board. S/he oversees the administrative and fiduciary functions of the agency. S/he represents the agency to the community, and builds strong relationships with the community at large, the medical community, and the community of donors and their families, the media, key stakeholders (e.g. transplant centers, tissue banks, other organ procurement organizations, federal and state regulators), staff, and the Board. S/he partners with the Board in envisioning opportunities for improved and expanded services, and in the planful management of growth consistent with the mission and core values of the organization that include passion, integrity, and teamwork.

ESSENTIAL JOB FUNCTIONS:

- 1 Responsible for the day-to-day operation of OPO
- 2 Implements Board policy. Helps determine and ensure, in partnership with the governing Board, that the mission, vision and core values of CTDN are carried out.
- 3 Collaborates closely with Board. Works in partnership and mutual trust with the Board, is able to be forthright, candid, and flexible, comfortable with and clear about the Board's policy-making role and the CEO's executive administrative responsibility. Has the confidence to lead, has the confidence to follow.
- 4 Leads and implements strategically. Anticipates changing community needs with vision and imagination, initiates long-range strategic and operational planning, and is responsible and accountable for

Chief Executive Officer			
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implementation of all such plans Is able to assess risk, and willing and able to take carefully calculated risks

- 5 Manages finances effectively Demonstrates a high level of business acumen reflecting a breadth of experience, and is able thoughtfully and decisively to administer the day to day operations of a complex financial organization Works with the Vice President Finance and other management colleagues to recommend budgets to the Board, and works closely with the Board and its committees to ensure the financial wellbeing of the organization Demonstrates the ability to manage downward by assessing staff, supervising and delegation, is effective in preserving time and energy for managing up, out, and forward Is imaginative in recognizing new opportunities, effective in priority setting, businesslike in execution of business initiatives Has strong negotiating skills and credibility with contracting entities, ensuring reasonable organ recovery fees, surgeon fees, and other service and/or laboratory fees Effectively maintains Board involvement and Board effectiveness
- 6 Applies new management technologies The CEO will understand the usefulness of management information systems, the importance of database maintenance, and the role of new technologies in improving the operations of a complex organization within a complex network of collaborating organizations, and will be facile in the use of information as a management tool, an instrument for strategic planning, an effective public relations and public education asset, and a means of promoting Board and management understanding of agency operations
- 7 Ensures agency compliance Takes executive responsibility for agency compliance with all applicable non-profit laws, contractual obligations, public contracts and donor restrictions, and maintains appropriate internal policies and procedures to ensure such compliance. In a highly regulated and media-impacted environment, is prescient and intuitive in anticipating public relations risks, exhibiting the good judgment and diplomatic skill generally to avoid crisis and, where unavoidable, to minimize the negative impacts of crisis
- 8 Acts as effective spokesperson Represents and is a strong and articulate advocate of CTDN In style and comportment, projects a high level of professionalism, while charismatically inspiring community stakeholders (e.g., hospital administrators, the physician community), government, associations, agencies and the media about the transformational impacts of CTDN services Assumes positions of leadership in policy-making bodies that impact the work of CTDN and has the ability to act as a resource to regional and national regulatory and legislative bodies on industry best practices (e.g., leadership in national collaborative to develop OPO redesign strategies and best practices for the organ donation process, leadership in promoting UNOS rules of organ distribution that fairly balance competing regional and transplant center interests)
- 9 Solicits financial and non-financial support Works closely with Board members, volunteers, and program staff to identify, cultivate, and solicit sources of revenue Is able to negotiate reasonable reimbursements by displaying both the financial and diplomatic skills to craft win-win financial outcomes Understands the potential usefulness of grants and charitable gifts in support of CTDN services, as well as the role the generous and dedicated donor can play in insulating CTDN from risk and in projecting CTDN's community role and image Is extremely persuasive, comfortable and tenacious in making the "ask," whether the ask relates to rate-setting, reimbursements, lease negotiations, recruitment of new Board or staff members, media relations, philanthropy, or to the promotion of legislative policy
- 10 Oversees an effective staff Recruits, oversees, and mentors dedicated and high-quality staff, values training, staff development, and serious periodic performance evaluation, holds staff at all levels accountable for performance through supervision and delegation, identifies underperformance and, where staff development efforts prove unsuccessful, is able to make difficult personnel decisions decisively,

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respectfully, and diplomatically Understands the value of promoting from within, understands the value of fresh perspectives and ideas from recruits from outside CTDN Values diversity in staff and Board and is completely at ease in a multicultural environment

- 11 May be required to perform other duties as assigned
- 12 The CTDN has the right to revise this job description at any time The job description is not a contract for employment, and the employee or the CTDN may terminate employment at any time, for any reason

The CTDN has the right to revise this job description at any time The job description is not a contract for employment, and the employee or the CTDN may terminate employment at any time, for any reason

REPORTING TO:

Board of Directors

DIRECT REPORTS:

Vice President Finance, Vice President Administration, Vice President Clinical Operations, Medical Director, Executive Assistant

KNOWLEDGE, SKILLS AND ABILITIES:

The ideal candidate will have

- A strategic perspective and extensive entrepreneurial management experience, including profit and loss experience, demonstrating executive scope appropriate to oversight of a complex institution
- Executive experience in the field of medicine or the helping professions (e.g., mental health), an understanding of the culture and institutions of medical practice and the health professions, and, in the ideal case, familiarity with the field of organ recovery and transplantation.
- Proven leadership ability, with a broad array of skills transferable to a complex, human services organization. Experience in close collaborations with chief financial, operations, and program officers Ability to work with board to recruit effective board members, and ability to engage and strengthen the Board as a congenial and well-functioning governance body
- Familiarity with public policy trends affecting organ transplant services – or evidence of the ability quickly to become conversant with the complexities of an unfamiliar field of service Resonance with and an understanding of the field of medical practice Transferable executive skills and a history of quick-study and adaptability are essential, pre-existing industry knowledge is, of course, highly desirable
- Experience in creative financing of growth of physical plant, equipment, new initiatives Ease with numbers and comfort in interpretation and application of complex data
- Highly developed communication skills – and especially exceptional listening skills -- enabling this person to articulate a complicated and emotional subject, to project an image of care and responsibility, to inspire confidence and trust, to influence opinion and policy Ability to establish credibility in the medical and hospital community
- Ability to work closely, in partnership, and in a position of leadership with a diversified staff, in a style of respect and collaboration A natural motivator and mentor Ability to work with a highly sophisticated board and with a variety of external colleagues themselves leading complex organizations External bridge-building and collaboration skills are extremely important in this position. Highly-developed political savvy and ability to promote action based on mutual interests

Chief Executive Officer			
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- Skills and sophistication to advocate and project effectively the achievements and promise of CTDN locally, statewide and nationally. Similarly, the community organizing skills necessary to involve other organizations in the support of CTDN programs or to find ways for CTDN, consistent with its interests, to advance the work of others
- Ability to identify and recruit able staff, and to motivate, develop, and inspire an effective professional and volunteer workforce. Expects and inspires high level performance. Ability after due deliberation to make and implement difficult personnel decisions when in the best interests of CTDN. Evidence of understanding of staff needs and a long-term commitment to adequate remuneration and benefits. Ability to build agency-wide teams, to integrate operations and cultures, to develop a unified esprit de corps
- Flexibility to be accessible and present to all constituencies, in a collaborative, open, mature style. Ability to make informed decisions, and to implement such decisions with attention to detail and follow-through
- Passion for the work, compassion for donors and their families, high energy, durability, a healthy sense of humor and perspective, and, the ability to maintain a healthy, gratifying, congenial environment for staff and Board

EDUCATION AND/OR EXPERIENCE:

Education

Required Lifelong learning and educational achievement appropriate to the complexity of the position. Experience and/or education in one or more of the helping professions essential. Masters-level education in business or equivalent experience essential.

Experience

Preferred Executive experience in the health industry a great advantage. Experience in the organ recovery and transplantation process/system highly desirable.

Certification/License

N/A

RESPONSIBILITY FOR INTERPERSONAL AND CUSTOMER RELATIONS:

Adheres to the principles of "customer service" in all aspects of the job. Supports fellow employees and others to further the achievement of CTDN's mission. Builds and maintains positive relations outside of CTDN. Represents CTDN effectively in client situations and to the general public.

CONTRIBUTION TOWARD WORK DIRECTION AND/OR TEAM PARTICIPATION

Makes efficient and effective use of own time. Sets and meets realistic deadlines. Attends and participates in departmental and organizational meetings.

PARTICIPATION IN CONTINUOUS QUALITY IMPROVEMENT:

Supports the vision and mission of CTDN. Is committed to proactively focusing on and reviewing data that is collected as it relates to his/her job responsibilities.

PHYSICAL DEMANDS:

While performing some essential functions of this position, you may be required to perform some functions repeatedly, sit for an extended period of time and do some lifting, moving, pushing, or pulling.

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ENVIRONMENTAL INFLUENCES:

The work environment characteristics described here are representative of those an employee encounters while performing the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

Reviewed by HR. _____ Date _____

Supervisor _____ Date _____

Employee _____ Date: _____

Note Your signature serves as confirmation that you have read and understand this document. It is not a contract between CTDN and the employee. CTDN reserves the right to revise the job description

Job Description

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ADA WORKSHEET – Chief Executive Officer

Indicate the required demands and the equipment and/or machinery used in the performance of the job by listing the code, which corresponds to the frequency of usage Note Mental demands are not only learned mental skills, but also conditions that call for mental discipline

Code	Frequency
5 =	Constantly (many times throughout each day)
4 =	Daily (daily, but only once or twice per day)
3 =	Frequently (several times per week)
2 =	Occasionally (no more than once or twice per week)
1 =	Rarely (less than once per week)

Mental Demands

5	Reading Documents or Instructions	5	Language	3	Training
5	Detailed Work	3	Presentations	5	Multiple Concurrent Tasks
5	Problem Solving	5	Verbal Communications	5	Constant Interruptions
4	Customer Contact	5	Written Communications		Other
5	Reasoning	5	Analytical Reasoning		Other
3	Math	5	Changing Priorities		Other

Physical Demands

4	Writing	2	Standing	1	Pushing
4	Walking	3	Driving	5	Reaching
5	Speaking	2	Carrying	1	Squatting
5	Hearing	5	Sitting	1	Kneeling
5	Sight	0	Crawling	5	Twisting
1	Lifting up to 20 lbs	1	Pulling	5	Key or Type Text
1	Climbing	5	Mobility	5	Other.

Equipment Used to Perform Tasks

5	Computer Terminal	3	Fax Machine		Other
0	Typewriter	0	Forklift		Other
5	Computer Printer	0	Hand & Power Tools		Other
0	10-Key	0	Camera		
3	Audio Visual Equipment				
5	Telephone				
3	Copier				

Title	Chief Executive Officer
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New Employee Training Schedule					
Employee Name: Employee #:	Job Title: Chief Executive Officer	Manager:	Type	Date Scheduled	
Training Tasks:	Task ID				
Human Resources	NEO001		Individual		
Information Technology	NEO002		Individual		
Learning and Development	NEO003		Individual		
Finance- Expense Reports	NEO004		Individual		
Finance- Corporate Credit Cards	NEO005		Individual		
Corporate Training Courses	NEO100-NEO107		Online		
Self-Study, Read and Acknowledge - Individual Training Plan	Individual Training Plan	R/A			
Job Specific Training Tasks:					
General Orientation	NEO201-NEO208		Classroom		
Manager/Supervisor Training	NEO700		Classroom		
Milestone Tasks:					
40 Day Check-in	NEO900		Individual		
60 Day Evaluation	NEO901		Individual		
120 Day Evaluation	NEO902		Individual		
Post Orientation Training Tasks:					
Annual Policy Review			R/A		
Ad Hoc - Workshops, meetings, continuing education			TBD	Ongoing	

Title	Medical Director		
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POSITION TITLE: Medical Director

FLSA CATEGORY: Exempt

DEPARTMENT: Executive

OSHA CATEGORY: I

JOB CODE: 10

MISSION STATEMENT:

The California Transplant Donor Network's mission is to save and improve lives through organ and tissue donation for transplantation

We concentrate our efforts on the recovery of vital organs such as lungs, heart, liver, kidneys, heart-lung and pancreas from deceased donors and placement of these organs with the over 100,000 people who are currently waiting for a life-saving organ transplant in our country. The Transplant Network also recovers corneas and a variety of tissues. The Transplant Network also offers on-going support and resources for both organ and tissue donor families.

VISION:

Our vision is to provide premier-level service to the community acting as the primary resource for organ and tissue donation in our area. We will provide excellent and compassionate support and service to the public and the health care professionals who serve them in the hope that each person who is eligible will be able to be a donor.

CORE VALUES:

We will strive to attain our vision by incorporating our core values of passion, integrity, and teamwork.

JOB SUMMARY:

The Medical Director is responsible for the clinical oversight and medical quality assurance of the California Transplant Donor Network (CTDN). The Medical Director is responsible for ensuring the highest quality for all clinical services activities and to optimize the quality and quantity of transplantable organs and tissues. The Medical Director ensures that the organization is meeting clinical standards of practice and achieving quality outcomes in the procurement and delivery of transplantable organs. The Medical Director oversees the CTDN Surgeon Qualification approval process, organ specific committees, and research component of the organization, which includes data analysis and performance improvement in addition to the development of a robust clinical research program. Assumes ultimate responsibility for rendering professional services regarding assessment of organ donor suitability, organ donor clinical management, organ allocation and the organ recovery process with the goal of maximizing the number of organs recovered consistent with applicable rules and regulations. Supports and fosters the mission of CTDN and its commitment to organ and tissue donation. This individual actively fosters an organizational culture that is based on collaboration, support, constructive feedback and accountability.

ESSENTIAL JOB FUNCTIONS:

The Medical Director shall be responsible generally for the overall professional and medical administrative aspects of CTDN's activities. Without limiting the generality of the foregoing, the Medical Director's responsibilities hereunder shall include the following.

- 1 Supervision and implementation of CTDN's protocols for donor evaluation and management and organ recovery and distribution
- 2 Assistance with the long range planning and development of CTDN clinical programs and services in concert with the Chief Executive Officer and the VP of Clinical Operations

Medical Director			
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- 3 Development, with the Chief Executive Officer, VP of Clinical Operations and the Medical Advisory Board, of policies and procedures and guidelines regarding organ donation, evaluation and management, consistent with local, state and federal requirements and the standards of the United Network for Organ Sharing (such policies and procedures to be subject to the annual review and approval of the Medical Affairs Committee); reviews Donor Management Guidelines (Adult and Pediatric) to ensure compliance and to optimize organ viability and function
- 4 Attendance at meetings of the Medical Advisory Board and Board of Directors, and organ specific subcommittee meetings (Renal Subcommittee, Thoracic Subcommittee, etc)
- 5 Attendance at UNOS regional meetings and when requested, at UNOS investigatory meetings
- 6 Ensure compliance with applicable organ allocation and distribution standards
- 7 Taking an on-call role accessible to CTDN donation services staff to
 - a Review organ donors referred to CTDN advise the staff regarding donor assessment and management, in collaboration with APC team
 - b Assist in the review of referred organ donors to ensure medical suitability of organs procured by CTDN in conjunction with APC team
 - c Assists APC staff with assessment of high risk donors as needed
 - d Assist with obtaining specialized consults to enable the determination of medical suitability when necessary
 - e Works with the Director of Procurement to ensure compliance with CTDN's recovery surgeon qualifications (AS200) and assist with new fellow training and orientation
 - f Assists with Medical Examiner and Coroner's officers negotiations to obtain the release of organ donors in conjunction with the coroner liaison
 - g In conjunction with the Director of Procurement, the Medical Director will act as a liaison with transplant surgeons and physicians from the transplant centers, to ensure their understanding and compliance with all recovery policies and procedures.
 - h Participation in organ procurements for organs going outside of the CTDN Donor Service Area, in conjunction with the CTDN "Kidney-only" rotation, or as needed to ensure efficient completion of an organ recovery process, including DCD recoveries.
- 8 In a non-call capacity, the Medical Director's responsibilities include
 - a Facilitate strategies to increase the recovery of organs from donors after cardiac death (DCD)'s
 - b Review and provide direction for the disease transmission reporting system
 - c Review with the Director of Procurement any reports of surgical damage, provide follow up to transplant surgeons in the case of reported occurrences; assess potential for reimbursement of non transplanted organs as outlined in CTDN's billable organ policy
 - d Perform chart reviews for quality monitoring.
 - i Review organ donor cases to ensure compliance with CTDN's donor management guidelines, and organ allocation and recovery policies

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- ii Assists in the identification of potential QAPI activities and participates in CAPA steps as required
- e Review QA feedback forms and provide follow up as indicated
- f Review CTDN's performance metrics
 - i Including, but not limited to, organ dispositions logs, Donor Management Goals, conversion rates, organs transplanted per donor, etc
- g Available for speaking engagements
 - i CTDN staff meetings, donor hospital in-services, community outreach events, donor family gathering etc
- 9 Act as a spokesperson for CTDN with respect to local, state and national organizations and agencies, assuring effective communications between transplant physicians, CTDN and other interested parties
- 10 Works with the Associate Medical director to review the thoracic management and evaluation of thoracic donors
- 11 Reviews material produced by CTDN for publication on a national level in regards to clinical aspects of donor suitability and management
- 12 Aids with research projects undertaken by CTDN, including use of research organs and tissue for research projects, and research studies involving CTDN's donors.
- 13 Is able to represent CTDN on a National level by attending industry meetings, membership on national committees etc
- 14 Arranges on call Medical Director coverage when not available and communicates the coverage in a timely manner to CTDN staff Coverage must be performed by a past CTDN Medical Director
- 15. May be required to perform other duties as assigned

The CTDN has the right to revise this job description at any time. The job description is not a contract for employment, and the employee or the CTDN may terminate employment at any time, for any reason

REPORTING TO:

Chief Executive Officer

DIRECT REPORTS:

N/A

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KNOWLEDGE, SKILLS AND ABILITIES:

This position requires a proactive team member who must uphold the core values of the organization which include integrity, respect, and appreciation of diversity, personal accountability, creative initiative, team work and excellence

This position requires strong conflict management skills as well as written and verbal communication skills, and an ability to work productively both independently, and as a team participant. This individual must maintain strong organizational skills that will allow him/her to assess changing environments establish appropriate priorities, handle highly stressful situations in a calm, mature manner, using sufficient judgment and discretion at all times. This individual must be compassionate, contentious, and ethical and possess strong interpersonal and leadership skills that would allow them to deal effectively in a dynamic field. This individual must maintain current knowledge and expertise in the field of organ donation and recovery. This individual must be able to motivate staff to perform at the highest level to fulfill the mission of the organization

EDUCATION AND/OR EXPERIENCE:

Education:

Required: PHD

Experience:

Required: Minimum of 3 years experience in an organ procurement organization

Preferred: 3 years management experience in a health related field, with 5 years in an OPO

Certification/License:

California Medical License

CTDN requires employees to maintain a valid California driver's license and current vehicle insurance based on California minimum insurance coverage standards

RESPONSIBILITY FOR INTERPERSONAL AND CUSTOMER RELATIONS:

Adheres to the principles of "customer service" in all aspects of the job. Supports fellow employees and others to further the achievement of CTDN's mission. Builds and maintains positive relations outside of CTDN. Represents CTDN effectively in client situations and to the general public

CONTRIBUTION TOWARD WORK DIRECTION AND/OR TEAM PARTICIPATION

Makes efficient and effective use of own time. Sets and meets realistic deadlines. Attends and participates in departmental and organizational meetings

PARTICIPATION IN CONTINUOUS QUALITY IMPROVEMENT:

Supports the vision and mission of CTDN. Is committed to proactively focusing on and reviewing data that is collected as it relates to his/her job responsibilities

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PHYSICAL DEMANDS:

The Medical Director is required to assume 24-hour on-call responsibility in rotation with other clinical operations staff. On occasion, it may exceed this time period. Call time varies by service area, fluctuations in donor activity, and staff turnover.

While performing some essential functions of this position, you may be required to perform some functions repeatedly; sit for an extended period of time and do some lifting, moving, pushing, or pulling.

See ADA Worksheet

ENVIRONMENTAL INFLUENCES:

The work environment characteristics described here are representative of those an employee encounters while performing the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

Reviewed by HR. _____ Date _____

Supervisor. _____ Date _____

Employee _____ Date _____

Note Your signature serves as confirmation that you have read and understand this document. It is not a contract between CTDN and the employee. CTDN reserves the right to revise the job description

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ADA WORKSHEET – Medical Director

Indicate the required demands and the equipment and/or machinery used in the performance of the job by listing the code, which corresponds to the frequency of usage Note Mental demands are not only learned mental skills, but also conditions that call for mental discipline.

Code	Frequency
5 =	Constantly (many times throughout each day)
4 =	Daily (daily, but only once or twice per day)
3 =	Frequently (several times per week)
2 =	Occasionally (no more than once or twice per week)
1 =	Rarely (less than once per week)

Mental Demands					
5	Reading Documents or Instructions	5	Language	3	Training
5	Detailed Work	3	Presentations	5	Multiple Concurrent Tasks
5	Problem Solving	5	Verbal Communications	5	Constant Interruptions
4	Customer Contact	5	Written Communications		Other
5	Reasoning	5	Analytical Reasoning		Other
3	Math	5	Changing Priorities		Other

Physical Demands					
4	Writing	2	Standing	1	Pushing
4	Walking	3	Driving	4	Reaching
5	Speaking	2	Carrying	1	Squatting
5	Hearing	5	Sitting	1	Kneeling
5	Sight	0	Crawling	4	Twisting
1	Lifting up to 20 lbs	1	Pulling	5	Key or Type Text
1	Climbing	3	Mobility		Other

Equipment Used to Perform Tasks					
4	Computer Terminal	3	Fax Machine	5	Other: PDA
0	Typewriter	0	Forklift		Other:
3	Computer Printer	0	Hand & Power Tools		Other:
0	10-Key	0	Camera		
3	Audio Visual Equipment				
5	Telephone				
3	Copier				

Title	Medical Director	Job Title:	Medical Director
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New Employee Training Schedule

Employee Name:	Employee #:	Job Title:	Job Title: Medical Director	Manager:	Type	Date Scheduled
Training Tasks:						
Human Resources			NEO001		Individual	
Information Technology			NEO002		Individual	
Learning and Development			NEO003		Individual	
Finance- Expense Reports			NEO004		Individual	
Finance- Corporate Credit Cards			NEO005		Individual	
Online Learning Courses			NEO100	NEO107	Online	
Self-Study, Read and Acknowledge - Individual Training Plan				Individual Training Plan	R/A	
Job Specific Training Tasks:						
General Orientation			NEO201-NEO208		Classroom	
Brain Death			NEO300		Classroom	
Bionation Services Orientation			NEO301-NEO305		Classroom	
Clinical Orientation I			NEO400		Classroom	
Clinical Orientation II			NEO401		Classroom	
Clinical Orientation III			NEO402		Classroom	
Family Care Orientation I			NEO500		Classroom	
Family Care Orientation II			NEO501		Classroom	
Crisis Skills Workshop			NEO600		Classroom	
Manager/Supervisor Training			NEO700		Classroom	
Milestone Tasks:						
40 Day Check-in			NEO900		Individual	
60 Day Evaluation			NEO901		Individual	
120 Day Evaluation			NEO902		Individual	
Post Orientation Training Tasks:						
Annual Policy Review					RA	
Ad Hoc - Workshops, meetings, continuing education					TBD	Ongoing

Title	Vice President Finance/Chief Financial Officer		
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POSITION TITLE: Vice President of Finance/Chief Financial Officer **FLSA CATEGORY:** Exempt

DEPARTMENT: Finance

OSHA CATEGORY: III

JOB CODE: 10

MISSION STATEMENT:

The California Transplant Donor Network's mission is to save and improve lives through organ and tissue donation for transplantation.

We concentrate our efforts on the recovery of vital organs such as lungs, heart, liver, kidneys, heart-lung and pancreas from deceased donors and placement of these organs with the over 100,000 people who are currently waiting for a life-saving organ transplant in our country. The Transplant Network also recovers corneas and a variety of tissues. The Transplant Network also offers on-going support and resources for both organ and tissue donor families.

VISION:

Our vision is to provide premier-level service to the community acting as the primary resource for organ and tissue donation in our area. We will provide excellent and compassionate support and service to the public and the health care professionals who serve them in the hope that each person who is eligible will be able to be a donor.

CORE VALUES:

We will strive to attain our vision by incorporating our core values of passion, integrity, and teamwork.

JOB SUMMARY:

The Vice President of Finance/Chief Financial Officer must be dedicated to supporting the mission of the California Transplant Donor Network to provide the opportunity to improve and extend lives through organ and tissue donation for transplantation. This individual is responsible for overall day-to-day financial operations, actively participates in strategic planning processes, evaluates and oversees personnel benefits; and supervises and manages financial support personnel. As a member of the senior management team, this individual must actively foster an organizational culture based on collaboration, support, and constructive feedback. She/he provides input into policy development and other organizational decisions. This position requires a proactive team player who must uphold the core values of the organization which include passion, integrity, and teamwork.

ESSENTIAL JOB FUNCTIONS:

Financial Administration

- 1 Establishes, implements, and coordinates all policies related to the financial activities of CTDN. Reviews and evaluates all policies on a periodic basis to ensure effectiveness and efficiency
- 2 Selects and implements accounting system. Establishes cost accounting system and new Chart of Accounts
- 3 Periodically analyzes all costs to ensure they are maintained within the budget. This includes evaluation of all organ acquisition costs and charges to ensure they are accurate indicators of all expenses incurred and that all organ acquisition fees are sufficient to cover the organization's expenses
- 4 Maintains knowledge of all federal and state regulations pertaining to organ procurement and transplant services reimbursement. This includes serving as the liaison with the Medicare fiscal intermediary for the

Title	Vice President Finance/Chief Financial Officer		
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End-Stage Renal Disease Program to maintain up-to-date awareness of actions, plans, policy changes, and decisions affecting CTDN

- 5 Maintains all records pertaining to payroll, paid time off, retirement plans, insurance, travel and expenses reimbursement, accounts payable (both institutional and vendor), accounts receivable and other benefits as provided by CTDN Process W-2s, FICA payments, and quarterly reports Processes all invoices in a timely and accurate manner
- 6 Evaluates and serves as liaison with public accounting (CPA) and financial consulting firms, financial institutions, and federal granting agency (PHS/HHS) Specifically responsible for monitoring all subcontract compliance of federal government grant awards and Medicare reimbursement This includes submission of all requests for funds and accurate compilation and submission of all required cost reports and exception appeals
- 7 Prepares monthly, quarterly and annual financial reports Furnishes interim reports regularly and as they are requested. Reconcile organization's checkbook(s) and operating accounts.
- 8 Assumes responsibility for cash management including recording of all financial transactions
- 9 Develops a financial, statistical database allowing for various types of financial and cash flow modeling
- 10 Develops and coordinates the annual budget
- 11 Determines CTDN insurance requirements, identify policies providing appropriate coverage and liability limits. Works with insurance agent(s) to maintain CTDN coverage
- 12 Negotiates with vendors on leasing arrangements for office plant and equipment Develops appropriate contracts, schedules, and supplements for leasing arrangements

Human Resources Administration

1. With HR reviews compensation surveys to ensure that CTDN maintains competitive salary ranges for all employees
2. Reviews employee benefit package annually, makes recommendations for changes, implements approved changes.

Staff Development

- 1 Manages and supervises activities of financial support personnel
- 2 Participates in the recruitment, hiring, training, supervision, counseling, evaluation, discipline, and termination, if necessary.
- 3 Helps staff to identify and attain professional goals and objectives, monitors performance on a regular basis, written performance appraisals are completed within four months for new employees and annually or more frequently when needed Maintains personnel files of financial support personnel

Administrative/Management

- 1 Participates in strategic planning with senior management team, implements strategic planning in department as needed
- 2 Actively participates in all organizational functions
- 3 Maintains professional relationships and rapport with management, medical, nursing, and ancillary staffs within and outside the organization

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- 4 Provides support for Vice-Chair/Treasurer of CTDN's Board of Directors, provides financial reports at Executive Committee and Board meetings
- 5 Participates in local professional organizations as they relate to duties and responsibilities of this position
Serves on various committees and completes special projects as assigned

Professional/Personal Competency

- 1 Maintains professional competency in order to provide leadership and consultative services to staff, transplant centers, laboratories, and other related agencies
- 2 Defines personal and professional goals and develops a plan and support from the Chief Executive Officer to achieve these goals. Seeks opportunities to improve job performance
- 3 Ability to communicate with key stakeholders in a professional manner and make presentations before the Board.
4. May be required to perform other duties as assigned

The CTDN has the right to revise this job description at any time. The job description is not a contract for employment, and the employee or the CTDN may terminate employment at any time, for any reason.

REPORTING TO:

Chief Executive Officer

DIRECT REPORTS:

Financial Support Personnel

KNOWLEDGE, SKILLS AND ABILITIES:

N/A

EDUCATION AND/OR EXPERIENCE:

Education

Required Bachelors Degree in Business or Health Care Administration, Accounting or Finance

Preferred MBA and/or a desire to earn a MBA

Experience

Required Minimum six to ten years of experience within the healthcare industry in a reimbursement or financial capacity Previous experience as VP of Finance or Chief Financial Officer

Preferred. A Master's Degree in a related field may be substituted for two years experience

Certification/License:

N/A

RESPONSIBILITY FOR INTERPERSONAL AND CUSTOMER RELATIONS:

Adheres to the principles of "customer service" in all aspects of the job Supports fellow employees and others to further the achievement of CTDN's mission. Builds and maintains positive relations outside of CTDN Represents CTDN effectively in client situations and to the general public

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CONTRIBUTION TOWARD WORK DIRECTION AND/OR TEAM PARTICIPATION

Makes efficient and effective use of own time Sets and meets realistic deadlines Attends and participates in departmental and organizational meetings

PARTICIPATION IN CONTINUOUS QUALITY IMPROVEMENT:

Supports the vision and mission of CTDN Is committed to proactively focusing on and reviewing data that is collected as it relates to his/her job responsibilities.

PHYSICAL DEMANDS:

While performing some essential functions of this position, you may be required to perform some functions repeatedly, sit for an extended period of time and do some lifting, moving, pushing, or pulling

ENVIRONMENTAL INFLUENCES:

The work environment characteristics described here are representative of those an employee encounters while performing the essential functions of this job Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions

Reviewed by HR. _____ Date _____

Supervisor _____ Date _____

Employee _____ Date _____

Note Your signature serves as confirmation that you have read and understand this document It is not a contract between CTDN and the employee CTDN reserves the right to revise the job description

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ADA WORKSHEET – Vice President of Finance/Chief Finance Officer

Indicate the required demands and the equipment and/or machinery used in the performance of the job by listing the code, which corresponds to the frequency of usage. Note Mental demands are not only learned mental skills, but also conditions that call for mental discipline.

Code	Frequency
5 =	Constantly (many times throughout each day)
4 =	Daily (daily, but only once or twice per day)
3 =	Frequently (several times per week)
2 =	Occasionally (no more than once or twice per week)
1 =	Rarely (less than once per week)

Mental Demands					
5	Reading Documents or Instructions	5	Language	3	Training
5	Detailed Work	3	Presentations	5	Multiple Concurrent Tasks
5	Problem Solving	5	Verbal Communications	5	Constant Interruptions
5	Customer Contact	5	Written Communications		Other
5	Reasoning	5	Analytical Reasoning		Other
5	Math	5	Changing Priorities		Other.

Physical Demands					
5	Writing	5	Standing	5	Pushing
5	Walking	3	Driving	5	Reaching
5	Speaking	5	Carrying	5	Squatting
5	Hearing	5	Sitting	5	Kneeling
5	Sight	1	Crawling	5	Twisting
5	Lifting up to 20 lbs.	5	Pulling	5	Key or Type Text
1	Climbing	5	Mobility		Other

Equipment Used to Perform Tasks					
5	Computer Terminal	5	Fax Machine	5	Other Credit Card Authorization Processor
5	Typewriter	0	Forklift		Other
5	Computer Printer	0	Hand & Power Tools		Other
5	10-Key	1	Camera		
1	Audio Visual Equipment				
5	Telephone				
5	Copier				

Job Description	
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New Employee Training Schedule

Employee Name:			
Employee #:			
Training Tasks:	Task ID	Type	Date Scheduled
Information Resources	NEO001	Individual	
Information Technology	NEO002	Individual	
Learning and Development	NEO003	Individual	
Finance- Expense Reports	NEO004	Individual	
Finance- Corporate Credit Cards	NEO005	Individual	
Online Training Courses	NEO100-NEO107	Online	
Self-Study, Read and Acknowledge - Individual Training Plan	Individual Training Plan	RJA	
Job Specific Training Tasks:			
General Orientation	NEO201-NEO208	Classroom	
Brain Death	NEO300	Classroom	
Donation Services Orientation	NEO301-NEO305	Classroom	
Clinical Orientation I	NEO400	Classroom	
Clinical Orientation II	NEO401	Classroom	
Clinical Orientation III	NEO402	Classroom	
Family Care Orientation I	NEO500	Classroom	
Family Care Orientation II	NEO501	Classroom	
Crisis Skills Workshop	NEO600	Classroom	
Manager/Supervisor Training	NEO700	Classroom	
Milestone Tasks:			
40 Day Check-in	NEO900	Individual	
60 Day Evaluation	NEO901	Individual	
120 Day Evaluation	NEO902	Individual	
Post Orientation Training Tasks:			
Annual Policy Review		RJA	
Ad Hoc - Workshops, meetings, continuing education		TBD	Ongoing

Vice President of Clinical Operations			
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POSITION TITLE: Vice President of Clinical Operations

FLSA CATEGORY: Exempt

DEPARTMENT: Executive

OSHA CATEGORY: III

JOB CODE: 10

MISSION STATEMENT:

The California Transplant Donor Network's mission is to save and improve lives through organ and tissue donation for transplantation

We concentrate our efforts on the recovery of vital organs such as lungs, heart, liver, kidneys, heart-lung and pancreas from deceased donors and placement of these organs with the over 100,000 people who are currently waiting for a life-saving organ transplant in our country. The Transplant Network also recovers corneas and a variety of tissues. The Transplant Network also offers on-going support and resources for both organ and tissue donor families

VISION:

Our vision is to provide premier-level service to the community acting as the primary resource for organ and tissue donation in our area. We will provide excellent and compassionate support and service to the public and the health care professionals who serve them in the hope that each person who is eligible will be able to be a donor

CORE VALUES:

We will strive to attain our vision by incorporating our core values of passion, integrity, and teamwork

JOB SUMMARY:

The VP of Clinical Operations must be dedicated to supporting the mission of the California Transplant Donor Network to save and improve lives through organ and tissue donation for transplantation. This individual is responsible for oversight in areas of clinical services, family services, organ allocation, procurement, hospital development, community development, personnel management, and fiscal management. This individual is responsible for ensuring that high quality service is provided within the Transplant Network at all times so that consent rates, donation rates and organ recovery rates are maximized. As a member of the Executive management team, this individual actively fosters an organizational culture that is based on collaboration, support, and constructive feedback

ESSENTIAL JOB FUNCTIONS:

Clinical Operations

- 1 Directly supervises the Directors of Clinical Services, Procurement Services and Family Services to ensure consistency in CTDN Clinical Operations practices, communications, protocols, and service delivery standards to the hospital, public, and transplant communities. Oversees the following functions
- 2 Family Services In conjunction with Director of Family Services, oversees strategies that ensure that CTDN provides excellent family care prior, during and after the donation discussion
- 3 Donor Evaluation and Management and Organ Allocation and Recovery In conjunction with Directors of Procurement Services and Clinical Services, oversees all clinical, allocation and recovery services policies to ensure compliance with current regulations and standards, oversees training and development of all procurement staff, provide quality assurance and control over all recovery operations

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- 4 Physician Relations. In conjunction with the Director of Procurement and Director of Clinical Services, serves as a staff liaison and to local transplant surgeons and other physicians critical to CTDNs function Promotes communication and satisfaction among physicians served by CTDN
- 5 In conjunction with the Directors of Family Services, Clinical Services and Procurement Services, develops and designs systems and mechanisms for standardized reporting and analysis of performance standards for
 - a Family Services
 - b Clinical Services
 - c Procurement Services
- 6 Oversees the staffing plan of Clinical Operations
- 7 Serves as a representative for CTDN Clinical Operations on the governing board to assure uniformity in communications surrounding needed support, and resources required for optimal functioning of operations staff
- 8 Coordinates Medical Advisory Board meetings and agenda development Participates in Medical Advisory Subcommittee meetings
- 9 Assumes Administrator of the Day responsibilities on a rotational basis as needed to support CTDNs 24/7 operations

Hospital Services

- 1 Works with the Manager of Hospital Development to assure compliance with AOPO and CMS standards.
- 2 Ensures the development of an overall strategy to enhance and improve organ and tissue donation in hospitals and the key professionals that influence donation within CTDN service area Strive to reach and maintain HRSA goals
- 3 Ensures the ongoing collection and analysis of donor potential and eligibility metrics in hospitals using medical record reviews, referral data, and actual donors
- 4 Oversees the development and management of effective relationships by manager of hospital services with key professionals to focus on increasing organ/tissue donation within hospitals
- 5 Ensures that OPO and participating hospitals develop agreements to provide organ donation services in an optimized manner

Coroner/ Medical Examiner/ Funeral Home Development

- 1 Oversees the strict adherence by CTDN to CA Health & Safety Code regulations involving the Uniform Anatomical Gift Act and obtaining release for donation for cases under the jurisdiction of the coroner/medical examiner
- 2 Works with Manager of Hospital Services to provide guidance and oversight to both clinical operations and tissue recovery staff between referral events and concurrently in real-time to gain release through effective strategies
- 3 Works collaboratively with the Manager of Hospital Services and the Director of Tissue Recovery Services to devise and implement strategies that optimize and streamline tissue donation from non-hospitalized referral sources (coroners/medical examiners/funeral homes/etc) This also encompasses communication

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and operational strategies that ensure a positive experience for donor families when engaging these agencies during and following organ and tissue donation events

Community Development

- 1 Works with CEO and Manager of Community Development to assure that CTDN's communications objectives are aligned with all four CA OPO members of DonateLife California and are carried out both by the communications/media efforts of staff and volunteers
- 2 Oversees activities of manager and staff of community development along with pro-bono volunteer staff Provides support and needed resources to achieve messaging of donation to our communities through identified departmental campaigns Assists Manager of Community development in the implementation of national strategies, statewide initiatives and other professional organization ideas to increase donor designation
- 3 In conjunction with Manager of Community Development, develops and implements an overall strategy to enhance and improve donor designation rates within CTDN service area
- 4 In conjunction with the manager of Community Development, reviews data with regard to effectiveness of outreach events and makes adjustments to improve results In addition, reviews impact on actual donation outcomes.

Professional/Personal Competency

- 1 Maintains professional competence in order to provide leadership and consultative services to staff, donor hospitals and transplant centers.
- 2 Maintains state of the art knowledge of organ donation, and organ allocation policies through active membership in professional associations and attendance at workshops and seminars, involvement in national initiatives to maintain CTDNs place as a leader in the field
- 3 Defines personal and professional goals and develops a plan and support from the CEO to achieve these goals. Seeks opportunities to improve job performance
- 4 Participates in national initiatives that enhance donation practices.

Staff Development

- 1 Participates in and evaluates the effectiveness of professional education activities related to organ donation and transplantation
- 2 Participates in the recruitment, hiring, training, supervision, counseling, evaluation, discipline, and termination, if necessary, of staff within the designated area
- 3 Helps staff to identify and attain professional goals and objectives, monitors performance on a regular basis, written performance appraisals are completed within four months for new employees and annually or more frequently if needed for other staff, maintains complete personnel files

Administrative

- 1 Participates in strategic planning with the Chief Executive Officer, implements strategic planning in designated areas
- 2 Directs all budgeting processes for Clinical Operations departments Ensures personnel and financial resources are appropriately utilized and reviewed

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- 3 Develops programs and activities to expand service provided by the organization including research programs, publishing, etc
- 4 Actively participates in all organizational functions.
- 5 Maintains professional relationships and rapport with management, medical, nursing, and ancillary staffs within and outside of the organization
- 6 Acts as a liaison between the OPO and other local organizations to develop improved communications and active participation in attempts to increase awareness, understanding, and referrals of organ and tissue donations
- 7 In conjunction with the Director of Procurement and the OPO Medical Director, oversees and evaluates organ and tissue recoveries, particularly those which may involve multiple procurement teams
- 8 Maintains, completes, and submits accurate records and expenses
- 9 Maintains an adequate proficiency level with the use of office equipment to enable completion of assigned duties (i.e , fax, computers, printers, copiers, etc)
- 10 May be required to perform other duties as assigned.

The CTDN has the right to revise this job description at any time. The job description is not a contract for employment, and the employee or the CTDN may terminate employment at any time, for any reason.

REPORTING TO:

Chief Executive Officer

DIRECT REPORTS:

Director of Procurement, Director of Clinical Services, Director of Family Services, Manager of Hospital Services and Manager of Community Development

KNOWLEDGE, SKILLS AND ABILITIES:

This position requires strong conflict management skills as well as written and verbal communication skills, and an ability to work productively both independently, and as a team participant. This individual must maintain strong organizational skills that will allow him/her to assess changing environments establish appropriate priorities, handle highly stressful situations in a calm, mature manner, using sufficient judgment and discretion at all times. This individual must be compassionate, contentious, and ethical and possess strong interpersonal and leadership skills that would allow them to deal effectively in a dynamic field. This individual must maintain current knowledge and expertise in the field of organ donation and recovery. This individual must be able to motivate staff to perform at the highest level to fulfill the mission of the organization.

EDUCATION AND/OR EXPERIENCE:

Education

Required: Bachelors Degree in Business or Health Care Administration,

Preferred: MHA

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Experience

Required Minimum five years of experience within the healthcare industry Applicants will have previous administrative/management experience with at least five (5) years minimum in a health related field, previous experience in organ procurement and/or transplantation is also required

Work experience may be substituted for educational requirement

Certification/License

N/A

RESPONSIBILITY FOR INTERPERSONAL AND CUSTOMER RELATIONS:

Adheres to the principles of "customer service" in all aspects of the job Supports fellow employees and others to further the achievement of CTDN's mission Builds and maintains positive relations outside of CTDN. Represents CTDN effectively in client situations and to the general public

CONTRIBUTION TOWARD WORK DIRECTION AND/OR TEAM PARTICIPATION:

Makes efficient and effective use of own time Sets and meets realistic deadlines Attends and participates in departmental and organizational meetings

PARTICIPATION IN CONTINUOUS QUALITY IMPROVEMENT:

Supports the vision and mission of CTDN Is committed to proactively focusing on and reviewing data that is collected as it relates to his/her job responsibilities

PHYSICAL DEMANDS:

While performing some essential functions of this position, you may be required to perform some functions repeatedly; sit for an extended period of time and do some lifting, moving, pushing, or pulling. Employee may also be required to move up to 50 lbs and/or perform repetitive duties from time to time.

ENVIRONMENTAL INFLUENCES:

The work environment characteristics described here are representative of those an employee encounters while performing the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions

Reviewed by HR _____ Date _____

Supervisor _____ Date. _____

Employee _____ Date: _____

Note Your signature serves as confirmation that you have read and understand this document It is not a contract between CTDN and the employee CTDN reserves the right to revise the job description

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Indicate the required demands and the equipment and/or machinery used in the performance of the job by listing the code, which corresponds to the frequency of usage Note Mental demands are not only learned mental skills, but also conditions that call for mental discipline

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1 =	Rarely (less than once per week)

Mental Demands					
5	Reading Documents or Instructions	5	Language	3	Training
5	Detailed Work	3	Presentations	5	Multiple Concurrent Tasks
5	Problem Solving	5	Verbal Communications	5	Constant Interruptions
5	Customer Contact	5	Written Communications		Other.
5	Reasoning	5	Analytical Reasoning		Other
5	Math	5	Changing Priorities		Other

Physical Demands					
5	Writing	5	Standing	5	Pushing
5	Walking	3	Driving	5	Reaching
5	Speaking	5	Carrying	5	Squatting
5	Hearing	5	Sitting	5	Kneeling
5	Sight	1	Crawling	5	Twisting
5	Lifting up to 20 lbs	5	Pulling	5	Key or Type Text
1	Climbing	5	Mobility		Other

Equipment Used to Perform Tasks					
5	Computer Terminal	5	Fax Machine	5	Other Credit Card Authorization Processor
5	Typewriter	0	Forklift		Other
5	Computer Printer	0	Hand & Power Tools		Other
5	10-Key	1	Camera		
1	Audio Visual Equipment				
5	Telephone				
5	Copier				

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Job Description

New Employee Training Schedule					
Employee Name:	Job Title: Vice President of Clinical Operations	Manager:	Type	Date Scheduled	
Training Tasks:	Task ID				
Human Resources	NEO001		Individual		
Information Technology	NEO002		Individual		
Learning and Development	NEO003		Individual		
Finance- Expense Reports	NEO004		Individual		
Finance- Corporate Credit Cards	NEO005		Individual		
On-Line Training Courses	NEO100-NEO107	Online			
Self-Study, Read and Acknowledge - Individual Training Plan	Individual Training Plan	R/A			
Job Specific Training Tasks:					
General Orientation	NEO201-NEO208		Classroom		
Brain Death	NEO 300		Classroom		
Donation Services Orientation	NEO301-NEO305		Classroom		
Clinical Orientation I	NEO400		Classroom		
Clinical Orientation II	NEO401		Classroom		
Clinical Orientation III	NEO402		Classroom		
Family Care Orientation I	NEO500		Classroom		
Family Care Orientation II	NEO501		Classroom		
Crisis Skills Workshop	NEO600		Classroom		
Manager/Supervisor Training	NEO700		Classroom		
Milestone Tasks:					
40 Day Check-in	NEO900		Individual		
60 Day Evaluation	NEO901		Individual		
120 Day Evaluation	NEO902		Individual		
Post Orientation Training Tasks:					
Annual Policy Review			R/A		
Ad Hoc - Workshops, meetings, continuing education			TBD	Ongoing	