GEORGIA TRANSPLANT FOUNDATION, INC INSTRUCTIONS FOR FILING FORM 990-T

990-T - EXEMPT ORGANIZATION BUSINESS INCOME TAX RETURN FOR THE YEAR ENDED DECEMBER 31, 2017

THE ORIGINAL RETURN SHOULD BE SIGNED (USING FULL NAME AND TITLE) AND DATED ON PAGE 2 BY AN AUTHORIZED OFFICER OF THE ORGANIZATION.

FILE THE SIGNED RETURN BY NOVEMBER 15, 2018 WITH:

DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE CENTER
OGDEN, UT 84201-0027

THERE IS NO TAX DUE WITH THE FILING OF THIS RETURN.

TO DOCUMENT THE TIMELY FILING OF YOUR TAX RETURN(S), WE SUGGEST THAT YOU OBTAIN AND RETAIN PROOF OF MAILING. PROOF OF MAILING CAN BE ACCOMPLISHED BY SENDING THE TAX RETURN(S) BY REGISTERED OR CERTIFIED MAIL (METERED BY THE U.S. POSTAL SERVICE) OR THROUGH THE USE OF AN IRS APPROVED DELIVERY METHOD PROVIDED BY AN IRS DESIGNATED PRIVATE DELIVERY SERVICE.

NO ESTIMATED TAX PAYMENTS FOR 2018 WILL BE REQUIRED, NOR WILL YOU BE SUBJECT TO UNDERPAYMENT PENALTIES BECAUSE YOU HAVE NO 2017 TAX LIABILITY.

GEORGIA TRANSPLANT FOUNDATION, INC INSTRUCTIONS FOR FILING FORM 8879-EO

IRS E-FILE SIGNATURE AUTHORIZATION FOR FORM 990 FOR THE YEAR ENDED DECEMBER 31, 2017

THE ORIGINAL IRS E-FILE SIGNATURE AUTHORIZATION FORM SHOULD BE SIGNED (USE FULL NAME) AND DATED BY AN AUTHORIZED OFFICER OF THE ORGANIZATION.

RETURN YOUR SIGNED IRS E-FILE SIGNATURE AUTHORIZATION FORM 8879-E0 TO:

SMITH & HOWARD, P.C. 271 17TH STREET, SUITE 1600 ATLANTA GA 30363

THERE IS NO TAX DUE WITH THE FILING OF THIS RETURN.

AN ADDITIONAL COPY OF THE RETURN SHOULD BE FILED WITH: GEORGIA DEPARTMENT OF REVENUE P.O. BOX 740395
ATLANTA, GA 30374-0395

DO NOT SEPARATELY FILE FORM 990 WITH THE INTERNAL REVENUE SERVICE. DOING SO WILL DELAY THE PROCESSING OF YOUR RETURN. WE MUST RECEIVE YOUR SIGNED FORM BEFORE WE CAN ELECTRONICALLY TRANSMIT YOUR RETURN, WHICH IS DUE ON OR BEFORE NOVEMBER 15, 2018. WE WOULD APPRECIATE YOU RETURNING THIS FORM AS SOON AS POSSIBLE AS THIS WILL EXPEDITE THE PROCESSING OF YOUR RETURN. THE INTERNAL REVENUE SERVICE WILL NOTIFY US WHEN YOUR RETURN IS ACCEPTED. YOUR RETURN IS NOT CONSIDERED FILED UNTIL THE INTERNAL REVENUE SERVICE CONFIRMS THEIR ACCEPTANCE, WHICH MAY OCCUR AFTER THE DUE DATE OF YOUR RETURN.

Form 8879-EO

IRS e-file Signature Authorization for an Exempt Organization

J				
,	2017,	and ending	, 20	

OMB No. 1545-1878

Employer identification number

58-2075193

Department of the Treasury Internal Revenue Service

Name of exempt organization

For calendar year 2017, or fiscal year beginning

▶ Do not send to the IRS. Keep for your records.

► Go to www.irs.gov/Form8879EO for the latest information.

Name and title of officer

|--|

GEORGIA TRANSPLANT FOUNDATION, INC

Type of Return and Return Information (Whole Dollars Only) Part I

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a	Form 990 check here Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	3,659,552
2a	Form 990-EZ check here ▶b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a	Form 1120-POL check here ▶ b Total tax (Form 1120-POL, line 22)	3b	
4a	Form 990-PF check here b L b Tax based on investment income (Form 990-PF, Part VI, line 5).	4b	
5a	Form 8868 check here b Balance Due (Form 8868, line 3c)	5b	

Part II **Declaration and Signature Authorization of Officer**

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2017 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's	PIN:	check	one	box	only

X	I authorize	SMITH	&	HOWARD,	P.C.	to enter my PIN	1	7	4	2	5] a	s my signat	ure
				ERO fire	m name			er five						

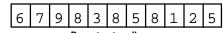
on the organization's tax year 2017 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2017 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature Date $\triangleright 11/15/2018$

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.



Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2017 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

Date $\triangleright 11/15/2018$ ERO's signature

> **ERO Must Retain This Form - See Instructions** Do Not Submit This Form To the IRS Unless Requested To Do So

For Paperwork Reduction Act Notice, see back of form.

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

▶ Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

20	I		
Open to	Pι	ublic	
Inspec	tio	n	

OMB No. 1545-0047

A F	or th	e 201	7 calendar year, or tax year begin	nning , 2017	7, and ending				, 20	
B c	heck if ap	oplicable:	C Name of organization GEORGIA TRANSPLANT FOU	INDATION. INC		D	Employer id	entificatior	n number	
	Addre		Doing Business As	SINDITION, TIVE			58-2075	5193		
	chang		Number and street (or P.O. box if mail is	not delivered to street address)	Room/suite	┪	Telephone n			
	+	change	2201 MACY DR	not do invoice to direct address,	1 toom/suite		770) 45		5	
	+	return	City or town, state or province, country, a	and ZIP or foreign postal code			770) 43	1-3190	,	
	Termi		ROSWELL, GA 30076	and Zii or loreign postal code		٦	C	4- C	1 070	,654.
	returr		F Name and address of principal officer:	PATRICIA ROTCHFORD		_	Gross receip		Yes	X No
	pendi		' '				subordinates	i?	\vdash	\vdash
_			2201 MACY DR ROSWELL,			H(b	Are all subord			No
		empt st	00.(0)(0)) (insert no.) 4947(a)(1)	or 527		•	ch a list. (see		
			WWW.GATRANSPLANT.ORG		1.		Group exem	·		
				Association Other	L Year of fo	ormation:	1992 M	State of leg	gal domicile	: GA
Pa	art I		mmary					~~		
Governance	_	TRA			AND THEI	R FAM	ILIES.	·	ORGAN 	·
Š	2							1 1		20.
	3	Numb	er of voting members of the governing	body (Part VI, line 1a)				3		20.
Activities &	4		er of independent voting members of t					4		$\frac{20.}{11.}$
viti	5		number of individuals employed in cale					5		100.
\cti	6	Total	number of volunteers (estimate if necess	sary)				6		$\frac{100.}{7,250}$
`			unrelated business revenue from Part V					7a		
_	b	Net ui	nrelated business taxable income from I	Form 990-1, line 34				7b	0	0
	_						rior Year	- 0	Current \	
Revenue	8	Contri	ibutions and grants (Part VIII, line 1h)	· · · · · · · · · · · · COF	PY FOR	3	,620,06			$\frac{0,349}{0,304}$
	9	Progra	am service revenue (Part VIII, line 2g)	DUBLIC	INSPECTION		16,54			0,384
Re	10	mvesi	iment income (Part VIII, column (A), line	es 3, 4, and 7d)			172,66			8,633
	11		revenue (Part VIII, column (A), lines 5,				-73,36			9,814
	12		revenue - add lines 8 through 11 (must				,735,91			9,552
	13		s and similar amounts paid (Part IX, colu			2	,837,08		2,40	9,540
	14	Benef	its paid to or for members (Part IX, colu	mn (A), line 4)				0.		0
es	15		es, other compensation, employee bene				841,19		83	0,857
Expenses	16a	Profes	ssional fundraising fees (Part IX, column	(A), line 11e)				0.		0
ă.	b	Total	fundraising expenses (Part IX, column (I	O), line 25) \blacktriangleright 327, 940	0					
ш	17	Other	expenses (Part IX, column (A), lines 11	a-11d, 11f-24e)	L		316,27			4,763
			expenses. Add lines 13-17 (must equal				,994,55			5 , 160.
	19	Rever	nue less expenses. Subtract line 18 from	n line 12			-258,64	12.	11	4,392
o s						Beginning	of Current	Year	End of Ye	ar
sets	20	Total	assets (Part X, line 16)			9	,915,42	24.	10,73	1,097.
Ass	21		liabilities (Part X, line 26)				167,78	39.	11	0,073
Net Assets or Fund Balances	22	Net as	ssets or fund balances. Subtract line 21	from line 20		9	,747,63	35.	10,62	1,024.
	rt II		gnature Block							
Und	der per		of perjury, I declare that I have examined thi					f my knowl	edge and b	elief, it is
true	e, corre	ect, and	complete. Declaration of preparer (other than	officer) is based on all information of wh	nich preparer has a	any knowl	edge.			
							11/1	5/2018	}	
Sig	n		Signature of officer				Date			
He	re		PATRICIA ROTCHFORD	OFFIC	!ER					
			Type or print name and title							
_		, ·	Type preparer's name	Preparer's signature	Date		Chast	if PTIN		
Paic	i	MAR		,	11/15/	2018	Check self-employ	J "	L739349	a
Pre	parer		CMTEIL C HOLLADD	D C	1 11/13/			58-125		-
Use	Only		001 1000		CV 3U3E3				74-6244	
N/~:	, th = !!			SUITE 1600 ATLANTA,			one no.			
			cuss this return with the preparer show					[2	Yes	No
For	Pape	rwork	Reduction Act Notice, see the separat	e instructions.					Form 99	0 (2017)

GEORGIA TRANSPLANT FOUNDATION, INC 58-2075193 Form 990 (2017) Page 2 Part III Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III 1 Briefly describe the organization's mission: TO HELP MEET THE NEEDS OF SOLID ORGAN TRANSPLANTATION FAMILIES BY PROVIDING INFORMATION & EDUCATION REGARDING ORGAN TRANSPLANTATION. GRANTING FINANCIAL ASSISTANCE, & BEING AN ADVOCATE FOR SUSTAINING & ENRICHING LIVES EVERY DAY. 2 Did the organization undertake any significant program services during the year which were not listed on the 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 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 \$ 2,745,755. including grants of \$ 2,105,174.) (Revenue \$ EMERGENCY FINANCIAL ASSISTANCE TO HELP MEET NEEDS OF TRANSPLANT CANDIDATES, RECIPIENTS, LIVING DONORS, AND THEIR FAMILIES. THIS PROGRAM PROVIDED SERVICES TO 1020 RECIPIENTS. 4b (Code:) (Expenses \$ 272,866. including grants of \$ 272,866.) (Revenue \$ ACCESS TO CARE - MATCHING FUNDS AND FUNDRAISING ASSISTANCE. THIS PROGRAM PROVIDED SERVICES TO 390 RECIPIENTS. 31,500.) (Revenue \$) (Expenses \$ 31,500. including grants of \$ PROGRAM DEVELOPMENT, 31 SCHOLARSHIPS, AND ALL OTHER ACTIVITIES.

4d Other program services (Describe in Schedule O.)

(Expenses \$ including grants of \$

) (Revenue \$

4e Total program service expenses ▶ 3,050,121.

Form 990 (2017) Page **3**

Part	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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
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		X
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	Х	
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		X
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		X
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
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		X
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		X
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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"		37	
	complete Schedule D, Part VI	11a	Х	
b	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more			3.5
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			v
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		X
a	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			Х
_	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Λ_
T	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	445	х	
120	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	21	
ıza	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	12a	Х	
h	Schedule D, Parts XI and XII	12a	21	
D	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	144		
~	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		Х
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		Х
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		Х
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		Х
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	Х	
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		Х
	, ,			

Form 990 (2017)
Page 4

Part	Checklist of Required Schedules (continued)			
			Yes	No
		20a		X
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	24		Х
22	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II.	21		
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	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
23	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
_ u	\$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		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?			
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
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		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			37
	disqualified persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	27		Х
28	entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III.</i>	21		21
20	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		Х
	A family member of a current or former officer, director, trustee, or key employee? <i>If</i> "Yes," <i>complete</i>			
	Schedule L, Part IV.	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV.	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			37
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			v
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	24		Х
25.0	or IV, and Part V, line 1	34 35a		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	SSA		21
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	220		
-	related organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
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? <i>If</i> "Yes," <i>complete Schedule R</i> ,			
	Part VI	37		X
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	X	
			~~~	

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Part V Statements Regarding Other IRS Filings and Tax Compliance Yes Nο 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable . . . . . . . . 1a 0. b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. . . . . . . . . 1b c Did the organization comply with backup withholding rules for reportable payments to vendors and X reportable gaming (gambling) winnings to prize winners? 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 Χ 2b 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) Х 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? Χ b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O 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 Χ 4a **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 Χ **5a** Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?...... Χ b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b 5c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the Χ 6a organization solicit any contributions that were not tax deductible as charitable contributions? b If "Yes," did the organization include with every solicitation an express statement that such contributions or 6b Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods Χ 7a Х **b** If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . . . . . . . . . c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was Χ 7с X e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Χ 7f f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . Χ 7g g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? Χ h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?... Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the 8 sponsoring organization have excess business holdings at any time during the year?........... Sponsoring organizations maintaining donor advised funds. 9a b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?...... Section 501(c)(7) organizations. Enter: 10 a Initiation fees and capital contributions included on Part VIII, line 12 . . . . . . . . . . . . . b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. . . . . 10b Section 501(c)(12) organizations. Enter: b Gross income from other sources (Do not net amounts due or paid to other sources 12a 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 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 Х 14a Did the organization receive any payments for indoor tanning services during the tax year? . . . . . .

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b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 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

Sect	ion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 20			
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b			
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		X
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		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
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		X
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		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
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		X
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code		
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
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	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"		37	
	describe in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	Х	
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?	45.	v	
а	The organization's CEO, Executive Director, or top management official	15a	X	X
b	Other officers or key employees of the organization	15b		Λ
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	160		X
	with a taxable entity during the year?	16a		21
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		
Secti	on C. Disclosure	100		
	List the states with which a copy of this Form 990 is required to be filed $ ightharpoonup GA$ ,			
17 18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section	501/-	2)(3)2	only)
10	available for public inspection. Indicate how you made these available. Check all that apply.  Own website  Another's website  X  Upon request  Other (explain in Schedule O)	501(0	<i>)</i> (3)8	Offig)
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int	erest	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 record LISA CARLOTTA 2201 MACY DRIVE ROSWELL, GA 30076	s: <b>▶</b>		

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

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, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor	any related	organization compensate	ed any current offic	er, director, or trus	stee.
		(C)			

						•				
<b>(A)</b> Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	box, office or dir	unles	Pos heck ss pe	erson	e than control Highest compensated employee	an tee)	(D)  Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1)BILL BACKUS	1.00									
PRESIDENT	0.	Х						0.	0.	0.
(2)ALBERT BOLET, III	1.00									
SECRETARY	0.	Х						0.	0.	0.
(3)STEPHEN POSTON	1.00									
TREASURER	0.	Х						0.	0.	0.
(4)BRIAN CALKINS	1.00									
CO-TREASURER	0.	Х						0.	0.	0
(5)CARLOS ZYAS, M.D.	1.00									
DIRECTOR	0.	Х						0.	0.	0 .
(6)JANET BARNETT	1.00									
DIRECTOR	0.	Х						0.	0.	0.
(7)CONSTANCE BLANKENSHIP	1.00									
DIRECTOR	0.	Х						0.	0.	0
(8)RENE ROMERO	1.00									
DIRECTOR	0.	Х						0.	0.	0
(9)LAURA WILLIAMS	1.00									
DIRECTOR	0.	X						0.	0.	0
(10)ELIJAH WISE	1.00									
DIRECTOR	0.	Х						0.	0.	0
(11)LESTER CROWELL	1.00									
DIRECTOR	0.	Х						0.	0.	0
(12)LINDA HEIDEN	1.00									
DIRECTOR	0.	X						0.	0.	0
(13)DAVID PERME	1.00									
DIRECTOR	0.	X						0.	0.	0
(14)JENNIE PERRYMAN	1.00									
DIRECTOR	0.	Х						0.	0.	0

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Part VII Section A. Officers, Directors, Tru	ustees, Ke	y En	nplo	yee	es,	and I	lig	hest Compensat	ed Employees (d	continued)
(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	unle	Pos heck ss pe	erson	e than tor/trust tor/trust e mployee	an	(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
15) DAVID MARKHAM, M.D. DIRECTOR	1.00	Х						0.	0.	0.
16) MICHAEL HOROWITZ, M.D.  DIRECTOR	1.00	Х						0.	0.	0.
17) ALANA MORRIS, M.D.  DIRECTOR	1.00	Х						0.	0.	0.
18) MICHAEL GALLICHIO, M.D.  DIRECTOR	1.00	Х						0.	0.	0.
19) JOSHUA WOLF, M.D.  DIRECTOR	1.00	Х						0.	0.	0.
20) BEN BARKLEY  DIRECTOR  21) PATRICIA ROTCHFORD	1.00 0. 40.00	Х						0.	0.	0.
EXECUTIVE DIRECTOR	0.			Х				137,759.	0.	4,349.
		-								
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)							<b>&gt;</b>	137,759. 137,759.	0.	4,349. 4,349.
<ul> <li>Total number of individuals (including but not reportable compensation from the organizatio</li> <li>Did the organization list any former office</li> </ul>	n ▶	-	1							Yes No
employee on line 1a? If "Yes," complete Schedule J for such individual										
Section B. Independent Contractors										

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

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

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

#### Part VIII Statement of Revenue

		Check if Schedule O contains a respon	nse or note to ar	ny line in this Part VI	II		
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts uts	1a	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues					
s, G	c	Fundraising events	443,649.				
Gift lar	d	Related organizations					
in.	e	Government grants (contributions) 1e					
tior S r	f	All other contributions, gifts, grants,					
ibu	'	and similar amounts not included above . 1f	3,126,700.				
a d	_	Noncash contributions included in lines 1a-1f: \$	32,911.				
ရှိ င	g h	Total. Add lines 1a-1f		3,570,349.			
ne		Total Add Into ta 11 11 11 11 11 11 11 11	Business Code				
/en	20	ADMINISTRATIVE FEES	900099	20,384.	20,384.		
Re	2a				.,		
<u>e</u>	b						
ē	C						
S E	d						
gra	e	All					
Program Service Revenue	f g	All other program service revenue Total. Add lines 2a-2f	<b></b>	20,384.			
		Investment income (including divider		2073011			
	3	and other similar amounts). ATTACHMENT		128,870.			128,870.
				0.			120,0701
	4 5	Income from investment of tax-exempt bond Royalties	•	0.			
	"	(i) Real	(ii) Personal	0.			
			( )				
	6a	Gross rents					
	b	Less: rental expenses					
	C	Rental income or (loss)					
	_ d	Net rental income or (loss)	(ii) Other	0.			
	7a	Gross amount nom sales or	(II) Other				
		assets other than inventory 1,138,367.					
	b	Less: cost or other basis					
		and sales expenses 1,108,604.					
	С	Gain or (loss)					
	d	Net gain or (loss)	<u></u>	29,763.			29,763.
ē	8a	Gross income from fundraising	7 TO 11 2				
en.		events (not including \$443,649.	ATCH 2				
Other Revenue		of contributions reported on line 1c).					
je		See Part IV, line 18 a					
₹	b	Less: direct expenses b					
	С	Net income or (loss) from fundraising events	AICH 3	-97,064.			-97,064.
	9a	Gross income from gaming activities.					
		See Part IV, line 19 a					
	b	Less: direct expenses b					
	С	Net income or (loss) from gaming activities.	<u></u>	0.			
	10a	Gross sales of inventory, less					
		returns and allowances a					
		Less: cost of goods sold b					
	С	Net income or (loss) from sales of inventory.		0.			
		Miscellaneous Revenue	Business Code				
	11a	IMPRINT MAGAZINE	511190	7,250.		7,250.	
	b						
	С						
	d	All other revenue					
	е	Total. Add lines 11a-11d		7,250.			
	12	Total revenue. See instructions	<u></u>	3,659,552.	20,384.	7,250.	61,569.

GEORGIA TRANSPLANT FOUNDATION, INC

#### 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 respo	onse 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	<b>(D)</b> Fundraising expenses
1 Grants and other assistance to domestic organizations				
and domestic governments. See Part IV, line 21	0.			
2 Grants and other assistance to domestic individuals. See Part IV, line 22	2,409,540.	2,409,540.		
3 Grants and other assistance to foreign				
organizations, foreign governments, and foreign				
individuals. See Part IV, lines 15 and 16	0.			
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	144,645.	108,484.	14,464.	21,697.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.			
7 Other salaries and wages	547,274.	301,000.	71,146.	175,128.
8 Pension plan accruals and contributions (include				
section 401(k) and 403(b) employer contributions)	17,654.	9,710.	2,295.	5,649.
9 Other employee benefits	66,393.	36,516.	8,631.	21,246.
10 Payroll taxes	54,891.	30,190.	7,136.	17,565.
11 Fees for services (non-employees):				
a Management	0.			
b Legal	0.			
c Accounting	18,500.		18,500.	
d Lobbying	0.			
e Professional fundraising services. See Part IV, line 17.	0.			
f Investment management fees	32,532.	16,187.	6,286.	10,059.
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column				
(A) amount, list line 11g expenses on Schedule O.)	93,290.	57,583.	3,858.	31,849.
12 Advertising and promotion	3,736.	1,924.	747.	1,065.
13 Office expenses	23,954.	12,340.	4,791.	6,823.
14 Information technology	0.			
15 Royalties	0.	2.25	2 2 2 2	
16 Occupancy	19,342.	9,963.	3,868.	5,511.
17 Travel	8,155.	4,201.	1,631.	2,323.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	29,462.	13,442.	8,588.	7,432.
20 Interest	0.			
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	39,433.	20,313.	7,887.	11,233.
23 Insurance	8,543.	4,400.	1,708.	2,435.
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.)				
aPRINTING & REPRODUCTION	14,631.	7,536.	2,926.	4,169.
bPOSTAGE & SHIPPING	13,185.	6,792.	2,637.	3,756.
c				
d				
e All other expenses	2 545 160	2 050 101	165 000	205 242
25 Total functional expenses. Add lines 1 through 24e	3,545,160.	3,050,121.	167,099.	327,940.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraining collection. Check here				
fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)	0.			

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#### Part X Balance Sheet

	Check if Schedule O contains a response or note to any line in this Part X						
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			0.	1	0.
	2	Savings and temporary cash investments			3,447,630.	2	3,167,949.
	3	Pledges and grants receivable, net			64,312.	3	39,988.
	4	Accounts receivable, net			0.	4	0.
	5	Loans and other receivables from current and	forme	r officers directors			
	3	trustees, key employees, and highest co					
					0.	5	0.
	6	Complete Part II of Schedule L Loans and other receivables from other disqualified pers	ons (as	s defined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B)					
		and sponsoring organizations of section 501(c)(9) voluorganizations (see instructions). Complete Part II of Sche	Intary	employees' beneficiary	0.	6	0.
ets	7	Notes and loans receivable, net			0.	7	0.
Assets	8	Inventories for sale or use			0.	8	0.
⋖	9	Inventories for sale or use Prepaid expenses and deferred charges		ATCH 4	39,504.	9	46,250.
	_	Land, buildings, and equipment: cost or	<i></i>				
		• • • • • • • • • • • • • • • • • • • •	10a	657,796.			
	b	Less: accumulated depreciation			618,382.	10c	586,166.
	11	Investments - publicly traded securities			5,745,596.	11	6,890,744.
	12	Investments - other securities. See Part IV, line 11			0.	12	0.
	13	Investments - program-related. See Part IV, line 11			0.	13	0.
	14	Intangible assets			0.	14	0.
	15	Other assets. See Part IV, line 11			0.	15	0.
	16	Total assets. Add lines 1 through 15 (must equal			9,915,424.	16	10,731,097.
_	17	Accounts payable and accrued expenses			116,919.	17	99,823.
	18	Grants payable			0.	18	0.
	19	Deferred revenue		ATCH 6	50,870.	19	10,250.
	20	Tax-exempt bond liabilities			0.	20	0.
	21	Escrow or custodial account liability. Complete Pa	art IV	of Schedule D	0.	21	0.
es	22	Loans and other payables to current and for					
Liabilities		trustees, key employees, highest compen					
japi		disqualified persons. Complete Part II of Schedule				22	0.
_	23	Secured mortgages and notes payable to unrelate			0.	23	0.
	24	Unsecured notes and loans payable to unrelated	third p	arties	0.	24	0.
	25	Other liabilities (including federal income tax,	-				
		parties, and other liabilities not included on lines		'			_
		of Schedule D			0.	25	0.
_	26	Total liabilities. Add lines 17 through 25			167,789.	26	110,073.
ses		Organizations that follow SFAS 117 (ASC 958), complete lines 27 through 29, and lines 33 and	checl 34.	k here   X and			
Fund Balances	27	Unrestricted net assets			1,352,839.	27	1,969,911.
Bal	28	Temporarily restricted net assets			8,394,796.	28	8,651,113.
pq	29	Permanently restricted net assets		<u></u>	0.	29	0.
or Fu		Organizations that do not follow SFAS 117 (ASC 958) complete lines 30 through 34.	, chec	k here 🕨 💹 and			
ts (	30	Capital stock or trust principal, or current funds				30	
sse	31	Paid-in or capital surplus, or land, building, or equ	ıipmer	nt fund		31	
Net Assets or	32	Retained earnings, endowment, accumulated inco				32	
Net	33	Total net assets or fund balances			9,747,635.	33	10,621,024.
	34	Total liabilities and net assets/fund balances	<u> </u>	<u> </u>	9,915,424.	34	10,731,097.
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Part					
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,6	559,5	552.
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,5	545,1	L60.
3	Revenue less expenses. Subtract line 2 from line 1	3		114,3	392.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	9,5	747,6	535.
5	Net unrealized gains (losses) on investments	5		761,4	197.
6	Donated services and use of facilities	6			0.
7	Investment expenses	7			0.
8	Prior period adjustments	8		-2,5	500.
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	10,6	521,0	24.
Part					
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>		
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," e	explain in	1		
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?.		. 2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were cor	npiled or	-		
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		. 2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were aud				
	separate basis, consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for	oversight	t		
	of the audit, review, or compilation of its financial statements and selection of an independent according to the selection of the audit, review, or compilation of its financial statements and selection of an independent according to the selection of the audit, review, or compilation of its financial statements and selection of an independent according to the selection of the s	countant?	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, or	explain in			
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as se	t forth in	ı		
	the Single Audit Act and OMB Circular A-133?		. 3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	dergo the	•		
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au		3b		

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

# **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.

OMB No. 1545-0047 Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

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

GEC	RG.	IA TRANSPLANT FOUND	ATION, INC				58-20751	93
Pai	τl	Reason for Public Cha	rity Status (All o	organizations must c	omplet	e this pa	rt.) See instructions	<b>3.</b>
Γhe	orga	anization is not a private fou	ndation because it	is: (For lines 1 through	gh 12, ch	eck only	one box.)	
1		A church, convention of chu	urches, or associa	tion of churches desci	ribed in <b>s</b>	ection 1	70(b)(1)(A)(i).	
2		A school described in secti	on 170(b)(1)(A)(ii)	. (Attach Schedule E	(Form 99	90 or 990	-EZ).)	
3		A hospital or a cooperative	hospital service o	rganization described	n sectio	n 170(b)	(1)(A)(iii).	
4		A medical research organiz	zation operated in	conjunction with a hos	spital de	scribed ir	section 170(b)(1)(A)	(iii). Enter the
		hospital's name, city, and st	tate:					
5		An organization operated t	for the benefit of	a college or universit	y owned	d or ope	rated by a governme	ental unit described in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)					
6		A federal, state, or local go	vernment or gove	rnmental unit describe	d in <b>sect</b>	ion 170(	b)(1)(A)(v).	
7	X	An organization that norma	ally receives a sub	stantial part of its su	pport fro	om a go	vernmental unit or fro	om the general public
		described in section 170(b)	(1)(A)(vi). (Compl	ete Part II.)				
8		A community trust describe	ed in section 170(b	o)(1)(A)(vi). (Complete	Part II.)			
9		An agricultural research org	ganization describe	ed in <b>section 170(b)(1</b>	)(A)(ix)	operated	in conjunction with a	land-grant college
		or university or a non-land-	grant college of ac	riculture (see instruct	ions). Ei	nter the i	name, city, and state o	f the college or
		university:						
0		An organization that norma	lly receives: (1) m	ore than 331/3 % of its	support	from co	ntributions, members	nip fees, and gross
		receipts from activities rela support from gross investm	ted to its exempt the sent income and in	unctions - subject to o	certain e able inco	xception	s, and (2) no more that s section 511 tax) from	IN 331/3 % Of Its
		acquired by the organizatio	n after June 30, 1	975. See <b>section 509</b>	(a)(2). (C	Complete	Part III.)	
1		An organization organized a	and operated exclu	usively to test for publi	c safety.	See sec	tion 509(a)(4).	
2		An organization organized	•	•			•	, , ,
		of one or more publicly su					, , , ,	
		Check the box in lines 12a t	hrough 12d that de	escribes the type of s	upporting	g organiz	ation and complete li	nes 12e, 12f, and 12g
а		☐ <b>Type I</b> . A supporting orga	anization operated	, supervised, or contr	olled by	its supp	orted organization(s),	typically by giving
		the supported organization	on(s) the power to	regularly appoint or e	lect a m	ajority of	the directors or truste	es of the
		_ supporting organization. <b>\</b>	You must complet	e Part IV, Sections A	and B.			
b			anization supervise	ed or controlled in co	nnection	with its	supported organizati	on(s), by having
		control or management o	of the supporting o	rganization vested in	the sam	e person	s that control or mar	age the supported
		_ organization(s). <b>You must</b>	complete Part IV	, Sections A and C.				
С		$oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{ol}}}}}}}}}} $						lly integrated with,
		$_{_}$ its supported organization		•				
d					-			
		that is not functionally into	-		_		•	d an attentiveness
		$_{\neg}$ requirement (see instruct	•	-				
е		☐ Check this box if the orga					•••	II, Type III
		functionally integrated, or		ionally integrated sup	porting o	organizat	ion.	
T		ter the number of supported						
9		ovide the following information			<i>6-2</i>		(A) A	(14) A of
	(1) 143	ame of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	, ,	organization ur governing	(v) Amount of monetary support (see	(vi) Amount of other support (see
				above (see instructions))		ment?	instructions)	instructions)
					Yes	No		
A)								
B)								
C)								
D)								
E)								
_								
Γota	ll .							1

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	4,270,207.	3,777,257.	3,934,502.	3,620,068.	3,570,349.	19,172,383.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4	Total. Add lines 1 through 3	4,270,207.	3,777,257.	3,934,502.	3,620,068.	3,570,349.	19,172,383.
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).						11,027,661.
6	Public support. Subtract line 5 from line 4						8,144,722.
	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	<b>(e)</b> 2017	(f) Total
7	Amounts from line 4	4,270,207.	3,777,257.	3,934,502.	3,620,068.	3,570,349.	19,172,383.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	75,852.	106,561.	115,431.	104,515.	128,870.	531,229.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0.
11	Total support. Add lines 7 through 10						19,703,612.
12	Gross receipts from related activities, etc. (s	see instructions) .				12	111,396.
13	First five years. If the Form 990 is f organization, check this box and stop here	<u> </u>					
	tion C. Computation of Public Sup		•				41.34%
14	Public support percentage for 2017 (li					14	44.46%
15	Public support percentage from 2016					15	
16a	331/3% support test - 2017. If the organization of	-					
h	box and <b>stop here.</b> The organization q <b>33</b> 1/3% <b>support test - 2016.</b> If the org						
b	this box and <b>stop here</b> . The organization						
17a	10%-facts-and-circumstances test - 2	•		•			
	10% or more, and if the organization	-					
	Part VI how the organization meets t					-	•
	organization			•	•		
b	10%-facts-and-circumstances test - 2						
-	15 is 10% or more, and if the orga						
	Explain in Part VI how the organizati						
	supported organization						▶ 🔲
18	Private foundation. If the organization		-				
	instructions						▶ ∟

#### Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support		T	T	I		
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	<b>(e)</b> 2017	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7 a	Amounts included on lines 1, 2, and 3						
_	received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
Sec	tion B. Total Support						
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	<b>(e)</b> 2017	(f) Total
9	Amounts from line 6						
10 a	Gross income from interest, dividends,						
	payments received on securities loans, rents, royalties, and income from similar						
	sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is regularly						
	carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First five years. If the Form 990 is for	or the organiza	tion's first, seco	nd, third, fourth	, or fifth tax y	ear as a section	501(c)(3)
	organization, check this box and stop here .						▶ 🔃
Sec	tion C. Computation of Public Supp	ort Percenta	ge				
15	Public support percentage for 2017 (line 8,	column (f) divide	ed by line 13, colu	mn (f))		15	%
16	Public support percentage from 2016 Sche	dule A, Part III, lir	ne 15			16	%
Sec	tion D. Computation of Investment	Income Perc	centage				
17	Investment income percentage for 2017 (lin	ne 10c, column (	f) divided by line	13, column (f))		17	%
18	Investment income percentage from 2016	Schedule A, Part	III, line 17			18	%
19 a	331/3% support tests - 2017. If the org					re than 331/3 %, a	and line
	17 is not more than 331/3%, check thi						
b	331/3% support tests - 2016. If the orga		_				
	line 18 is not more than 331/3 %, check						. $\square$
20	Private foundation. If the organization of		•	•			<del></del>

#### **Supporting Organizations** Part IV

(Complete only if you checked a box in line 12 on 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

- Are all of the organization's supported organizations listed by name in the organization's governir documents? If "No," describe in Part VI how the supported organizations are designated. If designated in class or purpose, describe the designation. If historic and continuing relationship, explain.
- Did the organization have any supported organization that does not have an IRS determination of statu 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).
- Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answ (b) and (c) below.
- Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) are satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(I purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- Was any supported organization not organized in the United States ("foreign supported organization")? "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- 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 discretic despite being controlled or supervised by or in connection with its supported organizations.
- 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 use to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(l purposes.
- 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 El numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such actio (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the actic was accomplished (such as by amendment to the organizing document).
- Type I or Type II only. Was any added or substituted supported organization part of a class alread designated in the organization's organizing document?
- Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefite by one or more of its supported organizations, or (iii) other supporting organizations that also support benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 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 wit regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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).
- 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 describe in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in whic the supporting organization had an interest? If "Yes," provide detail in Part VI.
- Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal bene from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 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 integrate supporting organizations)? If "Yes," answer 10b below.
  - Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, determine whether the organization had excess business holdings.)

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Part	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b 11c		
	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.  on B. Type I Supporting Organizations	110		
Jecu	on B. Type Toupporting Organizations		Yes	No
			163	140
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
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? <i>If "Yes," explain in Part</i>			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).			
24	., .	1		
secti	on D. All Type III Supporting Organizations		Vaa	NI.
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		Yes	No
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior			
	tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously			
	provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	-		
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Secti	on 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 in	structi	ions).	
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instru		
2	Activities Test. Answer (a) and (b) below.		Yes	NO
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
_		Zu		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's position that its supported organization(s) would have engaged in these	2b		
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>			
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? <i>Provide details in Part VI.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Page 6 Schedule A (Form 990 or 990-EZ) 2017

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	ization	s	
1 Check here if the organization satisfied the Integral Part Test as a qualifying	trust o	n Nov. 20, 1970 (expla	in in Part VI). <b>See</b>
instructions. All other Type III non-functionally integrated supporting organization	•		•
		•	(B) Current Year
Section A - Adjusted Net Income		(A) Prior 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
		(A) I noi Teal	(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):			
a Average monthly value of securities	1a		
<b>b</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 <b>Part VI</b> ):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functionally	y integra	ated Type III supporting	g organization (see
instructions).	_		· · ·

Schedule A (Form 990 or 990-EZ) 2017

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)									
Secti	on D - Distributions			Current Year					
1	Amounts paid to supported organizations to accomplish ex								
2	Amounts paid to perform activity that directly furthers exen								
	organizations, in excess of income from activity								
3	Administrative expenses paid to accomplish exempt purpo	zations							
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 resp	onsive						
	(provide details in <b>Part VI</b> ). See instructions.								
9	Distributable amount for 2017 from Section C, line 6								
10	Line 8 amount divided by Line 9 amount								
	·		(ii)	(iii)					
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistributions Pre-2017	Distributable Amount for 2017					
_1	Distributable amount for 2017 from Section C, line 6								
2	Underdistributions, if any, for years prior to 2017								
	(reasonable cause required-explain in Part VI). See								
	instructions.								
3	Excess distributions carryover, if any, to 2017								
а									
b	From 2013								
С	From 2014								
d	From 2015								
е	From 2016								
f	Total of lines 3a through e								
g	Applied to underdistributions of prior years								
h	Applied to 2017 distributable amount								
i	Carryover from 2012 not applied (see instructions)								
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.								
4	Distributions for 2017 from								
	Section D, line 7: \$								
а	Applied to underdistributions of prior years								
b	Applied to 2017 distributable amount								
С	Remainder. Subtract lines 4a and 4b from 4.								
5	Remaining underdistributions for years prior to 2017, if								
	any. Subtract lines 3g and 4a from line 2. For result								
	greater than zero, explain in <b>Part VI</b> . See instructions.								
6	Remaining underdistributions for 2017. Subtract lines 3h								
	and 4b from line 1. For result greater than zero, explain in								
	Part VI. See instructions.								
7	Excess distributions carryover to 2018. Add lines 3j								
	and 4c.								
8	Breakdown of line 7:								
a	Excess from 2013								
b	Excess from 2014								
	Excess from 2015								
d	Excess from 2016								
е	Excess from 2017								

Schedule A (Form 990 or 990-EZ) 2017

Schedule A (Form 990 or 990-EZ) 2017

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.)

#### Schedule B (Form 990, 990-EZ,

Internal Revenue Service Name of the organization

or 990-PF) Department of the Treasury

#### **Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF. ▶ Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

Employer identification number

GEORGIA TRANSPLANT	FOUNDATION, INC		58-2075193					
Organization type (check o	ne):							
Filers of:	Section:							
Form 990 or 990-EZ	X 501(c)( 3 ) (ent	ter number) organization						
	4947(a)(1) nonexe	empt charitable trust <b>not</b> treated as a private four	ndation					
	527 political organ	nization						
Form 990-PF	501(c)(3) exempt p	private foundation						
	4947(a)(1) nonexe	empt charitable trust treated as a private foundati	ion					
	501(c)(3) taxable p	private foundation						
Note: Only a section 501(c) instructions.  General Rule	(7), (8), or (10) organization c	can check boxes for both the General Rule and a S	pecial Rule. See					
For an organization	y or property) from any one co	990-PF that received, during the year, contribute ontributer. Complete Parts I and II. See instructio	_					
contributor's tota	contributions.							
Special Rules								
regulations under 13, 16a, or 16b, a	sections 509(a)(1) and 170(b and that received from any one	(3) filing Form 990 or 990-EZ that met the 33 1/c)(1)(A)(vi), that checked Schedule A (Form 990 ce contributor, during the year, total contributions 90, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Co	or 990-EZ), Part II, line of the greater of <b>(1)</b>					
contributor, durin	g the year, total contributions	o(7), (8), or (10) filing Form 990 or 990-EZ that resort of more than \$1,000 exclusively for religious, characteristics of cruelty to children or animals. Complete	aritable, scientific,					
contributor, durin contributions tota during the year fo <b>General Rule</b> app	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year							
Caution: An organization th	at isn't covered by the Genera	al Rule and/or the Special Rules doesn't file Sche ine 2, of its Form 990; or check the box on line H	dule B (Form 990,					

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization GEORGIA TRANSPLANT FOUNDATION, INC

Employer identification number 58-2075193

Part I	Contributors (see instructions). Use duplicate copie	es of Part I if additional space is no	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1_		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization GEORGIA TRANSPLANT FOUNDATION, INC

Employer identification number 58-2075193

Part II	Noncash Property (see instructions). Use duplicate copies of Pa	art II if additional space is nee	eded.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		   \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		   \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		     \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		   \$	

Page 4 Schedule B (Form 990, 990-EZ, or 990-PF) (2017) Name of organization GEORGIA TRANSPLANT FOUNDATION, INC **Employer identification number** 58-2075193 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶\$ Use duplicate copies of Part III if additional space is needed. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held from Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

#### SCHEDULE C (Form 990 or 990-EZ)

# **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► 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.

**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

	(see separate instructions), then		. u.i., (occ copulate ii		, ,
	Section 501(c)(4), (5), or (6) orga	anizations: Complete Part III.			
	e of organization			' '	ntification number
	RGIA TRANSPLANT FOUN			58-207	
Par	-	organization is exempt under			
1	'	organization's direct and indirect p	political campaign ac	ctivities in Part IV. (see in	structions for
	definition of "political campa	•			
2		xpenditures (see instructions)			
		campaign activities (see instruction			
Par		organization is exempt under s			
1		cise tax incurred by the organizatio			
2		cise tax incurred by organization m			
3		a section 4955 tax, did it file Form			
					Yes No
	If "Yes," describe in Part IV.				
Par	•	organization is exempt under			).
1		expended by the filing organization		•	
2		ng organization's funds contributed			
		es			
3		enditures. Add lines 1 and 2. En			
4	Did the filing organization file	e <b>Form 1120-POL</b> for this year? and employer identification numb	or (FINI) of all coatio	on E27 political organiza	Yes No
5		s. For each organization listed, en			
		ributions received that were prom			
		nd or a political action committee (l			
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
	`,	,		filing organization's	contributions received and
				funds. If none, enter -0	promptly and directly
					delivered to a separate political organization. If
					none, enter -0
(1)					
(1)					
(2)					
(2)					
(3)					
(3)					
(4)					
(*)					
(5)					
(-)					
(6)					
/					
		l		L	l

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

Schedule C (Form 990 or 990-EZ) 2017

Schedule C (Form 990 or 990-EZ) 2017	CLUMCIII IIGINDI	LIMI I CONDITI	211, 1110		073±33 Fage Z
Part II-A Complete if the organization 501(h)).	ganization is exer	npt under sectior	501(c)(3) and f	iled Form 5768 (elec	ction under
	zation belongs to an	affiliated group (and	l list in Part IV ea	ch affiliated group mem	ber's name,
address, EIN, exp	penses, and share of	excess lobbying expe	enditures).		
B Check ► if the filing organize	zation checked box A	A and "limited contro	l" provisions appl	<b>y</b> .	
Limits (The term "expendit	on Lobbying Expendence			(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to				organization's totals	group totals
<b>b</b> Total lobbying expenditures to					
c Total lobbying expenditures (ac					
d Other exempt purpose expendi	· ·			3,545,162.	
e Total exempt purpose expendit				3,545,162.	
f Lobbying nontaxable amount.	•	•		.,,	
columns.	Enter the unrount	Tom the following	table in betin	327,258.	
If the amount on line 1e, column (a	a) or (b) is: The lobbyin	g nontaxable amount i	s:		
Not over \$500,000		amount on line 1e.			
Over \$500,000 but not over \$1,000	0,000 \$100,000 pl	us 15% of the excess	over \$500,000.		
Over \$1,000,000 but not over \$1,5	500,000 \$175,000 pl	us 10% of the excess	over \$1,000,000.		
Over \$1,500,000 but not over \$17	,000,000 \$225,000 pl	us 5% of the excess o	ver \$1,500,000.		
Over \$17,000,000	\$1,000,000				
g Grassroots nontaxable amount	(enter 25% of line 1f	)		81,815.	
h Subtract line 1g from line 1a. If	zero or less, enter -0			0.	0.
i Subtract line 1f from line 1c. If				0.	0.
j If there is an amount other the					
reporting section 4911 tax for t	his year?				Yes No
		aging Period Unde	٠,		
(Some organizations that			-		ns below.
	See the separa	te instructions for I	ines 2a through 2	ef.)	
	Lobbying Exper	nditures During 4-Ye	ear Averaging Per	iod	
Calendar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	<b>(c)</b> 2016	<b>(d)</b> 2017	(e) Total
2a Lobbying nontaxable amount	309,163.	338,881.	349,728	3. 327,258.	1,325,030.
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))					1,987,545.

Lobbying Expenditures During 4-Year Averaging Period									
Calendar year (or fiscal year beginning in)	<b>(a)</b> 2014	<b>(b)</b> 2015	<b>(c)</b> 2016	<b>(d)</b> 2017	<b>(e)</b> Total				
2a Lobbying nontaxable amount	309,163.	338,881.	349,728.	327,258.	1,325,030.				
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))					1,987,545.				
c Total lobbying expenditures									
<b>d</b> Grassroots nontaxable amount	77,291.	84,720.	87,432.	81,815.	331,258.				
e Grassroots ceiling amount (150% of line 2d, column (e))					496,887.				
f Grassroots lobbying expenditures									

Schedule C (Form 990 or 990-EZ) 2017

	(election under section 501(h)).	(a	1)		(b)		
	each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed cription of the lobbying activity.	Yes	No		Amoun	ıt	
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:						
а	Volunteers?						
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?.						
С	Media advertisements?						
d	Mailings to members, legislators, or the public?						
е	Publications, or published or broadcast statements?						
f	Grants to other organizations for lobbying purposes?						
g	Direct contact with legislators, their staffs, government officials, or a legislative body?						
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?						
i	Other activities?						
j	Total. Add lines 1c through 1i						
2a	Did the activities in line 1 cause the organization to be not described in section $501(c)(3)$ ?						
b	If "Yes," enter the amount of any tax incurred under section 4912			<u> </u>			
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?	(-)(5)					
Fa	T III-A Complete if the organization is exempt under section 501(c)(4), section 501 501(c)(6).	(C)(5)	, or s	ection			
	301(0)(0).					'es	No
	Ware substantially all (000/ or mare) dues received nandeductible by members?				1	63	NO
1	Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?				2		
2 3	Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political campaign activity expenditures fro				3		
	t III-B Complete if the organization is exempt under section 501(c)(4), section 501						
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No,"					is	
	answered "Yes."	(	-,	,	,	,	
1	Dues, assessments and similar amounts from members			1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amou		of				
	political expenses for which the section 527(f) tax was paid).						
а	Current year			2a			
b	Carryover from last year			2b			
С	Total			2c			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) due			3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion	of th	ne				
	excess does the organization agree to carryover to the reasonable estimate of nondeductible lo	bbyin	ıg				
	and political expenditure next year?			4			
_	Taxable amount of lobbying and political expenditures (see instructions)			5			
	TIV Supplemental Information						
	ride the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliate see instructions); and Part II-B, line 1. Also, complete this part for any additional information.	d grou	ıp list	); Part I	II-A, Iine	es 1	and
(S	e instructions); and Part II-B, line 1. Also, complete this part for any additional information.						

Part IV Supplemental Information (continued)

#### SCHEDULE D (Form 990)

Department of the Treasury

Internal Revenue Service

## Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Employer identification number Name of the organization GEORGIA TRANSPLANT FOUNDATION, INC 58-2075193 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I

	Complete if the organization answered "Yes" on F	orm 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	l in donor advised
	funds are the organization's property, subject to the organization	n's exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor ad	dvisors in writing that grant f	funds can be used
	only for charitable purposes and not for the benefit of the do		
	conferring impermissible private benefit?		Yes No
Pa	art II Conservation Easements.		
	Complete if the organization answered "Yes" on F	orm 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization	(check all that apply).	
	Preservation of land for public use (e.g., recreation or ed	ucation) Preservation	of a historically important land area
	Protection of natural habitat	Preservation	of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifie	d conservation contribution i	n the form of a conservation
	easement on the last day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic struc	cture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	ifter 7/25/06, and not on a	
	historic structure listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele	ased, extinguished, or termi	nated by the organization during the
	tax year ▶		
4	Number of states where property subject to conservation ease	ment is located ▶	
-	Does the organization have a written policy regarding the	noriadia monitarina inanas	tion handling of

	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?
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
	<b>&gt;</b>
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
	<b>&gt;</b> \$
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)?
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.

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

- 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. 1a
- 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:
- 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:
- ▶ \$

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

Schedule D (Form 990) 2017

▶ \$

<u>Schedule D</u> (Form 990) 2017 Page **2** 

Par	t III Organizations Maintainir	ng Collect	tions of	Art, Hist	orical T	reasur	es, c	or Oth	ner Similar As	sets (co	ntinu	ed)
3	Using the organization's acquisition	n, accessio	on, and	other recor	ds, checl	k any o	f the	follow	ring that are a s	significan	use	of its
	collection items (check all that app	ly):			_							
а	Public exhibition			d	Loan	or excha	ange	prograi	ms			
b	Scholarly research			е	Other							
С	Preservation for future gene	rations										
4	Provide a description of the organ	nization's c	ollections	s and expla	ain how t	they fur	ther	the or	ganization's exer	mpt purp	ose in	Part
	XIII.											
5	During the year, did the organization											_
	assets to be sold to raise funds rath			ained as pa	rt of the	organiza	ation's	s collec	ction?	Ye	s _	No
	art 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.											
1 a	Is the organization an agent, truste											_
	included on Form 990, Part X?									Ye	s	No
b	If "Yes," explain the arrangement is	n Part XIII a	and com	plete the fo	llowing tab	ole:						
									Amoun	t		
С	Beginning balance						1c					
d	Additions during the year						1d					
е	Distributions during the year						1e					
f	Ending balance						1f					
	Did the organization include an am		-	•	-				,			No
	If "Yes," explain the arrangement in	n Part XIII.	Check h	ere if the e	xplanation	has be	en pro	ovided	on Part XIII			
Par			1 43 7		000 B			•				
	Complete if the organizat											
		(a) Curre	nt year	(b) Prio	r year	(c) Two	o years	s back	(d) Three years bad	ck <b>(e)</b> Fo	ur years	back
1 a	Beginning of year balance											
b	Contributions											
С	Net investment earnings, gains,											
	and losses											
d	Grants or scholarships											
е	Other expenditures for facilities											
	and programs											
f	Administrative expenses											
g	End of year balance											
2	Provide the estimated percentage				e (line 1g,	column	ı (a)) l	neld as	:			
a				_%								
	Permanent endowment >	%	0.4									
С	Temporarily restricted endowment		%	4000/								
•	The percentages on lines 2a, 2b, a				41		ا در ا		data and the state of			
за	Are there endowment funds not in	tne posses	sion of ti	ne organiza	ition that	are nei	a ana	admir	listered for the		Yes	No
	organization by:									20/	_	NO
	(i) unrelated organizations									3a(i		
	(ii) related organizations									3a(ii	1	
	If "Yes" on line 3a(ii), are the related	•					· · · ·			. 3b		
4 Par	Describe in Part XIII the intended ut VI Land, Buildings, and Equ		organiza	ition's endo	wment iur	ius.						
rai	Complete if the organiza	tion answe	ered "Ye	es" on For	n 990, P	art IV,	line 1	11a. S	ee Form 990, F	Part X, Iii	ne 10	
	Description of property			other basis	<b>(b)</b> Cost o	or other ba	sis		cumulated	(d) Book	value	
1a	Land		(inves	outiont)	(0	uici)		uepr	eciation			
b	Buildings				-	533,77	71.		21,653.		512,	118
C	Leasehold improvements					, , ,			,		,	
d	Equipment				1	124,02	25.		49,977.		74	048.
e	Other				_	, 0 2			, - , , ,		,	
Tota	I. Add lines 1a through 1e. (Column		qual Fori	m 990. Part	X, columi	n (B), lin	ne 100	D.)			586,	166.

Schedule D (Form 990) 2017 Page 3

	ı aşı	
"Vos" on Form 00	10 Part IV line 11h See Form 000 Part V line 12	
		_
(b) Book value	Cost or end-of-year market value	
		_
		_
"Yes" on Form 99	0, Part IV, line 11c. See Form 990, Part X, line 13.	
(b) Book value	(c) Method of valuation:	
	Cost or end-of-year market value	_
		_
		_
		_
		_
		_
		_
		_
		_
		_
"Yes" on Form 99	0, Part IV, line 11d. See Form 990, Part X, line 15.	
scription	(b) Book value	_
		_
		_
ine 15.)	<u> </u>	_
"Yes" on Form 99	0, Part IV, line 11e or 11f. See Form 990, Part X,	
(b) Book val	lue	
(1)		
<b>&gt;</b>		
	"Yes" on Form 99 (b) Book value  "Yes" on Form 99 scription  ine 15.)	"Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.  (b) Book value  (c) Method of valuation: Cost or end-of-year market value  "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  scription  (b) Book value  "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X,

^{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

Page 4 Schedule D (Form 990) 2017

Part	XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return		r age -r
Part	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	1.	
1	Total revenue, gains, and other support per audited financial statements	1	4,483,522.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		002 050
е	Add lines 2a through 2d	2e	823,970.
3	Subtract line 2e from line 1	3	3,659,552.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	investment expenses not included on Form 550, Fart VIII, line 751.1.1.1.1.		
b	Other (Describe in Part XIII.)	4c	
5	Total revenue. Add lines <b>3</b> and <b>4c.</b> ( <i>This must equal Form 990, Part I, line 12.</i> )	5	3,659,552.
Part			
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	3,610,133.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII.)	2-	64,973.
е	Add lines 2a through 2d	2e 3	3,545,160.
3	Subtract line 2e from line 1	3	3,010,1001
4 a	Amounts included on Form 990, Part IX, line 25, but not on line 1:  Investment expenses not included on Form 990, Part VIII, line 7b 4a		
a b	Other (Describe in Part XIII.)		
C	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	3,545,160.
	Supplemental Information.		4.5.47
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Patt XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inforr		
	PAGE 5		
	TAGE J		

#### Part XIII Supplemental Information (continued)

PART X

THE FOUNDATION IS RECOGNIZED AS AN ORGANIZATION EXEMPT FROM FEDERAL INCOME TAX UNDER INTERNAL REVENUE CODE SECTION 501(C)(3). THE FOUNDATION ANNUALLY EVALUATES ALL FEDERAL AND STATE INCOME TAX POSITIONS. THIS PROCESS INCLUDES AN ANALYSIS OF WHETHER THESE INCOME TAX POSITIONS THE FOUNDATION TAKES MEET THE DEFINITION OF AN UNCERTAIN TAX POSITION UNDER THE INCOME TAXES TOPIC OF THE FINANCIAL ACCOUNTING STANDARDS

CODIFICATION. IN THE NORMAL COURSE OF BUSINESS, THE FOUNDATION IS SUBJECT TO EXAMINATION BY FEDERAL AND STATE TAXING AUTHORITIES. THE FOUNDATION BELIEVES IT IS NO LONGER SUBJECT TO TAX EXAMINATIONS FOR TAX YEARS ENDING BEFORE DECEMBER 31, 2014.

DURING DECEMBER 2017, THE PRESIDENT OF THE UNITED STATES OF AMERICA SIGNED INTO LAW THE TAX CUTS AND JOBS ACT. THE LAW IS GENERALLY EFFECTIVE FOR THE TAX YEARS BEGINNING IN 2018, AND THEREFORE THE FOUNDATION'S CURRENT TAX LIABILITY FOR ANY POTENTIAL UNRELATED BUSINESS INCOME TAX WILL NOT BE AFFECTED UNTIL THE YEAR ENDING DECEMBER 31, 2018. THERE ARE OTHER CHANGES TO THE TAX LAW THAT MAY AFFECT THE FOUNDATION BUT THE MAGNITUDE OF SUCH CHANGES HAS NOT BEEN DETERMINED.

PART XI & XII LINE 2D

SPECIAL EVENT EXPENSES NETTED WITH REVENUES FOR RETURN \$ 32,911

#### SCHEDULE G (Form 990 or 990-EZ)

#### **Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

2017

Open to Public

Department of the Treasury Go to www.irs.gov/Form990 for the latest instructions. Inspection Internal Revenue Service Name of the organization Employer identification number GEORGIA TRANSPLANT FOUNDATION, INC 58-2075193 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. 1 Mail solicitations Solicitation of non-government grants а Internet and email solicitations f Solicitation of government grants Phone solicitations Special fundraising events C g In-person solicitations d Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, 2a or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid to (iii) Did fundraiser have (vi) Amount paid to (i) Name and address of individual (iv) Gross receipts (or retained by) custody or control of (or retained by) (ii) Activity or entity (fundraiser) from activity fundraiser listed in organization contributions? col. (i) Yes No 1 2 3 6 7 8 9 10 Total List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Schedule G (Form 990 or 990-EZ) 2017 Page **2** 

Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		0 1 0				
			(a) Event #1 SPRING TRAINING	(b) Event #2 COUNTDOWN	(c) Other events 2.	(d) Total events (add col. (a) through
			(event type)	(event type)	(total number)	col. <b>(c)</b> )
ne						
Revenue	1	Gross receipts	214,739.	71,196.	172,148.	458,083
Re		Less: Contributions		63,396.	172,148.	443,649
	3	Gross income (line 1 minus line 2)	6,634.	7,800.	0.	14,434
_			3,7521	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	4	Cash prizes			0.	
	5	Noncash prizes	4,585.	214.	970.	5,769
sesus	6	Rent/facility costs	13,699.	22,380.	10,651.	46,730
Direct Expenses	7	Food and beverages			9,015.	9,015
Direc	8	Entertainment	6,200.	1,000.	0.	7,200
	9	Other direct expenses	27,602.	-4,558.	19,740.	42,784
	4.0	Direct consequence Add lives	4. than a comband of the comband of the		_	111 400
	10	Direct expense summary. Add lines 4 Net income summary. Subtract line 1	t inrough 9 in column (d.	)		111,498 -97,064
Pa						
Га	114	than \$15,000 on Form 990-E		es on Form 990, Fa	it iv, line 19, or rept	nted more
4)		•,	,	(b) Pull tabs/instant		(d) Total gaming (add
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
eve						
<u>~</u>	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
irect E	4	Rent/facility costs				
Ω						
	5	Other direct expenses				
	6	Volunteer labor	Yes% No	Yes% No	Yes% No	
	7	Direct expense summary. Add lines 2	2 through 5 in column (d	)		
	8	Net gaming income summary. Subtra	act line 7 from line 1, col	umn (d)	<b>.</b>	
_	_	'mtow the otata(=) in subject the course '	lian aandusts seeds	tiviti o o		
9		inter the state(s) in which the organizates the organization licensed to conduct or				Yes No
						Yes No
i.	, 11	тчо, влугант.				
10 a	-	Vere any of the organization's gaming	licaneae ravokad euene	anded or terminated duri	ing the tay year?	Yes No
		"Yes," explain:	ilociises revokeu, suspe	naca, or terminated duli	ing the tax year:	. LITES LINO
	_					

Sched	dule G (Form 990 or 990-EZ) 2017	age <b>3</b>						
11	Does the organization conduct gaming activities with nonmembers?Yes	No						
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity							
	formed to administer charitable gaming?	No						
13	Indicate the percentage of gaming activity conducted in:							
а	The organization's facility	%						
b	An outside facility	%						
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:							
	Name ▶							
	Address ▶							
15 a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	No						
b		NO						
D	amount of gaming revenue retained by the third party ► \$							
С								
_	,							
	Name ►							
	Address ▶							
16	Gaming manager information:							
	Name ▶							
	Gaming manager compensation ▶ \$							
	Description of services provided ▶							
	Director/officer Employee Independent contractor							
17	Mandatory distributions:							
а								
		No						
b								
	or spent in the organization's own exempt activities during the tax year ▶ \$							
Par	<b>Supplemental Information.</b> Provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).							

#### **SCHEDULE I** (Form 990)

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

OMB No. 1545-0047 2017

Inspection

Employer identification number

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. ► Attach to Form 990.

**Open to Public** 

Department of the Treasury Internal Revenue Service Name of the organization

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

GEORGIA TRANSPLANT FOUNDATION, INC 58-2075193 **General Information on Grants and Assistance** 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of valuation (book, FMV, appraisal, other) (c) IRC section 1 (a) Name and address of organization (b) EIN (d) Amount of cash (e) Amount of non-(g) Description of (h) Purpose of grant (if applicable) cash assistance noncash assistance or assistance or government grant (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)(11)(12)

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

Schedule I (Form 990) (2017)

Schedule I (Form 990) (2017)

art 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 non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 DIRECT PATIENT ASSISTANCE	1,020.	2,105,174.		FMV	
2 access to care	390.	272,866.		FMV	
3 SCHOLARSHIPS	31.	31,500.		FMV	
_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.

SCHEDULE I, PART I, LINE 2

APPLICATIONS ARE SUBMITTED BY TRANSPLANT SOCIAL WORKERS VIA FAX TO

GTF/PAYMENT SERVICES. PATIENT SERVICES REVIEW AND EITHER APPROVE OR DENY

ASSISTANCE BASED ON PROGRAM GUIDELINES.

#### **SCHEDULE M** (Form 990)

#### **Noncash Contributions**

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

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

GEORGIA TRANSPLANT FOUNDATION, INC

**Types of Property** 

Employer identification number 58-2075193

		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method o noncash con			
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household							
	goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded							
10	Securities - Closely held stock							
11	or trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation							
. •	contribution - Historic							
	structures							
14	Qualified conservation							
	contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts	X	6.	32,911.	SELLING F	DD T C'E	,	
25	Other ► ( SPRING TRAINING )		0.	32,311.	SEDDING F	ICICE		
26 27	Other ►()							
28	Other ►() Other ►()							
29	Number of Forms 8283 received	hy the org	anization during the tay ve	ear for contributions for				
23	which the organization completed f				29			
	Willow the organization completed i	01111 0200,	r arriv, Boneo Acknowledg				Yes	No
30a	During the year, did the organizat	ion receive	by contribution any proper	rty reported in Part I, line	s 1 through			
	28, that it must hold for at least the			• •	•			
	to be used for exempt purposes for	•			•	30a		X
b	If "Yes," describe the arrangement i							
31	Does the organization have a	gift accept	tance policy that require	s the review of any i	nonstandard			
	contributions?					31		X
32a	Does the organization hire or use	e third parti	es or related organizations	s to solicit, process, or s	sell noncash			
	contributions?					32a		X
	If "Yes," describe in Part II.							
33	If the organization didn't report an	amount in c	olumn (c) for a type of prop	perty for which column (a)	is checked,			
	describe in Part II.							

Schedule M (Form 990) (2017) Page 2

Part II Supplem

**Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

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

#### 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.

OMB No. 1545-0047 **Open to Public** 

Department of the Treasury Internal Revenue Service Name of the organization

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Inspection

GEORGIA TRANSPLANT FOUNDATION, INC

**Employer identification number** 58-2075193

ATTACHMENT 1

PART VI, SECTION B, LINE 11

THE FORM 990 WAS E-MAILED TO THE BOARD FOR REVIEW BEFORE IT WAS FILED.

PART VI, SECTION C, LINE 12C

THE POLICY IS REVIEWED AT THE ANNUAL BOARD MEETING.

PART VI, SECTION B, LINE 15A

COMPENSATION FOR THE CEO IS DETERMINED BY THE EXECUTIVE COMMITTEE. THE

EXECUTIVE COMMITTEE CONDUCTS AN ANNUAL EVALUATION AND LOOKS AT OUTSIDE

ENVIRONMENTAL FACTORS TO DETERMINE COMPENSATION.

PART VI, SECTION C, LINE 19

GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL

STATEMENTS ARE AVAILABLE UPON REQUEST.

FORM 990, PART VIII - INVESTMENT	INCOME			
DESCRIPTION	(A) TOTAL REVENUE	(B) RELATED OR EXEMPT REVENUE	(C) UNRELATED BUSINESS REV.	(D) EXCLUDED REVENUE
DIVIDENDS	128,0	63.		128,063.
INTEREST	8	07.		807.
TOTALS	128,8	70.	_	128,870.

Name of the organization	Employer identification number
GEORGIA TRANSPLANT FOUNDATION, INC	58-2075193
	ATTACHMENT 2

FORM 990	, PART	VIII	_	EXCLUDED	CONTRIBUTIONS
----------	--------	------	---	----------	---------------

DESCRIPTION	AMOUNT	
SPRING TRAINING	208,105.	
COUNTDOWN TO KICKOFF	63,396.	
OTHER	172,148.	
TOTAL	443,649.	

#### ATTACHMENT 3

#### FORM 990, PART VIII - FUNDRAISING EVENTS

DESCRIPTION	GROSS INCOME	DIRECT EXPENSES	NET INCOME
SPRING TRAINING	6,634.	52,086.	-45,452.
COUNTDOWN TO KICKOFF	7,800.	19,036.	-11,236.
OTHER		40,376.	-40,376.
TOTALS	14,434.	111,498.	-97,064.

#### ATTACHMENT 4

ENDING

#### FORM 990, PART X - PREPAID EXPENSES AND DEFERRED CHARGES

	ENDING
DESCRIPTION	BOOK VALUE
DEPOSITS	930.
PREPAID EXPENSES	45,320.
TOTALS	46,250.

ATTACHMENT	5	

Page 2 Employer identification number Name of the organization 58-2075193 GEORGIA TRANSPLANT FOUNDATION, INC ATTACHMENT 5 (CONT'D) FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES ENDING DESCRIPTION BOOK VALUE MUTUAL FUNDS - FIXED INCOME 1,271,208. MUTUAL FUNDS - EQUITIES 5,441,418. MUTUAL FUNDS - REAL ASSET 178,118. 6,890,744. TOTALS

FORM 990, PART X - DEFERRED REVENUE

ENDING BOOK VALUE DESCRIPTION DEFERRED INCOME 10,250. TOTALS 10,250.

ATTACHMENT 6

## Form **2220**Department of the Treasury Internal Revenue Service

#### **Underpayment of Estimated Tax by Corporations**

► Attach to the corporation's tax return.

► Attach to the corporation's tax return.

► Go to www.irs.gov/Form2220 for instructions and the latest information.

OMB No. 1545-0123

2017

Name

GEORGIA TRANSPLANT FOUNDATION, INC

Employer identification number
58-2075193

**Note:** Generally, the corporation isn't required to file Form 2220 (see Part II below for exceptions) because the IRS will figure any penalty owed and bill the corporation. However, the corporation may still use Form 2220 to figure the penalty. If so, enter the amount from page 2, line 38 on the estimated tax penalty line of the corporation's income tax return, but **do not** attach Form 2220.

Par	Required Annual Payment					
1	Total tax (see instructions)				1	
2a b	Personal holding company tax (Schedule PH (For Look-back interest included on line 1 under sec contracts or section 167(g) for depreciation under	tion 4	160(b)(2) for completed lor	ng-term		
С	Credit for federal tax paid on fuels (see instru		,			
d	Total. Add lines 2a through 2c				2d	
3	Subtract line 2d from line 1. If the result is	less	than \$500, <b>do not</b> con	nplete or file this form.	The corporation	
	doesn't owe the penalty.				3	
4	Enter the tax shown on the corporation's 20	16 i	ncome tax return. See in	structions. Caution: If t	he tax is zero or	
	the tax year was for less than 12 months,	skip	this line and enter the	amount from line 3 on	line 5 4	
5 Por	Required annual payment. Enter the smaller the amount from line 3				5	poration must file
Par	Form 2220 even if it doesn't ov	ve :	a penalty. See instru	, ,	re checked, the cor	poration must file
6	The corporation is using the adjusted					
7	The corporation is using the annualize	d in	come installment method.			
8	The corporation is a "large corporation	" fig	uring its first required ins	stallment based on the p	rior year's tax.	
Part	Figuring the Underpayment					
			(a)	(b)	(c)	(d)
9	Installment due dates. Enter in columns (a) through (d) the 15th day of the 4th (Form 990-PF filers: Use 5th month), 6th, 9th, and 12th months of the corporation's tax year	9				
	of the corporation's tax year					1
10	Required installments. If the box on line 6 and/or line 7 above is checked, enter the amounts from Schedule A, line 38. If the box on line 8 (but not 6 or 7) is checked, see instructions for the amounts to enter. If none of these boxes are checked, enter 25% (0.25) of line 5 above in each column.	10				
10	Required installments. If the box on line 6 and/or line 7 above is checked, enter the amounts from Schedule A, line 38. If the box on line 8 (but not 6 or 7) is checked, see instructions for the amounts to enter. If none of these boxes are checked, enter 25% (0.25) of line 5 above in each column	10				
	Required installments. If the box on line 6 and/or line 7 above is checked, enter the amounts from Schedule A, line 38. If the box on line 8 (but not 6 or 7) is checked, see instructions for the amounts to enter. If none of these boxes are checked, enter 25% (0.25) of line 5 above in each column					
	Required installments. If the box on line 6 and/or line 7 above is checked, enter the amounts from Schedule A, line 38. If the box on line 8 (but not 6 or 7) is checked, see instructions for the amounts to enter. If none of these boxes are checked, enter 25% (0.25) of line 5 above in each column.  Estimated tax paid or credited for each period. For column (a) only, enter the amount from line 11 on line 15. See instructions.  Complete lines 12 through 18 of one column					
11	Required installments. If the box on line 6 and/or line 7 above is checked, enter the amounts from Schedule A, line 38. If the box on line 8 (but not 6 or 7) is checked, see instructions for the amounts to enter. If none of these boxes are checked, enter 25% (0.25) of line 5 above in each column	11				
11	Required installments. If the box on line 6 and/or line 7 above is checked, enter the amounts from Schedule A, line 38. If the box on line 8 (but not 6 or 7) is checked, see instructions for the amounts to enter. If none of these boxes are checked, enter 25% (0.25) of line 5 above in each column.  Estimated tax paid or credited for each period. For column (a) only, enter the amount from line 11 on line 15. See instructions.  Complete lines 12 through 18 of one column before going to the next column.	11 12 13				
11 12 13	Required installments. If the box on line 6 and/or line 7 above is checked, enter the amounts from Schedule A, line 38. If the box on line 8 (but not 6 or 7) is checked, see instructions for the amounts to enter. If none of these boxes are checked, enter 25% (0.25) of line 5 above in each column.  Estimated tax paid or credited for each period. For column (a) only, enter the amount from line 11 on line 15. See instructions.  Complete lines 12 through 18 of one column before going to the next column.  Enter amount, if any, from line 18 of the preceding column.  Add lines 11 and 12	11 12 13				
11 12 13 14	Required installments. If the box on line 6 and/or line 7 above is checked, enter the amounts from Schedule A, line 38. If the box on line 8 (but not 6 or 7) is checked, see instructions for the amounts to enter. If none of these boxes are checked, enter 25% (0.25) of line 5 above in each column.  Estimated tax paid or credited for each period. For column (a) only, enter the amount from line 11 on line 15. See instructions.  Complete lines 12 through 18 of one column before going to the next column.  Enter amount, if any, from line 18 of the preceding column.  Add amounts on lines 16 and 17 of the preceding column Subtract line 14 from line 13. If zero or less, enter -0-	11 12 13 14 15				
11 12 13 14 15	Required installments. If the box on line 6 and/or line 7 above is checked, enter the amounts from Schedule A, line 38. If the box on line 8 (but not 6 or 7) is checked, see instructions for the amounts to enter. If none of these boxes are checked, enter 25% (0.25) of line 5 above in each column.  Estimated tax paid or credited for each period. For column (a) only, enter the amount from line 11 on line 15. See instructions.  Complete lines 12 through 18 of one column before going to the next column.  Enter amount, if any, from line 18 of the preceding column Add amounts on lines 16 and 17 of the preceding column Subtract line 14 from line 13. If zero or less, enter -0. If the amount on line 15 is zero, subtract line 13 from line 14. Otherwise, enter -0.  Underpayment. If line 15 is less than or equal to line 10, subtract line 15 from line 10. Then go to	11 12 13 14				
11 12 13 14 15 16	Required installments. If the box on line 6 and/or line 7 above is checked, enter the amounts from Schedule A, line 38. If the box on line 8 (but not 6 or 7) is checked, see instructions for the amounts to enter. If none of these boxes are checked, enter 25% (0.25) of line 5 above in each column  Estimated tax paid or credited for each period. For column (a) only, enter the amount from line 11 on line 15. See instructions.  Complete lines 12 through 18 of one column before going to the next column.  Enter amount, if any, from line 18 of the preceding column Add lines 11 and 12  Add amounts on lines 16 and 17 of the preceding column Subtract line 14 from line 13. If zero or less, enter -0-  If the amount on line 15 is zero, subtract line 13 from line 14. Otherwise, enter -0-  Underpayment. If line 15 is less than or equal to	11 12 13 14 15				

Go to Part IV on page 2 to figure the penalty. Do not go to Part IV if there are no entries on line 17 - no penalty is owed.

For Paperwork Reduction Act Notice, see separate instructions.

Form **2220** (2017)

Exempt Organization Business Income Tax Return Form **990-T** OMB No. 1545-0687 (and proxy tax under section 6033(e)) For calendar year 2017 or other tax year beginning , 2017, and ending ► Go to www.irs.gov/Form990T for instructions and the latest information. Department of the Treasury Internal Revenue Service Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). D Employer identification number Check box if name changed and see instructions.) Check box if Name of organization ( (Employees' trust, see instructions.) address changed GEORGIA TRANSPLANT FOUNDATION, INC **B** Exempt under section Print 58-2075193 X | 501( C )( 3 ) Number, street, and room or suite no. If a P.O. box, see instructions. E Unrelated business activity codes 408(e) 220(e) Type (See instructions.) 2201 MACY DR 408A 530(a) City or town, state or province, country, and ZIP or foreign postal code 529(a) ROSWELL, GA 30076 C Book value of all assets 511190 at end of year Group exemption number (See instructions.) ▶ 10,731,097. Check organization type | X | 501(c) corporation 501(c) trust 401(a) trust Other trust H Describe the organization's primary unrelated business activity. ▶ MAGAZINE ADVERTISEMENT During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? X No If "Yes," enter the name and identifying number of the parent corporation. Telephone number  $\triangleright 7\overline{70-457-3796}$ The books are in care of ▶ LISA CARLOTTA (A) Income Part I Unrelated Trade or Business Income (B) Expenses (C) Net Gross receipts or sales 1a b Less returns and allowances **c** Balance ▶ Cost of goods sold (Schedule A, line 7) 2 2 Gross profit. Subtract line 2 from line 1c 3 3 Capital gain net income (attach Schedule D) 4a 4a Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) 4b Capital loss deduction for trusts С 5 Income (loss) from partnerships and S corporations (attach statement) 5 Rent income (Schedule C) 6 6 Unrelated debt-financed income (Schedule E) 7 7 8 Interest, annuities, royalties, and rents from controlled organizations (Schedule F) 8 9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) 9 10 Exploited exempt activity income (Schedule I) 10 Advertising income (Schedule J) 7,250. 2,847. 4,403. 11 11 Other income (See instructions; attach schedule) 12 7,250. Total. Combine lines 3 through 12 2,847. 4,403. 13 **Deductions Not Taken Elsewhere** (See instructions for limitations on deductions.) (Except for contributions, Part II deductions must be directly connected with the unrelated business income.) Compensation of officers, directors, and trustees (Schedule K) 14 14 15 Salaries and wages 15 Repairs and maintenance 16 16 17 Interest (attach schedule) 18 19 Taxes and licenses 19 Charitable contributions (See instructions for limitation rules) 20 21 Less depreciation claimed on Schedule A and elsewhere on return 22 22b Depletion _______ 23 23 Contributions to deferred compensation plans 24 Employee benefit programs 25 25 Excess exempt expenses (Schedule I) 26

Net operating loss deduction (limited to the amount on line 30) 32 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30 32 1,000. Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions) 33 33 Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32 Form **990-T** (2017)

Other deductions (attach schedule)

Total deductions. Add lines 14 through 28.

Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13

Excess readership costs (Schedule J)

27

28

29 30

31

4,403.

4,403.

27

30

31

Page 2

Par	t III	Tax C	omputa	ation												
35					Corpora	tions. Se	e instruc	tions fo	r tax com	putatio	on. Controlled gr	oup				
	membei	rs (sectio	ns 1561	and 156	3) check	here ▶	See ii	nstructio	ns and:							
а	Enter y	our shar	e of the	\$50,000	, \$25,00	00, and \$	9,925,000	) taxable	income b	rackets	s (in that order):					
	(1) \$				(2) \$			(3	) \$							
b	Enter or	rganizatio	n's share	of: <b>(1)</b> Ad	ditional 5	5% tax (not	more tha	_ n \$11,75	0)	\$						
	<b>(2)</b> Addi	itional 3%	6 tax (not	more tha	an \$100,0	000)				\$						
С												. ▶	35c			
36	Trusts	Taxabl	le at	Trust	Rates.	See in:	structions	for	tax comp	utation	n. Income tax	on				
	the amo	ount on li	ne 34 from	ո։ 🔲 -	Tax rate s	schedule o	r 🗌	Schedul	e D (Form 1	041)_		<b>•</b>	36			
37	Proxy ta	ax. See ii	nstructions										37			
38	Alternat	tive minir	num tax										38			
39	Tax on	Non-Cor	npliant Fa	cility Inco	ome. See	instruction	s						39			
40	Total. A	Add lines	37, 38 and	d 39 to li	ne 35c o	r 36, which	never appli	es					40			
Par	t IV	Tax a	nd Payr	nents												
41 a	Foreign	tax cred	it (corpora	tions att	ach Forn	n 1118; tru:	sts attach F	orm 111	6)	41a						
b	Other c	redits (se	e instruction	ons)						41b						
													41e			
42	Subtrac	ct line 41	e from <u>line</u>	40	<u></u>		. <u></u>		<u></u>	<u></u>	<u>.</u>		42			
43	Other tax	xes. Check	if from:	Form 4	255	Form 8611	Forr	n 8697	Form 88	66	Other (attach schedu	ule) 💂	43			
44	Total ta	ax. Add lir	nes 42 and	d 43							,		44			0.
45 a	Paymer	nts: A 20	16 overpa	yment cr	edited to	2017				45a						
С	Tax dep	osited w	ith Form 8	868						45c						
d	Foreign	n organiza	ations: Tax	c paid or	withheld	at source (s	see instruct	tions) .		45d						
е	Backup	withhold	ing (see ir	nstruction	ns)					45e						
f	Credit f	or small	employer	health in	surance	oremiums (	Attach Fori	m 8941)		45f						
g	Other c	redits an	d payment	s:		Form 2	439									
	F	orm 4136	3			Other _			Total ▶	45g						
46	Total pa	ayments.	Add lines	45a thro	ough 45g								46			
47	Estimat	ted tax pe	enalty (see	instruct	tions). Ch	eck if Form	2220 is at	tached.					47			
48													48			
49	Overpa	<b>yment.</b> If	line 46 is	larger th	nan the to	otal of lines	44 and 4	7, enter a	amount over	paid .		.▶	49			
<u>50</u>	Enter the					to 2018 esti					Refunde		50			
Par	t V	State	ments l	Regard	ding C	ertain A	ctivities	s and (	Other Inf	orma	ation (see instru	ction	s)			
51	At any	time d	uring the	2017	calendar	year, did	the orga	nization	have an i	nterest	t in or a signatur	e or	other	authority	Yes	No
				, .			,	•	•		S, the organizatio		•			
	FinCEN	Form '	114, Rep	ort of I	Foreign	Bank and	Financia	I Accou	nts. If YE	S, ent	er the name of	the	foreign	country		
	here <b>&gt;</b>															X
52	During 1	the tax ye	ear, did th	e organi	zation red	ceive a dist	ribution fr	om, or w	as it the gra	antor o	f, or transferor to, a	forei	gn trust1	?		Х
	If YES, s	see instru	ctions for	other for	ms the or	ganization	may have	to file.								
<u>53</u>									∢year ► \$							
٥.	tri										and statements, and to arer has any knowledge.	the b	est of my	knowledge	and bel	iet, it is
Sig	n   📐												,	RS discuss		
Her	_		IA ROT	CHFOR]	ע			15/20		FICEF	ζ			oreparer s		¬
	Si	ignature o					Date		Title	1-	) ata	(se	e instructio		es	No
Paid	ı	1	pe preparer	s name			Preparer's	signature			Date	Checl		PTIN		0
	arer	MARC	AZAR	~~~~							11/15/2018		mployed		3934	.9
	Only	Firm's na				ARD, P			3 mr 3 3 m -	~-	20262		1	8-1250		4
		Firm's ac	ddress 🕨 🕹	7 / T ./	TH ST	KEET, S	SOT.I.F. J	L6UU,	ATLANTA	A, GA	30363	Phone	eno. 4	04-874	-624	:4

Form 9	90-T (2017)								Pag	ge <b>3</b>
Sche	dule A - Cost of Go	ods Sold	. Enter metho	d of invent	ory valuation	<b>&gt;</b>				
	Inventory at beginning of ye						ar	6		
<b>2</b> F	Purchases	2					ld. Subtract line			
3 (	Cost of labor				6 from	line 5. En	ter here and in			
4a /	Additional section 263A co	sts			Part I, line	2		7		
(	(attach schedule)	4a					section 263A (w	ith respect to	Yes N	No
b (	Other costs (attach schedul	e) 4b			property	produced	or acquired for	resale) apply		
5	Total. Add lines 1 through	4b <b>5</b>					· · · · · · · · · · · · · · · · · · ·		X	2
	dule C - Rent Income e instructions)	(From Rea	al Property a	nd Perso	nal Property	Leased V	Vith Real Proper	ty)		
1. Des	cription of property									
(1)										
(2)										
(3)										
(4)							T			
		2. Rent r	eceived or accru	ied						
	From personal property (if the por personal property is more tha more than 50%)		percent	tage of rent fo	personal property or personal property based on profit or	exceeds		rectly connected with a) and 2(b) (attach sch		Э
(1)										
(2)										
(3)										
(4)										
Total			Total							
	tal income. Add totals of co						(b) Total deduction Enter here and on Part I, line 6, colum	page 1,		
	dule E - Unrelated De			ee instructi	ions)					
	1. Description of deb	t financed propa	arts (		income from or	3. [	Deductions directly con debt-finance		ole to	
	1. Description of dep	i-ililaliced prope	aty		to debt-financed roperty		nt line depreciation ich schedule)	(b) Other dedu (attach sche		
(1)										
(2)										
(3)										
(4)										
al	4. Amount of average acquisition debt on or llocable to debt-financed roperty (attach schedule)	of or a debt-fina	adjusted basis llocable to nced property schedule)	4	Column divided column 5		income reportable n 2 x column 6)	8. Allocable dec (column 6 x total 3(a) and 3	of columns	i
(1)					%					
(2)					%					
(3)					%					
(4)					%					
							re and on page 1, ne 7, column (A).	Enter here and o Part I, line 7, co		
Totals	dividends-received deduction	ons included	in column 8				<b>•</b>			

Page 4

Schedule F - Interest, Annu	ailles, Noyailles			ot Controll				1110113	(566	mstructio	)115)	
Name of controlled organization	2. Employer identification number	er		unrelated ind (see instructi			of specifients made	ed inc	luded	column 4 to in the contron's gross in	olling	6. Deductions directly connected with income in column 5
(1)												
(2)												
(3)												
(4)												
Nonexempt Controlled Organi	zations											
7. Taxable Income	8. Net unrelated in (loss) (see instruct			<b>9.</b> Total o	•		inclu	uded in	the cor	9 that is ntrolling income		Deductions directly nnected with income in column 10
(1)												
(2)												
(3)												
(4)												
Totals		 tion 50	01(c)	 (7), (9), (	<u></u> or (17	<u>►</u>	Ente Par	d columer here at I, line 8	nd on   B, colur	page 1, nn (A).	En	dd columns 6 and 11. ter here and on page 1, art I, line 8, column (B).
1. Description of income	2. Amount of		- (-)	3 dire	Deduction	ctions nnected		•	<b>4.</b> Set	-asides schedule)		5. Total deductions and set-asides (col. 3 plus col. 4)
(1)												
(2)												
(3)												
(4)												
Totals	Part I, line 9, co	come,	Othe	4 N		ising In	come	(see i	nstru	ctions)		Part I, line 9, column (B)
1. Description of exploited activity	2. Gross unrelated business income from trade or business	di conne prodi	xpense rectly ected w uction related ess inco	vith or b	usiness		from is no	oss inco activity to t unrelati less inco	hat ed	<b>6.</b> Expe attributa colum	able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)												
(2)												
(3)												
(4)												
Totals	Enter here and on page 1, Part I, line 10, col. (A).		ere and 1, Part 0, col. (	t I,								Enter here and on page 1, Part II, line 26.
Schedule J - Advertising Ir	ncome (see instru	ictions)										
Part I Income From Per			a Co	nsolidate	d Ba	sis						
1. Name of periodical	2. Gross advertising income	<b>3.</b> adverti	Direct ising co	gai osts 2 r	I. Adver in or (los minus co gain, co ls. 5 thro	ss) (col. ol. 3). If mpute	l	Circulation ncome	on	6. Read cos		7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)												
(2)												
(3)												
(4)												
Totals (carry to Part II, line (5))												

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1) IMPRINT MAGAZINE	7,250.	2,847.	4,403.		15,499.	4,403.
(2)						
(3)						
(4)						
Totals from Part I						
	Enter here and on page 1, Part I, line 11, col (A).	Enter here and on page 1, Part I, line 11, col (B).				Enter here and on page 1, Part II, line 27.
Totals, Part II (lines 1-5)	7,250.	2,847.				4,403.

**Schedule K - Compensation of Officers, Directors, and Trustees** (see instructions)

1. Name	2. Title	time devoted to business	Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total, Enter here and on page 1 Part II line 14		•	

Form **990-T** (2017)

#### GEORGIA TRANSPLANT FOUNDATION, INC INSTRUCTIONS FOR FILING FORM 600-T

GEORGIA EXEMPT ORGANIZATION UNRELATED BUSINESS INCOME TAX
RETURN

FOR THE YEAR ENDED DECEMBER 31, 2017

THE ORIGINAL RETURN SHOULD BE SIGNED (USE FULL NAME) AND DATED ON PAGE 1 BY AN AUTHORIZED OFFICER OF THE ORGANIZATION.

FILE THE SIGNED RETURN BY NOVEMBER 15, 2018 WITH:

GEORGIA DEPARTMENT OF REVENUE, PROCESSING CENTER
P.O. BOX 740397
ATLANTA, GEORGIA 30374-0397

THERE IS NO TAX DUE WITH THE FILING OF THIS RETURN.

TO DOCUMENT THE TIMELY FILING OF YOUR TAX RETURN(S), WE SUGGEST THAT YOU OBTAIN AND RETAIN PROOF OF MAILING. PROOF OF MAILING CAN BE ACCOMPLISHED BY SENDING THE TAX RETURN(S) BY REGISTERED OR CERTIFIED MAIL (METERED BY THE U.S. POSTAL SERVICE) OR THROUGH THE USE OF AN IRS APPROVED DELIVERY METHOD PROVIDED BY AN IRS DESIGNATED PRIVATE DELIVERY SERVICE.

# Georgia Form 600-T_(Rev. 08/21/17) Exempt Organization Unrelated Business Income Tax Return



Mailing Address: Georgia Department of Revenue Processing Center PO Box 740397 Atlanta, Georgia 30374-0397

Amended	Amended due to IRS Audit	Address Change	UET A	Annualization Exception a	attached		Page 1
		1/01		and ending	12/	31	20 17
Name of Organiz	ation	Name of Fiducia	ry			er ID No. (in case of	
GEORGIA TRA	NSPLANT FOUNDATION,					in section 401 (a) an insert the trust's ide	
Number and Stre	et	Number and Stre	eet				
2201 MACY D	)R				58-20751	93	
City or Town		City or Town			NAICS Code	Date of current	IRS code section
ROSWELL						exemption letter.	for which you are exempt.
State	Zip Code	State	Zip Code				SEC.501
GA	30076						(C)(3)
						SCHEDULE '	1
1. Unrelated b	ousiness taxable income from	Federal Form 99	90-T (attach	copy)	1.		
2. Additions.					2.		
3. Total (add l	ine 1 and Line 2)				3.		
4. Subtraction	S				4.		
5. Georgia un	related business taxable incor	ne (Line 3 less Li	ine 4)		5.		
COMPUTATIO	ON OF GEORGIA UNRELA	TED BUSINES	S INCOME	TAX		SCHEDULE 2	2
1. Line 5, abo	ve, multiplied by 6%				1.		
2. Less: Credi	ts used from Schedule 3, do	not enter more tl	han Line 1 c	of Schedule 2	2.		
3. Less: Paymo	ents				3.		
4. Withholding	Credits (G2-A, G2-LP and/or G	G2-RP)			4.		
5. Balance of	tax due OR overpayment				5.		
6. Interest due	e (See Instructions)				6.		
7. Underestim	ated tax penalty				7.		
8. Other pena	Ities due (See Instructions) .				8.		
9. Balance of	tax, interest and penalties due	e with return			9.		
	an overpayment, amount to b						
Estimated			nded ►				
I/We declare under belief, it is true, corr	FEDERAL 990-T AND SUPPORT penalty of perjury that I/we have exar ect, and complete. If prepared by a public Revenue Code Section 48-2-3	nined this return (incoerson other than the	cluding accomp taxpayer, this o	panying schedules and st declaration is based on al	atements) and to the information of which	ne best of my/our kno ch the preparer has	wledge and
	ROTCHFORD			SMITH & HOWAR	-	in a Def	
Signature of Office OFFICER	er 11/15/20	018		Signature of Individu	aı or ⊦ırm Prepar	ing Keturn	
Title		<del></del>		Employee ID or Socia	al Security Numb	 er	





1701601421

Name GEORGIA TRANSPLANT FOUNDATION,

CREDIT USAGE AND CARRYOVER

58-2075193

(ROUND TO NEAREST DOLLAR) SCHEDULE 3

- 1. Complete a separate schedule for each Credit Code.
- 2. Total the amounts on Line 11 of each schedule and enter the total on the credit line of the return.
- 3. If there is a credit eligible for carryover to this year, please complete a schedule even if the credit is not used in this year.
- 4. Enter credits which are attributable to unrelated trade or business income from Georgia sources. See Form 600 for the credit codes that may apply (note not all credits apply to 600-T).
- 5. See the relevant forms, statutes, and regulations to determine how the credit is allocated to the owners, to determine when carryovers expire, and to see if the credit is limited to a certain percentage of tax.
- 6. If the credit for a particular credit code originated with more than one person or company, enter separate information on Lines 3 through 9 below.
- 7. The credit certificate number is issued by the Department of Revenue for credits that are preapproved. If applicable, please enter the Department of Revenue credit certificate number where indicated.
- 8. Before the Line 12 carryover is applied to the next year, the amount must be reduced by any carryovers that have expired.

For the credit generated this year, list the Company Name, ID number, Credit Certificate number, if applicable, and % of credit (purchased credits should also be included). If the credit originated with this taxpayer, enter this taxpayer's name and ID# below and 100% for the percentage.

1. Credit Code		
2. Credit remaining from previous years		
3. Company Name		ID Number
Credit Certificate #	% of Credit	Credit Generated this year
4. Company Name		ID Number
Credit Certificate #	% of Credit	Credit Generated this year
5. Company Name		ID Number
Credit Certificate #	% of Credit	Credit Generated this year
6. Company Name		ID Number
Credit Certificate #	% of Credit	Credit Generated this year
7. Company Name		ID Number
Credit Certificate #	% of Credit	Credit Generated this year
8. Company Name		ID Number
Credit Certificate #	% of Credit	Credit Generated this year
9. Company Name		ID Number
Credit Certificate #	% of Credit	Credit Generated this year
10. Total available credit for this year (sum of Lines 2	through 9)	0.
11. Credit Used this year		1.
12. Potential carryover to next year (Line 10 less Line	2.	

## Department of the Treasury

### **Underpayment of Estimated Tax by Corporations**

► Attach to the corporation's tax return.

GEORGIA TRANSPLANT FOUNDATION, INC

► Go to www.irs.gov/Form2220 for instructions and the latest information.

OMB No. 1545-0123

Employer identification number

58-2075193

Internal Revenue Service Name

owed	Generally, the corporation isn't required to and bill the corporation. However, the cor the estimated tax penalty line of the corpora	pora	ion may still use Form 22	20 to figure	the penalty. If so, ent		· , ,
Par	Required Annual Payment						
1	Total tax (see instructions)					. 1	
	Personal holding company tax (Schedule PH (Fo						
b	Look-back interest included on line 1 under see	ction	460(b)(2) for completed long-t	term			
	contracts or section 167(g) for depreciation unde	the i	ncome forecast method	2b		-	
С	Credit for federal tax paid on fuels (see insti	uctio	ns)	2c		_	
d	Total. Add lines 2a through 2c					. 2d	
3	Subtract line 2d from line 1. If the result i	s les	than \$500, <b>do not</b> compl	lete or file thi	s form. The corporatio	n	
	doesn't owe the penalty					. 3	
4	Enter the tax shown on the corporation's 2	016	ncome tax return. See instr	uctions. Caut	ion: If the tax is zero o	r	
	the tax year was for less than 12 months	, skip	this line and enter the am	nount from li	ne 3 on line 5	. 4	
5	Required annual payment. Enter the small	<b>er</b> of	line 3 or line 4. If the corpo	oration is requ	ired to skip line 4, ente	er	
	the amount from line 3		· · · · · · · · · · · · · · · ·	· • • • • • • •	<u> </u>	. 5	
Par	Reasons for Filing - Check th	e bo	oxes below that apply	. If any bo	xes are checked,	the c	corporation must file
	Form 2220 even if it doesn't o	we	a penalty. See instruct	ions.			
6	The corporation is using the adjusted	seas	onal installment method.				
7	The corporation is using the annualiz	ed in	come installment method.				
8	The corporation is a "large corporatio	n" fig	uring its first required insta	Ilment based	on the prior year's tax.		
Part	III Figuring the Underpayment						
			(a)	(b)	(c)		(d)
9	Installment due dates. Enter in columns (a) through (d) the 15th day of the 4th ( <i>Form 990-PF filers</i> : Use 5th month), 6th, 9th, and 12th months of the corporation's tax year						
10	Required installments. If the box on line 6						
	and/or line 7 above is checked, enter the						
	amounts from Schedule A, line 38. If the box on						
	line 8 (but not 6 or 7) is checked, see instructions	1					
	for the amounts to enter. If none of these boxes						
	are checked, enter 25% (0.25) of line 5 above in each column.	1					
11	Estimated tax paid or credited for each period.						
	For column (a) only, enter the amount from	11					
	line 11 on line 15. See instructions.  Complete lines 12 through 18 of one column						
	before going to the next column.						
12	Enter amount, if any, from line 18 of the preceding column	12					
		13					
13 14	Add lines 11 and 12	4.4					
	Add amounts on lines 16 and 17 of the preceding column	15					
15	Subtract line 14 from line 13. If zero or less, enter -0-	-5					
16	If the amount on line 15 is zero, subtract line 13	16					
17	from line 14. Otherwise, enter -0-						
17	<b>Underpayment.</b> If line 15 is less than or equal to line 10, subtract line 15 from line 10. Then go to line 12 of the next column. Otherwise, go to						
	line 18	17					
18	Overpayment. If line 10 is less than line 15, subtract line 10 from line 15. Then go to line 12 of the next column.						
Go to	Part IV on page 2 to figure the penalty. Do no	t go t	o Part IV if there are no entri	ies on line 17	no penalty is owed.		

For Paperwork Reduction Act Notice, see separate instructions.

Form **2220** (2017)

Exempt Organization Business Income Tax Return Form **990-T** OMB No. 1545-0687 (and proxy tax under section 6033(e)) For calendar year 2017 or other tax year beginning , 2017, and ending ► Go to www.irs.gov/Form990T for instructions and the latest information. Department of the Treasury Internal Revenue Service Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). D Employer identification number Check box if name changed and see instructions.) Check box if Name of organization ( (Employees' trust, see instructions.) address changed GEORGIA TRANSPLANT FOUNDATION, INC **B** Exempt under section Print 58-2075193 X | 501( C )( 3 ) Number, street, and room or suite no. If a P.O. box, see instructions. E Unrelated business activity codes 408(e) 220(e) Type (See instructions.) 2201 MACY DR 408A 530(a) City or town, state or province, country, and ZIP or foreign postal code 529(a) ROSWELL, GA 30076 C Book value of all assets 511190 at end of year Group exemption number (See instructions.) ▶ 10,731,097. Check organization type | X | 501(c) corporation 501(c) trust 401(a) trust Other trust H Describe the organization's primary unrelated business activity. ▶ MAGAZINE ADVERTISEMENT During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? X No If "Yes," enter the name and identifying number of the parent corporation. Telephone number  $\triangleright 7\overline{70-457-3796}$ The books are in care of ▶ LISA CARLOTTA (A) Income Part I Unrelated Trade or Business Income (B) Expenses (C) Net Gross receipts or sales 1a b Less returns and allowances **c** Balance ▶ Cost of goods sold (Schedule A, line 7) 2 2 Gross profit. Subtract line 2 from line 1c 3 3 Capital gain net income (attach Schedule D) 4a 4a Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) 4b Capital loss deduction for trusts С 5 Income (loss) from partnerships and S corporations (attach statement) 5 Rent income (Schedule C) 6 6 Unrelated debt-financed income (Schedule E) 7 7 8 Interest, annuities, royalties, and rents from controlled organizations (Schedule F) 8 9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) 9 10 Exploited exempt activity income (Schedule I) 10 Advertising income (Schedule J) 7,250. 2,847. 4,403. 11 11 Other income (See instructions; attach schedule) 12 7,250. Total. Combine lines 3 through 12 2,847. 4,403. 13 **Deductions Not Taken Elsewhere** (See instructions for limitations on deductions.) (Except for contributions, Part II deductions must be directly connected with the unrelated business income.) Compensation of officers, directors, and trustees (Schedule K) 14 14 15 Salaries and wages 15 Repairs and maintenance 16 16 17 Interest (attach schedule) 18 19 Taxes and licenses 19 Charitable contributions (See instructions for limitation rules) 20 21 Less depreciation claimed on Schedule A and elsewhere on return 22 22b Depletion _______ 23 23 Contributions to deferred compensation plans 24 Employee benefit programs 25 25

Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)

Other deductions (attach schedule)

Total deductions. Add lines 14 through 28.

Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13

Net operating loss deduction (limited to the amount on line 30)

Unrelated business taxable income before specific deduction. Subtract line 31 from line 30

Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32,

Excess exempt expenses (Schedule I)

Excess readership costs (Schedule J)

26

27

28

29 30

31

32

33

enter the smaller of zero or line 32

4,403.

4,403.

1,000.

27

30

31

32

33

Page 2

Par	t III	Tax C	omputa	ation												
35					Corpora	tions. Se	e instruc	tions fo	r tax com	putatio	on. Controlled gr	oup				
	membei	rs (sectio	ns 1561	and 156	3) check	here ▶	See ii	nstructio	ns and:							
а	Enter y	our shar	e of the	\$50,000	, \$25,00	00, and \$	9,925,000	) taxable	income b	rackets	s (in that order):					
	(1) \$				(2) \$			(3	) \$							
b	Enter or	rganizatio	n's share	of: <b>(1)</b> Ad	ditional 5	5% tax (not	more tha	_ n \$11,75	0)	\$						
	<b>(2)</b> Addi	itional 3%	6 tax (not	more tha	an \$100,0	000)				\$						
С												. ▶	35c			
36	Trusts	Taxabl	le at	Trust	Rates.	See in:	structions	for	tax comp	utation	n. Income tax	on				
	the amo	ount on li	ne 34 from	ո։ 🔲 -	Tax rate s	schedule o	r 🗌	Schedul	e D (Form 1	041)_		<b>•</b>	36			
37	Proxy ta	ax. See ii	nstructions										37			
38	Alternat	tive minir	num tax										38			
39	Tax on	Non-Cor	npliant Fa	cility Inco	ome. See	instruction	s						39			
40	Total. A	Add lines	37, 38 and	d 39 to li	ne 35c o	r 36, which	never appli	es					40			
Par	t IV	Tax a	nd Payr	nents												
41 a	Foreign	tax cred	it (corpora	tions att	ach Forn	n 1118; tru:	sts attach F	orm 111	6)	41a						
b	Other c	redits (se	e instruction	ons)						41b						
													41e			
42	Subtrac	ct line 41	e from <u>line</u>	40	<u></u>		. <u></u>		<u></u>	<u></u>	<u>.</u>		42			
43	Other tax	xes. Check	if from:	Form 4	255	Form 8611	Forr	n 8697	Form 88	66	Other (attach schedu	ule) 💂	43			
44	Total ta	ax. Add lir	nes 42 and	d 43							,		44			0.
45 a	Paymer	nts: A 20	16 overpa	yment cr	edited to	2017				45a						
С	Tax dep	osited w	ith Form 8	868						45c						
d	Foreign	n organiza	ations: Tax	c paid or	withheld	at source (s	see instruct	tions) .		45d						
е	Backup	withhold	ing (see ir	nstruction	ns)					45e						
f	Credit f	or small	employer	health in	surance	oremiums (	Attach Fori	m 8941)		45f						
g	Other c	redits an	d payment	s:		Form 2	439									
	F	orm 4136	3			Other _			Total ▶	45g						
46	Total pa	ayments.	Add lines	45a thro	ough 45g								46			
47	Estimat	ted tax pe	enalty (see	instruct	tions). Ch	eck if Form	2220 is at	tached.					47			
48													48			
49	Overpa	<b>yment.</b> If	line 46 is	larger th	nan the to	otal of lines	44 and 4	7, enter a	amount over	paid .		.▶	49			
<u>50</u>	Enter the					to 2018 esti					Refunde		50			
Par	t V	State	ments l	Regard	ding C	ertain A	ctivities	s and (	Other Inf	orma	ation (see instru	ction	s)			
51	At any	time d	uring the	2017	calendar	year, did	the orga	nization	have an i	nterest	t in or a signatur	e or	other	authority	Yes	No
				, .			,	•	•		S, the organizatio		•			
	FinCEN	Form '	114, Rep	ort of I	Foreign	Bank and	Financia	I Accou	nts. If YE	S, ent	er the name of	the	foreign	country		
	here <b>&gt;</b>															X
52	During 1	the tax ye	ear, did th	e organi	zation red	ceive a dist	ribution fr	om, or w	as it the gra	antor o	f, or transferor to, a	forei	gn trust1	?		Х
	If YES, s	see instru	ctions for	other for	ms the or	ganization	may have	to file.								
<u>53</u>									∢year ► \$							
٥.	tri										and statements, and to arer has any knowledge.	the b	est of my	knowledge	and bel	iet, it is
Sig	n   📐												,	RS discuss		
Her	_		IA ROT	CHFOR]	ע			15/20		FICEF	ζ			oreparer s		¬
	Si	ignature o					Date		Title	1-	) ata	(se	e instructio		es	No
Paid	ı	1	pe preparer	s name			Preparer's	signature			Date	Checl		PTIN		0
	arer	MARC	AZAR	~~~~							11/15/2018		mployed		3934	.9
	Only	Firm's na				ARD, P			3 mr 3 3 m -	~-	20262		1	8-1250		4
		Firm's ac	ddress 🕨 🕹	7 / T ./	TH ST	KEET, S	SOT.I.F. J	L6UU,	ATLANTA	A, GA	30363	Phone	eno. 4	04-874	-624	:4

Form 9	90-T (2017)								Pag	ge <b>3</b>
Sche	dule A - Cost of Go	ods Sold	. Enter metho	d of invent	ory valuation	<b>&gt;</b>				
	Inventory at beginning of ye						ar	6		
<b>2</b> F	Purchases	2					ld. Subtract line			
3 (	Cost of labor				6 from	line 5. En	ter here and in			
4a /	Additional section 263A co	sts			Part I, line	2		7		
(	(attach schedule)	4a					section 263A (w	ith respect to	Yes N	No
b (	Other costs (attach schedul	e) 4b			property	produced	or acquired for	resale) apply		
5	Total. Add lines 1 through	4b <b>5</b>					· · · · · · · · · · · · · · · · · · ·		X	2
	dule C - Rent Income e instructions)	(From Rea	al Property a	nd Perso	nal Property	Leased V	Vith Real Proper	ty)		
1. Des	cription of property									
(1)										
(2)										
(3)										
(4)							T			
		2. Rent r	eceived or accru	ied						
	From personal property (if the por personal property is more tha more than 50%)		percent	tage of rent fo	personal property or personal property based on profit or	exceeds		rectly connected with a) and 2(b) (attach sch		Э
(1)										
(2)										
(3)										
(4)										
Total			Total							
	tal income. Add totals of co						(b) Total deduction Enter here and on Part I, line 6, colum	page 1,		
	dule E - Unrelated De			ee instructi	ions)					
	1. Description of deb	t financed propa	arts (		income from or	3. [	Deductions directly con debt-finance		ole to	
	1. Description of dep	i-ililaliced prope	aty		to debt-financed roperty		nt line depreciation ich schedule)	(b) Other dedu (attach sche		
(1)										
(2)										
(3)										
(4)										
al	4. Amount of average acquisition debt on or llocable to debt-financed roperty (attach schedule)	of or a debt-fina	adjusted basis llocable to nced property schedule)	4	Column divided column 5		income reportable n 2 x column 6)	8. Allocable dec (column 6 x total 3(a) and 3	of columns	i
(1)					%					
(2)					%					
(3)					%					
(4)					%					
							re and on page 1, ne 7, column (A).	Enter here and o Part I, line 7, co		
Totals	dividends-received deduction	ons included	in column 8				<b>•</b>			

Page 4

Schedule F - Interest, Annu	ailles, Noyailles			ot Controll				1110113	(566	mstructio	)115)	
Name of controlled organization	2. Employer identification number	er		unrelated ind (see instructi			of specifients made	ed inc	luded	column 4 to in the contron's gross in	olling	6. Deductions directly connected with income in column 5
(1)												
(2)												
(3)												
(4)												
Nonexempt Controlled Organi	zations											
7. Taxable Income	8. Net unrelated in (loss) (see instruct			<b>9.</b> Total o	•		inclu	uded in	the cor	9 that is ntrolling income		Deductions directly nnected with income in column 10
(1)												
(2)												
(3)												
(4)												
Totals		 tion 50	01(c)	 (7), (9), (	<u></u> or (17	<u>►</u>	Ente Par	d columer here at I, line 8	nd on   B, colur	page 1, nn (A).	En	dd columns 6 and 11. ter here and on page 1, art I, line 8, column (B).
1. Description of income	2. Amount of		- (-)	3 dire	Deduction	ctions nnected		•	<b>4.</b> Set	-asides schedule)		5. Total deductions and set-asides (col. 3 plus col. 4)
(1)												
(2)												
(3)												
(4)												
Totals	Part I, line 9, co	come,	Othe	4 N		ising In	come	(see i	nstru	ctions)		Part I, line 9, column (B)
1. Description of exploited activity	2. Gross unrelated business income from trade or business	di conne prodi	xpense rectly ected w uction related ess inco	vith or b	usiness		from is no	oss inco activity to t unrelati less inco	hat ed	<b>6.</b> Expe attributa colum	able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)												
(2)												
(3)												
(4)												
Totals	Enter here and on page 1, Part I, line 10, col. (A).		ere and 1, Part 0, col. (	t I,								Enter here and on page 1, Part II, line 26.
Schedule J - Advertising Ir	ncome (see instru	ictions)										
Part I Income From Per			a Co	nsolidate	d Ba	sis						
1. Name of periodical	2. Gross advertising income	<b>3.</b> adverti	Direct ising co	gai osts 2 r	I. Adver in or (los minus co gain, co ls. 5 thro	ss) (col. ol. 3). If mpute	l	Circulation ncome	on	6. Read cos		7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)												
(2)												
(3)												
(4)												
Totals (carry to Part II, line (5))												

ATTACHMENT 1

SCHEDULE J - PART II, ADVERTISING INCOME REPORTED ON A SEPARATE BASIS

	2.	3.				7.
	GROSS	DIRECT	4.	5.	6.	EXCESS
1.	ADVERTISING	ADVERTISING	ADVERTISING	CIRCULATION	READERSHIP	READERSHIP
NAME OF PERIODICAL	INCOME	COSTS	GAIN OR LOSS	INCOME	COSTS	COSTS
IMPRINT MAGAZINE	7,250.	2,847.	4,403.		15,499.	4,403.
COLUMN TOTALS	7 250	2 847				4 403