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Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public

▶ **Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No 1545-0047

2018

Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 01-01-2018 , and ending 12-31-2018

B Check if applicable
☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization
TRANSPLANT FOUNDATION

Doing business as

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

City or town, state or province, country, and ZIP or foreign postal code
PHILADELPHIA, PA 191234101

D Employer identification number
31-1481798

E Telephone number
(215) 557-8090

G Gross receipts $ 25,226,821

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

H(a) Is this a group return for subordinates? ☐ Yes ☑ No
H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)
H(c) Group exemption number ▶

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

J Website: ▶ WWW DONORS1 ORG

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1997 **M** State of legal domicile PA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
TO SUPPORT ORGAN AND TISSUE DONATION AND 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	5
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	3
5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	9
6	Total number of volunteers (estimate if necessary)	6	400
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	1,301,904	1,196,075
	9	Program service revenue (Part VIII, line 2g)	552,278	561,551
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,140,797	2,088,042
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	23,578	43,311
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	5,018,557	3,888,979
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	678,284	1,722,096
	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)	916,332	964,496
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶11,660		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	843,899	1,155,284
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	2,438,515	3,841,876
	19	Revenue less expenses Subtract line 18 from line 12	2,580,042	47,103
			Beginning of Current Year	**End of Year**
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	48,117,028	44,172,035
	21	Total liabilities (Part X, line 26)	1,208,977	2,087,818
	22	Net assets or fund balances Subtract line 21 from line 20	46,908,051	42,084,217

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

****** 2019-11-08
Signature of officer Date

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

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN P00760402
Firm's name ▶ BAKER TILLY VIRCHOW KRAUSE LLP			Firm's EIN ▶ 39-0859910	
Firm's address ▶ 1570 FRUITVILLE PIKE SUITE 400 LANCASTER, PA 17601			Phone no (717) 740-4863	

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

Part III **Statement of Program Service Accomplishments**

Check if Schedule O contains a response or note to any line in this Part III . . . . ☑

1 Briefly describe the organization's mission

SEE SCHEDULE "O"

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

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

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

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations 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 $ 3,545,987 including grants of $ 1,722,096) (Revenue $ 561,551)

See Additional Data

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

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

4d Other program services (Describe in Schedule O)

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

4e **Total program service expenses ▶** 3,545,987

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?*If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*(see instructions)	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	Yes	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	Yes	
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22		No

Part IV **Checklist of Required Schedules** *(continued)*

			Yes	No
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*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a*	**24a**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If "Yes," complete Schedule L, Part II*	**26**		No
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*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**34**	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**		No
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*	**35b**		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

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

Check if Schedule O contains a response or note to any line in this Part V ☑

					Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	**1a**	44			
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	**1b**	0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			**1c**	Yes	

2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 9			
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" to line 3b, provide an explanation in Schedule O* . . .		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . .		4a		No
b	If "Yes," enter the name of the foreign country ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .		5a		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).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		7a	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .		7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h		
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		8		
9a	Did the sponsoring organization make any taxable distributions under section 4966? . . .		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .		9b		
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O		13a		
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	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N		15		No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O		16		No

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 or note to any line 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	5		
	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	3		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3			No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			No
6	Did the organization have members or stockholders?	6		Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?	8a		Yes	
b	Each committee with authority to act on behalf of the governing body?	8b		Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	9			No

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review 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		No
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed▶ PA , NJ

18 Section 6104 requires an organization to make its Form 1023 (or 1024-A 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, address, and telephone number of the person who possesses the organization's books and records
▶KIMBERLY YENCHO DIRECTOR OF FINANC 401 NORTH 3RD STREET PHILADELPHIA, PA 191234101 (215) 557-8090

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

Check if Schedule O contains a response or note to any line 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): Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(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
(1) HOWARD M NATHAN PRES & CEO	0 10 48 10	X		X				0	660,899	91,879
(2) CLYDE F BARKER MD DIRECTOR	0 30 1 00	X						0	0	0
(3) MEG MCGOLDRICK DIRECTOR	0 30	X						0	0	0
(4) MICHAEL MORITZ MD DIRECTOR/MEDICAL DIRECTOR	0 30 3 30	X						0	66,279	0
(5) CYNTHIA LONDON DIRECTOR	0 30 0 30	X						0	0	0
(6) JAN L WEINSTOCK ESQ VP OF ADMIN & GENERAL COUN	4 40 48 60				X			0	719,937	67,204
(7) PATTI MULVANIA SENIOR FACULTY	5 00 30 00					X		47,950	128,955	15,386
(8) THERESA DALY DIRECTOR OF INSTITUTE	45 00					X		157,383	0	43,117

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): Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(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

1b Sub-Total . . . . ▶			
c Total from continuation sheets to Part VII, **Section A** . . . . ▶			
d Total (add lines 1b and 1c) . . . . ▶	205,333	1,576,070	217,586

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

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization?*If "Yes," complete Schedule J for such person*	5		No

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
TRUSTEES UNIVERSITY OF PA PO BOX 785541 PHILADELPHIA, PA 19178	EDUCATIONAL/TRAINING SERVICES	166,403

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 ▶ 1

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII . . . ☐

Contributions, Gifts, Grants and Other Similar Amounts

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
1a Federated campaigns	1a	5,442				
b Membership dues	1b					
c Fundraising events	1c	394,189				
d Related organizations	1d	357,731				
e Government grants (contributions)	1e					
f All other contributions, gifts, grants, and similar amounts not included above	1f	438,713				
g Noncash contributions included in lines 1a - 1f $						
h **Total.** Add lines 1a-1f ▶			1,196,075			

Program Service Revenue

	Business Code	(A)	(B)	(C)	(D)
2a TRAINING/EDUCATION REV	611710	561,551	561,551		
b					
c					
d					
e					
f All other program service revenue					
g **Total.** Add lines 2a–2f ▶		561,551			

Other Revenue

	(i)	(ii)	(A)	(B)	(C)	(D)
3 Investment income (including dividends, interest, and other similar amounts) ▶			1,224,751			1,224,751
4 Income from investment of tax-exempt bond proceeds ▶						
5 Royalties ▶						
	(i) Real	(ii) Personal				
6a Gross rents						
b Less rental expenses						
c Rental income or (loss)						
d Net rental income or (loss) ▶						
	(i) Securities	(ii) Other				
7a Gross amount from sales of assets other than inventory	21,926,408					
b Less cost or other basis and sales expenses	21,063,117					
c Gain or (loss)	863,291					
d Net gain or (loss) ▶			863,291			863,291
8a Gross income from fundraising events (not including $ 394,189 of contributions reported on line 1c) See Part IV, line 18 . . . a		316,426				
b Less direct expenses . . . b		274,725				
c Net income or (loss) from fundraising events ▶			41,701			41,701
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 MISCELLANEOUS		900099	1,610			1,610
b						
c						
d All other revenue						
e **Total.** Add lines 11a–11d ▶			1,610			
12 **Total revenue.** See Instructions ▶			3,888,979	561,551	0	2,131,353

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 or note to any line 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)** Fundraisingexpenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	1,722,096	1,722,096		
2 Grants and other assistance to domestic individuals See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	723,893	664,191	59,702	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	62,021	57,717	4,304	
9 Other employee benefits	127,615	116,985	10,630	
10 Payroll taxes	50,967	47,940	3,027	
11 Fees for services (non-employees)				
a Management				
b Legal	4,862	2,450	2,412	
c Accounting	8,360		8,360	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees	190,830		190,830	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	512,810	512,810		
12 Advertising and promotion	1,366	1,366		
13 Office expenses	8,445	8,445		
14 Information technology				
15 Royalties . .				
16 Occupancy				
17 Travel	20,698	17,837	2,861	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19 Conferences, conventions, and meetings	14,842	13,065	1,777	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization . .	1,281	1,281		
23 Insurance . . .	8,454	8,454		
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 TEAM PHILLY EXPENSES	236,323	236,323		
b DONORS ARE HEROES PROGR	79,179	72,031		7,148
c DONOR RECOGNITION	17,259	17,259		
d ORGAN DONOR AWARENESS	7,025	3,513		3,512
e All other expenses	43,550	42,224	326	1,000
25 Total functional expenses. Add lines 1 through 24e	3,841,876	3,545,987	284,229	11,660
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 Sheet**

Check if Schedule O contains a response or note to any line in this Part IX . . . . ☐

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing			1	
	2	Savings and temporary cash investments		450,813	2	363,720
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		878	4	195,920
	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		12,174	9	3,942
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 81,935			
	b	Less accumulated depreciation	10b 68,543	10,097	10c	13,392
	11	Investments—publicly traded securities		47,643,066	11	43,595,061
	12	Investments—other securities See Part IV, line 11			12	
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11			15	
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		48,117,028	16	44,172,035
Liabilities	17	Accounts payable and accrued expenses		58,639	17	79,801
	18	Grants payable			18	
	19	Deferred revenue		205,000	19	284,230
	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		945,338	25	1,723,787
	26	**Total liabilities.** Add lines 17 through 25		1,208,977	26	2,087,818
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		46,853,642	27	42,049,677
	28	Temporarily restricted net assets		54,409	28	34,540
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		46,908,051	33	42,084,217
	34	Total liabilities and net assets/fund balances		48,117,028	34	44,172,035

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI . . . ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,888,979
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,841,876
3	Revenue less expenses Subtract line 2 from line 1	3	47,103
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	46,908,051
5	Net unrealized gains (losses) on investments	5	-4,870,937
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	42,084,217

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII . . . ☐

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other ______ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☑ Both consolidated and separate basis			
c	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?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

Additional Data

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

Form 990 (2018)

Form 990, Part III, Line 4a:

A TRANSPLANT FOUNDATION IS COMMITTED TO SUPPORTING THE MISSION OF GIFT OF LIFE DONOR PROGRAM THROUGH ITS COMMITMENT TO -IMPROVE THE QUALITY OF LIFE OF PATIENTS AWAITING TRANSPLANTATION BY MAXIMIZING THE AVAILABILITY OF DONOR ORGANS AND TISSUES WHILE UPHOLDING THE HIGHEST MEDICAL, LEGAL, ETHICAL AND FISCAL STANDARDS THROUGH INITIATIVES SUCH AS EDUCATIONAL AND INFORMATIONAL PROGRAMMING TO THE COMMUNITY AT LARGE THROUGH THE SPECIAL EVENTS AND CLINICAL TRAININGS SUPPORTED BY TRANSPLANT FOUNDATION TO THE MEDICAL COMMUNITY THROUGH ITS GIFT OF LIFE INSTITUTE,CONTINUED ON SCHEDULE O -WORK IN PARTNERSHIP WITH THE REGION'S HOSPITALS AND HEALTH CARE PROFESSIONALS TO ENSURE THAT THE FAMILY OF EVERY POTENTIAL DONOR IS OFFERED THE OPPORTUNITY TO SUPPORT ORGAN AND TISSUE DONATION IN A COMPASSIONATE, TIMELY, INFORMATIVE AND CARING MANNER,- PROVIDE EDUCATIONAL PROGRAMS AND MATERIALS TO POSITIVELY PREDISPOSE ALL MEMBERS OF THE COMMUNITY TO ORGAN AND TISSUE DONATION SO THAT DONATION IS VIEWED AS A FUNDAMENTAL HUMAN RESPONSIBILITY THROUGH PROGRAMMING SUCH AS DONORS ARE HEROES GRANTS,- SERVE AS A COMMUNITY RESOURCE BY PROVIDING SUPPORT FOR FAMILIES OF DONORS AS WELL AS TRANSPLANT RECIPIENTS AND THEIR FAMILIES, SUPPORTING A SEDUM GARDEN FOR PATIENTS AND FAMILIES AT A I DUPONT HOSPITAL FOR CHILDREN, PROGRAMS SUCH AS THE CAREGIVER LIFELINE AND SCHOLARSHIPS SUCH AS THE JESSICA BETH SCHWARTZ COLLEGE SCHOLARSHIP PROGRAM, ALONG WITH THE DEVELOPMENT AND SUPPORT OF THE GIFT OF LIFE FAMILY HOUSE INITIATIVE, AND-SERVE AS A LEADER IN THE ADVANCEMENT OF ORGAN AND TISSUE DONATION AND TRANSPLANTATION THROUGH INITIATIVES SUCH AS GIFT OF LIFE INSTITUTE, INCLUDING THE 2015 ESTABLISHMENT OF THE DONATION AND TRANSPLANTATION GRANT PROGRAM B IN ADDITION TO ITS ONGOING COMMUNITY EDUCATION AND GRANT PROGRAMS, AND THE PROGRAMMING THROUGH ITS GIFT OF LIFE INSTITUTE, TRANSPLANT FOUNDATION CONTINUES TO SUPPORT GIFT OF LIFE FAMILY HOUSE, A RONALD MCDONALD HOUSE-TYPE SETTING, WHERE FAMILIES OF PATIENTS UNDERGOING TRANSPLANTS AT TRANSPLANT CENTERS IN THE PHILADELPHIA REGION ARE ACCOMMODATED NEAR THE SITE OF THE SURGERY AND FOR FOLLOW-UP VISITS THE FOUNDATION SUPPORTED THE PLANNING, DESIGN AND PROGRAM DEVELOPMENT, CONSTRUCTION AND NOW THE OPERATIONS OF THE FAMILY HOUSE C TRANSPLANT FOUNDATION'S PRIMARY EXEMPT PURPOSE IS TO SUPPORT THE MISSION OF GIFT OF LIFE DONOR PROGRAM AS DETAILED ABOVE IN PART IIIA SPECIFICALLY, TRANSPLANT FOUNDATION FULFILLED ITS MISSION IN 2018 THROUGH ITS ONGOING SUPPORT OF THE GIFT OF LIFE INSTITUTE, THE ORGANIZATION OF THE TEAM PHILADELPHIA ENTRY INTO THE TRANSPLANT GAMES OF AMERICA, THE GIFT OF LIFE DONOR DASH, THE LIVING DONOR CEREMONY, AND ITS ESTABLISHMENT OF THE DONATION AND TRANSPLANTATION GRANT PROGRAM TO FUND INNOVATIVE RESEARCH IN SUPPORT OF DONATION AND TRANSPLANTATION TRANSPLANT FOUNDATION ALSO SUPPORTS COMMUNITY EDUCATIONAL PROGRAMMING THROUGH GRANTS ISSUED TO SCHOOLS AND HOUSES OF WORSHIP, AND SCHOLARSHIPS IN ADDITION TO THE PROGRAM EXPENSES SUPPORTING THESE INITIATIVES, TRANSPLANT FOUNDATION EXTENDED SUPPORT THROUGH A GRANT FOR THE ON-GOING OPERATION OF GIFT OF LIFE FAMILY HOUSE GIFT OF LIFE INSTITUTE TRANSPLANT FOUNDATION FULFILLS ITS MISSION TO PROVIDE PROFESSIONAL EDUCATION AND TRAINING THROUGH ITS EDUCATION AND RESEARCH DIVISION, THE GIFT OF LIFE INSTITUTE TRANSPLANT FOUNDATION, THROUGH ITS INSTITUTE, SEEKS TO ADVANCE THE SCIENCE, SAFETY AND EFFICIENCY OF THE DONATION PROCESS TRANSPLANT FOUNDATION FOCUSES ON THESE OBJECTIVES BECAUSE THE SUPPLY OF ORGANS AND TISSUES FOR TRANSPLANTATION CONTINUES TO FALL SHORT OF EXPECTATION CURRENTLY, THERE ARE OVER 114,000 PEOPLE ARE AWAITING A LIFE-SAVING ORGAN TRANSPLANT IN THE UNITED STATES AND EVERY DAY, 20 PEOPLE DIE WAITING WHO COULD BENEFIT FROM LIFE-ENHANCING TISSUE TRANSPLANTS ALTHOUGH THERE IS NO CONSENSUS SURROUNDING A SOLUTION TO THE UNDERLYING PROBLEM OF THE ORGAN SHORTAGE, TRAINING, SKILL DEVELOPMENT, EDUCATION, AND RETENTION OF DONATION PROFESSIONALS ARE MAJOR CONCERNS TRANSPLANT FOUNDATION'S EDUCATIONAL PROGRAMMING FOR PROFESSIONALS IS GROUNDED ON THE PHILOSOPHY THAT INNOVATION MUST REPLACE TRADITIONAL LEARNING IN THIS FIELD AND THAT HISTORICALLY THERE HAS BEEN AN UNNECESSARY DELAY BETWEEN THE ACQUISITION OF NEW KNOWLEDGE AND ITS IMPLEMENTATION THROUGH CLINICAL PRACTICE TRANSPLANT FOUNDATION BELIEVES A NEW APPROACH IS NECESSARY TO UNDERSCORE THE SIGNIFICANCE OF WHAT IS LEARNED, TO TRANSMIT AND DISSEMINATE WHAT IS KNOWN, AND TO BENEFIT FROM WHAT IS COLLECTIVELY ACHIEVED IN CONTINUANCE OF THE MISSION, TRANSPLANT FOUNDATION THROUGH THE GIFT OF LIFE INSTITUTE CONDUCTED 39 WORKSHOPS AND/OR CONSULTING OPPORTUNITIES IN 2018, COVERING FAMILY COMMUNICATION, CONSENT FOR ORGAN AND TISSUE DONATION, AND HOSPITAL SERVICES STAFF DEVELOPMENT, WITH MORE THAN 339 PROFESSIONALS PARTICIPATING IN THOSE 2018 TRAININGS ADDITIONALLY, THE INSTITUTE PROVIDED TRAINING TO 248 DONATION PROFESSIONALS THROUGH ITS ELEARNING AND VIRTUAL CLASSROOM INITIATIVES AND WORKED WITH 11 PROFESSIONALS FROM 3 COUNTRIES TO SUPPORT DONATION AND TRANSPLANTATION INITIATIVES DURING THIS TIME PERIOD IN TOTAL, THE INSTITUTE HAS WORKED WITH CLOSE TO 40 COUNTRIES TO SUPPORT THE DEVELOPMENT OF RESPONSIBLE AND ETHICAL DONATION AND TRANSPLANTATION PRACTICES INTERNATIONALLY ON OCTOBER 22, GIFT OF LIFE INSTITUTE GRADUATED THE THIRD CLASS OF THE INNOVATIVE PROGRAM "THE ART AND SCIENCE OF LEADERSHIP DRIVING RESULTS FOR DONATION AND TRANSPLANTATION PROFESSIONALS" THE FULLY SUBSCRIBED EIGHT-MONTH CERTIFICATE PROGRAM WAS DESIGNED IN PARTNERSHIP WITH THE WHARTON SCHOOL OF THE UNIVERSITY OF PENNSYLVANIA AND THE FOX SCHOOL OF BUSINESS, TEMPLE UNIVERSITY IT IS GEARED TOWARDS BOTH EMERGING AND EXPERIENCED LEADERS WHO ARE LOOKING TO INCREASE THEIR MANAGEMENT SKILLS AND STRATEGIC PERSPECTIVE SIXTEEN (CURRENT AND FORMER) LEADERS FROM 11 ORGAN PROCUREMENT ORGANIZATIONS (OPOS) SERVED AS COACHES, AND 30 PROFESSIONALS FROM 17 OPOS PARTICIPATED IN THE FIRST CLASS OF THE INTENSIVE, MULTI-FACETED PROGRAM IN 2012 GIFT OF LIFE INSTITUTE EXPANDED ITS RESEARCH INITIATIVES AND SUPPORT OF TRANSPLANT RECIPIENTS WHEN THE TRANSPLANTATION PREGNANCY REGISTRY INTERNATIONAL (TPR) FORMERLY NATIONAL TRANSPLANT PREGNANCY REGISTRY FORMALLY JOINED THE INSTITUTE SINCE 1991, TPR HAS TRACKED AND STUDIED THE OUTCOMES OF THOUSANDS OF PREGNANCIES IN SOLID ORGAN TRANSPLANT RECIPIENTS TPR IS AN ONGOING STUDY, AND THE INFORMATION COLLECTED HELPS THOUSANDS OF TRANSPLANT RECIPIENTS MAKE FAMILY PLANNING DECISIONS THE TPR TEAM IS COMPRISED OF NURSES EXPERIENCED IN TRANSPLANT PATIENT CARE AND TRAINED INTERVIEWERS, SOME OF WHOM ARE TRANSPLANT RECIPIENTS THEMSELVES IN 2018, 11 ABSTRACTS WERE SUBMITTED AND ACCEPTED FOR PRESENTATION AT ACADEMIC MEETINGS AND 2 PEER REVIEWED PUBLICATIONS WERE PUBLISHED ADDITIONALLY, 9 INVITED PRESENTATIONS WERE GIVEN AT ACADEMIC MEETINGS, TRANSPLANT CENTERS AND RECIPIENT SUPPORT GROUPS TRANSPLANT FOUNDATION'S DONATION AND TRANSPLANTATION GRANT PROGRAM IN 2015 THE GRANT PROGRAM WAS ESTABLISHED TO ADVANCE ORGAN AND TISSUE DONATION AND TRANSPLANTATION, PARTICULARLY IN THE GIFT OF LIFE DONATION SERVICE AREA THE GOAL OF THE GRANT PROGRAM IS TO SUPPORT INNOVATION, QUALITY, AND SAFETY IN THE FIELD OF DONATION AND TRANSPLANTATION THROUGH SCIENTIFIC RESEARCH, COMMUNITY PROGRAMMING OR ALTERNATE APPROACHES TO EXISTING PROCESSES AND PROTOCOLS 23RD ANNUAL GIFT OF LIFE DONOR DASH IN 2018, TRANSPLANT FOUNDATION ALSO SUPPORTED AND COORDINATED THE 23RD ANNUAL DASH FOR ORGAN AND TISSUE DONOR AWARENESS THE DONOR DASH WAS HELD ON SUNDAY, APRIL 15, 2018 INVOLVING MORE THAN 12,000 PARTICIPANTS, NEARLY 400 TEAMS, AND RAISING MORE THAN $600,000 TO SUPPORT THE MISSION OF THE FOUNDATION A FUNDRAISING WEBSITE ENABLED EVENT PARTICIPANTS TO DEVELOP THEIR OWN WEB PAGE AND RAISE COMMUNITY AWARENESS AND SUPPORT FOR THE CRITICAL NEED FOR GIFTS OF ORGANS AND TISSUES PROMOTIONAL POSTERS AND FLYERS WERE DISTRIBUTED THROUGHOUT THE REGION PRESS RELEASES ANNOUNCING THE EVENT WERE DISTRIBUTED TO ALL REGIONAL MEDIA AND THE DASH WAS LISTED ON RUNNING-RELATED WEB SITES THE 2018 EVENT INCLUDED THE DEDICATION OF A NEW "THREADS OF LOVE" DONOR QUILT AND A SPECIAL TRIBUTE TO OUR DONOR FAMILIES ON THE STEPS OF THE ART MUSEUM THE DASH INCLUDES A 10K RUN, A 5K RUN, A 3K WALK AND A KIDS FUN RUN HELD AT THE BASE OF THE PHILADELPHIA ART MUSEUM AND ALONG MARTIN LUTHER KING DRIVE AND ON SUNDAY, APRIL 15, "DASH DAY," MAYOR JIM KENNEY PROCLAIMED APRIL 2018 TO BE NATIONAL DONATE LIFE MONTH IN THE CITY OF PHILADELPHIA IN A PROCLAMATION READ BY COUNCILMAN MARK SQUILLA THE DASH RAISES AWARENESS, AS WELL AS FUNDRAISING FOR PROGRAMS SUPPORTING ORGAN DONATION AND TRANSPLANTATION FAMILIES AND GIFT OF LIFE FAMILY HOUSE

SCHEDULE A
(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to *www.irs.gov/Form990* for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
TRANSPLANT FOUNDATION

Employer identification number
31-1481798

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

The organization is not a private foundation because it is (For lines 1 through 12, 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 (Form 990 or 990-EZ))

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 agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university

10 ☐ 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)

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

12 ☑ 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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g

a ☑ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization

f Enter the number of supported organizations 2

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document? Yes	No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
(A) GREATER DELAWARE VALLEY SOCIETY OF TRANSPLANT SURGEONS	237388767	10	Yes		0	0
(B) TRANSPLANT HOUSE	260585694	7		No	1,649,214	0
Total 2					1,649,214	0

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 170(b)(1)(A)(vi), and 170 (b)(1)(A)(ix)**
(Complete only if you checked the box on line 5, 7, 8, or 9 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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant ")						
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)2014	(b)2015	(c)2016	(d)2017	(e)2018	(f)Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11 **Total support.** Add lines 7 through 10						

12 Gross receipts from related activities, etc (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 section 501(c)(3) organization, check this box and **stop here** . . . . ▶ ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)) | 14 |

15 Public support percentage for 2017 Schedule A, Part II, line 14 | 15 |

16a **33 1/3% support test—2018.** 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—2017.** 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—2018.** 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 VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

b **10%-facts-and-circumstances test—2017.** 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 VI 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 10 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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support.** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13 **Total support.** (Add lines 9, 10c, 11, and 12)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2018 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2018** (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from **2017** Schedule A, Part III, line 17	18	

19a **331/3% support tests—2018.** 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—2017.** 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 Supporting Organizations

(Complete only if you checked a box on line 12 of Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V)

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in* ***Part VI*** *how the supported organizations are designated If designated by class or purpose, describe the designation If historic and continuing relationship, explain*	1		No
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2)*	2		No
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below*	3a		No
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* ***Part VI*** *what controls the organization put in place to ensure such use*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below*	4a		No
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in* ***Part VI*** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in* ***Part VI,*** *including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)*	5a		No
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* ***Part VI.***	6		No
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)*	7		No
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)*	8		No
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in* ***Part VI.***	9a		No
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* ***Part VI.***	9b		No
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* ***Part VI.***	9c		No
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b below*	10a		No
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)*	10b		

Part IV Supporting Organizations (continued)

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	**11a**		**No**
b	A family member of a person described in (a) above?	**11b**		**No**
c	A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in Part VI*	**11c**		**No**

Section B. Type I Supporting Organizations

			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? *If "No," describe in* ***Part VI*** *how the supported organization(s) effectively operated, supervised, or controlled the organization's activities If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year*	**1**	**Yes**	
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in* ***Part VI*** *how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization*	**2**		**No**

Section C. Type II Supporting Organizations

			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If "No," describe in* ***Part VI*** *how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)*	**1**		

Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	**1**		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? *If "No," explain in* ***Part VI*** *how the organization maintained a close and continuous working relationship with the supported organization(s)*	**2**		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in* ***Part VI*** *the role the organization's supported organizations played in this regard*	**3**		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year **(see instructions)**

- **a** ☐ The organization satisfied the Activities Test Complete **line 2** below
- **b** ☐ The organization is the parent of each of its supported organizations Complete **line 3** below
- **c** ☐ The organization supported a governmental entity Describe in **Part VI** how you supported a government entity (see instructions)

			Yes	No
2	Activities Test **Answer (a) and (b) below.**			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities*	**2a**		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement*	**2b**		
3	Parent of Supported Organizations **Answer (a) and (b) below.**			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in* ***Part VI.***	**3a**		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in* ***Part VI.*** *the role played by the organization in this regard*	**3b**		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 (explain in Part VI) **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E

	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	**Adjusted Net Income** (subtract lines 5, 6 and 7 from line 4)	8		

	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	**Total** (add lines 1a, 1b, and 1c)	1d		
e	**Discount** claimed for blockage or other factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	**Minimum Asset Amount** (add line 7 to line 6)	8		

	Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

7 ☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

Part V **Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)**

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in **Part VI**) See instructions	
7 **Total annual distributions.** Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in **Part VI**) See instructions	
9 Distributable amount for 2018 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2018			
a From 2013.			
b From 2014.			
c From 2015.			
d From 2016.			
e From 2017.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2018 from Section D, line 7 $			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 **Excess distributions carryover to 2019.** Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2014.			
b Excess from 2015.			
c Excess from 2016.			
d Excess from 2017.			
e Excess from 2018.			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1, Part V, Section B, line 1e, Part V Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information (See instructions)

Facts And Circumstances Test

990 Schedule A, Supplemental Information

Return Reference	Explanation
PART IV, SECTION A, LINE 1	THE TRANSPLANT FOUNDATION IS AN AFFILIATE IN A GROUP THAT INCLUDES THE GIFT OF LIFE DONOR PROGRAM ("GLDP," EIN 23-7388767) AND THE TRANSPLANT HOUSE (EIN 26-0585694) THE TRANSPLAN T FOUNDATION PROVIDES SUPPORT TO THE GLDP, WHICH IS LISTED IN THE ORGANIZATION'S GOVERNING DOCUMENTS THE FOUNDATION ALSO PROVIDES SUPPORT TO THE TRANSPLANT HOUSE, WHICH IS NOT LIS TED IN THE ORGANIZATION'S GOVERNING DOCUMENTS, TRANSPLANT HOUSE IS A RONALD MCDONALD TYPE LODGING FACILITY FOR TRANSPLANT FAMILIES TRAVELING TO THE PHILADELPHIA AREA FOR CARE) WAS REFERENCED IN THE FOUNDATION'S IRS EXEMPTION APPLICATION AND HAS PLAYED A VITAL ROLE IN AD VANCING THE MISSION OF GLDP TRANSPLANT HOUSE IS A CONTROLLED ENTITY OF GLDP THROUGH THE F OUNDATION

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SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
▶ Go to *www.irs.gov/Form990* for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
TRANSPLANT FOUNDATION

Employer identification number
31-1481798

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of 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" on 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
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	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, handling of violations, and enforcing conservation easements during the year ▶ ____________

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, 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" on 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) Revenue included on 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 Revenue included on 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 ☐ Public exhibition
d ☐ Loan or exchange programs
b ☐ Scholarly research
e ☐ Other
c ☐ 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" on 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**

			Amount
b	If "Yes," explain the arrangement in Part XIII and complete the following table		
c	Beginning balance	**1c**	
d	Additions during the year	**1d**	
e	Distributions during the year	**1e**	
f	Ending balance	**1f**	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . ☐ **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" on 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	12,399,211	10,758,685	10,000,000		
b Contributions				10,000,000	
c Net investment earnings, gains, and losses	-725,671	1,640,526	782,569		
d Grants or scholarships					
e Other expenditures for facilities and programs	1,074,313				
f Administrative expenses			23,884		
g End of year balance	10,599,227	12,399,211	10,758,685	10,000,000	

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

a Board designated or quasi-endowment ▶ 100 000 %

b Permanent endowment ▶

c Temporarily restricted endowment ▶

The percentages on 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

		Yes	**No**
(i) unrelated organizations	**3a(i)**		No
(ii) related organizations	**3a(ii)**		No
b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?	**3b**		

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

Part VI **Land, Buildings, and Equipment.**
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. 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		81,935	68,543	13,392
e Other				
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c))* ▶				13,392

Part VII Investments—Other Securities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. 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)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶		

Part VIII Investments—Program Related.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 13)* ▶		

Part IX Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d See Form 990, Part X, line 15

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 15)* ▶	

Part X Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
DUE TO AFFILIATES	1,723,787
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	1,723,787

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII ☐

Part XI **Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	-1,255,794
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains (losses) on investments	2a	-4,870,937		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d	-190,830		
e	Add lines **2a** through **2d**			2e	-5,061,767
3	Subtract line **2e** from line **1**			3	3,805,973
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	83,006		
c	Add lines **4a** and **4b**			4c	83,006
5	Total revenue Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12)			5	3,888,979

Part XII **Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			1	3,568,040
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	-83,006		
e	Add lines **2a** through **2d**			2e	-83,006
3	Subtract line **2e** from line **1**			3	3,651,046
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	190,830		
c	Add lines **4a** and **4b**			4c	190,830
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	3,841,876

Part XIII **Supplemental Information**

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

Return Reference	Explanation
See Additional Data Table	

Part XIII **Supplemental Information** ***(continued)***

Return Reference	Explanation

Additional Data

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

Supplemental Information

Return Reference	Explanation
PART V, LINE 4	IN DECEMBER 2015, THE BOARD AUTHORIZED THE ESTABLISHMENT OF A $10 MILLION ENDOWMENT FUND (THE "FUND") BY TRANSPLANT FOUNDATION FOR THE PURPOSE OF FUNDING ANY FUTURE FINANCIAL SHORT FALLS AND TO SUPPORT NEEDED CAPITAL PROJECTS AT TRANSPLANT HOUSE BASED ON THE REQUEST OF THE BOARD, TRANSPLANT HOUSE IS ENTITLED TO AN ANNUAL DISTRIBUTION OF UP TO 5% OF THE FAIR VALUE OF THE FUND THE FAIR VALUE IS DETERMINED AS OF DECEMBER 31 OF EACH CALENDAR YEAR AN D CALCULATED BY AVERAGING THE FAIR VALUE OF THE FUND OVER THE PRECEDING 12 QUARTERS OR AS MANY QUARTERS THAT THE FUND HAS BEEN IN EXISTENCE

Supplemental Information

Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS	INVESTMENT EXPENSES -190,830

Supplemental Information

Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS	FUNDRAISING EVENT EXPENSES -274,725 TRANSFER FROM AFFILIATE NETTED WITH EXPENSE ON THE FINANCIALS 357,731

Supplemental Information

Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS	FUNDRAISING EVENT EXPENSES 274,725 TRANSFER FROM AFFILIATE NETTED WITH EXPENSE ON THE FINANCIALS -357,731

Supplemental Information

Return Reference	Explanation
PART XII, LINE 4B - OTHER ADJUSTMENTS	INVESTMENT EXPENSES 190,830

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a
▶Attach to Form 990 or Form 990-EZ.
▶Go to *www irs gov/Form990* for instructions and the latest information

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
TRANSPLANT FOUNDATION

Employer identification number
31-1481798

Part I Fundraising Activities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

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

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

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

Part II **Fundraising Events.** Complete if the organization answered "Yes" on 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 PA DONOR DASH (event type)	(b) Event #2 DONORS ARE HEROES (event type)	(c) Other events (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	575,920	134,695		710,615
	2 Less Contributions	280,819	113,370		394,189
	3 Gross income (line 1 minus line 2)	295,101	21,325		316,426
Direct Expenses	4 Cash prizes				
	5 Noncash prizes	5,823			5,823
	6 Rent/facility costs	26,389	5,000		31,389
	7 Food and beverages		24,631		24,631
	8 Entertainment	2,995	2,650		5,645
	9 Other direct expenses	170,706	36,531		207,237
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				274,725
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				41,701

Part III **Gaming.** Complete if the organization answered "Yes" on 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 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary Subtract line 7 from line 1, column (d) ▶				

9 Enter the state(s) in which the organization conducts gaming activities ______

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

b If "No," explain ______

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

b If "Yes," explain ______

11 Does the organization conduct 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 conducted in

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

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.** 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 provide any additional information. See instructions.

Return Reference	Explanation

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.
▶ Go to *www.irs.gov/Form990* for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
TRANSPLANT FOUNDATION

Employer identification number
31-1481798

Part I General Information on Grants and Assistance

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

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000 Part II can be duplicated if additional space is needed

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section (if applicable)	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of noncash assistance	**(h)** Purpose of grant or assistance
(1) TRANSPLANT HOUSE 401 NORTH 3RD STREET PHILADELPHIA, PA 19123	26-0585694	501(C)(3)	1,649,214				GIFT OF LIFE FAMILY HOUSE OPERATIONS
(2) UNIVERSITY OF PA PO BOX 829500 PHILADELPHIA, PA 191829500	23-1352885	501(C)(3)	28,105				EVOLUTION OF THROMBOSIS GENETIC RISK SCORE TO LIVER TRANSPLANT DONORS AND IT

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

3 Enter total number of other organizations listed in the line 1 table . . . . ▶ 0

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22
Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	**(b)** Number of recipients	**(c)** Amount of cash grant	**(d)** Amount of noncash assistance	**(e)** Method of valuation (book, FMV, appraisal, other)	**(f)** Description of noncash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

Part IV **Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

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

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
▶ Attach to Form 990.
▶ Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
TRANSPLANT FOUNDATION

Employer identification number
31-1481798

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2		
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 ☐ Compensation committee ☐ Written employment contract ☐ Independent compensation consultant ☐ Compensation survey or study ☐ Form 990 of other organizations ☐ Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	4a		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III	4c		No
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	5a		No
b	Any related organization? If "Yes," on line 5a or 5b, describe in Part III	5b		No
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	6a		No
b	Any related organization? If "Yes," on line 6a or 6b, describe in Part III	6b		No
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7		No
8	Were any amounts reported on Form 990, Part VII, paid or accured 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	8		No
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on 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 in column (B) reported as deferred on prior Form 990
		(i) Base compensation	**(ii)** Bonus & incentive compensation	**(iii)** Other reportable compensation				
1 HOWARD M NATHAN PRES & CEO	(i)	0	0	0	0	0	0	0
	(ii)	470,862	144,585	45,452	71,333	20,546	752,778	15,697
2 JAN L WEINSTOCK ESQ VP OF ADMIN & GENERAL COUN	(i)	0	0	0	0	0	0	0
	(ii)	423,622	111,492	184,823	55,556	11,648	787,141	66,909
3 PATTI MULVANIA SENIOR FACULTY	(i)	0	47,950	0	0	0	47,950	0
	(ii)	118,355	10,600	0	15,386	0	144,341	0
4 THERESA DALY DIRECTOR OF INSTITUTE	(i)	145,280	11,200	903	18,316	24,801	200,500	0
	(ii)	0	0	0	0	0	0	0

Part III Supplemental Information

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

Return Reference	Explanation
PART I, LINE 3	COMPENSATION IS PAID BY A RELATED ORGANIZATION AT THE RELATED ORGANIZATION, COMPENSATION IS DETERMINED ANNUALLY BY A COMMITTEE OF THE BOARD WHICH IS COMPRISED OF INDEPENDENT PERSONS AN INFORMAL PAIRED COMPARISON RANKING AMONG EXISTING GIFT OF LIFE DONOR PROGRAM JOBS COMBINED WITH MARKET-BASED WAGE DATA (WHEN AVAILABLE) IS USED A PERIODIC REVIEW PERFORMED EVERY TWO YEARS WITH AN INDEPENDENT COMPENSATION CONSULTANT IS ALSO CONDUCTED

Return Reference	Explanation
PART I, LINE 4B	HOWARD M NATHAN AND JAN L WEINSTOCK, ESQ PARTICIPATE IN A 457(F) NON-QUALIFIED, SUPPLEMENTAL RETIREMENT PLAN HOWARD M NATHAN RECEIVED A DISTRIBUTION OF $15,697 JAN L WEINSTOCK, ESQ RECEIVED A DISTRIBUTION OF $162,991 THE 2018 457F DISTRIBUTIONS INCLUDED PENSION AMOUNTS WHICH WERE PREVIOUSLY REPORTED AS DEFERRED ON PRIOR YEAR 990 RETURNS AS REFLECTED ON SCHEDULE J PART II, COLUMN F

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 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Go to *www.irs.gov/Form990* for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
TRANSPLANT FOUNDATION

Employer identification number
31-1481798

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 1	TRANSPLANT FOUNDATION (THE "FOUNDATION") IS COMMITTED TO SUPPORTING ORGAN AND TISSUE DONATION AND TRANSPLANTATION, AS WELL AS ORGAN AND TISSUE DONOR FAMILIES AND RECIPIENTS THIS INCLUDES THE MORE THAN 114,000 PEOPLE AWAITING A LIFE-SAVING ORGAN TRANSPLANT NATIONALLY (MORE THAN 5,000 OF WHOM ARE AWAITING TRANSPLANT IN THE FOUNDATION'S REGION), AND THOUSANDS OF OTHERS WHO WOULD BENEFIT FROM LIFE-ENHANCING TISSUE TRANSPLANTS THROUGH ITS GIFT OF LIFE INSTITUTE, THE FOUNDATION SUPPORTS RESEARCH, EDUCATIONAL PROGRAMS, AND TRAINING SEMINARS IN SUPPORT OF ORGAN AND TISSUE DONATION AND TRANSPLANTATION DURING 2018, GIFT OF LIFE INSTITUTE PROVIDED DIRECT TRAINING OR INCREASED AWARENESS REGARDING DONATION AND TRANSPLANTATION TO MORE THAN 617 DONATION PROFESSIONALS IT ALSO HOUSES THE TRANSPLANT PREGNANCY REGISTRY INTERNATIONAL WHICH TRACKS AND STUDIES THE OUTCOMES OF THOUSANDS OF PREGNANCIES IN SOLID ORGAN TRANSPLANT RECIPIENTS, SERVING AS A VALUABLE RESOURCE FOR THOUSANDS OF TRANSPLANT RECIPIENTS MAKE FAMILY PLANNING DECISIONS ADDITIONALLY, TRANSPLANT FOUNDATION CONDUCTS FUNDRAISING ACTIVITIES, EDUCATIONAL PROGRAMMING AND SCHOLARSHIP PROGRAMS IN SUPPORT OF THE MISSION OF GREATER DELAWARE VALLEY SOCIETY OF TRANSPLANT SURGEONS ("GIFT OF LIFE") AND TRANSPLANT HOUSE ("GIFT OF LIFE FAMILY HOUSE") DURING 2018, THE FOUNDATION SUPPORTED EXTENSIVE COMMUNITY PROGRAMS AND GRANT AND SCHOLARSHIP PROGRAMS IN SUPPORT OF THE MORE THAN 5,000 PEOPLE AWAITING LIFE-SAVING ORGAN TRANSPLANTS IN THE EASTERN HALF OF PENNSYLVANIA, SOUTHERN NEW JERSEY AND DELAWARE

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A (CONTINUED)	SCHEDULE OF TRANSPLANT FOUNDATION PROGRAM SERVICES 23RD ANNUAL GIFT OF LIFE DONOR DASH T HE DASH FOR ORGAN AND TISSUE DONOR AWARENESS WAS ON SUNDAY, APRIL 15, 2018 AT THE PHILADEL PHIA MUSEUM OF ART THE DASH IS A 5K/10K RUN, A 3K WALK AND KIDS RUN THAT ATTRACTED MORE T HAN 12,000 ATTENDEES AND RAISED MORE THAN $600,000 GIFT OF LIFE FAMILY HOUSE TRANSPLANT FOUNDATION HAS SUPPORTED THE DEVELOPMENT, DESIGN AND OPERATIONS OF THE GIFT OF LIFE FAMILY HOUSE, A RONALD MCDONALD HOUSE-TYPE SETTING, WHERE FAMILIES OF PATIENTS UNDERGOING TRANSP LANTS AT THE TRANSPLANT CENTERS IN THE PHILADELPHIA REGION ARE ACCOMMODATED NEAR THE SITE OF THE SURGERY AND FOR FOLLOW-UP VISITS LIVING DONORS CAN ALSO BE ACCOMMODATED AT THE GIF T OF LIFE FAMILY HOUSE DURING 2018, GIFT OF LIFE FAMILY HOUSE HAS PROVIDED 10,025 LODGING NIGHTS, SUPPORTED 3,001 HOSPITALITY GUEST SERVICE HOURS PROVIDED AT THE FAMILY HOUSE, PRO VIDED 1,144 TRIPS TO AND FROM AREA HOSPITALS TRANSPORTING 3,719 GUESTS, DRIVING 15,256 MIL ES THROUGH OUR SHUTTLE SERVICE, SERVED 35,188 MEALS TO FAMILIES THROUGH OUR HOME COOK HERO ES PROGRAM, PROVIDED OVER 607 HOURS OF DIRECT COUNSELING TO TRANSPLANT CAREGIVERS AND PATI ENTS THROUGH SUPPORT AND EDUCATIONAL GROUPS, AND REACHED THOUSANDS OF OTHERS THROUGH ITS C AREGIVER LIFELINE PROGRAM PENNSYLVANIA ORGAN DONORS SAVE LIVES LICENSE PLATES TO INCREAS E AWARENESS OF THE URGENT NEED FOR LIFE-SAVING ORGAN DONATION AND LIFE-ENHANCING TISSUE DO NATION, THE FOUNDATION CONTINUED TO BE THE PROUD SPONSOR OF AND PROMOTE THE PENNSYLVANIA O RGAN DONORS SAVE LIVES" LICENSE PLATE IN COOPERATION WITH GIFT OF LIFE AND WITH THE CENTE R FOR ORGAN RECOVERY AND EDUCATION, THE ORGAN PROCUREMENT ORGANIZATION SERVING WESTERN PEN NSYLVANIA, THE FOUNDATION WORKED WITH THE PENNSYLVANIA DIVISION OF MOTOR VEHICLES IN 2018 TO PROCESS AN ADDITIONAL APPLICATIONS FOR PLATES THROUGHOUT THE YEAR DELAWARE ORGAN DONOR S SAVE LIVES LICENSE PLATE TRANSPLANT FOUNDATION COLLABORATED WITH THE DELAWARE ORGAN AND TISSUE DONOR AWARENESS BOARD TO PROMOTE DONATION THROUGH THE SPONSORSHIP OF THE DELAWARE ORGAN DONORS SAVE LIVES" LICENSE PLATE CAMP JEREMY IN 2018, TRANSPLANT FOUNDATION WAS AL SO ABLE TO OFFER YOUNG TRANSPLANT RECIPIENTS AND THEIR SIBLINGS THE OPPORTUNITY TO ATTEND A SPECIALIZED DAY CAMP IN CONJUNCTION WITH MERMAID LAKE COUNTRY DAY CAMP IN BLUE BELL, PE NNSYLVANIA, "CAMP JEREMY", NAMED IN LOVING MEMORY OF A TRANSPLANT RECIPIENT, PROVIDED 17 T RANSPLANT RECIPIENTS AND 12 OF THEIR SIBLINGS THE JOY AND FUN OF A DAY CAMP EXPERIENCE GI FTS OF LIFEACTS OF LOVE RECOGNIZING THE ONGOING IMPORTANCE OF LIVING DONATION, TRANSPLANT FOUNDATION ALSO HOSTED A SPECIAL LIVING DONOR RECOGNITION EVENT THE EVENT WAS HELD IN KI NG OF PRUSSIA, PA ON MARCH 4, 2018 HOSTED BY JIM MELWERT, LIVING DONOR AND KYW NEWS REPORT ER AND FEATURED KEYNOTE SPEAKER LIVING DONOR STEVEN JENNINGS THE EVENT APPROPRIATELY ENTI TLED "GIFTS OF LIFEACTS OF LOVE" JOINED 51 LIVING DONORS AND THEIR RECIPIENTS AND FAMILY M EMBERS LIVING DONORS AND THEI

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A (CONTINUED)	R RECIPIENTS WERE PRESENTED WITH SPECIAL COMMEMORATIVE PINS, WITH THE LIVING DONOR HALF OF THE PIN STATING "I GAVE THE GIFT OF LIFE AND THE RECIPIENT HALF STATING "I RECEIVED THE G IFT OF LIFE JESSICA BETH SCHWARTZ SCHOLARSHIP FUND IN 2018, TRANSPLANT FOUNDATION WAS AL SO ABLE TO AWARD SCHOLARSHIPS TO FOUR (4) RECIPIENT STUDENTS, $2,500 EACH, TO SUPPORT THEI R ENROLLMENT IN COLLEGE OR TRADE/TECHNICAL SCHOOL DONORS ARE HEROES- GRANT PROGRAMS THE FOUNDATION'S FUNDRAISING AND PUBLIC AWARENESS INITIATIVES DURING 2018 INCLUDED THE ANNUAL "DONORS ARE HEROES - THE PARTY" EVENT NATIONAL DONATE LIFE MONTH IN APRIL TO HELP INCREASE AWARENESS REGARDING DONATION APPROXIMATELY, 500 PEOPLE ATTENDED THE EVENT, WHICH RAISED IN EXCESS OF $143,000 FUNDS ARE USED TO SUPPORT 'IT'S ABOUT LIFE" GRANT PROGRAMS IN HOUSE S OF WORSHIP, "SPIRIT FOR LIFE" GRANTS FOR PHILADELPHIA HIGH SCHOOLS, AND PARTNERSHIPS WIT H A LOCAL RADIO STATION AND A LOCAL MEDIA NETWORK TO PROMOTE DONATION THREE "IT'S ABOUT L IFE" GRANTS WERE SUPPORTED AND THE PROGRAMS REACHED APPROXIMATELY 500 PEOPLE THOUSANDS WE RE REACHED THROUGH THE CAMPAIGNS WITH THE LOCAL RADIO STATION AND LOCAL MEDIA NETWORK ADD ITIONALLY, TEN PHILADELPHIA HIGH SCHOOLS PARTICIPATED IN THE "SPIRIT FOR LIFE" SCHOOL GRAN T PROGRAM TO IMPLEMENT EDUCATIONAL CAMPAIGNS IN THEIR HIGH SCHOOL COMMUNITIES THE HIGH SC HOOL PROGRAMS REACHED OVER 4,000 STUDENTS THE PARTNERSHIPS WITH THE RADIO STATION AND MED IA NETWORK INCLUDED THE FOLLOWING RADIO PSA SPOTS, ONLINE ADVERTISING, PRINT ADVERTISING, BLOG POSTS BY RADIO PERSONALITIES, A RADIO FORUM AND LIVE RADIO INTERVIEW, PARTICIPATION IN COMMUNITY EVENTS, EVENTS WITH LOCAL FRATERNITIES AND SORORITIES, AND SPONSORSHIP OF A C ONCERT HELD IN PHILADELPHIA, PA TRANSPLANT FOUNDATION'S DONATION AND TRANSPLANTATION GRAN T PROGRAM WAS ESTABLISHED TO ADVANCE ORGAN AND TISSUE DONATION AND TRANSPLANTATION, PARTIC ULARLY IN THE GIFT OF LIFE DONATION SERVICE AREA THE GOAL OF THE GRANT PROGRAM IS TO SUPP ORT INNOVATION, QUALITY, AND SAFETY IN THE FIELD OF DONATION AND TRANSPLANTATION THROUGH S CIENTIFIC RESEARCH, COMMUNITY PROGRAMMING OR ALTERNATE APPROACHES TO EXISTING PROCESSES AN D PROTOCOLS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART V, LINE 2B	TRANSPLANT FOUNDATION IS AN AFFILIATE IN A GROUP, INCLUDING THE GIFT OF LIFE DONOR PROGRAM ("GLDP," EIN 23-7388767) AND THE TRANSPLANT HOUSE (EIN 26-0585694), OF WHICH GLDP IS CONSIDERED A COMMON PAY AGENT FOR W-2 REPORTING GLDP REPORTS ALL EMPLOYEES ON ITS FORM W-3, HOWEVER, EACH AFFILIATE HAS EMPLOYEES ALLOCATED TO THAT ENTITY PER IRS INSTRUCTIONS, EMPLOYEES LISTED ON PART V, LINE 2A ARE THOSE WHO HAVE BEEN DEEMED TO BE EMPLOYEES OF THIS ORGANIZATION THE SALARY EXPENSE AND BENEFITS REPORTED IN PART IX OF FORM 990 ARE AN ALLOCATION FROM GLDP

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	THE FOUNDATION'S SOLE MEMBER, GIFT OF LIFE (AN AFFILIATED ENTITY), HAS THE AUTHORITY TO APPROVE THE FOLLOWING 1) BORROW MONEY UNDER TERMS WHICH PROVIDE FOR A REPAYMENT PERIOD OF AT LEAST TWELVE MONTHS, 2) UNDERTAKE ANY CAPITAL EXPENDITURES IN EXCESS OF $30,000 AND ANY CAPITAL EXPENDITURES INVOLVING RELATED PROJECTS WHICH, IN THE AGGREGATE, EXCEED $100,000, 3) AUTHORIZE ANY FUNDAMENTAL CHANGES TO THE FOUNDATION, INCLUDING THE ADOPTION OF A PLAN OF DISSOLUTION OF THE FOUNDATION, THE ADOPTION OF A PLAN OF MERGER, CONSOLIDATION, DIVISION, CONVERSION OR AFFILIATION WITH ANOTHER ENTITY, AND ANY CHANGE TO THE CURRENT FOUNDATION CORPORATE ORGANIZATIONAL STRUCTURE, 4) AUTHORIZE AND DESIGNATE OFFICERS OF THE FOUNDATION TO EXECUTE A DEED OF ASSIGNMENT FOR THE BENEFIT OF CREDITORS, FILE A VOLUNTARY PETITION IN BANKRUPTCY, FILE AN ANSWER CONSENTING TO THE APPOINTMENT OF A RECEIVER, OR FILE AN ANSWER TO AN INVOLUNTARY PETITION IN BANKRUPTCY, AND 5) ORGANIZE OR ACQUIRE ANY SUBSIDIARY OR AFFILIATE ALSO, ANY AMENDMENT OR REPEAL OF THE FOUNDATION'S BYLAWS SHALL BE SUBJECT TO THE APPROVAL OF GIFT OF LIFE

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	FORM 990 WAS DISTRIBUTED TO THE GOVERNING BODY AT A BOARD MEETING PRIOR TO FILING

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	BOARD MEMBERS, OFFICERS AND KEY EMPLOYEES ARE ANNUALLY REQUIRED TO REVIEW THE CONFLICT OF INTEREST POLICY, DISCLOSE ANY POSSIBLE PERSONAL, FAMILIAL, OR BUSINESS RELATIONSHIP THAT WOULD GIVE RISE TO A CONFLICT OR APPEARANCE OF A CONFLICT, AND ACKNOWLEDGE BY SIGNING THE POLICY THAT HE/SHE IS ACTING IN ACCORDANCE WITH THE LETTER AND SPIRIT OF THE POLICY THESE SIGNED STATEMENTS AND DISCLOSURES ARE REVIEWED BY THE ORGANIZATION'S VICE PRESIDENT OF ADMINISTRATION AND GENERAL COUNSEL BOARD MEMBERS MUST REFRAIN FROM VOTING ON ANY TRANSACTION OR OTHER MATTER IN WHICH THE MEMBER HAS A CONFLICT OF INTEREST MEMBERS MUST ALSO REPORT PROMPTLY TO THE BOARD CHAIRPERSON AND PRESIDENT/CEO ANY FUTURE SITUATION IN WHICH A POSSIBLE CONFLICT OF INTEREST MIGHT ARISE

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	COMPENSATION IS PAID BY A RELATED ORGANIZATION AT THE RELATED ORGANIZATION, COMPENSATION IS DETERMINED ANNUALLY BY A COMMITTEE OF THE BOARD WHICH IS COMPRISED OF INDEPENDENT PERSONS AN INFORMAL PAIRED COMPARISON RANKING AMONG EXISTING GIFT OF LIFE DONOR PROGRAM JOBS COMBINED WITH MARKET-BASED WAGE DATA (WHEN AVAILABLE) IS USED A PERIODIC REVIEW PERFORMED EVERY TWO YEARS WITH AN INDEPENDENT COMPENSATION CONSULTANT IS ALSO CONDUCTED

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION WILL MAKE ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART IX, LINE 11G	CONSULTING FEES PROGRAM SERVICE EXPENSES 81,810 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 81,810 PURCHASED SERVICES PROGRAM SERVICE EXPENSES 51,417 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 51,417 LEADERSHIP PROGRAM EXPENSE PROGRAM SERVICE EXPENSES 379,583 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 379,583

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.
▶ Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
TRANSPLANT FOUNDATION

Employer identification number
31-1481798

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity? Yes	No
(1)GREATER DELAWARE VALLEY SOCIETY OF TRANSPLANT SURGEONS 401 NORTH 3RD STREET PHILADELPHIA, PA 19123 23-7388767	ORGAN AND TISSUE PROCUREMENT AND TRANSPLANTATION ORG	PA	501(C)(3)	LINE 10	N/A		No
(2)TRANSPLANT HOUSE 401 NORTH 3RD STREET PHILADELPHIA, PA 19123 26-0585694	PROVIDE TEMPORARY LODGING AND SUPPORT FOR PATIENTS' FAMILY MEMBERS	PA	501(C)(3)	LINE 7	GREATER DELAWARE VALLEY SOCIETY OF TRANSPLANT SURGEONS		No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes	(i) No

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

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

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of related organization	**(b)** Transaction type (a-s)	**(c)** Amount involved	**(d)** Method of determining amount involved

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	**No**			**Yes**	**No**		**Yes**	**No**	

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference	Explanation