

Form 990

Return of Organization Exempt From Income Tax

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

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

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 DONOR NETWORK OF ARIZONA		D Employer identification number 86-0707697
Doing business as		E Telephone number (602) 222-2200
Number and street (or P O box if mail is not delivered to street address) 201 WEST COOLIDGE		Room/suite
City or town, state or province, country, and ZIP or foreign postal code PHOENIX, AZ 85013		
F Name and address of principal officer TIM BROWN 201 W COOLIDGE PHOENIX, AZ 85013		G Gross receipts \$ 124,547,653

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

J Website: ► WWW DNAZ ORG

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 ►

K Form of organization Corporation Trust Association Other ►

L Year of formation 1992 M State of legal domicile AZ

Part I Summary

1 Briefly describe the organization's mission or most significant activities
 TO MAKE THE MOST OF LIFE THROUGH THE GIFT OF ORGAN AND TISSUE DONATION AND TO CHALLENGE OURSELVES TO MAKE THE MOST OF LIFE THROUGH THE GIFT OF ORGAN AND TISSUE DONATION AND TO CHALLENGE OURSELVES AND OTHERS EVERYDAY TO REALIZE ARIZONA'S POTENTIAL TO SAVE AND IMPROVE LIVES

2 Check this box ► <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets	3	10
3 Number of voting members of the governing body (Part VI, line 1a)	4	8
4 Number of independent voting members of the governing body (Part VI, line 1b)	5	264
5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	6	192
6 Total number of volunteers (estimate if necessary)	7a	0
7a Total unrelated business revenue from Part VIII, column (C), line 12	7b	0
b Net unrelated business taxable income from Form 990-T, line 39		

Revenue		Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)		61,511	125,032
9 Program service revenue (Part VIII, line 2g)		71,557,015	83,489,410
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		742,639	763,950
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		18,226	67,298
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		72,379,391	84,445,690

Expenses		Prior Year	Current Year
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		6,000	10,000
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)		22,755,710	25,408,203
16a Professional fundraising fees (Part IX, column (A), line 11e)		0	0
b Total fundraising expenses (Part IX, column (D), line 25) ►0			
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		42,056,175	49,017,470
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		64,817,885	74,435,673
19 Revenue less expenses Subtract line 18 from line 12		7,561,506	10,010,017

Net Assets or Fund Balances		Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)		89,600,195	107,799,307
21 Total liabilities (Part X, line 26)		33,426,863	36,482,181
22 Net assets or fund balances Subtract line 21 from line 20		56,173,332	71,317,126

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	*****	2020-07-15
	Signature of officer	Date
KATHY MILLS SENIOR VICE-PRESIDENT & CFO		
Type or print name and title		

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date 2020-07-15	Check <input type="checkbox"/> if self-employed	PTIN P00869687
	Firm's name ► CBIZ MHM LLC		Firm's EIN ► 34-1884125		
	Firm's address ► 4722 N 24TH ST STE 300 PHOENIX, AZ 85016		Phone no (602) 264-6835		

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 AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III **1** Briefly describe the organization's mission

TO MAKE THE MOST OF LIFE THROUGH THE GIFT OF ORGAN AND TISSUE DONATION AND TO CHALLANGE OURSELVES AND OTHERS EVERYDAY TO REALIZE ARIZONA'S POTENTIAL TO SAVE AND IMPROVE LIVES

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

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

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

If "Yes," describe these changes on Schedule O

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

4a	(Code) (Expenses \$ 46,520,711 including grants of \$) (Revenue \$ 62,432,843)
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See Additional Data

4b	(Code) (Expenses \$ 13,559,435 including grants of \$) (Revenue \$ 18,197,359)
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See Additional Data

4c	(Code) (Expenses \$ 5,814,442 including grants of \$ 10,000) (Revenue \$)
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See Additional Data

(Code) (Expenses \$ 3,158,515 including grants of \$) (Revenue \$ 2,859,208)

TISSUE TYPING SERVICES. THE ORGANIZATION'S HISTOCOMPATIBILITY LABORATORY PERFORMED 5,674 TESTS, THE MAJORITY OF WHICH WERE FOR THE PURPOSE OF MATCHING DONORS AND RECIPIENTS FOR KIDNEY PLACEMENT

4d Other program services (Describe in Schedule O) (Expenses \$ 3,158,515 including grants of \$) (Revenue \$ 2,859,208)
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4e Total program service expenses ► 69,053,103

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	173
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes

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

2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	264		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes		
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No	
b If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i>	3b			
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No	
b If "Yes," enter the name of the foreign country ► See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)				
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No	
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No	
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No	
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7 Organizations that may receive deductible contributions under section 170(c).	7a		No	
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7b			
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7c		No	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?				
d If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No	
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No	
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			
9 Sponsoring organizations maintaining donor advised funds.	9a			
a Did the sponsoring organization make any taxable distributions under section 4966?	9b			
10 Section 501(c)(7) organizations. Enter				
a Initiation fees and capital contributions included on Part VIII, line 12	10a			
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11 Section 501(c)(12) organizations. Enter				
a Gross income from members or shareholders	11a			
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a			
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13 Section 501(c)(29) qualified nonprofit health insurance issuers.	13a			
a Is the organization licensed to issue qualified health plans in more than one state?				
Note. See the instructions for additional information the organization must report on Schedule O				
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c Enter the amount of reserves on hand	13c			
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		No	
b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i>	14b			
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		No	
Note. If "Yes," see instructions and file Form 4720, Schedule N				
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		No	
Note. If "Yes," complete Form 4720, Schedule O				

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**

1a Enter the number of voting members of the governing body at the end of the tax year **1a** 10
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

1b 8

b Enter the number of voting members included in line 1a, above, who are independent

2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? 2

3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? 3

4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4

5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5

6 Did the organization have members or stockholders? 6

7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a

b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b

8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following

a The governing body? 8a

b Each committee with authority to act on behalf of the governing body? 8b

9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O 9

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

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

10a Did the organization have local chapters, branches, or affiliates? 10a

b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b

11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a

b Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a

12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a

b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b

c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c

13 Did the organization have a written whistleblower policy? 13

14 Did the organization have a written document retention and destruction policy? 14

15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a

a The organization's CEO, Executive Director, or top management official 15b

b Other officers or key employees of the organization 16a

If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16b

16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a

b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b

	Yes	No
10a		No
10b		
11a	Yes	
12a	Yes	
12b	Yes	
12c	Yes	
13	Yes	
14	Yes	
15a	Yes	
15b	Yes	
16a		No
16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed►

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
►KATHY MILLS 201 W COOLIDGE PHOENIX, AZ 85013 (602) 222-2200

Part VII

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck 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)					(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
		Officer or Director or Trustee	Independent Trustee	Officer Key Employee or Director or Trustee	Highest Compensated	Former			
(1) MARIA GONZALEZ-BELARI MD DIRECTOR	0 30	X					0	0	0
(2) ROBERT GROSS MD DIRECTOR	2 00	X					30,000	0	0
(3) PHILIP KEEN MD RESIGNED 819 DIRECTOR	2 00	X					0	0	0
(4) LAWRENCE J KOEP MD DIRECTOR	0 30	X					0	0	0
(5) BARBARA MCWILLIAMS DIRECTOR	0 30	X					0	0	0
(6) JOHN PETERS DIRECTOR	0 30	X					0	0	0
(7) GREG PIVIROTTO CHAIR	0 30	X	X				0	0	0
(8) ALICE POPE RESIGNED 619 DIRECTOR	0 30	X					0	0	0
(9) LAURIE WILSHUSEN DIRECTOR	0 30	X					0	0	0
(10) JOSEPH ZABRAMSKI MD SECRETARY	0 30	X	X				0	0	0
(11) TIMOTHY BROWN CEO/DIRECTOR	40 00	X	X				570,543	0	60,399
(12) JEREMY GOODMAN MD DIRECTOR	0 30	X					0	0	0
(13) KATHERINE MILLS SR. VICE PRESIDENT/CFO	40 00		X				329,938	0	66,017
(14) PATRICK J GERAGHTY VP OF CLINICAL SERVICES	40 00			X			252,773	0	62,319
(15) SARA PACE JONES VP OF PROG DEVELOP & COMM	40 00			X			238,426	0	59,534
(16) ABDUR RAHMAN HLA ADMIN LAB DIRECTOR	40 00				X		190,196	0	39,567
(17) JENNIFER MURIETT DIRECTOR ORGAN RECOVERY	40 00				X		178,957	0	38,942

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

1b Sub-Total	►			
c Total from continuation sheets to Part VII, Section A	►			
d Total (add lines 1b and 1c)	►	2,328,856	0	443,659

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 ► 53

	Yes	No
--	------------	-----------

3 Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

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

Section B. Independent Contractors

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
SHEPLEY BULFINCH	ARCHITECTURE	679,105
2 SEAPORT LANE BOSTON, MA 02210		
LEWIS & ROCA ROTHGERBER LLC	LEGAL SERVICES	362,891
201 E WASHINGTON STREET STE 1200 PHOENIX, AZ 85004		
CLINICAL CONSULTING ASSOCIATES INC	CONTRACT ORGAN RECOVERY COORDINATORS	186,695
9988 S WAGSTAFF CIRCLE RICHARD, VA 23236		
CRESA GLOBAL INC	CONSTRUCTION PROJECT MANAGEMENT	178,267
2398 E CAMELBACK RD PHOENIX, AZ 85016		
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 ► 4		

Part VIII Statement of Revenue

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

Contributions, Gifts, Grants and Other Similar Amounts		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
1a Federated campaigns . . .	1a				
b Membership dues . . .	1b				
c Fundraising events . . .	1c				
d Related organizations	1d				
e Government grants (contributions)	1e				
f All other contributions, gifts, grants, and similar amounts not included above	1f	125,032			
g Noncash contributions included in lines 1a - 1f \$	1g				
h Total. Add lines 1a-1f . . . ►		125,032			
Program Service Revenue					
2a ORGAN PLACEMENT	Business Code				
	900099	62,432,843	62,432,843		
b TISSUE PLACEMENT	900099	15,016,622	15,016,622		
c OCULAR PLACEMENT	900099	3,180,737	3,180,737		
d TISSUE TYPING	900099	2,859,208	2,859,208		
e					
f All other program service revenue					
g Total. Add lines 2a-2f. . . ►		83,489,410			
Other Revenue					
3 Investment income (including dividends, interest, and other similar amounts) ►		1,069,038			1,069,038
4 Income from investment of tax-exempt bond proceeds ►					
5 Royalties ►					
6a Gross rents	(i) Real	(ii) Personal			
6b					
6c					
d Net rental income or (loss) ►					
7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
	39,773,175	23,700			
7b Less cost or other basis and sales expenses	40,100,133	1,830			
7c Gain or (loss)	-326,958	21,870			
d Net gain or (loss) ►			-305,088		-305,088
8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	8a				
b Less direct expenses	8b				
c Net income or (loss) from fundraising events . . . ►					
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 REBATE REWARDS	900099	67,298			67,298
b					
c					
d All other revenue					
e Total. Add lines 11a-11d ►		67,298			
12 Total revenue. See instructions ►		84,445,690	83,489,410	0	831,248

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A)

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	10,000	10,000		
2 Grants and other assistance to domestic individuals See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,641,699	1,169,075	472,624	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	16,018,132	14,432,252	1,585,880	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	916,345	585,289	331,056	
9 Other employee benefits	5,503,012	4,467,250	1,035,762	
10 Payroll taxes	1,329,015	1,143,404	185,611	
11 Fees for services (non-employees)				
a Management				
b Legal	337,922		337,922	
c Accounting	145,393		145,393	
d Lobbying	26,008	26,008		
e Professional fundraising services See Part IV, line 17				
f Investment management fees	137,534		137,534	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	785,175	723,275	61,900	
12 Advertising and promotion	1,346,792	1,346,792		
13 Office expenses	562,577	532,406	30,171	
14 Information technology	729,718	547,289	182,429	
15 Royalties				
16 Occupancy	655,155	549,411	105,744	
17 Travel	215,400	176,306	39,094	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	585,999	352,933	233,066	
20 Interest	4,275		4,275	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	876,095	700,876	175,219	
23 Insurance	311,967		311,967	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a ORGAN/TISSUE/OCULAR REC	40,784,111	40,784,111		
b HLA LAB EXPENSES	849,797	849,797		
c PROFESSIONAL/PUBLIC ED	191,223	191,223		
d EQUIPMENT RENTS/MAINT	179,727	172,804	6,923	
e All other expenses	292,602	292,602		
25 Total functional expenses. Add lines 1 through 24e	74,435,673	69,053,103	5,382,570	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
Check here ► <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
Assets	1 Cash—non-interest-bearing	128,189	1	158,528
	2 Savings and temporary cash investments	34,069,997	2	21,069,079
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	12,071,950	4	12,215,456
	5 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		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	620,738	8	448,438
	9 Prepaid expenses and deferred charges	760,508	9	1,120,945
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	36,707,940		
	b Less accumulated depreciation	8,728,268	10c	27,979,672
	11 Investments—publicly traded securities	29,134,930	11	44,790,029
	12 Investments—other securities See Part IV, line 11		12	
	13 Investments—program-related See Part IV, line 11		13	
	14 Intangible assets		14	
Liabilities	15 Other assets See Part IV, line 11	17,160	15	17,160
	16 Total assets. Add lines 1 through 15 (must equal line 34)	89,600,195	16	107,799,307
	17 Accounts payable and accrued expenses	7,525,840	17	10,463,917
	18 Grants payable		18	
	19 Deferred revenue		19	
Liabilities	20 Tax-exempt bond liabilities	24,786,697	20	24,704,788
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 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		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24) Complete Part X of Schedule D	1,114,326	25	1,313,476
	26 Total liabilities. Add lines 17 through 25	33,426,863	26	36,482,181
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here ► <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	56,173,332	27	71,317,126
	28 Net assets with donor restrictions		28	
	Organizations that do not follow FASB ASC 958, check here ► <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	56,173,332	32	71,317,126
	33 Total liabilities and net assets/fund balances	89,600,195	33	107,799,307

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	84,445,690
2	Total expenses (must equal Part IX, column (A), line 25)	2	74,435,673
3	Revenue less expenses Subtract line 2 from line 1	3	10,010,017
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	56,173,332
5	Net unrealized gains (losses) on investments	5	5,133,777
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	71,317,126

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

1 Accounting method used to prepare the Form 990 Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both

Separate basis Consolidated basis Both consolidated and separate basis

b Were the organization's financial statements audited by an independent accountant?

If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both

Separate basis Consolidated basis Both consolidated and separate basis

c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?

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

	Yes	No
2a		No
2b	Yes	
2c	Yes	
3a		No
3b		

Additional Data

Software ID:

Software Version:

EIN: 86-0707697

Name: DONOR NETWORK OF ARIZONA

Form 990 (2019)

Form 990, Part III, Line 4a:

ORGAN RECOVERY & PLACEMENT SERVICES DONOR NETWORK OF ARIZONA MAXIMIZED THE AVAILABILITY OF HIGH QUALITY ORGANS AND TISSUES FOR TRANSPLANT AND RESEARCH BY PROVIDING SERVICES TO DONORS, RECIPIENTS, DONOR FAMILIES, DONOR HOSPITALS, AND TRANSPLANT HOSPITALS IN 2019, DNA HAD ITS FOURTH STRAIGHT RECORD-SETTING YEAR FOR SAVING LIVES DNA FACILITATED THE DONATION AND RECOVERY OF 1,058 ORGANS OF WHICH 921 WERE TRANSPLANTED THESE ORGANS WERE RECOVERED FROM 318 ORGAN DONORS, AN 11% INCREASE FROM THE PREVIOUS YEAR IN 2019, 478 PEOPLE RECEIVED TRANSPLANTABLE KIDNEYS, 15 PEOPLE RECEIVED KIDNEYS EN BLOC, 105 PEOPLE RECEIVED TRANSPLANTABLE HEARTS, 208 PEOPLE RECEIVED TRANSPLANTABLE LIVERS, 7 PEOPLE RECEIVED TRANSPLANTABLE LIVER SEGMENTS, 34 PEOPLE RECEIVED TRANSPLANTABLE PANCREATA, 9 PEOPLE RECEIVED TRANSPLANTABLE LUNGS, 63 PEOPLE RECEIVED TRANSPLANTABLE LUNGS EN BLOC, 1 PERSON RECEIVED A TRANSPLANTABLE HEART/LUNG BLOC, AND 1 PERSON RECEIVED A TRANSPLANTABLE INTESTINE IN ADDITION, THE ORGANIZATION FACILITATED THE IMPORTATION OF 597 TRANSPLANTABLE ORGANS FROM OTHER GEOGRAPHICAL AREAS

Form 990, Part III, Line 4b:

TISSUE & OCULAR RECOVERY & PLACEMENT SERVICES THE ORGANIZATION ALSO FACILITATED THE DONATION AND RECOVERY OF VARIOUS TISSUES FOR TRANSPLANT PURPOSES IN 2019, A RECORD-SETTING 1,760 PEOPLE DONATED BONE, CARDIOVASCULAR, OR SKIN TISSUE OF THESE, A RECORD 1,105 PEOPLE DONATED BONE FOR ORTHOPEDIC PURPOSES, A 12% INCREASE FROM THE PRIOR YEAR AS THE NUMBER ONE RECOVERY AGENCY FOR OUR HEART VALVE PARTNER, WE FACILITATED THE DONATION OF 290 HEART VALVES, MOST FREQUENTLY TRANSPLANTED IN PEDIATRIC PATIENTS IN ADDITION, 551 SAPHENOUS VEINS WERE DONATED THE GENEROSITY OF 1,598 PEOPLE RESULTED IN DONATED SKIN FOR BURN VICTIMS AND RESTORATIVE PROCEDURES THE 1,760 DONORS ALSO DONATED OTHER CARDIOVASCULAR AND ORTHOPEDIC TISSUES IN ADDITION, 664 PEOPLE DONATED CORNEAS THAT RESULTED IN 1,039 CORNEAL TRANSPLANTS, OF WHICH 146 WERE PROVIDED GRATIS FOR THOSE WHO COULD NOT AFFORD A TRANSPLANT OTHERWISE THESE DONORS ALSO DONATED SCLERA FOR TRANSPLANTATION PURPOSES

Form 990, Part III, Line 4c:

HOSPITAL DONOR PROGRAM DEVELOPMENT THE HOSPITAL DONOR PROGRAM DEVELOPMENT DEPARTMENT IS RESPONSIBLE FOR MAXIMIZING THE TOTAL NUMBER OF DONORS RECOVERED FOR TRANSPLANT IN ARIZONA THROUGH THE IMPLEMENTATION OF INDIVIDUALIZED DONOR PROGRAMS BASED ON COMPREHENSIVE HOSPITAL ASSESSMENT, ANALYSIS OF THE DONOR POTENTIAL IN ARIZONA, THE IMPLEMENTATION OF ONGOING QUALITY PROCESS IMPROVEMENT AND INITIATION AND FOSTERING OF EFFECTIVE RELATIONSHIPS WITHIN THE PROFESSIONAL COMMUNITY CURRENTLY THIS DEPARTMENT HAS 16 FULL-TIME COORDINATORS/ASSOCIATES, A MANAGER AND ONE DIRECTOR WHO, IN ADDITION TO THE VICE PRESIDENT, PROVIDE EDUCATION AND SERVICES TO OVER 120 HOSPITALS AS WELL AS HOSPICES AND OTHER DONATION REFERRAL ORGANIZATIONS THROUGHOUT ARIZONA IN ADDITION THE DEPARTMENT HAS A MANAGER AND FOUR STAFF IN DATA INTELLIGENCE WHO ARE RESPONSIBLE FOR MEDICAL RECORD REVIEW AND MONITOR ANALYTICS FOR DONATION SYSTEMS IN THE ORGANIZATION AND THROUGHOUT DONOR NETWORK OF ARIZONA THE DEPARTMENT ALSO HAS A DONATION PROGRAM EDUCATOR WHO IS RESPONSIBLE FOR INTERNAL AND EXTERNAL TRAINING DONOR NETWORK OF ARIZONA (DNA) CONTINUES TO UTILIZE THE BEST PRACTICES AS DEFINED BY THE U S DEPARTMENT OF HEALTH AND HUMAN SERVICES' BREAKTHROUGH COLLABORATIVES FOR ORGAN DONATION AND TRANSPLANTATION THIS INCLUDES ACTIVE PARTICIPATION IN REGIONAL AND NATIONAL IMPROVEMENT EFFORTS THESE EFFORTS CONTINUE TO HELP US MAXIMIZE CONVERSION RATES, DONORS AND THE NUMBER OF ORGANS TRANSPLANTED PER DONOR IN ARIZONA IN ADDITION TO ONGOING EDUCATION IN ARIZONA HOSPITALS AND HEALTHCARE ORGANIZATIONS, DNA HOLDS AN ALL-HOSPITAL SYMPOSIUM EVERY OTHER YEAR THE HOSPITAL DONOR PROGRAM DEVELOPMENT DEPARTMENT CONDUCTS 400-600 PROFESSIONAL EDUCATION OFFERINGS EACH YEAR AND HAS PROVIDED DESIGNATED REQUESTOR TRAINING TO OVER 4,000 HEALTHCARE WORKERS THROUGHOUT THE STATE DNA PROVIDES CONTINUING EDUCATION CREDITS THROUGH THE CONTINUING NURSING EDUCATION GROUP (CNEG) FOR THE ADVANCED DONOR NURSE CLASS IN ADDITION, THE HOSPITAL DONOR PROGRAM DEVELOPMENT STAFF MEMBERS COORDINATE SPECIAL EDUCATION EVENTS AND PROJECTS AND DEVELOPS AND MAINTAIN EDUCATIONAL MATERIALS PUBLIC EDUCATION DEPARTMENT THE FOCUS OF OUR PUBLIC EDUCATION DEPARTMENT IS TO INCREASE ORGAN, EYE AND TISSUE DONOR REGISTRATION IN ARIZONA BY CREATING AND EXPANDING PUBLIC OUTREACH PROGRAMS, DISTRIBUTING INFORMATION, AND DEVELOPING AND EXPANDING COMMUNITY PARTNERSHIPS

SCHEDULE A
(Form 990 or
990EZ)**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
 ► Attach to Form 990 or Form 990-EZ.

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

2019**Open to Public
Inspection**Department of the Treasury
Internal Revenue Service**Name of the organization**
DONOR NETWORK OF ARIZONA**Employer identification number**
86-0707697**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 _____

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					
Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization 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** ►

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
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	168,221	206,144	270,909	61,511	125,032	831,817
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	52,082,187	60,730,550	62,487,695	71,557,015	83,489,410	330,346,857
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	52,250,408	60,936,694	62,758,604	71,618,526	83,614,442	331,178,674
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0
c Add lines 7a and 7b						0
8 Public support. (Subtract line 7c from line 6.)						331,178,674

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6	52,250,408	60,936,694	62,758,604	71,618,526	83,614,442	331,178,674
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	400,462	473,903	783,785	778,922	1,069,038	3,506,110
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	400,462	473,903	783,785	778,922	1,069,038	3,506,110
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI)		3,082	7,691	18,226	67,298	96,297
13 Total support. (Add lines 9, 10c, 11, and 12.)	52,650,870	61,413,679	63,550,080	72,415,674	84,750,778	334,781,081

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f))	15	98 920 %
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	99 050 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f) divided by line 13, column (f))	17	1 050 %
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	0 940 %
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 ► <input checked="" type="checkbox"/>		
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 ► <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► <input type="checkbox"/>		

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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 **Part VI**

	Yes	No
11a		
11b		
11c		

Section B. Type I Supporting Organizations

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

2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in **Part VI** how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization

	Yes	No
1		
2		

Section C. Type II Supporting Organizations

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

	Yes	No
1		

Section D. All Type III Supporting Organizations

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?

2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in **Part VI** how the organization maintained a close and continuous working relationship with the supported organization(s)

3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in **Part VI** the role the organization's supported organizations played in this regard

	Yes	No
1		
2		
3		

Section E. Type III Functionally-Integrated Supporting Organizations

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

a The organization satisfied the Activities Test. Complete **line 2** below

b The organization is the parent of each of its supported organizations. Complete **line 3** below

c The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions)

2 Activities Test Answer (a) and (b) below.

a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI** identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities

b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in **Part VI** the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement

	Yes	No
2a		
2b		
3a		
3b		

3 Parent of Supported Organizations Answer (a) and (b) below.

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in **Part VI**.

b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in **Part VI** the role played by the organization in this regard

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

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

Section A - Adjusted Net Income

(A) Prior Year

(B) Current Year
(optional)

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

Section B - Minimum Asset Amount

(A) Prior Year

(B) Current Year
(optional)

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

Section C - Distributable Amount

Current Year

1 Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2 Enter 85% of line 1	2	
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4 Enter greater of line 2 or line 3	4	
5 Income tax imposed in prior year	5	
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7 <input type="checkbox"/> 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
SCHEDULE A, PART III, LINE 12, EXPLANATION OF OTHER INCOME	OTHER INCOME - 2016 AMOUNT \$ 3,082 2017 AMOUNT \$ 7,691 2018 AMOUNT \$ 158 2019 AMOUNT \$ 0 REBATE REWARDS - 2018 AMOUNT \$ 18,068 2019 AMOUNT \$ 67,298

SCHEDULE C
(Form 990 or 990-EZ)**Political Campaign and Lobbying Activities**Department of the Treasury
Internal Revenue Service**For Organizations Exempt From Income Tax Under section 501(c) and section 527**

►Complete if the organization is described below. ►Attach to Form 990 or Form 990-EZ.
►Go to www.irs.gov/Form990 for instructions and the latest information.

2019**Open to Public
Inspection****If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then**

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization DONOR NETWORK OF ARIZONA	Employer identification number 86-0707697
--	--

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (see instructions) ► \$ _____
- 3 Volunteer hours for political campaign activities (see instructions) _____

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ► \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ► \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ► \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ► \$ _____
- 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ► \$ _____
- 4 Did the filing organization file **Form 1120-POL** for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
1				
2				
3				
4				
5				
6				

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

A Check ► if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

B Check ► if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals										
1a	Total lobbying expenditures to influence public opinion (grass roots lobbying)												
b	Total lobbying expenditures to influence a legislative body (direct lobbying)												
c	Total lobbying expenditures (add lines 1a and 1b)												
d	Other exempt purpose expenditures												
e	Total exempt purpose expenditures (add lines 1c and 1d)												
f	Lobbying nontaxable amount Enter the amount from the following table in both columns												
If the amount on line 1e, column (a) or (b) is: The lobbying nontaxable amount is: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Not over \$500,000</td> <td>20% of the amount on line 1e</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </table>		Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
Not over \$500,000	20% of the amount on line 1e												
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000												
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000												
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000												
Over \$17,000,000	\$1,000,000												
g	Grassroots nontaxable amount (enter 25% of line 1f)												
h	Subtract line 1g from line 1a If zero or less, enter -0-												
i	Subtract line 1f from line 1c If zero or less, enter -0-												
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No											

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity

		(a)	(b)
		Yes No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of		
a	Volunteers?	Yes	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes	
c	Media advertisements?	No	
d	Mailings to members, legislators, or the public?	Yes	1,926
e	Publications, or published or broadcast statements?	No	
f	Grants to other organizations for lobbying purposes?	No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes	24,082
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	No	
i	Other activities?	No	
j	Total Add lines 1c through 1i		26,008
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?	No	
b	If "Yes," enter the amount of any tax incurred under section 4912		
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912		
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1	1	
2	2	
3	3	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	2a	
a	Current year	2b	
b	Carryover from last year	2c	
c	Total	3	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	4	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	5	
5	Taxable amount of lobbying and political expenditures (see instructions)		

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information

Return Reference	Explanation
PART II-B, LINE 1	DONOR NETWORK OF ARIZONA HELD A DONATE LIFE DAY AT THE ARIZONA STATE CAPITOL WHERE THEY MET WITH STATE LEGISLATORS TO EDUCATE THEM ON THE IMPORTANCE OF ORGAN, EYE AND TISSUE DONATIONS INVITATIONS WERE MAILED TO LEGISLATORS AND MEMBERS OF THE PUBLIC

SCHEDULE D
(Form 990)Department of the Treasury
Internal Revenue Service**Supplemental Financial Statements****2019****Open to Public
Inspection**

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

► Go to www.irs.gov/Form990 for instructions and the latest information.**Name of the organization**
DONOR NETWORK OF ARIZONA**Employer identification number**
86-0707697**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)	<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education) <input type="checkbox"/> Preservation of an historically important land area
	<input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure
	<input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements	

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items
(i)	Revenue included on Form 990, Part VIII, line 1 ► \$
(ii)	Assets included in Form 990, Part X ► \$
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items
a	Revenue included on Form 990, Part VIII, line 1 ► \$
b	Assets included in Form 990, Part X ► \$

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

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

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

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

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

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII . . .

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

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

a Board designated or quasi-endowment ►

b Permanent endowment ►

c Temporarily restricted endowment ►

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

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

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

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

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		7,993,849		7,993,849
b Buildings		4,920,950	3,370,266	1,550,684
c Leasehold improvements		515,575	494,513	21,062
d Equipment		5,489,901	4,263,816	1,226,085
e Other		17,787,665	599,673	17,187,992
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ►				27,979,672

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) 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)	► 1,313,476

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

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

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	89,359,933
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	5,133,777
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	
e	Add lines 2a through 2d	2e	5,133,777
3	Subtract line 2e from line 1	3	84,226,156
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	137,534
b	Other (Describe in Part XIII)	4b	82,000
c	Add lines 4a and 4b	4c	219,534
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	84,445,690

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

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	74,216,139
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	74,216,139
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	137,534
b	Other (Describe in Part XIII)	4b	82,000
c	Add lines 4a and 4b	4c	219,534
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	74,435,673

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: 86-0707697

Name: DONOR NETWORK OF ARIZONA

Supplemental Information

Return Reference	Explanation
PART X, LINE 2	DNA QUALIFIES AS A TAX-EXEMPT ORGANIZATION UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE (THE "CODE") AND, ACCORDINGLY, THERE IS NO PROVISION FOR INCOME TAXES. DNA IS ALSO EXEMPT FROM STATE INCOME TAX. IN ADDITION, DNA QUALIFIES FOR THE CHARITABLE CONTRIBUTION DEDUCTION UNDER SECTION 170 OF THE CODE AND HAS BEEN CLASSIFIED AS AN ORGANIZATION THAT IS NOT A PRIVATE FOUNDATION. INCOME DETERMINED TO BE UNRELATED BUSINESS TAXABLE INCOME ("UBTI") WOULD BE TAXABLE. DNA EVALUATES ITS UNCERTAIN TAX POSITIONS, IF ANY, ON A CONTINUAL BASIS THROUGH REVIEW OF ITS POLICIES AND PROCEDURES, REVIEW OF ITS REGULAR TAX FILINGS, AND DISCUSSIONS WITH OUTSIDE EXPERTS. DNA'S FEDERAL RETURN OF ORGANIZATIONS EXEMPT FROM INCOME TAX (FORM 990) FOR 2016, 2017 AND 2018 ARE SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE, GENERALLY FOR THREE YEARS AFTER THEY WERE FILED.

Supplemental Information

Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS	CONTRIBUTION REVENUE INCLUDED IN EXPENSES 82,000

Supplemental Information

Return Reference	Explanation
PART XII, LINE 4B - OTHER ADJUSTMENTS	CONTRIBUTION REVENUE INCLUDED IN EXPENSES 82,000

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

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

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

Return Reference	Explanation
PART I, LINE 2	EXECUTIVE LEADERSHIP DETERMINES ELIGIBILITY BASED ON ORGANIZATION'S PURPOSE, INCLUDING WHETHER THERE IS A CORRELATION TO OUR MISSION, VISION, AND CORE VALUES. GRANTS MADE ARE USED FOR THE PURPOSE SPECIFIED, NO ONGOING MONITORING OF THE GRANT FUND IS DEEMED NECESSARY

Schedule J
(Form 990)**Compensation Information**

OMB No 1545-0047

Department of the Treasury
Internal Revenue Service

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

2019**Open to Public Inspection**Name of the organization
DONOR NETWORK OF ARIZONAEmployer identification number
86-0707697**Part I Questions Regarding Compensation**

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed 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 indemnification 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 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

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?

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

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

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization

a Receive a severance payment or change-of-control payment?
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?
c Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of

a The organization?

b Any related organization?

If "Yes," on line 5a or 5b, describe in Part III

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of

a The organization?

b Any related organization?

If "Yes," on line 6a or 6b, describe in Part III

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III

8 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

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

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

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

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

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

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
FORM 990, PART I, LINES 4B AND 6A	BONUS PAYMENTS ARE MADE TO ALL EMPLOYEES BASED ON MEETING ORGANIZATIONAL GOALS, HOWEVER, BONUSES FOR ALL EMPLOYEES ARE SUBJECT TO THE ORGANIZATION ACHIEVING 90% OF BUDGETED NET INCOME FOR THE YEAR, UNLESS OTHERWISE VOTED UPON BY THE BOARD OF DIRECTORS

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

**Schedule K
(Form 990)**Department of the Treasury
Internal Revenue ServiceName of the organization
DONOR NETWORK OF ARIZONA

OMB No 1545-0047

2019**Open to Public
Inspection****Supplemental Information on Tax-Exempt Bonds**

► Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

► Attach to Form 990.

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

Employer identification number

86-0707697

Part I Bond Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A INDUSTRIAL DEVELOPMENT AUTHORITY OF MARICOPA COUNTY	86-0445263		06-28-2018	25,000,000	LAND AQUISITION/BUILDING CONTRUCTION		X		X		X

Part II Proceeds

	A	B	C	D
1 Amount of bonds retired				
2 Amount of bonds legally defeased				
3 Total proceeds of issue	25,000,000			
4 Gross proceeds in reserve funds				
5 Capitalized interest from proceeds	670,653			
6 Proceeds in refunding escrows				
7 Issuance costs from proceeds	222,577			
8 Credit enhancement from proceeds				
9 Working capital expenditures from proceeds				
10 Capital expenditures from proceeds	16,357,371			
11 Other spent proceeds				
12 Other unspent proceeds	8,865,636			
13 Year of substantial completion	2020			

	Yes	No	Yes	No	Yes	No	Yes	No
14 Were the bonds issued as part of a current refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?		X						
15 Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?		X						
16 Has the final allocation of proceeds been made?		X						
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X							

Part III Private Business Use

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?								
2 Are there any lease arrangements that may result in private business use of bond-financed property?								

Part III Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?								
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c Are there any research agreements that may result in private business use of bond-financed property?								
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ►								
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ►								
6 Total of lines 4 and 5								
7 Does the bond issue meet the private security or payment test?								
8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?								
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?								

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X						
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		X						
b Exception to rebate?		X						
c No rebate due?		X						
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?		X						
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X						
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								

Part IV Arbitrage (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
		X						
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X						
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X						
7 Has the organization established written procedures to monitor the requirements of section 148? . . .		X						

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X							

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K. (See instructions).

OMB No 1545-0047

SCHEDULE O
(Form 990 or 990-
EZ)

Department of the Treasury

Name of the organization
DONOR NETWORK OF ARIZONA

Supplemental Information to Form 990 or 990-EZ

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

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

2019

**Open to Public
Inspection**

Employer identification number

86-0707697

Return Reference	Explanation
FORM 990, PART III, LINE 4C - PUBLIC EDUCATION HIGHLIGHTS	SOME KEY PUBLIC EDUCATION HIGHLIGHTS INCLUDE 1) DONATELIFEAZ REGISTRY -MORE THAN 3.5 MILLION PEOPLE HAVE REGISTERED THEIR DECISION TO BE A DONOR ON THE DONATELIFEAZ REGISTRY MORE THAN 280,000 JOINED THE REGISTRY IN 2019 -DNA CONTINUED TO ENHANCE ITS PARTNERSHIP WITH THE ARIZONA DEPARTMENT OF TRANSPORTATION MOTOR VEHICLE DIVISION (ADOT MVD) WE BROUGHT ON NEW MVD AMBASSADORS AND DEVELOPED NEW TOOLS FOR THEM TO USE WE SHOWED OUR APPRECIATION TO MVD STAFF (AND AUTHORIZED THIRD-PARTY OFFICES TO A LESSER EXTENT) THROUGH IN-PERSON VISITS, T-SHIRTS AND PROMOTIONAL MATERIALS DNA KEPT MVDS ENGAGED IN OUR MISSION WITH NEWSLETTERS, WEB PROMOTIONS AND A VIDEO THAT ADOT NOW SHOWS TO ALL ADOT MVD EMPLOYEES UPON HIRE THE VIDEO HIGHLIGHTS THE IMPORTANCE OF DONATION AND OUR RELATIONSHIP WITH ADOT MVD THE SAME MONTH OF THE RELEASE OF THIS VIDEO, DNA ACHIEVED A DONOR DESIGNATION RATE OF 51.4%, THE HIGHEST DONOR DESIGNATION RATE RECORDED IN ARIZONA -DNA LED SCHOOL CHALLENGES AT THE COLLEGiate LEVELS AND ASSISTED WITH HIGH SCHOOL CHALLENGES, ENCOURAGING YOUTH IN ARIZONA TO REGISTER AS DONORS OVER 2,000 NEW REGISTRATIONS CAME FROM 19 PARTICIPATING HIGH SCHOOLS ACROSS ARIZONA IN 2019 DNA HELD FOUR REGGIE RALLIES DURING HIGH SCHOOL CHALLENGE AN ADDITIONAL 1,600+ NEW REGISTRATIONS WERE MADE DURING DNA'S ANNUAL CAMPUS CHALLENGE, WHICH TOOK PLACE AT COLLEGE CAMPUSES ACROSS ARIZONA INCLUDING UNIVERSITY OF ARIZONA, ARIZONA STATE UNIVERSITY, NORTHERN ARIZONA UNIVERSITY, GRAND CANYON UNIVERSITY AND OTHERS -IN 2019, HEALTH CARE FOR HOPE WAS REBRANDED TO HEROES FOR HOPE IN ORDER TO INCLUDE A WIDER AUDIENCE OF PARTNERS THERE WERE 53 PARTICIPATING HOSPITALS AND HEALTH CARE ORGANIZATIONS THAT REGISTERED PEOPLE DURING APRIL IN ADDITION, A NEW PARTNER, FLYING BASSET BREWING, PARTICIPATED FOR THE FIRST TIME IN 2019, AND EARNED SECOND PLACE OVERALL -HELD A VOLUNTEER CHALLENGE IN NOV 2019 CALLED DIVERSITY IN DONATION THERE WERE 15 PARTICIPANTS THAT YIELDED 200 REGISTRATIONS -CONTINUED TO USE MULTIPLE PORTALS TO ALLOW ARIZONANS TO REGISTER, INCLUDING WEBSITE, MVD, SERVICE ARIZONA, SWIPE TO DONATE LIFE, FORMS AND MAIL 2) DONATION PROGRAMS -VOLUNTEERS CONTRIBUTED OVER 1,774 HOURS OF THEIR TIME PROMOTING DONATION AT MORE THAN 144 COMMUNITY EVENTS IN 2019 CONTINUED ANNUAL VOLUNTEER COMPETENCIES TO DEFINE A SET OF STANDARDS FOR VOLUNTEER KNOWLEDGE AND ENSURE ACCURATE INFORMATION IS BEING COMMUNICATED BY VOLUNTEERS TO POTENTIAL REGISTRANTS LAUNCHED VOLUNTEER MENTOR PROGRAM TO PAIR NEW VOLUNTEERS WITH A SEASONED VOLUNTEER TO ANSWER QUESTIONS AND GIVE TIPS CONTINUED QUARTERLY VOLUNTEER WORKS HOPS TO PROVIDE CONTINUED EDUCATION FORTY NEW VOLUNTEERS ONBOARDED THROUGH ONLINE MODULE -CONTINUED THE MULTICULTURAL COMMITTEE, COMPRISED OF MEMBERS FROM DIFFERENT COMMUNITIES IN ARIZONA COMMITTEE MEMBERS PROVIDED INPUT ON DONATION IN THEIR COMMUNITIES AND HELPED PROMOTE ECHO (EVERY COMMUNITY HAS OPPORTUNITIES) COMMITTEE WORKED ON NATIVE AMERICAN INFOGRAPHIC, HOSTED DNA'S DIA DE LOS

Return Reference	Explanation
FORM 990, PART III, LINE 4C - PUBLIC EDUCATION HIGHLIGHTS	<p>MUERTOS, ATTENDED FAITH-BASED HEALTH FAIR LIKE THE MULTICULTURAL BAZAAR, AND COMMUNITY FAIRS AND FESTIVAL LIKE LATINO PRIDE MEMBERS JOINED AND CONTINUED PARTNERSHIP WITH AMAT (THE ASSOCIATION FOR MULTICULTURAL AFFAIRS IN TRANSPLANTATION) -DEVELOPED A DEPARTMENT COMPETENCY PROGRAM TO EVALUATE AND TRAIN PUBLIC EDUCATION STAFF, WHICH OCCURS YEARLY -CONTINUED TO PROMOTE DONATION AND OFFER DONATION REGISTRATION AND INFORMATION ON THE DONATELIFEAZ.ORG WEBSITE FOR THE PUBLIC AND ON DNAZ.ORG FOR KEY STAKEHOLDERS IN THE DONATION PROCESS, INCLUDING HOSPITALS AND FUNERAL HOMES -DEVELOPED ALL4LIFE, A PORTAL ON DNAZ.ORG THAT INCLUDES RESOURCES FOR INDIVIDUALS OR BUSINESSES INTERESTED IN HOLDING A REGISTRATION DRIVE OR PROMOTING DONATION THIS PORTAL INCLUDES MANY DOWNLOADABLE RESOURCES TO HELP THEIR EFFORTS ADDITIONALLY, REQUESTS CAN BE MADE THROUGH ALL4LIFE FOR PROMOTIONAL ITEMS, VOLUNTEERS OR SPEAKERS SINCE ITS INCEPTION IN 2019, 33 INDIVIDUALS AND/OR BUSINESSES HAVE USED THE ALL4LIFE RESOURCES 3) MEDIA AND COMMUNICATIONS -DONATE LIFE ARIZONA IS ACTIVE ON SOCIAL MEDIA ON A VARIETY OF PLATFORMS CURRENT NUMBERS DONATE LIFE ARIZONA FACEBOOK PAGE >12,760 LIKES, DONE VIDA FACEBOOK PAGE >1,490 LIKES, DONOR NETWORK OF ARIZONA FACEBOOK PAGE >770 LIKES, LINKEDIN >1,280 FOLLOWERS, TWITTER >2,750 FOLLOWERS, INSTAGRAM >1,830 FOLLOWERS, PINTEREST >220 FOLLOWERS, YOUTUBE >619,000 VIEWS -DNA CONTINUED DONATION NATION THROUGH OUT 2019, A SOCIAL MEDIA AMBASSADOR PROGRAM GEARED TOWARD HIGH SCHOOL AND COLLEGE STUDENTS MEMBERS POSTED ON THEIR OWN SOCIAL MEDIA ABOUT THE IMPORTANCE OF DONATION AND ENCOURAGE THEIR PEERS, FRIENDS AND FAMILY TO REGISTER THERE WERE TWO MEMBERS OF THE DONATION NATION -CONTINUED THE 38 SECOND ADVERTISING CAMPAIGN AND LAUNCHED ADDITIONAL VIDEO ADS TO PROMOTE DONATION REGISTRATION IN COLLABORATION WITH OUR ADVERTISING AGENCY, ZION AND ZION THE 38 SECOND CAMPAIGN WON A PINNACLE AWARD FROM DONATE LIFE AMERICA FOR THIS CAMPAIGN PARTNERED WITH ARIZONA SPORTS AND THE ARIZONA COYOTES TO FURTHER OUR 38 SECONDS MESSAGE THE ARIZONA COYOTES PARTNERSHIP INCLUDED FIVE REGISTRATION TABLES, IN-GAME ACTIVATIONS AND ONLINE HIGHLIGHTS -EARNED MORE THAN 70 POSITIVE MEDIA STORIES PUBED WON A PINNACLE AWARD AT THE 2019 DONATE LIFE AMERICA ANNUAL CONFERENCE FOR IMPLEMENTING AN INTERNAL MEDIA TRAINING PROGRAM -CONTINUES TO PROMOTE THE WEBSITE, LIVEONAZ.ORG, AS A HOME FOR GENEROSITY IN ARIZONA THIS WEBSITE ALLOWS PEOPLE TO PLACE THEIR NAME ON THE VIRTUAL WALL OF LIFE AND ALLOWS PEOPLE TO SHARE THEIR STORY ABOUT ORGAN AND TISSUE DONATION AND TRANSPLANTATION THE WALL OF LIFE HOSTS NEARLY 3,000 NAMES AND MORE THAN 340 STORIES -WROTE AND EDITED NINE NEWSLETTERS TO REACH PROFESSIONAL DONATION PARTNERS REVAMPED THE NEWSLETTER EDITORIAL CALENDAR AND THE YEAR IN REVIEW PUBLICATION TO HIGHLIGHT ANNUAL DATA AND HEARTFELT STORIES COLLABORATED WITH HD FOR A PHYSICIAN CONNECTION NEWSLETTER -THE INTERNAL COMMUNICATIONS COMMITTEE BECAME THE COMMUNICATION CHA</p>

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FORM 990, PART III, LINE 4C - PUBLIC EDUCATION HIGHLIGHTS	RTER AS DNA PREPARED FOR OUR MOVE THIS COMMITTEE PLANS AND CREATES COMMUNICATION STRATEGIES AND TACTICS TO IMPROVE QUALITY AND DISSEMINATION OF INFORMATION TO AND AMONG DNA STAFF ONE MAJOR FUNCTION OF THE COMMITTEE IS DNA'S QUARTERLY ALL STAFF MEETINGS THE COMMITTEE SUPPLIES INFORMATION AND HELPS SET UP FOR THESE PRESENTATIONS -DESIGNED AND PRINTED A DONATION CALENDAR TO HONOR AND CELEBRATE DONOR FAMILIES AND RECIPIENTS DONATION CALENDARS, A LONG WITH A HOLIDAY TREAT AND CARD, WERE PROVIDED TO DONATION PARTNERS IN DECEMBER 4) DONOR NETWORK OF ARIZONA EVENTS -PARTICIPATED AND/OR COORDINATED SIGNATURE EVENTS PROMOTING DONATION, SUCH AS THE FIESTA BOWL PARADE, DONATE LIFE DAY AT THE CAPITOL, DONATE LIFE DAY WITH THE DIAMONDBACKS AND THE DONATION SYMPOSIUM -HOSTED A VOLUNTEER APPRECIATION AWARDS CEREMONY IN FEB 2019 TO RECOGNIZE THE TIME AND EFFORTS SPENT THERE WERE 104 ATTENDEES -CELEBRATED HEART VALVE DONATION ON VALENTINE'S DAY, FEB 14 RECEIVED MEDIA COVERAGE AND SHARED ABOUT HEART VALVE DONATION ON SOCIAL MEDIA CELEBRATED OTHER INTERNAL EVENTS INCLUDING BLUE AND GREEN DAY AND BRA DAY -HOSTED GROUNDBREAKING CEREMONY IN THE SPRING OF 2019 TO COMMEMORATE THE BEGINNING OF BUILDING DNA'S FUTURE HEADQUARTERS -PARTNERED WITH DONOR FAMILY SERVICES TO HOST THE SECOND ANNUAL CELEBRATION OF LIFE, AN EVENT TO GATHER AND HONOR ARIZONA DONOR FAMILIES, IN THE FALL OF 2019 -EYE DONATION MONTH WAS RECOGNIZED IN NOVEMBER DONOR NETWORK OF ARIZONA PROVIDED POSTERS AND PROMOTIONAL ITEMS TO OUR OCULAR PARTNERS

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FORM 990, PART VI, SECTION B, LINE 11B	THE 990 IS PREPARED BY AN OUTSIDE ACCOUNTING FIRM AND, UPON COMPLETION, A DRAFT IS EMAILED TO ALL MEMBERS OF THE BOARD OF DIRECTORS FOR THEIR REVIEW AND COMMENT. AFTER THEIR REVIEW IS COMPLETE, THE FIRM IS PROVIDED WITH ANY COMMENTS OR CHANGES AND/OR INSTRUCTED TO FILE THE RETURN.

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FORM 990, PART VI, SECTION B, LINE 12C	ALL MEMBERS OF THE DNA BOARD OF DIRECTORS WILL BE REQUIRED TO COMPLETE A CONFLICT OF INTEREST DISCLOSURE STATEMENT UPON AFFILIATION WITH DNA OR HIRING AND TO UPDATE THE STATEMENT AT LEAST ANNUALLY THE CHIEF EXECUTIVE DIRECTOR SHALL PREPARE A REPORT FOR THE DNA BOARD OF DIRECTORS' ANNUAL MEETING LISTING ALL TRANSACTIONS BETWEEN DNA AND DNA BOARD OF DIRECTORS THE REPORT WILL INCLUDE - A DESCRIPTION OF THE TRANSACTION AND ITS DATE - THE AMOUNT OF THE TRANSACTION AND ITS IMPACT ON DNA - THE NAME OF THE DNA BOARD OF DIRECTOR MEMBER INVOLVED AND THE NAME OF THE OTHER ENTITY, IF ANY, AND A DESCRIPTION OF THE NATURE OF THE DNA BOARD OF DIRECTOR'S INTEREST IN THE TRANSACTION IF A CONFLICT OF INTEREST CANNOT BE AVOIDED, THE BOARD MEMBER WHO HAS A CONFLICT OF INTEREST SHALL NOT VOTE ON, PARTICIPATE IN OR ATTEMPT TO INFLUENCE ANY DNA DECISION AFFECTED BY THE CONFLICT OF INTEREST, EXCEPT TO PROVIDE INFORMATION AS SPECIFICALLY REQUESTED BY DECIDING COMMITTEE OR BODY

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FORM 990, PART VI, SECTION B, LINE 15	<p>PROCEDURE COMPENSATION PHILOSOPHY AND STRATEGY THE OBJECTIVES OF DNA'S EXECUTIVE COMPENSATION PROGRAM ARE TO PROVIDE A COMPETITIVE EXECUTIVE TOTAL COMPENSATION PROGRAM COMPARED TO OTHER ORGANIZATIONS OF SIMILAR SIZE AND TYPE, PARTICULARLY HEALTHCARE ORGANIZATIONS DNA'S PHILOSOPHY IS TO STRONGLY LINK PAY WITH PERFORMANCE RETAIN THE TALENTED SENIOR MANAGEMENT TEAM AND DEMONSTRATE THAT DNA VALUES THEM ENSURE REASONABLE COMPENSATION AS COMPARED TO PEERS IT IS THE COMMITTEE'S INTENT TO USE PEER DATA FROM SIMILAR POSITIONS IN SIMILAR ORGANIZATIONS UNDER SIMILAR CIRCUMSTANCES POSITION BASE SALARY COMPETITIVELY AT LEAST AT THE MEDIAN LABOR MARKET AS COMPARED TO PEERS ENSURE THAT DNA'S TOTAL COMPENSATION, INCLUDING TOTAL CASH COMPENSATION AND EMPLOYEE AND EXECUTIVE BENEFITS, IS POSITIONED AT COMPETITIVE PRACTICE OVERALL WHEN DNA MEETS ITS KEY GOALS - DNA PROVIDES AN EXECUTIVE COMPENSATION PROGRAM THAT INTEGRATES ALL ELEMENTS OF COMPENSATION AND BENEFITS - BASE SALARY IS MARKET-BASED AND REFLECTS AN INDIVIDUAL'S PERFORMANCE ANNUALLY AN INDIVIDUAL'S PERFORMANCE IS EVALUATED RELATIVE TO THEIR POSITION ACCOUNTABILITIES AND PERFORMANCE CRITERIA AS WELL AS ORGANIZATIONAL ACCOUNTABILITIES - THE ORGANIZATIONAL INCENTIVE PLAN, DNA'S ANNUAL INCENTIVE, REWARDS ACHIEVEMENT ON KEY ORGANIZATIONAL GOALS THAT REPRESENT SUCCESS MEASURES FOR ORGAN PROCUREMENT, EYE AND TISSUE ORGANIZATIONS INCENTIVE GOALS STRONGLY ALIGN WITH DNA'S MISSION THE PLAN REWARDS ORGANIZATION-WIDE PERFORMANCE TO REINFORCE TEAMWORK A THRESHOLD OF FINANCIAL PERFORMANCE IS NECESSARY FOR THE PLAN TO BE AFFORDABLE PROCEDURE COMPENSATION COMMITTEE RESPONSIBILITIES AND DUTIES THE COMPENSATION COMMITTEE WILL MEET REGULARLY AS SCHEDULED IN CONJUNCTION WITH BOARD MEETINGS THE COMPENSATION COMMITTEE WILL BE RESPONSIBLE TO CONTRACT AN OUTSIDE CONSULTANT TO REVIEW AND TREND CURRENT MARKET DATA AND TOTAL EXECUTIVE COMPENSATION TO ENSURE EXECUTIVES ARE REASONABLY COMPENSATED THIS WILL BE DONE AT A MINIMUM OF TWO TO THREE YEARS OR AS NEEDED THE COMMITTEE WILL OVERSEE AND SUPERVISE THE CONSULTANT'S WORK PRODUCT ALL COMPENSATION AGREEMENTS AND DECISIONS MADE BY THE COMMITTEE WILL BE MADE INDEPENDENTLY AND WITH DUE DILIGENCE ALL COMPENSATION AGREEMENTS AND DECISIONS WILL BE THOROUGHLY DOCUMENTED IN THE FINANCE/COMPENSATION COMMITTEE MINUTES OR THE EXECUTIVE SESSION BOARD MINUTES AS APPROPRIATE GUIDELINES FOR DOCUMENTATION ARE AS FOLLOWS AND WILL INCLUDE - IDENTIFICATION OF ATTENDEES - VERIFICATION AND STATEMENT THAT NO MEMBER HAS A CONFLICT OF INTEREST - DOCUMENTATION THAT THOSE WHO HAVE A CONFLICT WILL BE EXCLUDED - IDENTIFICATION OF SOURCE AND COLLECTION OF COMPENSATION DATA DETAILED DOCUMENTATION OF THE TERMS OF THE COMPENSATION BEING APPROVED IF COMPENSATION VALUE DIFFERS FROM COMPATIBILITY DATA, THE BASIS FOR DETERMINATION WILL BE STATED WITH EACH DECISION REGARDING EXECUTIVE COMPENSATION, THE COMMITTEE WILL BE RESPONSIBLE TO ESTABLISH A "REBUTTABLE PRESUMPTION OF REASONABLENESS" IN DO</p>

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FORM 990, PART VI, SECTION B, LINE 15	ING SO, THE COMMITTEE WILL - ENSURE PARTICIPANTS ARE INDEPENDENT - MAKE DECISIONS BASED ON APPROPRIATE COMPARABILITY DATA - ENSURE MINUTES REFLECT A WRITTEN RECORD OF THE COMMITTEE'S WORK THE COMPENSATION COMMITTEE WILL REPORT ALL DECISIONS REGARDING EXECUTIVE COMPENSATION TO THE FULL BOARD THE CEO'S REVIEW AND THE OTHER OFFICERS' REVIEWS WERE PERFORMED ON SEPTEMBER 11, 2019

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FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION'S ARTICLES OF INCORPORATION, BY-LAWS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST