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DLN: 93493318047570

Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2019

Open to Public Inspection

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](http://www.irs.gov/Form990) for instructions and the latest information.

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

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 \$ 42,871,648

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 6

4 Number of independent voting members of the governing body (Part VI, line 1b) . . . . . 4 4

5 Total number of individuals employed in calendar year 2019 (Part V, line 2a) . . . . . 5 8

6 Total number of volunteers (estimate if necessary) . . . . . 6 400

7a Total unrelated business revenue from Part VIII, column (C), line 12 . . . . . 7a 0

7b Net unrelated business taxable income from Form 990-T, line 39 . . . . . 7b 0

Revenue

8 Contributions and grants (Part VIII, line 1h) . . . . . 1,196,075 1,090,815

9 Program service revenue (Part VIII, line 2g) . . . . . 561,551 1,240,160

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d ) . . . . . 2,088,042 7,724,455

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . . . 43,311 -30,340

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . . . 3,888,979 10,025,090

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3 ) . . . . . 1,722,096 945,677

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) . . . . . 964,496 1,149,316

16a Professional fundraising fees (Part IX, column (A), line 11e) . . . . . 0 0

16b Total fundraising expenses (Part IX, column (D), line 25) ▶1,801

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) . . . . . 1,155,284 960,656

18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) . . . . . 3,841,876 3,055,649

19 Revenue less expenses. Subtract line 18 from line 12 . . . . . 47,103 6,969,441

Net Assets or Fund Balances

20 Total assets (Part X, line 16) . . . . . 44,172,035 51,737,694

21 Total liabilities (Part X, line 26) . . . . . 2,087,818 2,770,366

22 Net assets or fund balances. Subtract line 21 from line 20 . . . . . 42,084,217 48,967,328

Part II Signature Block

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

Sign Here

Signature of officer  
Date  
2020-11-05

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 US 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

For Paperwork Reduction Act Notice, see the separate instructions. Cat. No. 11282Y Form 990 (2019)

**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.

<b>4a</b>	(Code: ) (Expenses \$ 2,714,682 including grants of \$ 945,677 ) (Revenue \$ 1,240,160 )
	See Additional Data


















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

<b>4e</b>	<b>Total program service expenses</b> ▶ 2,714,682
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**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	<b>1</b> Yes	
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 	<b>2</b> Yes	
<b>3</b> 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	<b>3</b>	No
<b>4 Section 501(c)(3) organizations.</b> 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	<b>4</b>	No
<b>5</b> 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	<b>5</b>	No
<b>6</b> 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 	<b>6</b>	No
<b>7</b> 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 	<b>7</b>	No
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	<b>8</b>	No
<b>9</b> 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 	<b>9</b>	No
<b>10</b> 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	<b>10</b> Yes	
<b>11</b> 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.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 	<b>11a</b> Yes	
<b>b</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 	<b>11b</b>	No
<b>c</b> 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 	<b>11c</b>	No
<b>d</b> 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 	<b>11d</b>	No
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 	<b>11e</b> Yes	
<b>f</b> 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 	<b>11f</b>	No
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 	<b>12a</b> Yes	
<b>b</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 	<b>12b</b> Yes	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	<b>13</b>	No
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?	<b>14a</b>	No
<b>b</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	<b>14b</b>	No
<b>15</b> 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	<b>15</b>	No
<b>16</b> 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	<b>16</b>	No
<b>17</b> 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)	<b>17</b>	No
<b>18</b> 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 	<b>18</b> Yes	
<b>19</b> 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 	<b>19</b>	No
<b>20a</b> Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	<b>20a</b>	No
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	<b>20b</b>	
<b>21</b> 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 	<b>21</b> Yes	

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

		Yes	No	
<b>22</b>	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? <i>If "Yes," complete Schedule I, Parts I and III.</i>	22	Yes	
<b>23</b>	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? <i>If "Yes," complete Schedule J.</i>	23	Yes	
<b>24a</b>	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.</i>	24a		No
<b>b</b>	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
<b>c</b>	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		
<b>d</b>	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
<b>25a</b>	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I.</i>	25a		No
<b>b</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? <i>If "Yes," complete Schedule L, Part I.</i>	25b		No
<b>26</b>	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II.</i>	26		No
<b>27</b>	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III.</i>	27		No
<b>28</b>	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):			
<b>a</b>	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV.</i>	28a	Yes	
<b>b</b>	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV.</i>	28b		No
<b>c</b>	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV.</i>	28c		No
<b>29</b>	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i>	29		No
<b>30</b>	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i>	30		No
<b>31</b>	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i>	31		No
<b>32</b>	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i>	32		No
<b>33</b>	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I.</i>	33		No
<b>34</b>	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1.</i>	34	Yes	
<b>35a</b>	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
<b>b</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)? <i>If "Yes," complete Schedule R, Part V, line 2.</i>	35b		
<b>36</b>	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i>	36		No
<b>37</b>	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? <i>If "Yes," complete Schedule R, Part VI.</i>	37		No
<b>38</b>	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> 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	
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	30	
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0	
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		

**Part V** **Statements Regarding Other IRS Filings and Tax Compliance** (continued)

<b>2a</b> 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 . . . . .	<div style="border: 1px solid black; width: 100px; height: 30px; margin: 0 auto;"></div> <div style="text-align: right; font-weight: bold;">2a</div>	<div style="border: 1px solid black; width: 40px; height: 30px; margin: 0 auto;"></div> <div style="text-align: right; font-weight: bold;">8</div>			
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			<div style="border: 1px solid black; width: 40px; height: 30px; margin: 0 auto;"></div> <div style="text-align: right; font-weight: bold;">2b</div>	Yes	
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year? . . .			<div style="border: 1px solid black; width: 40px; height: 30px; margin: 0 auto;"></div> <div style="text-align: right; font-weight: bold;">3a</div>		No
<b>b</b> If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i> . . .			<div style="border: 1px solid black; width: 40px; height: 30px; margin: 0 auto;"></div> <div style="text-align: right; font-weight: bold;">3b</div>		
<b>4a</b> 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)? . . .			<div style="border: 1px solid black; width: 40px; height: 30px; margin: 0 auto;"></div> <div style="text-align: right; font-weight: bold;">4a</div>		No
<b>b</b> If "Yes," enter the name of the foreign country: <span style="border-bottom: 1px solid black; display: inline-block; width: 150px;"></span> See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).					
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . .			<div style="border: 1px solid black; width: 40px; height: 30px; margin: 0 auto;"></div> <div style="text-align: right; font-weight: bold;">5a</div>		No
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			<div style="border: 1px solid black; width: 40px; height: 30px; margin: 0 auto;"></div> <div style="text-align: right; font-weight: bold;">5b</div>		No
<b>c</b> If "Yes," to line 5a or 5b, did the organization file Form 8886-T? . . . . .			<div style="border: 1px solid black; width: 40px; height: 30px; margin: 0 auto;"></div> <div style="text-align: right; font-weight: bold;">5c</div>		
<b>6a</b> 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? . . .			<div style="border: 1px solid black; width: 40px; height: 30px; margin: 0 auto;"></div> <div style="text-align: right; font-weight: bold;">6a</div>		No
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .			<div style="border: 1px solid black; width: 40px; height: 30px; margin: 0 auto;"></div> <div style="text-align: right; font-weight: bold;">6b</div>		
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>					
<b>a</b> 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? . . . . .			<div style="border: 1px solid black; width: 40px; height: 30px; margin: 0 auto;"></div> <div style="text-align: right; font-weight: bold;">7a</div>	Yes	
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .			<div style="border: 1px solid black; width: 40px; height: 30px; margin: 0 auto;"></div> <div style="text-align: right; font-weight: bold;">7b</div>	Yes	
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .			<div style="border: 1px solid black; width: 40px; height: 30px; margin: 0 auto;"></div> <div style="text-align: right; font-weight: bold;">7c</div>		No
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year . . . . .	<div style="border: 1px solid black; width: 40px; height: 30px; margin: 0 auto;"></div> <div style="text-align: right; font-weight: bold;">7d</div>				
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			<div style="border: 1px solid black; width: 40px; height: 30px; margin: 0 auto;"></div> <div style="text-align: right; font-weight: bold;">7e</div>		No
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . .			<div style="border: 1px solid black; width: 40px; height: 30px; margin: 0 auto;"></div> <div style="text-align: right; font-weight: bold;">7f</div>		No
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .			<div style="border: 1px solid black; width: 40px; height: 30px; margin: 0 auto;"></div> <div style="text-align: right; font-weight: bold;">7g</div>		
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .			<div style="border: 1px solid black; width: 40px; height: 30px; margin: 0 auto;"></div> <div style="text-align: right; font-weight: bold;">7h</div>		
<b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .			<div style="border: 1px solid black; width: 40px; height: 30px; margin: 0 auto;"></div> <div style="text-align: right; font-weight: bold;">8</div>		
<b>9 Sponsoring organizations maintaining donor advised funds.</b>					
<b>a</b> Did the sponsoring organization make any taxable distributions under section 4966? . . . . .			<div style="border: 1px solid black; width: 40px; height: 30px; margin: 0 auto;"></div> <div style="text-align: right; font-weight: bold;">9a</div>		
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .			<div style="border: 1px solid black; width: 40px; height: 30px; margin: 0 auto;"></div> <div style="text-align: right; font-weight: bold;">9b</div>		
<b>10 Section 501(c)(7) organizations.</b> Enter:					
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12 . . . . .	<div style="border: 1px solid black; width: 40px; height: 30px; margin: 0 auto;"></div> <div style="text-align: right; font-weight: bold;">10a</div>				
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<div style="border: 1px solid black; width: 40px; height: 30px; margin: 0 auto;"></div> <div style="text-align: right; font-weight: bold;">10b</div>				
<b>11 Section 501(c)(12) organizations.</b> Enter:					
<b>a</b> Gross income from members or shareholders . . . . .	<div style="border: 1px solid black; width: 40px; height: 30px; margin: 0 auto;"></div> <div style="text-align: right; font-weight: bold;">11a</div>				
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . . .	<div style="border: 1px solid black; width: 40px; height: 30px; margin: 0 auto;"></div> <div style="text-align: right; font-weight: bold;">11b</div>				
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?			<div style="border: 1px solid black; width: 40px; height: 30px; margin: 0 auto;"></div> <div style="text-align: right; font-weight: bold;">12a</div>		
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	<div style="border: 1px solid black; width: 40px; height: 30px; margin: 0 auto;"></div> <div style="text-align: right; font-weight: bold;">12b</div>				
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>					
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? . . . . . <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.			<div style="border: 1px solid black; width: 40px; height: 30px; margin: 0 auto;"></div> <div style="text-align: right; font-weight: bold;">13a</div>		
<b>b</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 . . . . .	<div style="border: 1px solid black; width: 40px; height: 30px; margin: 0 auto;"></div> <div style="text-align: right; font-weight: bold;">13b</div>				
<b>c</b> Enter the amount of reserves on hand . . . . .	<div style="border: 1px solid black; width: 40px; height: 30px; margin: 0 auto;"></div> <div style="text-align: right; font-weight: bold;">13c</div>				
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year? . . . . .			<div style="border: 1px solid black; width: 40px; height: 30px; margin: 0 auto;"></div> <div style="text-align: right; font-weight: bold;">14a</div>		No
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i> . . .			<div style="border: 1px solid black; width: 40px; height: 30px; margin: 0 auto;"></div> <div style="text-align: right; font-weight: bold;">14b</div>		
<b>15</b> 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.			<div style="border: 1px solid black; width: 40px; height: 30px; margin: 0 auto;"></div> <div style="text-align: right; font-weight: bold;">15</div>		No
<b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income? . . . If "Yes," complete Form 4720, Schedule O.			<div style="border: 1px solid black; width: 40px; height: 30px; margin: 0 auto;"></div> <div style="text-align: right; font-weight: bold;">16</div>		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
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year	<b>1a</b> 6		
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>b</b> Enter the number of voting members included in line 1a, above, who are independent	<b>1b</b> 4		
<b>2</b> 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?	<b>2</b>		No
<b>3</b> 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?	<b>3</b>		No
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	<b>4</b>		No
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?	<b>5</b>		No
<b>6</b> Did the organization have members or stockholders?	<b>6</b>	Yes	
<b>7a</b> 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?	<b>7a</b>	Yes	
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	<b>7b</b>	Yes	
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
<b>a</b> The governing body?	<b>8a</b>	Yes	
<b>b</b> Each committee with authority to act on behalf of the governing body?	<b>8b</b>	Yes	
<b>9</b> 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	<b>9</b>		No

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

	Yes	No
<b>10a</b> Did the organization have local chapters, branches, or affiliates?	<b>10a</b>	No
<b>b</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?	<b>10b</b>	
<b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<b>11a</b>	Yes
<b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13	<b>12a</b>	Yes
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<b>12b</b>	Yes
<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	<b>12c</b>	Yes
<b>13</b> Did the organization have a written whistleblower policy?	<b>13</b>	Yes
<b>14</b> Did the organization have a written document retention and destruction policy?	<b>14</b>	No
<b>15</b> 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?		
<b>a</b> The organization's CEO, Executive Director, or top management official	<b>15a</b>	Yes
<b>b</b> Other officers or key employees of the organization	<b>15b</b>	Yes
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	<b>16a</b>	No
<b>b</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?	<b>16b</b>	

**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.

See instructions for the order in which to list the persons above.

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) HOWARD M NATHAN ..... PRESIDENT & CEO	1.76 ..... 50.24	X		X				0	676,154	99,748
(2) CLYDE F BARKER MD ..... DIRECTOR	0.30 ..... 1.10	X						0	0	0
(3) MEG MCGOLDRICK ..... DIRECTOR	0.30 .....	X						0	0	0
(4) MICHAEL MORITZ MD ..... MEDICAL DIRECTOR	0.30 ..... 3.00	X						0	79,708	0
(5) SEAN DUKES ..... DIRECTOR	0.47 ..... 0.36	X						0	0	0
(6) GERARD J FULDA MD ..... DIRECTOR	0.30 .....	X						0	0	0
(7) JAN L WEINSTOCK ESQ ..... VP OF ADMIN & GENERAL COUNSEL	7.09 ..... 45.91			X				0	569,860	71,756
(8) RICHARD HASZ ..... VP OF CLINICAL DIVISION	2.00 ..... 50.00			X				0	558,585	79,858
(9) PATTI MULVANIA ..... SENIOR CLINICAL STAFF EDUCATOR	5.30 ..... 42.00					X		57,202	134,133	22,031
(10) THERESA DALY ..... DIRECTOR OF INSTITUTE	45.00 .....					X		163,267	0	48,963
(11) ROBERT J NORDEN ..... INSTRUCTIONAL CURRICULUM DESIGNER	45.00 .....					X		100,224	0	41,551

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
<b>1b Sub-Total</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>								320,693	2,018,440	363,907

**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 ► **2**

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		No
<b>4</b> 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? <i>If "Yes," complete Schedule J for such individual</i>	Yes	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		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 UNI OF PA  THE WHARTON SCHOOL PO BOX 8500 PHILADELPHIA, PA 19178	EDUCATIONAL/TRAINING SERVICES	143,967

**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**



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Part VIII Statement of Revenue													
Check if Schedule O contains a response or note to any line in this Part VIII . . . . .										<input type="checkbox"/>			
										(A)	(B)	(C)	(D)
										Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns . . .		1a	310									
	b Membership dues . . .		1b										
	c Fundraising events . . .		1c	457,758									
	d Related organizations		1d	395,884									
	e Government grants (contributions)		1e										
	f All other contributions, gifts, grants, and similar amounts not included above		1f	236,863									
	g Noncash contributions included in lines 1a - 1f:\$		1g										
	h Total. Add lines 1a-1f . . . . .								1,090,815				
Program Service Revenue			Business Code										
	2a TRAINING/EDUCATION REV		611710		1,240,160		1,240,160						
	b												
	c												
	d												
	e												
	f All other program service revenue.												
	g Total. Add lines 2a-2f. . . . .				1,240,160								
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) . . . . .				1,305,929						1,305,929		
	4 Income from investment of tax-exempt bond proceeds												
	5 Royalties . . . . .												
			(i) Real		(ii) Personal								
	6a Gross rents		6a										
	b Less: rental expenses		6b										
	c Rental income or (loss)		6c										
	d Net rental income or (loss) . . . . .												
			(i) Securities		(ii) Other								
	7a Gross amount from sales of assets other than inventory		7a	38,953,881									
	b Less: cost or other basis and sales expenses		7b	32,535,355									
	c Gain or (loss)		7c	6,418,526									
	d Net gain or (loss) . . . . .				6,418,526						6,418,526		
	8a Gross income from fundraising events (not including \$ 457,758 of contributions reported on line 1c). See Part IV, line 18 . . . . .		8a	273,784									
	b Less: direct expenses . . . . .		8b	311,203									
	c Net income or (loss) from fundraising events . . . . .				-37,419						-37,419		
	9a Gross income from gaming activities. See Part IV, line 19 . . . . .		9a										
	b Less: direct expenses . . . . .		9b										
	c Net income or (loss) from gaming activities . . . . .												
	10a Gross sales of inventory, less returns and allowances . . . . .		10a										
b Less: cost of goods sold . . . . .		10b											
c Net income or (loss) from sales of inventory . . . . .													
Miscellaneous Revenue		Business Code											
11a LICENSE PLATE REV		900099		4,510						4,510			
b DONOR RECOGNITION REV		900099		810						810			
c													
d All other revenue . . . . .				1,759						1,759			
e Total. Add lines 11a-11d . . . . .				7,079									
12 Total revenue. See instructions . . . . .				10,025,090		1,240,160		0		7,694,115			

Form 990 (2019)

**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 ☒

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .	934,027	934,027		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .	11,650	11,650		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16. . . . .				
<b>4</b> Benefits paid to or for members . . . . .				
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .				
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .				
<b>7</b> Other salaries and wages . . . . .	929,332	820,586	108,746	
<b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) . . . . .	77,881	69,163	8,718	
<b>9</b> Other employee benefits . . . . .	82,257	73,995	8,262	
<b>10</b> Payroll taxes . . . . .	59,846	54,662	5,184	
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management . . . . .				
<b>b</b> Legal . . . . .	1,600		1,600	
<b>c</b> Accounting . . . . .	5,082		5,082	
<b>d</b> Lobbying . . . . .				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees . . . . .	196,403		196,403	
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	592,345	592,345		
<b>12</b> Advertising and promotion . . . . .				
<b>13</b> Office expenses . . . . .	9,493	9,493		
<b>14</b> Information technology . . . . .				
<b>15</b> Royalties . . . . .				
<b>16</b> Occupancy . . . . .				
<b>17</b> Travel . . . . .	47,724	42,976	4,748	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
<b>19</b> Conferences, conventions, and meetings . . . . .	35,653	35,344	309	
<b>20</b> Interest . . . . .				
<b>21</b> Payments to affiliates . . . . .				
<b>22</b> Depreciation, depletion, and amortization . . . . .	2,242	2,242		
<b>23</b> Insurance . . . . .	5,905	5,905		
<b>24</b> 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.)				
<b>a</b> DONOR RECOGNITION	12,776	12,776		
<b>b</b> CAMP JEREMY	8,198	8,127		71
<b>c</b> PRINTING & PRODUCTION	5,855	5,855		
<b>d</b> TEAM PHILLY EXPENSES	3,332	3,332		
<b>e</b> All other expenses	34,048	32,204	114	1,730
<b>25</b> Total functional expenses. Add lines 1 through 24e	3,055,649	2,714,682	339,166	1,801
<b>26</b> 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 <input type="checkbox"/> 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
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .		<b>1</b>	
	<b>2</b> Savings and temporary cash investments . . . . .	363,720	<b>2</b>	927,125
	<b>3</b> Pledges and grants receivable, net . . . . .		<b>3</b>	
	<b>4</b> Accounts receivable, net . . . . .	195,920	<b>4</b>	293,093
	<b>5</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) . . . . .		<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .		<b>7</b>	
	<b>8</b> Inventories for sale or use . . . . .		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges . . . . .	3,942	<b>9</b>	28,854
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b> 81,935		
	<b>b</b> Less: accumulated depreciation	<b>10b</b> 70,785	<b>10c</b> 13,392	11,150
	<b>11</b> Investments—publicly traded securities . . . . .	43,595,061	<b>11</b>	50,477,472
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .		<b>12</b>	
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .		<b>13</b>	
	<b>14</b> Intangible assets . . . . .		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 . . . . .		<b>15</b>	
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	44,172,035	<b>16</b>	51,737,694	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	79,801	<b>17</b>	91,497
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .	284,230	<b>19</b>	344,591
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>	
	<b>25</b> 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	1,723,787	<b>25</b>	2,334,278
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 . . . . .	2,087,818	<b>26</b>	2,770,366
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions . . . . .	42,049,677	<b>27</b>	48,951,397
	<b>28</b> Net assets with donor restrictions . . . . .	34,540	<b>28</b>	15,931
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds . . . . .		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds		<b>31</b>	
	<b>32</b> <b>Total net assets or fund balances</b> . . . . .	42,084,217	<b>32</b>	48,967,328
<b>33</b> <b>Total liabilities and net assets/fund balances</b> . . . . .	44,172,035	<b>33</b>	51,737,694	

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI ☐

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	10,025,090
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	3,055,649
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	6,969,441
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	42,084,217
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	-86,330
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	0
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	48,967,328

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII ☐

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

<b>Software ID:</b>	
<b>Software Version:</b>	
<b>EIN:</b>	31-1481798
<b>Name:</b>	TRANSPLANT FOUNDATION

Form 990 (2019)

**Form 990, Part III, Line 4a:**

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 THROUGH PROGRAMS SUCH AS ITS REGIONAL TRANSPLANT FAMILY SUPPORT GRANT PROGRAM WHICH FOCUSES ON SUPPORTING THOSE WHO TRAVEL FOR TRANSPLANT RELATED SERVICES IN THE HERSHEY/HARRISBURG, ALLENTOWN, READING, NORTHEASTERN PENNA, BRYN MAWR, AND DELAWARE AREA TRANSPLANT CENTERS. OVER \$175,000 WAS RELEASED IN 2019 IN SUPPORT OF THOSE FAMILIES. LODGING AND SUPPORTIVE SERVICES ARE ALSO PROVIDED TO PATIENTS AND CAREGIVERS TRAVELLING FOR TRANSPLANT SERVICES TO THE PHILADELPHIA AREA THROUGH GIFT OF LIFE FAMILY HOUSE. ADDITIONALLY SCHOLARSHIPS SUCH AS THE JESSICA BETH SCHWARTZ COLLEGE SCHOLARSHIP PROGRAM, ARE PROVIDED TO SUPPORT ADVANCEMENT OF RECIPIENTS.- SERVE AS A LEADER IN THE ADVANCEMENT OF ORGAN AND TISSUE DONATION AND TRANSPLANTATION THROUGH STATE OF THE ART TRAINING AND CONSULTING OFFERED BY GIFT OF LIFE INSTITUTE, AS WELL AS THROUGH FUNDING THE INNOVATIVE RESEARCH IN SUPPORT OF DONATION & TRANSPLANTATION GRANT PROGRAM INITIALLY ESTABLISHED IN 2015.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. FOUNDATION SUPPORTED THE PLANNING, DESIGN AND PROGRAM DEVELOPMENT, CONSTRUCTION AND NOW THE OPERATIONS OF FAMILY HOUSE. 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 2019 THROUGH ITS ONGOING SUPPORT OF GIFT OF LIFE INSTITUTE, THE ORGANIZATION OF THE TEAM PHILADELPHIA ENTRY INTO THE TRANSPLANT GAMES OF AMERICA, GIFT OF LIFE DONOR DASH, THE LIVING DONOR CEREMONY, AND ITS ON-GOING SUPPORT OF THE INNOVATIVE RESEARCH IN SUPPORT OF DONATION AND TRANSPLANTATION GRANT PROGRAM. 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 INITIATED ITS REGIONAL TRANSPLANT FAMILY SUPPORT GRANT PROGRAM WHICH FOCUSES ON SUPPORTING THOSE WHO TRAVEL FOR THEIR TRANSPLANT RELATED CARE TO TRANSPLANT CENTERS IN IN THE HERSHEY/HARRISBURG, ALLENTOWN, READING, NORTHEASTERN PENNA, BRYN MAWR, AND DELAWARE AREA BY FUNDING CERTAIN FOOD, LODGING AND SUPPORTIVE SERVICES. ADDITIONALLY, 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, 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 113,000 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 GIFT OF LIFE INSTITUTE CONDUCTED 33 WORKSHOPS AND/OR CONSULTING OPPORTUNITIES IN 2019, COVERING FAMILY COMMUNICATION, CONSENT FOR ORGAN AND TISSUE DONATION, AND HOSPITAL SERVICES STAFF DEVELOPMENT, WITH MORE THAN 573 PROFESSIONALS PARTICIPATING IN THOSE 2019 TRAININGS. ADDITIONALLY, THE INSTITUTE PROVIDED TRAINING TO 249 DONATION PROFESSIONALS THROUGH ITS ELEARNING AND VIRTUAL CLASSROOM INITIATIVES AND WORKED WITH 12 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, 2019, 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. EIGHTEEN (CURRENT AND FORMER) LEADERS FROM 16 ORGAN PROCUREMENT ORGANIZATIONS (OPOS) SERVED AS COACHES, AND 29 PROFESSIONALS FROM 16 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 2019, 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.24TH ANNUAL GIFT OF LIFE DONOR DASH: IN 2019, TRANSPLANT FOUNDATION ALSO SUPPORTED AND COORDINATED THE 24TH ANNUAL GIFT OF LIFE DONOR DASH. THE DONOR DASH WAS HELD ON SUNDAY, APRIL 14, 2019 INVOLVING MORE THAN 14,000 PARTICIPANTS, NEARLY 400 TEAMS, AND RAISING MORE THAN \$600,000 TO SUPPORT THE MISSION OF 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 2019 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 . 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

Name of the organization

TRANSPLANT FOUNDATION

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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

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?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A) GREATER DELAWARE VALLEY SOCIETY OF TRANSPLANT SURGEONS	237388767	10	Yes		0	0
(B) TRANSPLANT HOUSE	260585694	7		No	561,310	0
<b>Total</b>	2				561,310	0

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Cat. No. 11285F

Schedule A (Form 990 or 990-EZ) 2019

Part II

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

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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 . . . . . ▶ <input type="checkbox"/>						
Section C. Computation of Public Support Percentage						
14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) . . . . .					14	
15 Public support percentage for 2018 Schedule A, Part II, line 14 . . . . .					15	
16a 33 1/3% support test—2019. 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 . . . . . ▶ <input type="checkbox"/>						
b 33 1/3% support test—2018. 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 . . . . . ▶ <input type="checkbox"/>						
17a 10%-facts-and-circumstances test—2019. 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 . . . . . ▶ <input type="checkbox"/>						
b 10%-facts-and-circumstances test—2018. 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 . . . . . ▶ <input type="checkbox"/>						
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 . . . . . ▶ <input type="checkbox"/>						

**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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
<b>2</b> 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						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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.						
<b>c</b> Add lines 7a and 7b. .						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>9</b> Amounts from line 6. . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. .						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
<b>c</b> Add lines 10a and 10b.						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . .						
<b>14 First five years.</b> 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 <b>stop here.</b> . . . . . <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f)) . . . . .	<b>15</b>	
<b>16</b> Public support percentage from 2018 Schedule A, Part III, line 15 . . . . .	<b>16</b>	

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2019</b> (line 10c, column (f) divided by line 13, column (f)) . . . . .	<b>17</b>	
<b>18</b> Investment income percentage from <b>2018</b> Schedule A, Part III, line 17 . . . . .	<b>18</b>	

**19a 33 1/3% support tests—2019.** 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—2018.** 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
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>1</b>		No
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		No
<b>2</b>		No
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		No
<b>3a</b>		No
<b>b</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)? <i>If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.</i>		
<b>3b</b>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.</i>		
<b>3c</b>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		No
<b>4a</b>		No
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>4b</b>		
<b>c</b> 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)? <i>If "Yes," explain in <b>Part VI</b> 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.</i>		
<b>4c</b>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b>, 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).</i>		No
<b>5a</b>		No
<b>b</b> <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>5b</b>		
<b>c</b> <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>5c</b>		
<b>6</b> 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? <i>If "Yes," provide detail in <b>Part VI</b>.</i>		No
<b>6</b>		No
<b>7</b> 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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		No
<b>7</b>		No
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		No
<b>8</b>		No
<b>9a</b> 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))? <i>If "Yes," provide detail in <b>Part VI</b>.</i>		No
<b>9a</b>		No
<b>b</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? <i>If "Yes," provide detail in <b>Part VI</b>.</i>		No
<b>9b</b>		No
<b>c</b> 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? <i>If "Yes," provide detail in <b>Part VI</b>.</i>		No
<b>9c</b>		No
<b>10a</b> 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)? <i>If "Yes," answer line 10b below.</i>		No
<b>10a</b>		No
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).</i>		
<b>10b</b>		

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?		
b	A family member of a person described in (a) above?		
c	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in <b>Part VI</b> .		
		11a	No
		11b	No
		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 <b>Part VI</b> 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 <b>Part VI</b> 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 <b>Part VI</b> 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 <b>Part VI</b> 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 <b>Part VI</b> the role the organization's supported organizations played in this regard.		
		3	

Section E. Type III Functionally-Integrated Supporting Organizations		Yes	No
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions)		
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 <b>Part VI</b> 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 <b>Part VI</b> 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 <b>Part VI</b> .		
		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 <b>Part VI</b> the role played by the organization in this regard.		
		3b	

Part V

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

<div>1</div> <div><input type="checkbox"/></div> <div>Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). <b>See instructions.</b> All other Type III non-functionally integrated supporting organizations must complete Sections A through E.</div>			
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	<div><input type="checkbox"/></div> 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 2019 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-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014. . . . .			
b From 2015. . . . .			
c From 2016. . . . .			
d From 2017. . . . .			
e From 2018. . . . .			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, 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 2019. 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 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015. . . . .			
b Excess from 2016. . . . .			
c Excess from 2017. . . . .			
d Excess from 2018. . . . .			
e Excess from 2019. . . . .			

**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:	TRANSPLANT FOUNDATION IS AN AFFILIATE IN A GROUP THAT INCLUDES GIFT OF LIFE DONOR PROGRAM ("GLDP" EIN 23-7388767) AND TRANSPLANT HOUSE (EIN 26-0585694). TRANSPLANT FOUNDATION PROVIDES SUPPORT TO GLDP, WHICH IS LISTED IN THE ORGANIZATION'S GOVERNING DOCUMENTS. FOUNDATION ALSO PROVIDES SUPPORT TO TRANSPLANT HOUSE, WHICH IS REFERENCED IN FOUNDATION'S IRS EXEMPTION APPLICATION AND HAS PLAYED A VITAL ROLE IN ADVANCING THE MISSION OF GLDP. TRANSPLANT HOUSE IS A RONALD MCDONALD TYPE LODGING FACILITY FOR TRANSPLANT FAMILIES TRAVELING TO THE PHILADELPHIA AREA FOR CARE. TRANSPLANT HOUSE IS A CONTROLLED ENTITY OF GLDP THROUGH FOUNDATION.

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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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

2019

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 . . . . . ► \$

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Cat. No. 52283D

Schedule D (Form 990) 2019

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

b

If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
1c	
1d	
1e	
1f	

c

Beginning balance . . . . .

d

Additions during the year . . . . .

e

Distributions during the year . . . . .

f

Ending balance . . . . .

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 . . . . .	10,599,227	12,399,211	10,758,685	10,000,000
b	Contributions . . . . .				10,000,000
c	Net investment earnings, gains, and losses	1,803,577	-725,671	1,640,526	782,569
d	Grants or scholarships . . . . .				
e	Other expenditures for facilities and programs . . . . .	559,310	1,074,313		
f	Administrative expenses . . . . .			23,884	
g	End of year balance . . . . .	11,843,494	10,599,227	12,399,211	10,758,685

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:

(i) unrelated organizations . . . . .

(ii) related organizations . . . . .

3a(i)

3a(ii)

Yes

No

b

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

3b

Yes

No

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	70,785	11,150
e	Other . . . . .			
Total.	Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶			11,150

Schedule D (Form 990) 2019

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	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) ▶	2,334,278

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.

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .	<b>1</b>	9,657,676
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments . . . . .	<b>2a</b>	-86,330
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>	-196,403
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	-282,733
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	9,940,409
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b> :		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>	84,681
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	84,681
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) . . . . .	<b>5</b>	10,025,090

**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.

<b>1</b>	Total expenses and losses per audited financial statements . . . . .	<b>1</b>	2,774,565
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>	
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>	
<b>c</b>	Other losses . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>	-84,681
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	-84,681
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	2,859,246
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line <b>1</b> :		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>	196,403
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	196,403
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) . . . . .	<b>5</b>	3,055,649

**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 AND 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 NETTED AGAINST REVENUE ON FINANCIALS -196,403.

Supplemental Information	
Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS:	FUNDRAISING EVENT EXPENSES -311,203. TRANSFER FROM AFFILIATE NETTED AGAINST GRANTS ON THE FINANCIALS 395,884.

Supplemental Information	
Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS:	FUNDRAISING EVENT EXPENSES 311,203. TRANSFER FROM AFFILIATE NETTED AGAINST GRANTS ON THE FINANCIALS -395,884.

Supplemental Information	
Return Reference	Explanation
PART XII, LINE 4B - OTHER ADJUSTMENTS:	INVESTMENT EXPENSES NETTED AGAINST REVENUE ON FINANCIALS 196,403.





**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 <b>PA DONOR DASH</b> (event type)	(b) Event #2 <b>DONORS ARE HEROES</b> (event type)	(c) Other events (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	<b>1</b> Gross receipts . . . . .	576,822	154,720		731,542
	<b>2</b> Less: Contributions . . . . .	336,728	121,030		457,758
	<b>3</b> Gross income (line 1 minus line 2) . . . . .	240,094	33,690		273,784
Direct Expenses	<b>4</b> Cash prizes . . . . .		405		405
	<b>5</b> Noncash prizes . . . . .	7,457			7,457
	<b>6</b> Rent/facility costs . . . . .	26,711	5,000		31,711
	<b>7</b> Food and beverages . . . . .	731	20,099		20,830
	<b>8</b> Entertainment . . . . .	4,850	2,765		7,615
	<b>9</b> Other direct expenses . . . . .	205,483	37,702		243,185
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) . . . . . ▶				311,203
	<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) . . . . . ▶				-37,419

**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	<b>1</b> Gross revenue . . . . .				
	<b>2</b> Cash prizes . . . . .				
	<b>3</b> Noncash prizes . . . . .				
	<b>4</b> Rent/facility costs . . . . .				
Direct Expenses	<b>5</b> Other direct expenses . . . . .				
	<b>6</b> Volunteer labor . . . . .	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) . . . . . ▶				
	<b>8</b> 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: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

<b>11</b>	Does the organization conduct gaming activities with nonmembers?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>12</b>	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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>13</b>	Indicate the percentage of gaming activity conducted in:		
<b>a</b>	The organization's facility	<b>13a</b>	%
<b>b</b>	An outside facility	<b>13b</b>	%
<b>14</b>	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name ► .....		
	Address ► .....		
<b>15a</b>	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>b</b>	If "Yes," enter the amount of gaming revenue received by the organization ► \$ ..... and the amount of gaming revenue retained by the third party ► \$ .....		
<b>c</b>	If "Yes," enter name and address of the third party:		
	Name ► .....		
	Address ► .....		
<b>16</b>	Gaming manager information:		
	Name ► .....		
	Gaming manager compensation ► \$ .....		
	Description of services provided ► .....		
	<input type="checkbox"/> Director/officer	<input type="checkbox"/> Employee	<input type="checkbox"/> Independent contractor
<b>17</b>	Mandatory distributions:		
<b>a</b>	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>b</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
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Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I  
(Form 990)

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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

2019

Open to Public  
Inspection

Department of the  
Treasury  
Internal Revenue Service

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) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . 12

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) JESSICA SCHWARTZ SCHOLARSHIP	5	11,650	0	N/A	SCHOLARSHIPS
(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:	FOUNDATION PROVIDES ASSISTANCE TO TRANSPLANT HOUSE, AN AFFILIATED TAX-EXEMPT ENTITY. 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.

Additional Data

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

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 non-cash assistance	(h) Purpose of grant or assistance
TRANSPLANT HOUSE 401 NORTH 3RD STREET PHILADELPHIA, PA 19123	26-0585694	501(C)(3)	561,310	0	N/A	N/A	GIFT OF LIFE FAMILY HOUSE OPERATIONS
JUNIATA COLLEGE 1700 MOORE STREET HUNTINGTON, PA 16652	23-1352652	501(C)(3)	100,000	0	N/A	N/A	SCHOLARSHIPS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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 non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF PENNA MEDICAL CENTER PO BOX 824320 PHILADELPHIA, PA 191824320	23-2743545	501(C)(3)	25,000	0	N/A	N/A	RESEARCH GRANT
TRIO PHILADELPHIA 407 N SWARTHMORE AVE SWARTHMORE, PA 19081	23-2861523	501(C)(3)	25,000	0	N/A	N/A	RESEARCH GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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 non-cash assistance	(h) Purpose of grant or assistance
THOMAS JEFFERSON UNIVERSITY HOSP 1020 WALNUT STREET PHILADELPHIA, PA 19107	23-1352651	501(C)(3)	25,000	0	N/A	N/A	RESEARCH GRANT
MILTON S HERSHEY MEDICAL CTR PO BOX 856 HERSHEY, PA 17033	25-1854772	501(C)(3)	25,000	0	N/A	N/A	FAMILY SUPPORT GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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 non-cash assistance	(h) Purpose of grant or assistance
LEHIGH VALLEY HOSPITAL CEDAR CREST BOULEVARD I-78 ALLENTOWN, PA 181054120	23-1689692	501(C)(3)	25,000	0	N/A	N/A	FAMILY SUPPORT GRANT
GEISINGER MEDICAL CENTER PO BOX 645668 CINCINNATI, OH 452645668	23-6291113	501(C)(3)	25,000	0	N/A	N/A	FAMILY SUPPORT GRANT



Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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 non-cash assistance	(h) Purpose of grant or assistance
CROZER-CHESTER MEDICAL CENTER PO BOX 8500-5205 PHILADELPHIA, PA 191785205	23-1637191	501(C)(3)	25,000	0	N/A	N/A	FAMILY SUPPORT GRANT
CHRISTIANA CARE HEALTH SYSTEM 200 HYGEIA DRIVE NEWARK, DE 197132049	52-1479538	501(C)(3)	25,000	0	N/A	N/A	FAMILY SUPPORT GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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 non-cash assistance	(h) Purpose of grant or assistance
ALFRED I DUPONT HOSPITAL PO BOX 404016 ATLANTA, GA 303844016	59-0634433	501(C)(3)	25,000	0	N/A	N/A	FAMILY SUPPORT GRANT
TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA 3400 SPRUCE STREET PHILADLEPHIA, PA 19104	23-1352685	501(C)(3)	9,900	0	N/A	N/A	RESEARCH GRANT

Schedule J (Form 990)	Compensation Information	OMB No. 1545-0047
		2019
		Open to Public Inspection
Department of the Treasury Internal Revenue Service	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 <a href="http://www.irs.gov/Form990">www.irs.gov/Form990</a> for instructions and the latest information.	
Name of the organization TRANSPLANT FOUNDATION		Employer identification number 31-1481798

Part I Questions Regarding Compensation		Yes	No
<b>1a</b> Check the appropriate 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.			
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use		
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence		
<input type="checkbox"/> Tax idemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees		
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<b>b</b> If any of the boxes on 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	
<b>2</b> 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 on Line 1a?		2	
<b>3</b> Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract		
<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study		
<input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Approval by the board or compensation committee		
<b>4</b> 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:			
<b>a</b> Receive a severance payment or change-of-control payment?		4a	No
<b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?		4b	No
<b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement?		4c	No
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
<b>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b>			
<b>5</b> 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:			
<b>a</b> The organization?		5a	No
<b>b</b> Any related organization?		5b	No
If "Yes," on line 5a or 5b, describe in Part III.			
<b>6</b> 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:			
<b>a</b> The organization?		6a	No
<b>b</b> Any related organization?		6b	No
If "Yes," on line 6a or 6b, describe in Part III.			
<b>7</b> 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
<b>8</b> Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.		8	No
<b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		9	

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.

[illegible]

**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	EXECUTIVE COMPENSATION IS PAID BY A RELATED ORGANIZATION. EXECUTIVE COMPENSATION IS DETERMINED ANNUALLY BY A COMMITTEE OF THAT BOARD COMPRISED OF INDEPENDENT BOARD MEMBERS WITH THE INPUT OF AN INDEPENDENT EXECUTIVE COMPENSATION CONSULTANT INCLUDING A COMPETITIVE MARKET BASED ANALYSIS. THE PROCESS FOR DETERMINING COMPENSATION OF THESE POSITIONS IS DOCUMENTED IN THE MINUTES.

Schedule L  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Transactions with Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.  
▶ Attach to Form 990 or Form 990-EZ.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization  
TRANSPLANT FOUNDATION

Employer identification number  
31-1481798

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only).  
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958. . . . . ▶ \$

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ \$

Part II Loans to and/or From Interested Persons.  
Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No

Total . . . . . ▶ \$

Part III Grants or Assistance Benefiting Interested Persons.  
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

**Part IV Business Transactions Involving Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) GLENMEDE TRUST COMPANY	SUBSTANTIAL CONTRIBUTOR	196,403	SEE PART V		No

**Part V Supplemental Information**

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

Return Reference	Explanation
SCHEDULE L PART IV	GLENMEDE TRUST COMPANY IS A SUBSTANTIAL CONTRIBUTOR FOR THE TRANSPLANT FOUNDATION REPORTED ON SCHEDULE B FOR 2019. TRANSPLANT FOUNDATION PAYS FEES OF \$196,403 TO GLENMEDE FOR INVESTMENT ADVISORY SERVICES. FEES FOR SERVICES WERE REVIEWED TO ENSURE THE FEE DOES NOT EXCEED FAIR MARKET VALUE. THIS TRANSACTION IS ON AN ARM'S LENGTH BASIS.

# **SCHEDULE O** (Form 990 or 990-EZ)

Department of the Treasury

Name of the organization  
TRANSPLANT FOUNDATION

## 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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

# 2019

**Open to Public  
Inspection**

**Employer identification number**

31-1481798

### 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 1:	<p>TRANSPLANT FOUNDATION ("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 113,000 PEOPLE AWAITING A LIFE-SAVING ORGAN TRANSPLANT NATIONALLY (MORE THAN 5,000 OF WHOM ARE AWAITING TRANSPLANT IN FOUNDATION'S REGION), AND THOUSANDS OF OTHERS WHO WOULD BENEFIT FROM LIFE-ENHANCING TISSUE TRANSPLANTS. THROUGH ITS GIFT OF LIFE INSTITUTE, FOUNDATION SUPPORTS RESEARCH, EDUCATIONAL PROGRAMS, AND TRAINING SEMINARS IN SUPPORT OF ORGAN AND TISSUE DONATION AND TRANSPLANTATION. DURING 2019, GIFT OF LIFE INSTITUTE PROVIDED DIRECT TRAINING OR INCREASED AWARENESS REGARDING DONATION AND TRANSPLANTATION TO MORE THAN 1,060 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 2019, 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.</p>



**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART III, LINE 4A (CONTINUED):	<p>SCHEDULE OF TRANSPLANT FOUNDATION PROGRAM SERVICES: 24TH ANNUAL DONOR DASH WAS ON SUNDAY, APRIL 14, 2019 AT THE PHILADELPHIA MUSEUM OF ART. THE DASH IS A 5K/10K RUN, A 3K WALK AND KIDS RUN THAT ATTRACTED MORE THAN 14,000 ATTENDEES AND RAISED MORE THAN \$600,000. GIFT OF LIFE FAMILY HOUSE: TRANSPLANT FOUNDATION HAS SUPPORTED THE DEVELOPMENT, DESIGN AND OPERATIONS OF GIFT OF LIFE FAMILY HOUSE, A RONALD MCDONALD HOUSE-TYPE SETTING, WHERE FAMILIES OF PATIENTS UNDERGOING TRANSPLANTS 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 GIFT OF LIFE FAMILY HOUSE. DURING 2019, GIFT OF LIFE FAMILY HOUSE HAS PROVIDED 9,401 LODGING NIGHTS; SUPPORTED 3,464 HOSPITALITY GUEST SERVICE HOURS PROVIDED AT FAMILY HOUSE; PROVIDED 1,164 TRIPS TO AND FROM AREA HOSPITALS TRANSPORTING 4,042 GUESTS, DRIVING 16,136 MILES THROUGH OUR SHUTTLE SERVICE; SERVED 33,680 MEALS TO FAMILIES THROUGH OUR HOME COOK HEROES PROGRAM; PROVIDED OVER 607 HOURS OF DIRECT COUNSELING TO TRANSPLANT CAREGIVERS AND PATIENTS THROUGH SUPPORT AND EDUCATIONAL GROUPS, AND REACHED THOUSANDS OF OTHERS THROUGH ITS CAREGIVER LIFELINE PROGRAM. PENNSYLVANIA ORGAN DONORS SAVE LIVES LICENSE PLATES: TO INCREASE AWARENESS OF THE URGENT NEED FOR LIFE-SAVING ORGAN DONATION AND LIFE-ENHANCING TISSUE DONATION, FOUNDATION CONTINUED TO BE THE PROUD SPONSOR OF AND PROMOTE THE PENNSYLVANIA ORGAN DONORS SAVE LIVES" LICENSE PLATE. IN COOPERATION WITH GIFT OF LIFE AND WITH THE CENTER FOR ORGAN RECOVERY AND EDUCATION, THE ORGAN PROCUREMENT ORGANIZATION SERVING WESTERN PENNSYLVANIA, FOUNDATION WORKED WITH THE PENNSYLVANIA DIVISION OF MOTOR VEHICLES IN 2019 PROCESSED 85 APPLICATIONS FOR PLATES THROUGHOUT THE YEAR. DELAWARE ORGAN DONORS 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. IN 2019, 11 ORGAN DONORS SAVE LIVES" LICENSE PLATE APPLICATIONS WERE PROCESSED. CAMP JEREMY: IN 2019, TRANSPLANT FOUNDATION WAS ALSO 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, PENNSYLVANIA, "CAMP JEREMY", NAMED IN LOVING MEMORY OF A TRANSPLANT RECIPIENT, PROVIDED 16 TRANSPLANT RECIPIENTS AND 9 OF THEIR SIBLINGS THE JOY AND FUN OF A DAY CAMP EXPERIENCE. GIFTS OF LIFEACTS OF LOVE: RECOGNIZING THE ONGOING IMPORTANCE OF LIVING DONATION, TRANSPLANT FOUNDATION ALSO HOSTED A SPECIAL LIVING DONOR RECOGNITION EVENT. THIS EVENT WAS HELD IN KING OF PRUSSIA, PA ON FEBRUARY 23, AND FEATURED KEYNOTE SPEAKER JIM MELWERT, LIVING DONOR AND KYW NEWS REPORTER. THIS EVENT APPROPRIATELY ENTITLED "GIFTS OF LIFEACTS OF LOVE" JOINED 44 LIVING DONORS AND THEIR RECIPIENTS AND FAMILY MEMBERS. HONOREES WERE PRESENTED WITH A ROSE, SPECIAL COMMEMORATIVE PINS AND A SPEC</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART III, LINE 4A (CONTINUED):	<p>IAL CERTIFICATE FROM GIFT OF LIFE ACKNOWLEDGING THEIR AMAZING GIFT. JESSICA BETH SCHWARTZ SCHOLARSHIP FUND: IN 2019, TRANSPLANT FOUNDATION WAS ALSO ABLE TO AWARD SCHOLARSHIPS TO FIVE (5) RECIPIENT STUDENTS, \$2,500 EACH, TO SUPPORT THEIR ENROLLMENT IN COLLEGE OR TRADE/TECHNICAL SCHOOL. DONORS ARE HEROES- GRANT PROGRAMS: FOUNDATION'S FUNDRAISING AND PUBLIC AWARENESS INITIATIVES DURING 2019 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 \$146,000. FUNDS ARE USED TO SUPPORT "IT'S ABOUT LIFE" GRANT PROGRAMS IN HOUSES OF WORSHIP, "SPIRIT FOR LIFE" GRANTS FOR PHILADELPHIA HIGH SCHOOLS, AND PARTNERSHIPS WITH A LOCAL RADIO STATION AND A LOCAL MEDIA NETWORK TO PROMOTE DONATION. SIX "IT'S ABOUT LIFE" GRANTS WERE SUPPORTED AND THE PROGRAMS REACHED APPROXIMATELY 1,200 PEOPLE. THOUSANDS WERE REACHED THROUGH THE CAMPAIGNS WITH THE LOCAL RADIO STATION AND LOCAL MEDIA NETWORK. ADDITIONALLY, EIGHT PHILADELPHIA HIGH SCHOOLS PARTICIPATED IN THE "SPIRIT FOR LIFE" SCHOOL GRANT PROGRAM TO IMPLEMENT EDUCATIONAL CAMPAIGNS IN THEIR HIGH SCHOOL COMMUNITIES. THE HIGH SCHOOL PROGRAMS REACHED OVER 3,000 STUDENTS. THE PARTNERSHIPS WITH THE RADIO STATION AND MEDIA 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 CONCERT HELD IN PHILADELPHIA, PA. 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 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.</p>

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART V, LINE 2B:	TRANSPLANT FOUNDATION IS AN AFFILIATE IN A GROUP, INCLUDING GIFT OF LIFE DONOR PROGRAM ("GLDP" EIN: 23-7388767) AND 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 FOUNDATION IS 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**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, SECTION A, LINE 7B	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 FOUNDATION, INCLUDING THE ADOPTION OF A PLAN OF DISSOLUTION OF 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 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 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 WITH THE IRS.

**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	EXECUTIVE COMPENSATION IS PAID BY A RELATED ORGANIZATION. EXECUTIVE COMPENSATION IS DETERMINED ANNUALLY BY A COMMITTEE OF THAT BOARD COMPRISED OF INDEPENDENT BOARD MEMBERS WITH THE INPUT OF AN INDEPENDENT EXECUTIVE COMPENSATION CONSULTANT INCLUDING A COMPETITIVE MARKET-BASED ANALYSIS. THE PROCESS FOR DETERMINING COMPENSATION OF THESE POSITIONS IS DOCUMENTED IN THE MINUTES. ADDITIONALLY, EVERY TWO YEARS A MARKET BASED WAGE DATA AND POSITION COMPARISON RANKING OF ALL ORGANIZATIONAL POSITIONS IS PERFORMED BY AN INDEPENDENT COMPENSATION CONSULTANT.

## 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 592,345. MANAGEMENT AND GENERAL EXPENSES 0. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 592,345.

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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

2019

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	TRANSPLANT FOUNDATION	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(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	

**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	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.**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
<b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity . . . . .		No
<b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .	Yes	
<b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .	Yes	
<b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .	Yes	
<b>e</b> Loans or loan guarantees by related organization(s) . . . . .		No
<b>f</b> Dividends from related organization(s) . . . . .		No
<b>g</b> Sale of assets to related organization(s) . . . . .		No
<b>h</b> Purchase of assets from related organization(s) . . . . .		No
<b>i</b> Exchange of assets with related organization(s) . . . . .		No
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .		No
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .		No
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .	Yes	
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .		No
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .	Yes	
<b>o</b> Sharing of paid employees with related organization(s) . . . . .	Yes	
<b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .	Yes	
<b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .		No
<b>r</b> Other transfer of cash or property to related organization(s) . . . . .		No
<b>s</b> Other transfer of cash or property from related organization(s) . . . . .		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
(1) TRANSPLANT HOUSE	B	561,310	COST

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.

[illegible]

**Part VII**

**Supplemental Information**

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

Return Reference	Explanation