Georgia Transplant Foundation, Inc.

Public Inspection Copy For the Year Ended December 31, 2019

# TAX RETURNS



Certified Public Accountants and Advisers

### GEORGIA TRANSPLANT FOUNDATION, INC INSTRUCTIONS FOR FILING FORM 990-T 990-T - EXEMPT ORGANIZATION BUSINESS INCOME TAX RETURN FOR THE YEAR ENDED DECEMBER 31, 2019

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 JULY 15, 2020 WITH:

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

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

COVID-19 ALERT – AS A RESULT OF THE COVID-19 PANDEMIC, THE US TREASURY AND IRS HAVE PROVIDED RELIEF FROM FILING AND PAYMENTS GENERALLY DUE 5/15/2020 FOR 60 DAYS. THEREFORE, THE DATES FOR FILING YOUR NONPROFIT TAX RETURN TYPICALLY DUE BY 5/15/2020, HAVE BEEN EXTENDED TO 7/15/2020. YOU MAY FILE THE RETURN/PAYMENTS AT ANY TIME PRIOR TO 7/15/2020 BUT YOU WILL NOT INCUR PENALTIES OR INTEREST FOR FILING/PAYMENTS MADE AFTER 5/15/2020 AND BEFORE 7/15/2020.

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 2020 WILL BE REQUIRED, NOR WILL YOU BE SUBJECT TO UNDERPAYMENT PENALTIES BECAUSE YOU HAVE NO 2019 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, 2019

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-EO TO:

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

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

COVID-19 ALERT – AS A RESULT OF THE COVID-19 PANDEMIC, THE US TREASURY AND IRS HAVE PROVIDED RELIEF FROM FILING AND PAYMENTS GENERALLY DUE 5/15/2020 FOR 60 DAYS. THEREFORE, THE DATES FOR FILING YOUR NONPROFIT TAX RETURN TYPICALLY DUE BY 5/15/2020, HAVE BEEN EXTENDED TO 7/15/2020. YOU MAY FILE THE RETURN/PAYMENTS AT ANY TIME PRIOR TO 7/15/2020 BUT YOU WILL NOT INCUR PENALTIES OR INTEREST FOR FILING/PAYMENTS MADE AFTER 5/15/2020 AND BEFORE 7/15/2020.

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 JULY 15, 2020. 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.

PUBLIC INSPECTION COPY

 Form 8879-EO
 IRS e-file Signature Authorization for an Exempt Organization

 Department of the Treasury Internal Revenue Service
 For calendar year 2019, or fiscal year beginning \_\_\_\_\_\_, 2019, and ending \_\_\_\_\_\_

 Department of the Treasury Internal Revenue Service
 Do not send to the IRS. Keep for your records.

 Name of exempt organization

GEORGIA TRANSPLANT FOUNDATION, INC

Name and title of officer

PATRICIA ROTCHFORD, EXECUTIVE DIRECTOR

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

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 <b>b Total revenue,</b> if any (Form 990, Part VIII, column (A), line 12)	1b	3,927,238.
2a	Form 990-EZ check here  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 Tax based on investment income (Form 990-PF, Part VI, line 5).	4b	
5a	Form 8868 check here <b>b</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 2019 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 lauthorize SMITH & HOWARD, P.C.	to enter my PIN	1 7 4 2 5 as my signature
ERO firm name		Enter five numbers, but do not enter all zeros

on the organization's tax year 2019 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 2019 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 🕨 07/15/2020
Part III Certification and Authentication	
<b>ERO's EFIN/PIN.</b> Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.	67983858125
	Do not enter all zeros
I certify that the above numeric entry is my PIN, which is my signature of indicated above. I confirm that I am submitting this return in accordance Information for Authorized IRS <i>e-file</i> Providers for Business Returns.	
ERO's signature	Date  07/15/2020
ERO Must Retain This For	m - See Instructions
Do Not Submit This Form to the IRS	S Unless Requested To Do So
	0070 50

For Paperwork Reduction Act Notice, see back of form.

Form 8879-EO (2019)

OMB No. 1545-1878

Employer identification number

58-2075193

20

Form	9	9	0
Departm	nent o	fthe	Treasury

## **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.

Q Open to Public nspection

G

OMB No. 1545-0047

		enue Servic			Information		990 and	its i	instruction	is is at	t www.ir	's.gov/	form990.			nspect	ion
AF	or th	ne 2019	calen	dar year, or ta	ax year beg	inning			, 2019	9, an <mark>c</mark>	d endin	g			, 2		
<b>R</b> ~	heck if a			of organization									D Employer id	entifica	tion nur	nber	
р с 		Ľ	GEO	RGIA TRANS	SPLANT FO	DUNDATIO	N, INC							25193         number         57 - 379         oup return for         soup return for         mathematical and a list. (see         mption number         SOLID         SOLID         SOLID         SOLID            SOLID			
	Addre chang		•	Business As									58-207				
	Name	e change	Numb	er and street (or F	P.O. box if mail i	s not delivered	to street add	dress	.)	Roon	n/suite		E Telephone n	umber			
	Initial	l return	220	1 MACY DR									(770) 45	7 – 37	96		
	Term	inated	City o	r town, state or pr	ovince, country,	and ZIP or fore	eign postal o	code									
	Amer returr	n L		WELL, GA 3									G Gross receip	ts \$	9	,247	,453.
	Applie pendi	cation ing	Name	and address of p	rincipal officer:	PATRI	ICIA RO	DTC	HFORD				H(a) Is this a gro subordinates		for	Yes	X No
				1 MACY DR	ROSWELI	, GA 30	076						H(b) Are all subord		uded?	Yes	No
<u> </u>		empt stat		X 501(c)(3)	501(c) (	) ┥ (in	isert no.)		4947(a)(1)	) or	52	7	If "No," atta	ch a list. (	(see instru	uctions)	
J				ATRANSPLA	NT.ORG								H(c) Group exem				
К	Form	of organiz	ation:	X Corporation	Trust	Association	Other				L Year of	f format	ion: 1992 <b>M</b>	State o	f legal d	omicile:	GA
Ρ	art I		mary														
	1			e the organizati										SOLI	D_OR	GAN_	
ce		TRAN	SPLA	NT CANDIDA	TES, REC	IPIENTS,	, LIVIN	NG	DONORS	ANI	D THE	IR F	AMILIES.				
nar																	
Governance	2	Check			0		•		•				of its net asset	S.			
ğ	3	Numbe	r of vot	ing members of	the governin	g body (Part \	/I, line 1a)										
es 8	4			ependent voting													25.
vitie	5			of individuals er			019 (Part \	V, lir	ne 2a)								8.
Activities &	6			of volunteers (es													150.
<				d business rever													8,300
	b	Net unr	elated	business taxabl	e income from	Form 990-T	, line 34 <b>.</b>							7b			0
													Prior Year	, 1		rrent Y	
ne	8	Contrib	utionsa	and grants (Part	VIII, line 1h)			•	COF	PY FO	R		3,480,87		2	-	9,546
Revenue	9			ce revenue (Part					PUBLIC I				14,00				4,033
Re	10			come (Part VIII,									-43,31				6,987
	11			(Part VIII, colu									-136,95				3,328
	12			- add lines 8 th					· · · · · · · · · · · · · · · · · · ·				3,314,57				7,238
	13			nilar amounts pa									2,547,38		4	1,030	8,001
	14			o or for member									897,12	• •			U 5 702
ses	15			compensation,									097,12				5,783
Expenses	16a	Profess	sional fi	undraising fees (	Part IX, colum	in (A), line 11	e)	• •	152 021					0.			0
Ĕ	D	Total fu	Indraisi	ng expenses (Pa	art IX, column	(D), line 25)	•			L .			250,57	16		24	4,121
				es (Part IX, colur									3,695,09				7,905
			•	s. Add lines 13-	· ·		. ,						-380,51		-	,	9,333
r se	19	Revenu	le less	expenses. Subt								Begin	ning of Current		En	d of Yea	
ance	20	Total or	nanta (E	lart V line 16)								begin	10,023,74				0,945
Net Assets or Fund Balances	20			art X, line 16) (Part X, line 26)		• • • • • •	• • • • •	• •			• • • •		126,92				1,658
let /	22			fund balances.		1 from line 20	•••••	• •				<u> </u>	9,896,81		11		9,287
	art II			Block							<u></u>		- , ,				/ = = :
		-		I declare that I h	ave examined t	his return, incl	uding acco	mpa	nying sched	lules ar	nd staten	nents, a	ind to the best o	f my kn	owledge	and b	elief, it is
true	e, corre	ect, and c	omplete.	Declaration of pre	eparer (other tha	an officer) is ba	ised on all ir	nforn	nátion of wh	nich pre	eparer ha	s any kr	nowledge.	,			
													07/1	5/20	20		
Sig		🕨 इ	ignature	e of officer									Date				
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May	/ the I			s return with the												/es	No
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GEORGIA TRANSPLANT FOUNDATION, INC 58-	Demo
Form 990 (2019) Part III Statement of Program Service Accomplishments	Page 2
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	
prior Form 990 or 990-EZ?	Yes X No
If "Yes," describe these new services on Schedule O.	
3 Did the organization cease conducting, or make significant changes in how it conducts, any program	
services?	Yes X No
4 Describe the organization's program service accomplishments for each of its three largest program service expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and the total expenses, and revenue, if any, for each program service reported.	
4a (Code:         ) (Expenses \$ 2,955,826. including grants of \$ 2,274,130. ) (Revenue \$	)
EMERGENCY FINANCIAL ASSISTANCE TO HELP MEET NEEDS OF TRANSPLANT	
CANDIDATES, RECIPIENTS, LIVING DONORS, AND THEIR FAMILIES. THIS	
PROGRAM PROVIDED SERVICES TO 1043 RECIPIENTS.	
4b (Code:         ) (Expenses \$ 338,371. including grants of \$ 338,371. ) (Revenue \$	14,033. <b>)</b>
4b (Code:) (Expenses \$338,371. including grants of \$338,371. ) (Revenue \$         ACCESS TO CARE - MATCHING FUNDS AND FUNDRAISING ASSISTANCE. THIS	14,033. <b>)</b>
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ACCESS TO CARE - MATCHING FUNDS AND FUNDRAISING ASSISTANCE. THIS PROGRAM PROVIDED SERVICES TO 758 RECIPIENTS.  40 (Code:)(Expenses \$25,500. including grants of \$25,500. )(Revenue \$ PROGRAM DEVELOPMENT, 35 SCHOLARSHIPS, AND ALL OTHER ACTIVITIES.	)
ACCESS TO CARE - MATCHING FUNDS AND FUNDRAISING ASSISTANCE. THIS PROGRAM PROVIDED SERVICES TO 758 RECIPIENTS.  4c (Code:)(Expenses \$	14,033. )
ACCESS TO CARE - MATCHING FUNDS AND FUNDRAISING ASSISTANCE. THIS PROGRAM PROVIDED SERVICES TO 758 RECIPIENTS.  40 (Code:)(Expenses \$25,500. including grants of \$25,500. )(Revenue \$ PROGRAM DEVELOPMENT, 35 SCHOLARSHIPS, AND ALL OTHER ACTIVITIES.	14,033. )

ari	V Checklist of Required Schedules			_
			Yes	
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		
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		
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		
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		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		
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		
)	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		
	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.			
2	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
a	complete Schedule D, Part VI	11a	Х	
h	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more			
D		116		
_	of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	11b		
C	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more	444		
	of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	11c		
a	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
t	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		37	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		
3	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.	13		
la	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		
5	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		
;	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		
•	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		
;	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	
)	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		
)a	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete</i> Schedule H	20a		
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
1	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			_
-	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		

Part	V Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J.	23	Х	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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		
Ь	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	240		
25 a	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	2.Ja		
D				
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?	254		х
	If "Yes," complete Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			v
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II.	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II.	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
04	or IV, and Part V, line 1	34		Х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	554		
b	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	550		
30		20		Х
27	related organization? If "Yes," complete Schedule R, Part V, line 2	36		- 22
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	07		v
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and		37	
	19? Note: All Form 990 filers are required to complete Schedule O.	38	Х	
Part				
	Check if Schedule O contains a response or note to any line in this Part V			· []
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	Х	
JSA 9E1030		Form	990	(2019)

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Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			1
			Yes	No
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 8			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country ►			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	_		37
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	<u>6a</u>		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	-	v	
_	and services provided to the payor?	7a	X X	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	A	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7-		x
	required to file Form 8282?	7c		
	If "Yes," indicate the number of Forms 8282 filed during the year	7-		x
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
-	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g 7h		X
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	-		
-	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:	1		
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see instructions and file Form 4720, Schedule N.	40		v
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			

Form §	GEORGIA TRANSPLANT FOUNDATION, INC 58-2075	193	F	Page <b>6</b>
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 on Schedule O.			tions.
	Check if Schedule O contains a response or note to any line in this Part VI			Χ
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 25			
	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 on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 25			
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	-		37
	supervision of officers, directors, trustees, or key employees to a management company or other person?	3		X 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 6		X
6	Did the organization have members or stockholders?	0		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	7a		x
h	one or more members of the governing body?	74		
b	stockholders, or persons other than the governing body?	7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
U	the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
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 on Schedule O.	9		Х
Secti	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code		1
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
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	X	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? .	11a	Λ	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	12a	Х	
	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	120		
D	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give	12b	х	
•	rise to conflicts?			
С	describe in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
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?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		X
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	4.01		
Saat	organization's exempt status with respect to such arrangements?	16b		
17	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright GA$ ,	(0)	tie - 5	04/->
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	(Sec	uon 5	001(C)
	Own website Another's website X Upon request Other <i>(explain on Schedule O)</i>			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict o	f inte	rest r	olicy
	and financial statements available to the public during the tax year.	inter	201 1	, on oy,
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 770-457-3796	s 🕨		
	LISA CARLOTTA 2201 MACY DRIVE ROSWELL, GA 30076 770-457-3796			

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Part VII	Compensation	of	Officers,	Directors,	Trustees,	Key	Employees,	Highest	Compensated	Employees,	and
	Independent Co	ontr	actors								

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

(C)

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

(A) Name and title	(B) Average hours per week (list any	box, office	unles er and	heck ss pe d a d	ition more rson lirect	e than c is both or/trust	an tee)	<b>(D)</b> Reportable compensation from the organization	<b>(E)</b> Reportable compensation from related organizations	<b>(F)</b> Estimated amount of other compensation from the
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	organization and related organizations
(1) PATRICIA ROTCHFORD	40.00									
EXECUTIVE DIRECTOR	0.			Х				153,296.	0.	6,933.
(2) DAVID MARKHAM, M.D.	1.00									
PRESIDENT	0.	X						0.	0.	0.
(3)ALBERT BOLET, III	1.00									
SECRETARY	0.	X						0.	0.	0.
(4) BRIAN CALKINS	1.00									
TREASURER	0.	Х						0.	0.	0.
(5) JENNIE PERRYMAN	1.00									
DIRECTOR	0.	Х						0.	0.	0.
(6) JOSHUA WOLF, M.D.	1.00									
DIRECTOR	0.	X						0.	0.	0.
(7) BRAY DEAVOURS	1.00									
DIRECTOR	0.	X						0.	0.	0.
(8) BILL BACKUS	1.00									
DIRECTOR	0.	X						0.	0.	0.
(9) JANET BARNETT	1.00									
DIRECTOR	0.	X						0.	0.	0.
(10) SCOTT BLACKARD	1.00									
DIRECTOR	0.	Х						0.	0.	0.
(11) LESTER CROWELL	1.00									
DIRECTOR	0.	X						0.	0.	0.
(12) CONNIE DALY	1.00									
DIRECTOR	0.	Х						0.	0.	0.
(13) MICHAEL GALLICHIO, M.D.	1.00									
DIRECTOR	0.	Х						0.	0.	0.
(14) KATHY GOVIER	1.00									
DIRECTOR	0.	X						0.	0.	0.

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#### GEORGIA TRANSPLANT FOUNDATION, INC

58-2075193

Form 990 (2019)
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Part VII Section A. Officers, Directors, Tru	stees, Ke	y Em	nplo	yee	es,	and I	ligl	hest Compensat	ed Employees (d	continued)
(A) Name and title	<b>(B)</b> Average hours per week (list any hours for	box, office	unles r and	ss per d a di	ition more rson irect	e than c is both or/trust	an ee)	<b>(D)</b> Reportable compensation from the	<b>(E)</b> Reportable compensation from related organizations	<b>(F)</b> Estimated amount of other compensation
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
( 15) LINDA HEIDEN	1.00									
DIRECTOR	0.	X						0	0.	0.
( 16) MICHAEL HOROWITZ, M.D.	1.00									
DIRECTOR	0.	X						0	0.	0.
( 17) MELVIN MORRIS	1.00									
DIRECTOR	0.	X						0	0.	0.
( 18) DAVID PERME	1.00									
DIRECTOR	0.	X						0	0.	0.
( 19) RENE ROMERO, M.D.	1.00									
DIRECTOR	0.	X						0.	0.	0.
( 20) WARREN SHIVER	1.00									
DIRECTOR	0.	X						0.	0.	0.
( 21) MARTHA STIPSIS	1.00									
DIRECTOR	0.	X						0.	0.	0
( 22) LAURA WILLIAMS	1.00									
DIRECTOR	0.	X						0.	0.	0
( 23) ELIJAH WISE	1.00									
DIRECTOR	0.	X						0	0.	0
( 24) STEVEN WRIGHT	1.00									
DIRECTOR	0.	х						0	0.	0
( 25) CARLOS ZAYAS, M.D.	1.00									
DIRECTOR	0.	Х						0	0.	0
1b Sub-total								153,296.	0.	6,933.
c Total from continuation sheets to Part VII, Se	ection A		• •		• •			0.	0.	0.
d Total (add lines 1b and 1c)							•	153,296.	0.	6,933.
2 Total number of individuals (including but not l reportable compensation from the organization	imited to t		liste				o re		\$100,000 of	
<b>3</b> Did the organization list any <b>former</b> office	er, directo	or, or	tru	ustee	e,	key e	emp	loyee, or highes	t compensated	Yes No

Ŭ	employee on line 1a? If "Yes," complete Schedule J for such individual
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such
	individual
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual

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

#### Section B. Independent Contractors

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of 1 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>(B)</b> Description of services	<b>(C)</b> Compensation
2	Total number of independent contractors (including but not limited to those more than $100,000$ in compensation from the organization $\triangleright$ 0.		

#### GEORGIA TRANSPLANT FOUNDATION, INC

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Ра	rt VII Section A. Officers, Directors, Tru		y≞m	npio		es, : C)	and F	ligi			lees (c			
	(A) Name and title	Name and title Average F hours per (do not che week (list any hours for officer and a					is both or/trust	an ee)	<b>(D)</b> Reportable compensation from the	(E) Reportable compensation from related organizations		(F) Estimated m amount of other compensation		f
		related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-		orga and	m the inizatio related nizatior	d
6)	BEN BARKLEY	1.00												
	COUNSEL	0.	X						0	•	0.			C
			-											
		+	-											
		<u> </u>									T			
		+												
			-											
		+	-											
			-											
			-											
									0.		0.			0
1b	Sub-total Total from continuation sheets to Part VII. S	action A		••	• •	• •	• • •		0.		0.			
	Total (add lines 1b and 1c)	•			• •	•••		-						
	Total number of individuals (including but not	limited to t						o re	ceived more than	\$100,000 c	of			
	reportable compensation from the organization	n 🕨	1	L										
													Yes	No
3	Did the organization list any former offic employee on line 1a? If "Yes," complete Schedu											3		X
	For any individual listed on line 1a, is the											J		
4	organization and related organizations gre individual	eater than	\$15	0,0	00?	P If	"Yes	s," (	complete Schedu	le J for s	such	4	Х	
	Did any person listed on line 1a receive or for services rendered to the organization? If "Ye											5		Х
	ction B. Independent Contractors											,		
1	Complete this table for your five highest com compensation from the organization. Report c year.													
	(A)								(B)			(C)		
	Name and business add	lress							Description of se	ervices	С	ompens	ation	
								-						
								+						
								-						
								1						

Part VIII Statement of Revenue

		Check if Schedule O contains a respor	ise or note to any	y line in this Part V			<u> </u>
				<b>(A)</b> Total revenue	<b>(B)</b> Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts ts	1a	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues					
٥Ę	с	Fundraising events 1c	492,403.				
ifts ir A	d	Related organizations					
nila Dila	е	Government grants (contributions) 1e					
Sins	f	All other contributions, gifts, grants,					
er		and similar amounts not included above <b>1</b> f	3,077,143.				
ē,	g	Noncash contributions included in					
out		lines 1a-1f	\$ 28,430.				
ອັບັ	h	Total. Add lines 1a-1f	<b>.</b>	3,569,546.			
			Business Code				
ice	2a	ADMINISTRATIVE FEES	900099	14,033.	14,033.		
er v	b						
en L	с						
ran	d						
Program Service Revenue	е						
Ч.	f	All other program service revenue					
	g	Total. Add lines 2a-2f	<u></u> ▶	14,033.			
	3	Investment income (including dividends,	interest, and				
		other similar amounts)	▶	228,560.			228,560
	4	Income from investment of tax-exempt bond	proceeds . ►	0.			
	5	Royalties		0.			
		(i) Real	(ii) Personal				
	6a	Gross rents 6a					
	b	Less: rental expenses 6b					
	С	Rental income or (loss) 6c					
	d	Net rental income or (loss)		0.			
	7a	Gross amount from (i) Securities	(ii) Other				
		sales of assets					
		other than inventory <b>7a</b> 5,372,333.					
ne	b	Less: cost or other basis					
evenue		and sales expenses 7b 5,133,906.					
Ř	С	Gain or (loss) 7c 238,427.					
Other	d	Net gain or (loss)	<u></u> ▶	238,427.			238,427
fh	8a	Gross income from fundraising					
U		events (not including \$492,403.					
		of contributions reported on line					
		1c). See Part IV, line 18	54,681.				
	b	Less: direct expenses	186,309.				
	С	Net income or (loss) from fundraising events.	▶	-131,628.			-131,628
	9a	Gross income from gaming					
		activities. See Part IV, line 19 9a	0.				
	b	Less: direct expenses		0.			
	С	Net income or (loss) from gaming activities.	<u></u> ▶	0.			
	10a	Gross sales of inventory, less					
	_	returns and allowances	0.				
	b	Less: cost of goods sold					
	C	Net income or (loss) from sales of inventory	Business Code	0.			
Snc				0.200		0.000	
Miscellaneous Revenue	11a	IMPRINT MAGAZINE	511190	8,300.		8,300.	+
ella ver	b						+
Re	ר ה	All other revenue	++				+
ž	d	All other revenue		8,300.			
	<u>е</u> 12	Total. Add lines 11a-11d           Total revenue. See instructions		3,927,238.	14,033.	8,300.	335,359
JSA						0,300.	Form <b>990</b> (2019)
9E105	1 2.000 21	острание и пределение и преде И пределение и предел И пределение и преде	₃ ₩N⊅H₀E	<b>ECTION</b>	ҀӷҀҎҞ		

#### Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (C) Management and (A) Total expenses (B) Program service (D) Fundraising Do not include amounts reported on lines 6b. 7b. 8b. 9b. and 10b of Part VIII. general expenses expenses expenses 1 Grants and other assistance to domestic organizations 0 and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic 2,638,001. 2,638,001. individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign 0 individuals. See Part IV, lines 15 and 16 Ω 4 Benefits paid to or for members 5 Compensation of current officers, directors, 163,112. 122,334. 16,311 24,467. trustees, and key employees 6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and 0 persons described in section 4958(c)(3)(B) 471,712. 353,784. 61,323. 56,605. 7 Other salaries and wages 8 Pension plan accruals and contributions (include 2,488 19,136 14,352. 2,296. section 401(k) and 403(b) employer contributions) 75,543 56,657. 9,821 9,065. 9 Other employee benefits . . . . . . . . . . . . 46,280. 34,710. 6,016. 5,554. Payroll taxes 10 11 Fees for services (nonemployees): 0 a Management 0 **b** Legal 14,750 14,750. c Accounting 0 d Lobbying 0 e Professional fundraising services. See Part IV, line 17 42,823. 42,823 f Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, column 37,377. 23,608 13,769. (A) amount, list line 11g expenses on Schedule O.) 1,247. 249 356. 642 12 Advertising and promotion 23,309. 12,007. 4,661. 6,641. 13 Office expenses 0 14 Information technology 0 15 Royalties 21,392. 11,018. 4,279 6,095. Occupancy 16 5,469. 2,817. 1,094 1,558. 17 Travel Payments of travel or entertainment expenses 18 0 for any federal, state, or local public officials 22,014. 10,753. 5,314 5,947. Conferences, conventions, and meetings 19 0 Interest 20 0 21 Payments to affiliates 39,557. 20,376. 7,911 11,270. Depreciation, depletion, and amortization 22 8,812. 4,539. 1,763. 2,510. Insurance 23 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) aPRINTING AND REPRODUCTION 15,257. 7,859. 3,051 4,347. **b**POSTAGE & SHIPPING 12,114. 6,240. 2,423. 3,451. С d e All other expenses 3,657,905. 3,319,697. 184,277 153,931. 25 Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the 26 organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if

0

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following SOP 98-2 (ASC 958-720)

Page **11** 

orm 990 (				Page <b>1</b> 1
Part X				
	Check if Schedule O contains a response or note to any line in this Pa	(A) Beginning of year		X (B) End of year
1	Cash - non-interest-bearing	0.	1	0.
2	Savings and temporary cash investments.	2,790,892.		1,039,468.
3	Pledges and grants receivable, net	31,000.		41,659
4	Accounts receivable, net.	0.	4	0
5	Loans and other receivables from any current or former officer, director,			
	trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons	0.	5	0
6	Loans and other receivables from other disqualified persons (as defined			
	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0.	6	0
7 ts	Notes and loans receivable, net	0.	7	0
Assets	Inventories for sale or use	0.	8	0
Ϋ <sub>9</sub>	Prepaid expenses and deferred charges	61,018.	9	46,748
10 a	Land, buildings, and equipment: cost or other			
	basis. Complete Part VI of Schedule D 10a 667, 296.			
b	Less: accumulated depreciation	547,882.		515,749
11	Investments - publicly traded securities	6,592,949.	11	9,577,321
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.	17	0
15	Other assets. See Part IV, line 11	0.	15	0
16	Total assets. Add lines 1 through 15 (must equal line 33)	10,023,741.	16	11,220,945
17	Accounts payable and accrued expenses	91,579.	17	160,343
18	Grants payable	0.	18	0
19	Deferred revenue	35,350.		31,315
20	Tax-exempt bond liabilities.	0.	20	0
21	Escrow or custodial account liability. Complete Part IV of Schedule D	0.	21	0
<u>ဖ</u> ္မွ 22	Loans and other payables to any current or former officer, director,			
Ciabilities 57 57 57 57	trustee, key employee, creator or founder, substantial contributor, or 35%			
liab	controlled entity or family member of any of these persons	0.		0
23	Secured mortgages and notes payable to unrelated third parties	0.	20	0
24	Unsecured notes and loans payable to unrelated third parties	0.	24	0
25	Other liabilities (including federal income tax, payables to related third			
	parties, and other liabilities not included on lines 17-24). Complete Part X	0.		0
	of Schedule D	126,929.	25	191,658
26	Total liabilities. Add lines 17 through 25         Organizations that follow FASB ASC 958, check here ►         X	120,929.	26	191,030
Ses	Organizations that follow FASB ASC 958, check here ► X and complete lines 27, 28, 32, and 33.			
	Net assets without donor restrictions	973,549.	27	2,045,474
Fund Balances	Net assets with donor restrictions	8,923,263.	27	8,983,813
2	Organizations that do not follow FASB ASC 958, check here ►	0,523,203.	20	0,000,010
2	and complete lines 29 through 33.			
Assets or 30 31	Capital stock or trust principal, or current funds		29	
S 20	Paid-in or capital surplus, or land, building, or equipment fund		30	
	Retained earnings, endowment, accumulated income, or other funds		31	
a 32	Total net assets or fund balances	9,896,812.	32	11,029,287
tə 32 X 33	Total liabilities and net assets/fund balances	10,023,741.	33	11,220,945
				Form <b>990</b> (2019

GEORGIA TRANSPLANT FOUNDATION, INC

-	90 (2019)			Paç	ge <b>12</b>			
Part	XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI							
1	Total revenue (must equal Part VIII, column (A), line 12)	1		27,2				
2	Total expenses (must equal Part IX, column (A), line 25)	2		57,9				
3	Revenue less expenses. Subtract line 2 from line 1	3	269,333.					
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))							
5	Net unrealized gains (losses) on investments							
6	Donated services and use of facilities	6			0.			
7	Investment expenses	7			0.			
8	Prior period adjustments	8	_	25,7				
9	Other changes in net assets or fund balances (explain on Schedule O).	9			0.			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line							
	<u>32,</u> column (B))	10	11,0	29,2	87.			
Part								
	Check if Schedule O contains a response or note to any line in this Part XII							
				Yes	No			
1	Accounting method used to prepare the Form 990: Cash X Accrual Other							
	If the organization changed its method of accounting from a prior year or checked "Other," explain in							
	Schedule O.							
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?.		2a		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	Х				
	If "Yes," check a box below to indicate whether the financial statements for the year were audi	ted on a						
	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 over	ersight of						
	the audit, review, or compilation of its financial statements and selection of an independent accounta		2c	Х				
	If the organization changed either its oversight process or selection process during the tax year, e	xplain on						
	Schedule O.							
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set fo	rth in the			37			
	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	•						
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a	udits	3b					

Form **990** (2019)

JSA 9E1054 2.000 2165FM 9242 7/6/2020 PUBLIC INSPECTION COPY 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 2019

	rtment of the Tre nal Revenue Serv		Go to www.irs.go	V/Form990 for instruction	ons and t	he latest i	information.	Open to Public Inspection
Name	e of the organiza	ation					Employer identif	ication number
GEC		NSPLANT FOUND					58-20751	
Par			• •	organizations must o			/	8.
The	<u> </u>	-		is: (For lines 1 throug	-	-		
1				tion of churches desc				
2				. (Attach Schedule E	-			
3	A hospital or a cooperative hospital service organization described in <b>section 170(b)(1)(A)(iii)</b> . A medical research organization operated in conjunction with a hospital described in <b>section 170(b)(1)(A)(iii)</b> . Enter the							
4		-	-	conjunction with a ho	spital de	scribed in	n section 170(b)(1)(A)	(iii). Enter the
_		l's name, city, and s						
5		•		a college or universit	y owned	d or ope	erated by a governme	ental unit described in
c		170(b)(1)(A)(iv). (0		romantal unit daaariba	d in <b>coot</b>	ion 170/	·	
6 7		-	-	rnmental unit describe		-		om the general public
'		ed in section 170(b)	-	-	ipport in	Jili a yu		oni the general public
8				o)(1)(A)(vi). (Complete	Part II )			
9		-		ed in section 170(b)(1			t in conjunction with a	land-grant college
5			-	griculture (see instruct		-	-	
	universi	•	grant conogo or ag		.юпо). Е		namo, oky, and otato o	
10	An orga receipts support	nization that norma from activities rela from gross investn	ated to its exempt f nent income and u	ore than 331/3 % of its iunctions - subject to nrelated business tax 975. See <b>section 509</b>	certain e able inco	xception	is, and (2) no more tha s section 511 tax) from	n 331/3% of its
11	An orga	nization organized	and operated excl	usively to test for publi	c safety.	See sec	tion 509(a)(4).	
12		-			-			carry out the purposes
		· · ·						See section 509(a)(3).
	Check t	he box in lines 12a t	through 12d that d	escribes the type of s	upporting	g organiz	zation and complete li	nes 12e, 12f, and 12g.
а	Туре	I. A supporting org	anization operated	, supervised, or contr	olled by	its supp	orted organization(s),	typically by giving
				regularly appoint or e		ajority of	f the directors or truste	es of the
			-	e Part IV, Sections A				
b			-	ed or controlled in co				
				rganization vested in	the sam	e persor	ns that control or mar	age the supported
			-	, Sections A and C.				
С		-		ng organization opera				lly integrated with,
			. , .	ns). You must comple				
d				porting organization c				
		=		nization generally mus	-			a an allentiveness
•			-	omplete Part IV, Sect a written determinatio				
е				ionally integrated sup				п, туре п
f							uon.	
g			•	orted organization(s).				· · · · · · · · · · · · · · · · · · ·
		oported organization	(ii) EIN	(iii) Type of organization	(iv) Is the	organization	(v) Amount of monetary	(vi) Amount of
				(described on lines 1-10		ur governing	support (see	other support (see
				above (see instructions))	Yes	ment? No	instructions)	instructions)
(^)								
(A)								
(B)								
(C)								
(D)								
(E)								
Tota	1							

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. JSA 9E1210 1.000 2165FM 9242 7/6/2020 PUBLIC INSPECTION COPY Schedule A (Form 990 or 990-EZ) 2019

#### Schedule A (Form 990 or 990-EZ) 2019

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization 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) 🕨	<b>(a)</b> 2015	<b>(b)</b> 2016	(c) 2017	<b>(d)</b> 2018	<b>(e)</b> 2019	(f) Total	
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	3,934,502.	3,620,068.	3,570,349.	3,480,871.	3,569,546.	18,175,336.	
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	3,934,502.	3,620,068.	3,570,349.	3,480,871.	3,569,546.	18,175,336.	
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)						11,371,910.	
6	Public support. Subtract line 5 from line 4						6,803,426.	
Sec	tion B. Total Support							
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2015	<b>(b)</b> 2016	<b>(c)</b> 2017	<b>(d)</b> 2018	<b>(e)</b> 2019	<b>(f)</b> Total	
7	Amounts from line 4	3,934,502.	3,620,068.	3,570,349.	3,480,871.	3,569,546.	18,175,336.	
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	115,431.	104,515.	128,870.	151,773.	228,560.	729,149.	
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						18,904,485.	
12	Gross receipts from related activities, etc. (s	ee instructions) .				12	233,989.	
13	First five years. If the Form 990 is for organization, check this box and stop here.	<u> </u>	<u></u>					
Sec	tion C. Computation of Public Supp	port Percenta	ge			1		
14	Public support percentage for 2019 (lin	ne 6, column (f	) divided by line	11, column (f)) <b>.</b>		14	35.99%	
15	Public support percentage from 2018					15	38.49%	
16a	331/3% support test - 2019. If the org	anization did n	ot check the box	k on line 13, ar	nd line 14 is 33 <sup>-</sup>	1/3 % or more, cl		
	box and stop here. The organization qu							
b	331/3% support test - 2018. If the org							
	this box and <b>stop here.</b> The organization							
17a	10%-facts-and-circumstances test - 2							
	-	on meets the "facts-and-circumstances" test, check this box and stop here. Explain in						
	Part VI how the organization meets the			-	-		upported	
	organization						▶∟	
b	10%-facts-and-circumstances test - 2	-						
	15 is 10% or more, and if the orga						-	
	Explain in Part VI how the organization supported organization						· ► []	
18	Private foundation. If the organization instructions							

Schedule A (Form 990 or 990-EZ) 2019

JSA

#### Schedule A (Form 990 or 990-EZ) 2019

 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		-				-
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513 .						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
	received from disgualified 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						
<u>د</u>	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
-	line 6.)						
Sec	tion B. Total Support						1
	ndar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6						
	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	0					
	organization, check this box and stop here.						· · · · ▶
Sec	tion C. Computation of Public Supp		-				
15	Public support percentage for 2019 (line 8,	( ):		( //		15	%
16	Public support percentage from 2018 Sche					16	%
Sec	tion D. Computation of Investment						
17	Investment income percentage for 2019 (lin	,				17	%
18	Investment income percentage from 2018 S					18	%
19 a	331/3% support tests - 2019. If the org	ganization did r	ot check the b	ox on line 14, a	nd line 15 is m	ore than 331/3%	, and line
	17 is not more than 331/3%, check this	s box and <b>sto</b>	<b>b here.</b> The org	anization qualifie	s as a publicly	supported organ	ization . 🕨 📃
b	331/3% support tests - 2018. If the orga	anization did not	check a box or	n line 14 or line	19a, and line 16	is more than 33	1/3 %, and
	line 18 is not more than 331/3%, check	this box and <b>s</b>	t <b>op here.</b> The or	ganization qualifi	es as a publicly	supported organ	ization 🕨 🔄
20	Private foundation. If the organization d	lid not check a	a box on line 1	4, 19a, or 19b,			
JSA 9E122	PUF	SELC. IN				Schedule A (Form 9	990 or 990-EZ) 2019
_	2165FM 9242 7/6/2020 🗸 🕂	9 <del>1</del> 135 PM	'♥'19 <b>└5 ½</b> F		1469		

#### Page 4

Yes No

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

#### Part IV Supporting Organizations

(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

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

10b Schedule A (Form 990 or 990-EZ) 2019

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Schedu	le A (Form 990 or 990-EZ) 2019		I	Page <b>5</b>
Part	V 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		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in <b>Part VI.</b>	11c		
Section	on B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
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</i> "Yes," <i>explain in</i> <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Section	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)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed</i>			
	the supported organization(s).	1		
Section	on D. All Type III Supporting Organizations			
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		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? <i>If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).</i>	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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>	3		
Section	on E. Type III Functionally Integrated Supporting Organizations			
1 a b c	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see			
Ū				No
2	Activities Test. Answer (a) and (b) below.			
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 <b>Part VI identify those supported organizations and explain</b> how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If</i> "Yes," <i>explain in</i> <b>Part VI</b> <i>the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>	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 <b>Part VI.</b></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 <b>Part VI</b> the role played by the organization in this regard.	3b		

Schedule A (Form 990 or 990-EZ) 2019

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
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 integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2019

Sched Part	Ule A (Form 990 or 990-EZ) 2019 <b>Type III Non-Functionally Integrated 509(a)(3)</b>	Supporting Organizat	ions (continued)	Page
	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish ex	xempt purposes		
2	Amounts paid to perform activity that directly furthers exer			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organiz	zations	
4	Amounts paid to acquire exempt-use assets	11 5		
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in <b>Part VI</b> ). See instructions.			
7	<b>Total annual distributions.</b> 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 2019 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-2019	Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019			
	(reasonable cause required - explain in <b>Part VI</b> ). See			
	instructions.			
3	Excess distributions carryover, if any, to 2019			
а	From 2014			
b	From 2015			
С	From 2016			
d	From 2017			
е	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from			
	Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if			
-	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in <b>Part VI.</b> See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h			
5	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
'	and 4c.			
8	Breakdown of line 7:			
	Excess from 2015			
	Excess from 2016			
<u>م</u>	Excess from 2017			
d	Excess from 2018			
e	Excess from 2019			A (Form 990 or 990-EZ) 201

Schedule A (Form 990 or 990-EZ) 2019

Part VISupplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part<br/>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<br/>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,<br/>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,<br/>lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

### Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

### 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

2019

Name of the organization

GEORGIA TRANSPLANT FOUNDATION, INC

58-2075193

Employer identification number

Organization	type	(check	one)	):
--------------	------	--------	------	----

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

#### **General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

#### **Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

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 that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its 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).

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) (2019)

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(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1			Person
			Payroll
		\$ 2,400,000.	Noncash
			(Complete Part II for
			noncash contributions.)
a) Io.	(b)	(C)	(d)
10.	Name, address, and ZIP + 4	Total contributions	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) Io.	(b)	(c) Total contributions	(d)
	Name, address, and ZIP + 4		Type of contribution
			Person
			Payroll
		\$	Noncash
			(Complete Part II for
			noncash contributions.)
a)	(b)	(c)	(d)
lo.	Name, address, and ZIP + 4	Total contributions	Type of contribution
			Person
			Payroll
		\$	Noncash
			(Complete Part II for
			noncash contributions.)
a)	(b)	(c)	(d)
lo.	Name, address, and ZIP + 4	Total contributions	Type of contribution
			Person
			Payroll
		\$	Noncash
			(Complete Part II for
1			noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

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Part II

JSA

Name of organization GEORGIA TRANSPLANT FOUNDATION, INC

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

(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
		\$	

Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

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Employer identification number	
58-2075193	

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)	Page <b>4</b>			
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. Comp				
the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable				
contributions of <b>\$1,000 or less</b> for the year. (Enter this information once. See instructions.) ► \$				
Lise duplicate copies of Part III if additional space is needed				

(a) No. from Part I	(b) Purpose of gift	(c) Use		(d) Description of how gift is held
		(e) Transf	er of gift	
	Transferee's name, address, an	nd ZIP + 4	Relation	nship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held
	Transferee's name, address, an	(e) Transf nd ZIP + 4		nship 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) Transf	er of gift	
	Transferee's name, address, an	nd ZIP + 4	Relation	nship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held
		(e) Transf	er of gift	1
	Transferee's name, address, an	nd ZIP + 4	Relation	nship of transferor to transferee

SCHEDULE C	OMB No. 1545-0047			
(Form 990 or 990-EZ)	2019			
Department of the Treasury Internal Revenue Service	<ul> <li>Complete if the organization is described</li> <li>Go to www.irs.gov/Form990 for</li> </ul>		to Form 990 or Form 990-EZ. latest information.	Open to Public Inspection
-	ered "Yes," on Form 990, Part IV, line 3, or For		6 (Political Campaign Activities	), then
	ganizations: Complete Parts I-A and B. Do not com r than section 501(c)(3)) organizations: Complete	•	Do not complete Part I P	
	ations: Complete Part I-A only.	e Parts I-A and C below. I	Do not complete Part I-B.	
•	ered "Yes," on Form 990, Part IV, line 4, or For	m 990-EZ, Part VI, line 4	7 (Lobbying Activities), then	
•	ganizations that have filed Form 5768 (election			te Part II-B.
	ganizations that have NOT filed Form 5768 (elec	· · ·	// 1	•
Tax) (see separate instru	ered "Yes," on Form 990, Part IV, line 5 (Prox ctions), then	y Tax) (see separate in	nstructions) or form 990-EZ,	Part V, line 35C (Proxy
	5), or (6) organizations: Complete Part III.		<u> </u>	
Name of organization			Employer identifi	
	ANT FOUNDATION, INC		58-207519	
	te if the organization is exempt unde			
	tion of the organization's direct and indirect ical campaign activities")	political campaign a	ctivities in Part IV. (see instr	uctions for
•	activity expenditures (see instructions)		► \$	
	or political campaign activities (see instructi			
	te if the organization is exempt under			
	of any excise tax incurred by the organizat		5▶\$	
2 Enter the amount	of any excise tax incurred by organization	managers under secti	ion 4955 🚬 🕨 \$	
	n incurred a section 4955 tax, did it file Forr			
	made?			Yes No
<b>b</b> If "Yes," describe			(a ant a a ation 504 (a)/2)	
-	te if the organization is exempt unde			
	directly expended by the filing organization		•	
527 exempt func	of the filing organization's funds contribute tion activities		▶\$	
line 17b	ction expenditures. Add lines 1 and 2. E			
5 Enter the names, organization mad the amount of po	nization file <b>Form 1120-POL</b> for this year? addresses and employer identification num e payments. For each organization listed, e litical contributions received that were pro regated fund or a political action committee	ber (EIN) of all section enter the amount paid mptly and directly de	on 527 political organization d from the filing organization livered to a separate polition	ons to which the filing on's funds. Also enter cal organization, such
<b>(a)</b> Name	(b) Address	(c) EIN	filing organization's co funds. If none, enter -0	(e) Amount of political ntributions received and promptly and directly delivered to a separate political organization. If none, enter -0
(1)				
(2)				
(3)		_		
(4)		_		
(5)		_		
(6)		_		
For Paperwork Reductio	n Act Notice, see the Instructions for Form 990	or 990-EZ.	Schedule C	(Form 990 or 990-EZ) 2019

# Political Campaign and Lobbying Activities

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Schedule C (Form 990 or 990-EZ) 2019



Part II-A Complete if the organizati section 501(h)).	on is exempt under section 501(c)(3) and	filed Form 5768 (elec	tion under
	longs to an affiliated group (and list in Part IV e and share of excess lobbying expenditures).	ach affiliated group memb	er's name,
<b>3</b> Check ▶ if the filing organization ch	ecked box A and "limited control" provisions app	bly.	
	ying Expenditures eans amounts paid or incurred.)	(a) Filing organization's totals	<b>(b)</b> Affiliated group totals
<b>b</b> Total lobbying expenditures to influence	public opinion (grassroots lobbying) a legislative body (direct lobbying) a and 1b)		
		3,657,905.	
	d lines 1c and 1d)	3,657,905.	
f Lobbying nontaxable amount. Enter th columns.	e amount from the following table in both	332,895.	
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
Not over \$500,000	20% of the amount on line 1e.		
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.		
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.		
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.		
Over \$17,000,000	\$1,000,000.		
g Grassroots nontaxable amount (enter 28	5% of line 1f)	83,224.	
h Subtract line 1g from line 1a. If zero or le	ess, enter -0-	0.	
i Subtract line 1f from line 1c. If zero or le	ss, enter -0-	0.	
j If there is an amount other than zero	on either line 1h or line 1i, did the organiza		Yes

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.

See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period									
Calendar year (or fiscal year beginning in)	<b>(a)</b> 2016	<b>(b)</b> 2017	<b>(c)</b> 2018	<b>(d)</b> 2019	<b>(e)</b> Total				
2a Lobbying nontaxable amount	349,728.	327,258.	334,755.	332,895.	1,344,636.				
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))					2,016,954.				
<b>c</b> Total lobbying expenditures									
<b>d</b> Grassroots nontaxable amount	87,432.	81,815.	83,689.	83,224.	336,160.				
e Grassroots ceiling amount (150% of line 2d, column (e))					504,240.				
<b>f</b> Grassroots lobbying expenditures									

Schedule C (Form 990 or 990-EZ) 2019

Page 3

Schedule C	(Form	990	or 990-F7	) 2019
ooncuuic o	(1 01111	000	01 000-62	12010

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

For	and "Vac" response on lines to through the below provide in Port IV a datailed		1)	(b)	
	each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed cription of the lobbying activity.	Yes	No	Amount	
1	During the year, did the filing organization attempt to influence foreign, national, state, or local				
	legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:				
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				
С	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?				
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 501	(c)(5)	, or s	ection	
	501(c)(6).				

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?			

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

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

#### Part IV Supplemental Information

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

Schedule C (Form 990 or 990-EZ) 2019

Part IV Supplemental Information (continued)

	IEDULE D rm 990)			Complete	► Complete if the organization answered "Yes" on Form 990, rt IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.						
	rtment of the T nal Revenue Se			► Go to www.irs.g	ov/Fo	Attach to Form sorm990 for instructio		nation.		Open to Public Inspection	
	e of the organi									ployer identific	
GEC				ATION, INC						58-20751	93
Ра		-		-		ed Funds or Othe			Acco	ounts.	
	Co	omplete	if the orga	nization answer	ed "۱	es" on Form 990	), Part	IV, line 6.			
						(a) Donor ad	lvised fu	nds		( <b>b)</b> Funds and	d other accounts
1	Total num	ber at en	d of year 🔒		. L						
2	Aggregate	e value of	f contributio	ns to (during year	)						
3	Aggregate	e value of	f grants fror	n (during year) 🔒	. L						
4			-								
5		•				dvisors in writing					
		-	-			organization's exclu	-				Yes No
6		-		-		d donor advisors in					
	•					of the donor or do			•		
Do						<u></u>					Yes No
Pa			ion Easen		od "\	/es" on Form 990	) Dort	IV line 7			
1											
•	Purpose(s) of conservation easements held by the Preservation of land for public use (for example								ofah	istorically in	portant land area
			f natural ha	•	iipie, it			Preservation		•	•
			of open spa					1 10001 valion	oruo		
2					n helo	a qualified conser	rvation	contribution in	the fo	orm of a cor	servation
_	-		ast day of th	-							End of the Tax Year
а			-	-					2a		
b									2b		
c		-	-			storic structure inclu			2c		
d						acquired after 7/25		. ,			
					• •				2d		
3	Number o	of conser	vation ease	ments modified,	trans	ferred, released, e	xtinguis	shed, or termi	inated	by the org	anization during the
	tax year 🕨	▶									
4	Number of	f states v	where prope	erty subject to co	nserv	ation easement is lo	ocated	▶			
5		-			-	rding the periodic				-	
						ments it holds?					📖 Yes 🔛 No
6	Staff and v	volunteer	hours devote	ed to monitoring, i	nspec	ting, handling of vio	lations,	and enforcing	conse	rvation easen	nents during the year
	►		<u> </u>								
7				n monitoring, insp	ectin	g, handling of violat	tions, ai	nd enforcing co	onserv	vation easen	nents during the year
	▶\$				0(				4 - 4		
8						d) above satisfy the					
•						onservation easeme					
9				•		the footnote to the					
				conservation ease			organiz				
Ра						of Art, Historical 1	Treasu	res, or Other	r Sim	ilar Assets	
						/es" on Form 990					
1a	If the orga	anization	elected, as	permitted under	FAS	B ASC 958. not to	report	in its revenue	e stat	ement and	balance sheet works
	of art. his	storical tr	easures. or	<sup>r</sup> other similar as	ssets	held for public ex	xhibitio	n. education.	or re	search in fu	urtherance of public
	•					its financial statem					
b	art histori	anization	elected, as	s permitted under her similar assets	rAS held	for public exhibitic	port in on edu	its revenue si	iatem earch	in furtheren	ance sheet works of ice of public service,
				relating to these			on, ouu		ouron		
										▶\$	i
											i
2											al gain, provide the
	following a	amounts	required to	be reported unde	r FAS	B ASC 958 relating	g to the	ese items:			
а											
<u>b</u>						<u> </u>					
For F	-aperwork R	eduction	Act Notice,	see the Instructions	s tor F	orm 990.			、 <i>/</i>		nedule D (Form 990) 2019

For Paperwork Reduction	Act Notice, see the Instructions for Form 990.	
JSA 9E1268 1.000 2165FM 9242		ÇQPY

GEORGIA TRANSPLANT FOUNDATION, INC

58-2075193

Schor	dule D (Form 990) 2019	LOKGIA 1	LKANSPLA	INI FOOM	JAILON,	TINC				J0-Z01	12192	Dere	2
-			octions of	Art Histo	rical Tro	261170	e or	Othor	Similar /	esots (	continuo	Page √)	
3	Using the organization's acquisi											,	te
3	collection items (check all that a		551011, anu 1			k any u		TOHOW	ing that h	lake siyi	inicant us		.э
а	Public exhibition	spiy).		d		or exch	ande	progra	m				
b	Scholarly research			e	Other		-						
c	Preservation for future get	herations		e									-
4	Provide a description of the org		collection	s and evol	ain how i	thev fu	rther	the or	nanization'	s evemn	t nurnose	in Pa	rt
-	XIII.	Janization 3				ancy ru	the		gamzation	o exemp	r puipose	,	
5	During the year, did the organiza	tion solicit	or receive	donations c	fart hist	orical tr	easu	res or	other simil	ar			
5	assets to be sold to raise funds ra										Yes		lo
Pa	Int IV Escrow and Custodial					organiz	ation	0 001100		[	100		<u> </u>
1 a	Complete if the organi			es" on For	m 990 F	Part IV	line	9 or r	eported a	n amour	nt on For	m	
	990, Part X, line 21.	Lation and				arriv,	mile	0, 01 1	opontod d	manioai			
1a	Is the organization an agent, trus	stee custo	dian or oth	er intermed	liary for c	ontribu	tions	or othe	r assets no	t			
·u	included on Form 990, Part X?										Yes	N	lo
b	If "Yes," explain the arrangemen	t in Part XI	III and com	plete the fo	llowing tat	ole <sup>.</sup>	• • •			L			Ū
				p.o.o						Amount			
с	Beginning balance						1c						
	Additions during the year						1d						
e	Distributions during the year						-						
f	Ending balance						16 1f						
	Did the organization include an a							stodial	account lia	bilitv?	Yes	N	lo
	If "Yes," explain the arrangemen												Ū
	rt V Endowment Funds.				planation		<u>on pr</u>	onaoa			<u></u>		
1 01	Complete if the organi	zation ans	swered "Ye	es" on For	m 990. F	Part IV.	line	10.					
			irrent year	(b) Pric		(c) Tw			(d) Three y	ears back	(e) Four y	ears back	k
1.0	Paginning of year balance		,		,		-		(7)		(-) )		
-	Beginning of year balance Contributions												
b		•											
С	Net investment earnings, gains,												
h	and losses												
	Other expenditures for facilities	•											
е													
4	and programs												
	Administrative expenses												
g	End of year balance			and holono	o (lino 1a	oolumr	(a)	hold oo					
ے a	Provide the estimated percentage Board designated or quasi-endow		urrent year	%	e (inte Tg,	column	r (a))	neiu as	•				
b	Permanent endowment	~%											
C	Term endowment	%											
-	The percentages on lines 2a, 2b	and 2c sh	nould equal	100%.									
3a	Are there endowment funds not		-		ation that	are hel	d and	d admir	nistered for	the			
	organization by:			5							Y	es No	ο
	(i) Unrelated organizations										3a(i)		
	(ii) Related organizations										3a(ii)		
b	If "Yes" on line 3a(ii), are the rela										3b		
4	Describe in Part XIII the intended	0		•									
Pa	rt VI Land, Buildings, and E	auipment											_
	Complete if the organ	iżation an	1				·		I				
	Description of property			r other basis stment)	(b) Cost ( (0	or other ba other)	asis		cumulated eciation	(d	l) Book valu	е	
1a	Land			,		,		1.1					
b	Buildings				5	534,90	06.		67,453.		46	7,453	3.
С	Leasehold improvements												
d	Equipment.				1	L32,39	90.		84,094.		4	8,296	5.
	Other												
	al. Add lines 1a through 1e. (Colur			m 990, Part	X, colum	n (B), lir	ne 10	c.)	<u></u> ►		51	5,749	<i>.</i>
													_

Schedule D (Form 990) 2019

#### Schedule D (Form 990) 2019 Page 3 Part VII **Investments - Other Securities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12. (a) Description of security or category (b) Book value (c) Method of valuation: (including name of security) Cost or end-of-year market value (1) Financial derivatives (2) Closely held equity interests (3) Other (A) (B) (C) (D) (E) (F) (G) (H) Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) Investments - Program Related. Part VIII Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4)(5) (6)(7)(8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ► 2. 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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

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Schedu	le D (Form 990) 2019				Page <b>4</b>
Part				n.	
	Complete if the organization answered "Yes" on Form 990, Part IV	/, line	e 12a.		
1	Total revenue, gains, and other support per audited financial statements			1	4,812,217.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	888,892.		
b	Donated services and use of facilities	2b	6,925.		
с	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	28,430.		
е	Add lines 2a through 2d			2e	924,247.
3	Subtract line <b>2e</b> from line <b>1</b>			3	3,887,970.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	39,268.		
b	Other (Describe in Part XIII.)	4b			
	Add lines <b>4a</b> and <b>4b</b>			4c	39,268.
5	Total revenue. Add lines <b>3</b> and <b>4c.</b> ( <i>This must equal Form 990, Part I, line 12.</i> )			5	3,927,238.
Part				irn.	
	Complete if the organization answered "Yes" on Form 990, Part IV	/, line	e 12a.		
1	Total expenses and losses per audited financial statements			1	3,679,742.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a	6,925.		
b	Prior year adjustments	2b	25,750.		
c	Other losses.	2c			
d	Other (Describe in Part XIII.)		28,430.		
	Add lines <b>2a</b> through <b>2d</b>			2e	61,105.
e	Subtract line 2e from line 1			3	3,618,637.
3		i · · I			<u> </u>
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	4a	39,268.		
a	Investment expenses not included on Form 990, Part VIII, line 7b		07,2001		
b	Other (Describe in Part XIII.)			4.0	39,268.
	Add lines <b>4a</b> and <b>4b</b>			4c 5	3,657,905.
5 Port	Total expenses. Add lines 3 and 4c. ( <i>This must equal Form 990, Part I, line 18.</i> ) XIII Supplemental Information.			Э	5,057,705.
	le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; I	Part IV	/ lines 1b and 2b <sup>.</sup> F	Part V	line 4: Part X line

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

SEE PAGE 5

### PART X

Part XIII

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, 2016.

PART XI & XII LINE 2D

SPECIAL EVENT EXPENSES NETTED WITH REVENUES FOR RETURN \$ 28,430

PART XII, LINE 2B

PRIOR PERIOD ADJUSTMENT FOR BAD DEBT EXPENSE: \$- 25,750

SCHEDULE G (Form 990 or 990-EZ)	Complete if t	Information Re ne organization answer organization entered r	red "Yes" on nore than \$1	Form 990, P 5,000 on For	art IV, line 17, 18, or 1 m 990-EZ, line 6a.		OMB No. 1545-0047
Department of the Treasury Internal Revenue Service	G	► Attach o to www.irs.gov/Form		) or Form 990 ructions and r			Open to Public Inspection
Name of the organization						Employer identificati	
GEORGIA TRANSPL	ANT FOUNDATION	, INC				58-2075193	
	g Activities. Comp	•			Yes" on Form 99	90, Part IV, line 1	7.
	EZ filers are not re		•				
	the organization rais	sed funds through		•			
a Mail solicita		е			non-government g		
	email solicitations	f		-	government grant	S	
c Phone solic		g		cial fundra	ising events		
d In-person so 2a Did the organiza		e aval a graam ant u	lith any in	طنيناطيتها لأنع	aluding officers	lina atoma truata aa	
or key employee <b>b</b> If "Yes," list the	es listed in Form 990 10 highest paid indiv least \$5,000 by the o	, Part VII) or entity viduals or entities	in connec	tion with p	rofessional fundra	ising services?	Yes No fundraiser is to be
<b>(i)</b> Name and add or entity (fu		<b>(ii)</b> Activity	custody c	draiser have or control of outions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
	which the organization			► d to solicit	contributions or	has been notified	I it is exempt from
For Paperwork Reduction A	Act Notice, see the Instruct	tions for Form 990 or 9	90-EZ.			Schedule G (Fo	rm 990 or 990-EZ) 2019

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### Schedule G (Form 990 or 990-EZ) 2019

Page **2** 

Pa	rti	Fundraising Events. Complete more than \$15,000 of fundra events with gross receipts gree	aising event contribut			
		· · · ·	(a) Event #1 CELEBRATE LIFE	(b) Event #2 COUNTDOWN	(c) Other events	(d) Total events (add col. (a) through col. (c))
e			(event type)	(event type)	(total number)	(-7)
Revenue	1	Gross receipts	276,366.	63,183.	207,535.	547,084.
Ŕ	2	Less: Contributions	229,861.	55,007.	207,535.	492,403.
	3	Gross income (line 1 minus line 2)	46,505.	8,176.	0.	54,681.
	4	Cash prizes			0.	
	5	Noncash prizes		1,795.	784.	2,579.
nses	6	Rent/facility costs	97,928.	22,316.	0.	120,244.
Expe	7	Food and beverages		1,000.	19,356.	20,356.
Direct Expenses	8	Entertainment	7,580.	2,144.	0.	9,724.
_	9	Other direct expenses	17,852.	-11,811.	27,365.	33,406.
Ра	11	Direct expense summary. Add lin Net income summary. Subtract li Gaming. Complete if the org \$15,000 on Form 990-EZ, lin	ne 10 from line 3, colu anization answered "	umn (d)	<u></u>	186,309. -131,628. reported more than
anue		↓ 10,000 011 0111 000-L2, 111	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue				
ses	2	Cash prizes				
zpenses	3	Noncash prizes				
Direct E	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes %	▶Yes%  No	Yes%	
	7	Direct expense summary. Add lin	es 2 through 5 in colu	mn (d)		
	8	Net gaming income summary. Su	ubtract line 7 from line	1, column (d)		
9 a k		Enter the state(s) in which the org Is the organization licensed to con If "No," explain:	anization conducts ga duct gaming activities	in each of these state	es?	Yes No
10a k		Were any of the organization's gaming If "Yes," explain:				Yes No

Schedule G (Form 990 or 990-EZ) 2019

GEORGIA	TRANSPLANT	FOUNDATION,	TNC
OBOROTH	TICUTOL DUTI	roomparton,	TINC

s the organization conduct gaming activities with nonmembers?		
te organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity ted to administer charitable gaming?		ule G (Form 990 or 990-EZ) 2019 Page 3
hed to administer charitable gaming?   cate the percentage of gaming activity conducted in:   organization's facility   outside facility   13a   %   13b   %   13c   % <th>11</th> <th></th>	11	
cate the percentage of gaming activity conducted in: organization's facility	12	
organization's facility 13a   outside facility 13b   outside facility 1		formed to administer charitable gaming? Yes No
organization's facility 13a   outside facility 13b   outside facility 1	13	Indicate the percentage of gaming activity conducted in:
butside facility       13b       %         er the name and address of the person who prepares the organization's gaming/special events books and ords:       13b       %         er the name and address of the person who prepares the organization's gaming/special events books and ords:       13b       %         er the name and address of the person who prepares the organization's gaming/special events books and ords:	а	
er the name and address of the person who prepares the organization's gaming/special events books and ords: ne ▶		
ords:         ne ▶	14	
ne ►	14	records:
ress		
ress		News N
s the organization have a contract with a third party from whom the organization receives gaming enue?		
s the organization have a contract with a third party from whom the organization receives gaming enue?		
Image:		
Image:		
res," enter the amount of gaming revenue received by the organization ▶ \$ and the bount of gaming revenue retained by the third party ▶ \$ ress," enter name and address of the third party: ne ▶ ning manager information:	15 a	
<pre>bunt of gaming revenue retained by the third party ► \$ 'es," enter name and address of the third party: ne ► ress ► ning manager information:</pre>		
ress ▶	b	If "Yes," enter the amount of gaming revenue received by the organization ► \$ and the
ne  ress  ning manager information:		amount of gaming revenue retained by the third party $\blacktriangleright$ $\$$
ress ▶	С	If "Yes," enter name and address of the third party:
ress ▶		
ress ▶		Name ►
ning manager information:		
		Address ►
	16	Gaming manager information:
	16	Gaming manager information:
	16	
	16	Gaming manager information: Name ▶
ning manager compensation ▶ \$	16	Name ▶
ning manager compensation ► \$	16	
	16	Name ► Gaming manager compensation ► \$
	16	Name ► Gaming manager compensation ► \$
cription of services provided	16	Name  Gaming manager compensation  \$ Description of services provided
	16	Name  Gaming manager compensation  \$ Description of services provided
cription of services provided ►		Name ▶         Gaming manager compensation ▶ \$         Description of services provided ▶         Director/officer       Employee         Independent contractor
cription of services provided  Director/officer Employee Independent contractor	17	Name ▶         Gaming manager compensation ▶ \$         Description of services provided ▶         Director/officer       Employee         Independent contractor         Mandatory distributions:
cription of services provided ► Director/officer Employee Independent contractor indatory distributions: he organization required under state law to make charitable distributions from the gaming proceeds to		Name ▶         Gaming manager compensation ▶\$         Description of services provided ▶         Director/officer       Employee         Independent contractor         Mandatory distributions:         Is the organization required under state law to make charitable distributions from the gaming proceeds to
cription of services provided ► Director/officer	17 a	Name ▶
cription of services provided ► Director/officer	17 a	Name ▶
cription of services provided ► Director/officer	17 a b	Name ▶
cription of services provided ► Director/officer	17 a	Name ▶
cription of services provided ►         Director/officer       Employee         Independent contractor         adatory distributions:         ne organization required under state law to make charitable distributions from the gaming proceeds to in the state gaming license?         er the amount of distributions required under state law to be distributed to other exempt organizations pent in the organization's own exempt activities during the tax year ► \$         Supplemental Information. 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	17 a b	Name ▶
	16	Gaming manager information:
	16	
	16	
	16	
	16	
	16	
	16	
	16	Name ▶
$\lambda$ ing manager compensation $\mathbb{N}^{\mathfrak{g}}$	16	Name ▶
ning manager compensation ► \$	16	Name ▶
ning manager compensation ► \$	16	Name ▶
ning manager compensation ► \$	16	Name ▶
ning manager compensation ▶ \$	16	Name ▶
ning manager compensation ▶ \$	16	Name ▶
ning manager compensation ► \$	16	Name ▶
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cription of services provided	16	Name  Gaming manager compensation  \$ Description of services provided
cription of services provided	16	Name  Gaming manager compensation  \$ Description of services provided
cription of services provided	16	Name  Gaming manager compensation  \$ Description of services provided
cription of services provided	16	Name  Gaming manager compensation  \$ Description of services provided
cription of services provided	16	Name  Gaming manager compensation  \$ Description of services provided
cription of services provided	16	Name  Gaming manager compensation  \$ Description of services provided
cription of services provided ►		Name ▶         Gaming manager compensation ▶ \$         Description of services provided ▶         Director/officer       Employee         Independent contractor
cription of services provided ►		Name ▶         Gaming manager compensation ▶ \$         Description of services provided ▶         Director/officer       Employee         Independent contractor
cription of services provided ►		Name ▶         Gaming manager compensation ▶ \$         Description of services provided ▶         Director/officer       Employee         Independent contractor
cription of services provided  Director/officer  Employee Independent contractor		Name ▶         Gaming manager compensation ▶ \$         Description of services provided ▶         Director/officer       Employee         Independent contractor         Mandatory distributions:
cription of services provided  Director/officer Employee Independent contractor adatory distributions:	17	Name ▶         Gaming manager compensation ▶ \$         Description of services provided ▶         Director/officer       Employee         Independent contractor         Mandatory distributions:
cription of services provided  Director/officer  Employee Independent contractor	17	Name ▶         Gaming manager compensation ▶ \$         Description of services provided ▶         Director/officer       Employee         Independent contractor         Mandatory distributions:
cription of services provided  Director/officer  Employee Independent contractor	17	Name ▶         Gaming manager compensation ▶ \$         Description of services provided ▶         Director/officer       Employee         Independent contractor         Mandatory distributions:
cription of services provided  Director/officer  Employee Independent contractor	17	Name ▶         Gaming manager compensation ▶ \$         Description of services provided ▶         Director/officer       Employee         Independent contractor         Mandatory distributions:
cription of services provided ► Director/officer Employee Independent contractor indatory distributions: he organization required under state law to make charitable distributions from the gaming proceeds to	17	Name ▶         Gaming manager compensation ▶\$         Description of services provided ▶         Director/officer       Employee         Independent contractor         Mandatory distributions:         Is the organization required under state law to make charitable distributions from the gaming proceeds to
cription of services provided ► Director/officer Employee Independent contractor indatory distributions: he organization required under state law to make charitable distributions from the gaming proceeds to	17	Name ▶         Gaming manager compensation ▶\$         Description of services provided ▶         Director/officer       Employee         Independent contractor         Mandatory distributions:         Is the organization required under state law to make charitable distributions from the gaming proceeds to
cription of services provided ► Director/officer Employee Independent contractor indatory distributions: he organization required under state law to make charitable distributions from the gaming proceeds to	17	Name ▶         Gaming manager compensation ▶\$         Description of services provided ▶         Director/officer       Employee         Independent contractor         Mandatory distributions:         Is the organization required under state law to make charitable distributions from the gaming proceeds to
cription of services provided ► Director/officer Employee Independent contractor indatory distributions: he organization required under state law to make charitable distributions from the gaming proceeds to	17	Name ▶         Gaming manager compensation ▶\$         Description of services provided ▶         Director/officer       Employee         Independent contractor         Mandatory distributions:         Is the organization required under state law to make charitable distributions from the gaming proceeds to
cription of services provided ► Director/officer Employee Independent contractor indatory distributions: he organization required under state law to make charitable distributions from the gaming proceeds to	17	Name ▶         Gaming manager compensation ▶\$         Description of services provided ▶         Director/officer       Employee         Independent contractor         Mandatory distributions:         Is the organization required under state law to make charitable distributions from the gaming proceeds to
cription of services provided ► Director/officer Employee Independent contractor indatory distributions: he organization required under state law to make charitable distributions from the gaming proceeds to	17	Name ▶         Gaming manager compensation ▶\$         Description of services provided ▶         Director/officer       Employee         Independent contractor         Mandatory distributions:         Is the organization required under state law to make charitable distributions from the gaming proceeds to
cription of services provided ► Director/officer	17 a	Name ▶
cription of services provided ► Director/officer	17 a	Name ▶
cription of services provided ► Director/officer	17 a	Name ▶
cription of services provided ► Director/officer	17 a	Name ▶
cription of services provided ► Director/officer	17 a	Name ▶
cription of services provided ► Director/officer	17 a	Name ▶
cription of services provided ► Director/officer Employee Independent contractor adatory distributions: the organization required under state law to make charitable distributions from the gaming proceeds to in the state gaming license? Yes No the amount of distributions required under state law to be distributed to other exempt organizations pent in the organization's own exempt activities during the tax year ► \$	17 a	Name ▶
cription of services provided ► Director/officer Employee Independent contractor adatory distributions: the organization required under state law to make charitable distributions from the gaming proceeds to in the state gaming license? Yes No the amount of distributions required under state law to be distributed to other exempt organizations pent in the organization's own exempt activities during the tax year ► \$	17 a b	Name ▶
cription of services provided ► Director/officer Employee Independent contractor adatory distributions: the organization required under state law to make charitable distributions from the gaming proceeds to in the state gaming license? Yes No the amount of distributions required under state law to be distributed to other exempt organizations pent in the organization's own exempt activities during the tax year ► \$	17 a b	Name ▶
cription of services provided ► Director/officer	17 a b	Name ▶
cription of services provided ► Director/officer	17 a b	Name ▶
cription of services provided ► Director/officer	17 a b	Name ▶
cription of services provided ►         Director/officer       Employee         Independent contractor         adatory distributions:         ne organization required under state law to make charitable distributions from the gaming proceeds to in the state gaming license?         er the amount of distributions required under state law to be distributed to other exempt organizations pent in the organization's own exempt activities during the tax year ► \$         Supplemental Information. 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	17 a b	Name ▶
cription of services provided ►         Director/officer       Employee         Independent contractor         adatory distributions:         ne organization required under state law to make charitable distributions from the gaming proceeds to in the state gaming license?         er the amount of distributions required under state law to be distributed to other exempt organizations pent in the organization's own exempt activities during the tax year ► \$         Supplemental Information. 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	17 a b	Name ▶
cription of services provided ► Director/officer	17 a b	Name ▶

Schedule G (Form 990 or 990-EZ) 2019

SCHEDULE I (Form 990)				Assistance t Individuals in				OMB No. 1545-0047
(Form 550)			•	wered "Yes" on F				2019
	Comp		-	ttach to Form 990		, inte 21 of 22.		Open to Public
Department of the Treasury Internal Revenue Service		► Go t	-	/Form990 for the I		1.		Inspection
Name of the organization							Employer identificat	ion number
GEORGIA TRANSPI	ANT FOUNDATION, INC						58-20751	93
Part I General I	nformation on Grants and	Assistance	9					
1 Does the organiz	zation maintain records to su	bstantiate th	e amount of the	e grants or assista	nce, the grantees	' eligibility for the grant	s or assistance, and	
the selection crit	eria used to award the grants	or assistanc	e?					X Yes No
2 Describe in Part	IV the organization's proced	ures for mon	itoring the use	of grant funds in the	e United States.			
Part II Grants ar	d Other Assistance to Do	omestic Org	ganizations ar	nd Domestic Gov	vernments. Con	plete if the organiz	ation answered "\	es" on Form 990,
Part IV, lir	ne 21, for any recipient th	at received	more than \$5	,000. Part II can b	be duplicated if a	additional space is r	needed.	
	d address of organization government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
_(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								
3 Enter total numb	er of section 501(c)(3) and g er of other organizations liste on Act Notice, see the Instructio	ed in the line	1 table				<u></u>	hedule I (Form 990) (2019)

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	<b>(d)</b> Amount of non-cash assistance	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
DIRECT PATIENT ASSISTANCE	1,043.	2,274,130.		FMV	
	1,015.	2,2,1,150.			
2 ACCESS TO CARE	758.	338,370.		FMV	
3 SCHOLARSHIPS	35.	25,500.		FMV	
4					
5					
6					
7					

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 J (Form 990)       Compensation Information         For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees         Department of the Treasury			23	MB No. 20 Open to	19		
	Revenue Service		990 for instructions and the latest information.		Insp		
Name	of the organization			Employer identificatio	n numbe	r	
GEOF	RGIA TRANS	PLANT FOUNDATION, INC		58-2075193	5		
Part	Question	s Regarding Compensation	·				
1a	990, Part VII, First-cla		provided any of the following to or for a pers provide any relevant information regarding Housing allowance or residence for Payments for business use of perso	g these items. personal use		Yes	No
		emnification and gross-up payments	Health or social club dues or initiation				
		onary spending account	Personal services (such as maid, ch				
b 2	lf any of the or reimburse explain Did the orga	boxes on line 1a are checked, did th ment or provision of all of the ex anization require substantiation prior	ne organization follow a written policy responses described above? If "No," com	egarding payment plete Part III to incurred by all	1b		
			D/Executive Director, regarding the items	s checked on line			
	1a?				2		
3	organization's related organ Comper Indepen	CEO/Executive Director. Check all that	on used to establish the compensation of at apply. Do not check any boxes for metho e CEO/Executive Director, but explain in P Written employment contract Compensation survey or study X Approval by the board or compensation	ods used by a art III.			
4	During the ye organization of	ar, did any person listed on Form 990, or a related organization:	Part VII, Section A, line 1a, with respect to	o the filing			
а	Receive a sev	verance payment or change-of-control pa	ayment?		4a		Х
b	Participate in	, or receive payment from, a suppleme	ental nonqualified retirement plan?		4b		Х
С	-		ased compensation arrangement?		4c		X
5	For persons		rganizations must complete lines 5-9. ion A, line 1a, did the organization pa	ay or accrue any			
а	The organizat	ion?			5a		X
b		rganization? e 5a or 5b, describe in Part III.			5b		X
6		listed on Form 990, Part VII, Secti n contingent on the net earnings of:	ion A, line 1a, did the organization pa	ay or accrue any			
а	The organizat	ion?			6a		X
b	-	rganization? e 6a or 6b, describe in Part III.			6b		X
7			on A, line 1a, did the organization provescribe in Part III		7	Х	
8	Were any am	ounts reported on Form 990, Part VII,	paid or accrued pursuant to a contract the Regulations section 53.4958-4(a)(3)? It	at was subject			
		-	······································		8		Х
9	If "Yes" on I	ine 8, did the organization also foll	low the rebuttable presumption proced	lure described in			
For Pa		ction Act Notice, see the Instructions for Fo			ule J (Fo	orm 990	0) 2019

Page **2** 

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

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

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

	(B) Breakdown of W-2 and/or 1099-MISC compensation		(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation		
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	<b>(iii)</b> Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reporte as deferred on prior Form 990
PATRICIA ROTCHFORD	(i)	138,296.		0.	5,864.	3,952.	163,112.	
1EXECUTIVE DIRECTOR	(ii)	0.	0.	0.				
	(i)							
2	(ii)							
	(i)							
3	(ii)							
	(i)							
4	(ii)							
	(i)							
5	(ii)							
	(i)							
6	(ii)							
	(i)							
7	(ii)							
	(i)							
8	(ii)							
	(i)							
9	(ii)							
	(i)							
0	(ii)							
	(i)							
1	(ii)							
	(i)							
2	(ii)							
	(i)							
3	(ii)							
	(i)							
4	(ii)							
	(i)							
5	(ii)							
	(i)							
16	(ii)							

JSA

9E1291 1.000 2165FM 9242 7/6/2020 Schedule J (Form 990) 2019

### Part III Supplemental Information

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

PART 1, LINE 7

BONUSES ARE PAID ANNUALLY BASED ON PERFORMANCE.

### SCHEDULE M (Form 990)

JSA

9E1298 1.000

# **Noncash Contributions**

OMB No. 1545-0047

2019

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 instructions and the latest information.

**Open to Public** Inspection Employer identification number

Name of the organization

### GEORGIA TRANSPLANT FOUNDATION, INC . .

58-2075193

Par	Types of Property				
		<b>(a)</b> Check if applicable	<b>(b)</b> Number of contributions or items contributed	<b>(c)</b> Noncash contribution amounts reported on Form 990, Part VIII, line 1g	<b>(d)</b> Method of determining noncash contribution amounts
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	Securities - Partnership, LLC,				
	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				
25	Other ►(EVENT DECOR )	Х	2.	17,430.	SELLING PRICE
26	Other ►( FOOD & BEVERAGE )	Х	3.	11,000.	SELLING PRICE
27	Other ►()				
	Other ►()				
29	Number of Forms 8283 received	by the ora	anization during the tax ve	ear for contributions for	
	which the organization completed I				29
	5 1	,	, .		Yes No
30a	During the year, did the organizat	ion receive	by contribution any prope	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				
b	If "Yes," describe the arrangement i				
31	Does the organization have a		tance policy that require	s the review of any i	nonstandard
	contributions?				
32a	Does the organization hire or use	e third parti	es or related organization	s to solicit, process, or s	ell noncash
	contributions?				
b	If "Yes," describe in Part II.				
33	If the organization didn't report an	amount in c	olumn (c) for a type of pro	perty for which column (a)	) is checked,
	describe in Part II.			(-)	
For Pa	aperwork Reduction Act Notice, see the Inst	ructions for Fo	rm 990.		Schedule M (Form 990) 2019

58-2075193

Page 2

Part II 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.

PART 1, COLUMN B - ITEMS CONTRIBUTED

COLUMN B REPORTS THE NUMBER OF ITEMS RECEIVED.

### 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.



 

 Department of the Treasury Internal Revenue Service
 Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.
 Inspection

 Name of the organization
 Employer identification number

 GEORGIA TRANSPLANT FOUNDATION, INC
 58-2075193

PART VI, SECTION B, LINE 11

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

PART VI, SECTION B, 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.

PART XI, LINE 8 PRIOR PERIOD ADJUSTMENT FOR BAD DEBT EXPENSE: \$- 25,750

ATTACHMENT 1

FORM 990, PART X - PREPAID EXPENSES AND DEFERRED CHARGES

DESCRIPTION	ENDING BOOK VALUE
DEPOSITS	630.
PREPAID EXPENSES	46,118.
TOTALS	46,748.

Schedule O (Form 990 or 990-EZ) 2019 Name of the organization	Page 2
GEORGIA TRANSPLANT FOUNDATION, INC	58-2075193
	ATTACHMENT 2
FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES	
	ENDING
DESCRIPTION	BOOK VALUE
MUTUAL FUNDS - FIXED INCOME	609,646.
MUTUAL FUNDS - EQUITIES	8,609,213.
MUTUAL FUNDS - REAL ASSET	358,462.
TOTALS	9,577,321.
	ATTACHMENT 3
FORM 990, PART X - DEFERRED REVENUE	
	ENDING

DESCRIPTION BOOK VALUE DEFERRED INCOME 31,315. 31,315. TOTALS

Form	990-T	Ex	empt Organization (and proxy tax					n	OMB No. 1545-0047
		For cale	ndar year 2019 or other tax year begin			•		o .	୬ଲ <b>1 ପ</b>
Denart	ment of the Treasury		► Go to www.irs.gov/Form990	_				·	
	Revenue Service	► Do	not enter SSN numbers on this form a					)(3).	Open to Public Inspection for 501(c)(3) Organizations Only
A	Check box if address changed		Name of organization ( Check bo	ox if nar	me changed and se	ee instructions	.)		yer identification number yees' trust, see instructions.)
B Exe	mpt under section		GEORGIA TRANSPLANT H	FOUN	DATION, IN	1C			
X	501(C <u>)(</u> 3)	Print	Number, street, and room or suite no. I	faP.O	. box, see instructio	ons.		58-20	075193
	408(e) 220(e)	or Type							ated business activity code structions.)
	408A 530(a)		2201 MACY DR					(000 III	
	529(a)	-	City or town, state or province, country	/, and Z	IP or foreign posta	l code			
	ok value of all assets and of year		ROSWELL, GA 30076					51119	90
			up exemption number (See instructi	,				1	
_	1,220,945.		ck organization type 🕨 🕺 501	. /		501(c)		_401(a)	
		-	nization's unrelated trades or busine	sses.					(or first) unrelated
			GAZINE ADVERTISEMENT			-			e than one, describe the
	•		end of the previous sentence, cor	nplete	Parts I and II, co	omplete a Sc	hedule M for eac	h addition	nal
	de or business, th								► Yes X No
			corporation a subsidiary in an affili	-		subsidiary co	ontrolled group?		► Yes X No
			identifying number of the parent cor	poralio	Dri. 🕨	Telephone	e number ▶ 77	0-457-	-3796
			or Business Income		(A) Inco		(B) Expensi		(C) Net
								505	(0) Net
	Less returns and allowa		<b>c</b> Balance ►	1c					
2		-	ule A, line 7)	2					
3			2 from line 1c	3					
4a			ttach Schedule D)	4a					
b			Part II, line 17) (attach Form 4797)	4b					
с			rusts	4c					
5			r an S corporation (attach statement)	5					
6	Rent income (Sch	edule C)		6					
7			come (Schedule E)	7					
8	Interest, annuities, roya	alties, and re	ents from a controlled organization (Schedule F)	8					
9	Investment income of a	a section 50	1(c)(7), (9), or (17) organization (Schedule G)	9					
10		•	ncome (Schedule I)	10					
11	Advertising incom	ne (Sched	lule J)	11		8,300.	3	,349.	4,951
12	•		tions; attach schedule)	12					
13			ough 12	13		8,300.		,349.	4,951
Par			Taken Elsewhere (See instr ne unrelated business incom		ons for limitat	ions on de	eductions.) (L	Deductio	ons must be directly
14	Compensation of	officers,	directors, and trustees (Schedule K)					. 14	
15									
16									
17									
18			(see instructions)						
19								. 19	
20			4562)					_	
21			on Schedule A and elsewhere on re					21b	
22			• • • • • • • • • • • • • • • • • • •						
23 24			compensation plans						
24 25			S						
25 26			Schedule I) chedule J)						4,951
20 27			chedule )						1,551
28			s 14 through 27						4,951
29			le income before net operating						,
30			g loss arising in tax years beginnir						
31		•	e income. Subtract line 30 from line	•			, <b>-</b> -		
			lotice, see instructions.	-			• •		Form <b>990-T</b> (2019
JSA									

<sup>JSA</sup> 2165FM 9242 7/6/2020 UBLIC INSPECTION COPY

GEORGIA TRANSPLANT FOUNDATION, INC 58-2075193 Form 990-T (2019) Page 2 Part III Total Unrelated Business Taxable Income 32 Total of unrelated business taxable income computed from all unrelated trades or businesses (see 32 instructions) 33 33 Amounts paid for disallowed fringes 34 Charitable contributions (see instructions for limitation rules) 34 35 Total unrelated business taxable income before pre-2018 NOLs and specific deduction. Subtract line 0. 34 from the sum of lines 32 and 33 35 36 Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see 36 37 37 Total of unrelated business taxable income before specific deduction. Subtract line 36 from line 35 1,000. 38 Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions) 38 39 Unrelated business taxable income. Subtract line 38 from line 37. If line 38 is greater than line 37, 0. enter the smaller of zero or line 37 39 Part IV **Tax Computation** Organizations Taxable as Corporations. Multiply line 39 by 21% (0.21) 40 40 41 Trusts Taxable at Trust Rates. for tax computation. Income tax on See instructions the amount on line 39 from Tax rate schedule or Schedule D (Form 1041) 41 42 Proxy tax. See instructions 42 . . . . . . . Alternative minimum tax (trusts only) 43 43 44 Tax on Noncompliant Facility Income. See instructions 44 45 Total. Add lines 42, 43, and 44 to line 40 or 41, whichever applies 45 Part V Tax and Payments **46a** Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 46a Other credits (see instructions) 46b b General business credit. Attach Form 3800 (see instructions) 46c С 46d d Credit for prior year minimum tax (attach Form 8801 or 8827) Total credits. Add lines 46a through 46d е 46e 47 Subtract line 46e from line 45 47 Form 4255 48 Other taxes. Check if from: Form 8611 Form 8697 Form 8866 Other (attach schedule) 48 0. Total tax. Add lines 47 and 48 (see instructions) 49 49 2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3. 50 50 51a Payments: A 2018 overpayment credited to 2019 51a 2019 estimated tax payments 51b b Tax deposited with Form 8868..... 51c С Foreign organizations: Tax paid or withheld at source (see instructions) 51d d е Backup withholding (see instructions) 51e f Credit for small employer health insurance premiums (attach Form 8941) 51f Other credits, adjustments, and payments: Form 2439 α Form 4136 Other Total > 510 52 52 Total payments. Add lines 51a through 51g Estimated tax penalty (see instructions). Check if Form 2220 is attached 53 53 54 Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed 54 55 **Overpayment.** If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid 55 56 Enter the amount of line 55 you want: Credited to 2020 estimated tax 56 Refunded Statements Regarding Certain Activities and Other Information (see instructions) Part VI No At any time during the 2019 calendar year, did the organization have an interest in or a signature or other authority Yes 57 over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country Х here 🕨 Х 58 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file. 59 Enter the amount of tax-exempt interest received or accrued during the tax year **>** \$ Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Sign the IRS discuss this return May PATRICIA ROTCHFORD 07/15/2020 EXECUTIVE DIRECTOR Here with the preparer shown below Title (see instructions)? X Signature of officer No Date Yes Preparer's signature Print/Type preparer's name Date PTIN Check lif Paid MARC A AZAR 07/15/2020 P91739349 self-employed Preparer ▶ SMITH & HOWARD, P.C. 58-1250486 Firm's name Firm's EIN 🕨 Use Only Firm's address ▶ 271 17TH STREET, NW SUITE 1600, ATLANTA, 30363 Phone no. 404-874-6244 JSA 9X2741 1.000 Form 990-T (2019) NSPE( B 7/6/2020 2165FM 9242

GEORGIA	TRANSPLANT	FOUNDATION,	INC

58-2075193

Form 990-T (2019)						Page 3
Schedule A - Cost of Goods Sold	. Enter metho	d of inventor	y valuation	▶		
1 Inventory at beginning of year 1		6	<b>i</b> Inventory a	at end of yea	ar	6
2 Purchases 2		7			ld. Subtract line	
3 Cost of labor 3			6 from lin	ne 5. Enter	here and in Part	
4a Additional section 263A costs			I, line 2			7
(attach schedule) 4a		8			section 263A (v	
<b>b</b> Other costs (attach schedule) _ <b>4b</b>			property	produced	or acquired for	resale) apply
5 Total. Add lines 1 through 4b 5			to the orga	anization?		X
Schedule C - Rent Income (From Re	al Property a	nd Persona	al Property	Leased V	Vith Real Prope	rty)
(see instructions)						
1. Description of property						
(1)						
(2)						
(3)						
(4)						
<b>2.</b> Rent	eceived or accru	ed			-	
(a) From personal property (if the percentage of ref for personal property is more than 10% but not more than 50%)	percent	From real and pe age of rent for p r if the rent is ba	ersonal property	exceeds		irectly connected with the income (a) and 2(b) (attach schedule)
(1)						
(2)						
(3)						
(4)						
Total	Total					
(c) Total income. Add totals of columns 2(a) a here and on page 1, Part I, line 6, column (A) .					(b) Total deduction Enter here and or Part I, line 6, colur	n page 1,
Schedule E - Unrelated Debt-Financ		ee instructior	ıs)			
1. Description of debt-financed prop	ertv	-	come from or debt-financed		debt-financ	nnected with or allocable to ced property
			perty		nt line depreciation ch schedule)	(b) Other deductions (attach schedule)
(1)						
(2)						
(3)						
(4)						
acquisition debt on or of or a allocable to debt-financed debt-fina	adjusted basis Illocable to nced property n schedule)	4 div	olumn vided Jumn 5		income reportable n 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)			%			
(2)			%			
(3)			%			
(4)			%			
				Enter her Part I, lin	re and on page 1, ne 7, column (A).	Enter here and on page 1, Part I, line 7, column (B).
Totals Total dividends-received deductions included						Form <b>990-T</b> (2019)

Form **990-1** (2019)

GEORGIA TRANSPLANT FOUNDATION, INC

58-2075193 Page **4** 

Schedule F – Interest, Ann	uities, Royalties	s, and Rei	nts Fro	m Contro	lled O	rganiza	ti <b>ons</b> (se	e instructi	ions)	
		Exer	npt Con	trolled Org	ganizatio	ons				
1. Name of controlled organization	2. Employer identification numb		et unrelat ss) (see ins			of specified ents made	included	f column 4 ti in the contr ion's gross ir	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			otal of specifie yments made		includ	rt of column ed in the co zation's gros	ntrolling		1. Deductions directly nected with income in column 10
(1)										
(2)										
(3)										
(4)										
Totals Schedule G-Investment I					) Orga	Enter Part	columns 5 a here and on I, line 8, colu <b>1 (see ins</b>	page 1, mn (A).	Ent	dd columns 6 and 11. ter here and on page 1, rrt I, line 8, column (B).
1. Description of income	2. Amount of	•		3. Deduc directly con (attach sch	tions inected		4. Se	t-asides schedule)		<b>5.</b> Total deductions and set-asides (col. 3 plus col. 4)
<u>(1)</u>										
(2)										
(3)										
(4)										
Totals	Enter here and o Part I, line 9, co									Enter here and on page 1, Part I, line 9, column (B).
Schedule I-Exploited Exe		come Oth	her Tha	n Adverti	sina Ir	ncome (	see instru	ctions)		
1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expen directl connectec productic unrelate business in	ses ly d with on of ed	4. Net incon from unrelat or business 2 minus col If a gain, co cols. 5 thro	ne (loss) ed trade (column umn 3). ompute	<b>5.</b> Gros from ac is not	es income tivity that unrelated as income	6. Expe attributa colum	able to	<ol> <li>Excess exempt expenses (column 6 minus column 5, but not more than column 4).</li> </ol>
(1)										
(2)										
(3)										
(4)										
<u>Totals</u> ▶	Enter here and on page 1, Part I, line 10, col. (A).	Enter here a page 1, P line 10, co	art I,			<u> </u>		1		Enter here and on page 1, Part II, line 25.
Schedule J-Advertising I	ncome (see instru	uctions)								
Part I Income From Per		,	onsolio	dated Bas	sis					
1. Name of periodical	2. Gross advertising income	<b>3.</b> Dire advertising		4. Advert gain or (los 2 minus co a gain, co cols. 5 thro	s) (col. bl. 3). If mpute		culation come	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))										

Form **990-T** (2019)

(4)

		rate Basis (For e	each periodica	l listed in Part II	
2. Gross advertising income	3. Direct advertising costs	<ol> <li>Advertising gain or (loss) (col.</li> <li>minus col. 3). If a gain, compute cols. 5 through 7.</li> </ol>	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
8,300.	3,349.	4,951.		15,670.	4,951.
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 26.
8,300.	3,349.				4,951.
n of Officers, D	irectors, and Tr	ustees (see instr	uctions)	•	
	2.	Title	3. Percent of time devoted to business		
			%		
			%		
			%		
	2. Gross advertising income 8,300. Enter here and on page 1, Part I, line 11, col. (A). 8,300.	2. Gross advertising income       3. Direct advertising costs         8,300.       3,349.         Enter here and on page 1, Part I, line 11, col. (A).       Enter here and on page 1, Part I, line 11, col. (B).         8,300.       3,349.	<b>2.</b> Gross advertising income <b>3.</b> Direct advertising costs <b>4.</b> Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.         8, 300.       3, 349.       4, 951.         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, 349.	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         8,300.       3,349.       4,951.         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 I, line 11, col. (B).       5. Circulation income         0       0       0       0         0       0       0       0         1       0       0       0         0       0       0       0         0       0       0       0         0       0       0       0         0       0       0       0         0       0       0       0         0       0       0       0         0       0       0       0         0       0       0       0         0       0       0       0         0       0       0       0         0       0       0       0	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         8,300.       3,349.       4,951.       15,670.         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 I, line 11, col. (B).       3,349.         Model       3,349.       3. Percent of time devoted to business       4. Compensatio unrelated

Total. Enter here and on page 1, Part II, line 14

Form **990-T** (2019)

%

# GEORGIA TRANSPLANT FOUNDATION, INC INSTRUCTIONS FOR FILING FORM 600-T GEORGIA EXEMPT ORGANIZATION UNRELATED BUSINESS INCOME TAX RETURN FOR THE YEAR ENDED DECEMBER 31, 2019

# 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 JULY 15, 2020 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.

PUBLIC INSPECTION COPY





2001621413

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

# Page 1

Amended	Amended due to IRS Audit	Address Change	UE	ET Annua	alization Excepti	ion at	tached		
For the taxable	year beginning01	/01	, 20 _ 19	.9a	and ending		12/3	1,	20 <u>19</u>
Name of Organiz	ation	Name of Fiduciar	у					ID No. (in case o	
GEORGIA I	RANSPLANT FOUNDA							n section 401 (a) an nsert the trust's ide	d exempt under ntification number.)
Number and Stre	et	Number and Stre	et						
2201 MACY	DR						58-20752	193	
City or Town		City or Town				1	NAICS Code	Date of current	IRS code section
ROSWELL								exemption letter.	for which you are exempt.
State	Zip Code	State	Zip Code						
GA	30076								SEC.501 (C)(3)
	GEORGIA UNRELATEI	<b>BUSINESS T</b>	AXABLE	E INCO	ME		S	CHEDULE 1	
1. Unrelated bu	usiness taxable income from F	ederal Form 990	-T (attach	n copy) <b>.</b>		1.			
2. Additions .					•••	2.			
3. Total (add L	ine 1 and Line 2)					3.			
					-				
4. Subtractions					•••	4.			
5. Adjusted uni	related business taxable incom	ne (Line 3 less Lii	ne 4)			5.			
6. Income alloc	cated everywhere					6.			
7. Unrelated bu	usiness taxable income subjec	t to apportionme	ent (Line 5	ō less Li	ne 6) <b></b>	7.			
8. Apportionme	ent ratio (Attach Computation S	Schedule)				8.			
9. Georgia app	ortioned unrelated business ta	axable income (L	ine 7 x Lin	ne 8)		9.			
10.Income alloc	ated to Georgia (Attach Schec	lule)				10.			
11.Total of Line	s 9 and 10					11.			
	operating loss deduction (Atta				r 80%	12.			
13.Georgia unre	elated business taxable incom	e (Line 11 less Li	ine 12) <b></b>			13.			

THOMSON REUTERS TAX & ACCTG 01 214 5FM 9242 7/6/2020 BLIC: SS FM PEC9-102 FN COPSY 469 2165FM 9242



COMPUTATION OF GEORGIA UNRELATED BUSINESS INCOME TAX		SCHEDULE 2
1. Line 13, Schedule 1 multiplied by 5.75%	1.	
2. Less: Credits used from Schedule 3, do not enter more than Line 1 of Schedule 2	2.	
3. Less: Payments	3.	
4. Withholding Credits (G2-A, G2-LP and/or G2-RP).	4.	
5. Schedule 3B Refundable tax credits	5.	
6. Balance of tax due OR overpayment	6.	
7. Interest due (See Instructions).	7.	
8. Underestimated tax penalty	8.	
9. Other penalties due (See Instructions)	9.	
10. Balance of tax, interest and penalties due with return	10.	
<ul> <li>11. If Line 6 is an overpayment, amount after any penalties and interest to be credited on 20 <u>20</u></li> <li>Estimated Tax ▶ Refunded ▶</li> </ul>		
Estimated lax P Ketunded P	-	

A COPY OF THE FEDERAL 990-T AND SUPPORTING SCHEDULES (AND ANY EXTENSION) MUST BE ATTACHED TO THIS RETURN. DECLARATION: I/We declare under penalty of perjury that I/we have examined this return (including accompanying schedules and statements) and to the best of my/our knowledge and belief, it is true, correct, and complete. If prepared by a person other than the taxpayer, this declaration is based on all information of which the preparer has knowledge. Georgia Public Revenue Code Section 48-2-31 stipulates that taxes shall be paid in lawful money of the United States, free of any expense to the State of Georgia.

PATRICIA ROTCHFORD

Signature of Officer

SMITH & HOWARD, P.C.

Signature of Individual or Firm Preparing Return

EXECUTIVE DIRECTOR

07/15/2020 Date P91739349 Employee ID or Social Security Number



# Georgia Form 600-T Page 3

2001621433

Name GEORGIA TRANSPLANT FOUNDA

FFIN 58-2075193

CREDIT USAGE AND CARRYOVER	(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, please complete a schedule even if the credit is not used for this tax 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 tax payer, 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 tax year
4. Company Name		ID Number
Credit Certificate #	% of Credit	Credit Generated this tax year
5. Company Name		ID Number
Credit Certificate #	% of Credit	Credit Generated this tax year
6. Company Name		ID Number
Credit Certificate #	% of Credit	Credit Generated this tax year
7. Company Name		ID Number
Credit Certificate #	% of Credit	Credit Generated this tax year
8. Company Name		ID Number
Credit Certificate #	% of Credit	Credit Generated this tax year
9. Company Name		ID Number
Credit Certificate #	% of Credit	Credit Generated this tax year
10. Total available credit for this tax year (sum of Line	es 2 through 9) 10.	
11. Credit Used this tax year	11.	
12. Potential carryover to next tax year (Line 10 less I	Line 11) 12.	



# **SCHEDULE 3B**

Page 4

## Name GEORGIA TRANSPLANT FOUNDA

FEIN 58-2075193

### **REFUNDABLE TAX CREDITS**

(ROUND TO NEAREST DOLLAR)

SCHEDULE 3B

### 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, please complete a schedule even if the credit is not used for this tax 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 and to determine when carryovers expire.

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 or by any credits that were sold.

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.

Note: A purchased Timber Tax Credit is not a refundable tax credit. Use Schedule 3 if the Timber Tax Credit was purchased.

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

Form	990-T	Ex	empt Organization (and proxy tax					n	OMB No. 1545-0047
		For cale	ndar year 2019 or other tax year begin			•		o .	୬ଲ <b>1 ପ</b>
Denart	ment of the Treasury		► Go to www.irs.gov/Form990	_				·	
	Revenue Service	► Do	not enter SSN numbers on this form a					)(3).	Open to Public Inspection for 501(c)(3) Organizations Only
A	Check box if address changed		Name of organization ( Check bo	ox if nar	me changed and se	ee instructions	.)		yer identification number yees' trust, see instructions.)
B Exe	mpt under section		GEORGIA TRANSPLANT H	FOUN	DATION, IN	JC			
X	501(C <u>)(</u> 3)	Print	Number, street, and room or suite no. I	faP.O	. box, see instructio	ons.		58-20	075193
	408(e) 220(e)	or Type							ated business activity code structions.)
	408A 530(a)		2201 MACY DR					(000 III	
	529(a)	-	City or town, state or province, country	/, and Z	IP or foreign posta	l code			
	ok value of all assets and of year		ROSWELL, GA 30076					51119	90
			up exemption number (See instructi	,				1	
_	1,220,945.		ck organization type 🕨 🕺 501	. /		501(c)		_401(a)	
		-	nization's unrelated trades or busine	sses.					(or first) unrelated
			GAZINE ADVERTISEMENT			-			e than one, describe the
	•		end of the previous sentence, cor	nplete	Parts I and II, co	omplete a Sc	hedule M for eac	h addition	nal
	de or business, th								► Yes X No
			corporation a subsidiary in an affili	-		subsidiary co	ontrolled group?		► Yes X No
			identifying number of the parent cor	poralio	Dri. 🕨	Telephone	e number ▶ 77	0-457-	-3796
			or Business Income		(A) Inco		(B) Expension		(C) Net
								505	(0) Net
	Less returns and allowa		<b>c</b> Balance ►	1c					
2		-	ule A, line 7)	2					
3			2 from line 1c	3					
4a			ttach Schedule D)	4a					
b			Part II, line 17) (attach Form 4797)	4b					
с			rusts	4c					
5			r an S corporation (attach statement)	5					
6	Rent income (Sch	edule C)		6					
7			come (Schedule E)	7					
8	Interest, annuities, roya	alties, and re	ents from a controlled organization (Schedule F)	8					
9	Investment income of a	a section 50	1(c)(7), (9), or (17) organization (Schedule G)	9					
10		•	ncome (Schedule I)	10					
11	Advertising incom	ne (Sched	lule J)	11		8,300.	3	,349.	4,951
12	•		tions; attach schedule)	12					
13			ough 12	13		8,300.		,349.	4,951
Par			Taken Elsewhere (See instr ne unrelated business incom		ons for limitat	ions on de	eductions.) (L	Deductio	ons must be directly
14	Compensation of	officers,	directors, and trustees (Schedule K)					. 14	
15									
16									
17									
18			(see instructions)						
19								. 19	
20			4562)						
21			on Schedule A and elsewhere on re					21b	
22			• • • • • • • • • • • • • • • • • • •						
23 24			compensation plans						
24 25			S						
25 26			Schedule I) chedule J)						4,951
20 27			chedule )						1,551
28			s 14 through 27						4,951
29			le income before net operating						,
30			g loss arising in tax years beginnir						
31		•	e income. Subtract line 30 from line	•			, <b>-</b> -		
			lotice, see instructions.	-			• •		Form <b>990-T</b> (2019
JSA									

<sup>JSA</sup> 2165FM 9242 7/6/2020 UBLIC INSPECTION COPY

GEORGIA TRANSPLANT FOUNDATION, INC 58-2075193 Form 990-T (2019) Page 2 Part III Total Unrelated Business Taxable Income 32 Total of unrelated business taxable income computed from all unrelated trades or businesses (see 32 instructions) 33 33 Amounts paid for disallowed fringes 34 Charitable contributions (see instructions for limitation rules) 34 35 Total unrelated business taxable income before pre-2018 NOLs and specific deduction. Subtract line 0. 34 from the sum of lines 32 and 33 35 36 Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see 36 37 37 Total of unrelated business taxable income before specific deduction. Subtract line 36 from line 35 1,000. 38 Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions) 38 39 Unrelated business taxable income. Subtract line 38 from line 37. If line 38 is greater than line 37, 0. enter the smaller of zero or line 37 39 Part IV **Tax Computation** Organizations Taxable as Corporations. Multiply line 39 by 21% (0.21) 40 40 41 Trusts Taxable at Trust Rates. for tax computation. Income tax on See instructions the amount on line 39 from Tax rate schedule or Schedule D (Form 1041) 41 42 Proxy tax. See instructions 42 . . . . . . . Alternative minimum tax (trusts only) 43 43 44 Tax on Noncompliant Facility Income. See instructions 44 45 Total. Add lines 42, 43, and 44 to line 40 or 41, whichever applies 45 Part V Tax and Payments **46a** Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 46a Other credits (see instructions) 46b b General business credit. Attach Form 3800 (see instructions) 46c С 46d d Credit for prior year minimum tax (attach Form 8801 or 8827) Total credits. Add lines 46a through 46d е 46e 47 Subtract line 46e from line 45 47 Form 4255 48 Other taxes. Check if from: Form 8611 Form 8697 Form 8866 Other (attach schedule) 48 0. Total tax. Add lines 47 and 48 (see instructions) 49 49 2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3. 50 50 51a Payments: A 2018 overpayment credited to 2019 51a 2019 estimated tax payments 51b b Tax deposited with Form 8868..... 51c С Foreign organizations: Tax paid or withheld at source (see instructions) 51d d е Backup withholding (see instructions) 51e f Credit for small employer health insurance premiums (attach Form 8941) 51f Other credits, adjustments, and payments: Form 2439 α Form 4136 Other Total > 510 52 52 Total payments. Add lines 51a through 51g Estimated tax penalty (see instructions). Check if Form 2220 is attached 53 53 54 Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed 54 55 **Overpayment.** If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid 55 56 Enter the amount of line 55 you want: Credited to 2020 estimated tax 56 Refunded Statements Regarding Certain Activities and Other Information (see instructions) Part VI No At any time during the 2019 calendar year, did the organization have an interest in or a signature or other authority Yes 57 over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country Х here 🕨 Х 58 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file. 59 Enter the amount of tax-exempt interest received or accrued during the tax year **>** \$ Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Sign the IRS discuss this return May PATRICIA ROTCHFORD 07/15/2020 EXECUTIVE DIRECTOR Here with the preparer shown below Title (see instructions)? X Signature of officer No Date Yes Preparer's signature Print/Type preparer's name Date PTIN Check lif Paid MARC A AZAR 07/15/2020 P91739349 self-employed Preparer ▶ SMITH & HOWARD, P.C. 58-1250486 Firm's name Firm's EIN 🕨 Use Only Firm's address ▶ 271 17TH STREET, NW SUITE 1600, ATLANTA, 30363 Phone no. 404-874-6244 JSA 9X2741 1.000 Form 990-T (2019) NSPE( B 7/6/2020 2165FM 9242

GEORGIA	TRANSPLANT	FOUNDATION,	INC

58-2075193

Form 990-T (2019)						Page			
Schedule A - Cost of Goods Sold. Er	nter method of inv	ventory	valuation	•					
1 Inventory at beginning of year 1	Inventory at beginning of year 1			6 Inventory at end of year 6					
2 Purchases 2	2			7 Cost of goods sold. Subtract line					
3 Cost of labor 3			6 from lin	e 5. Enter	here and in Part				
4a Additional section 263A costs			I, line 2			7			
(attach schedule) 4a		8	Do the	rules of	section 263A (v	with respect to Yes N			
<b>b</b> Other costs (attach schedule) _ <b>4b</b>			property	produced	or acquired for	r resale) apply			
5 Total. Add lines 1 through 4b - 5			to the orga	nization?		Х			
Schedule C - Rent Income (From Real P	roperty and Pe	ersonal	Property	Leased V	Vith Real Prope	rty)			
(see instructions)									
1. Description of property									
(1)									
(2)									
(3)									
(4)									
2. Rent recei	ved or accrued				-				
for personal property is more than 10% but not percentage o			onal property ( sonal property ed on profit or i	exceeds	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)				
(1)									
(2)									
(3)									
(4)									
Total	Total								
(c) Total income. Add totals of columns 2(a) and 2(here and on page 1, Part I, line 6, column (A)					(b) Total deductic Enter here and or Part I, line 6, colui	n page 1,			
Schedule E - Unrelated Debt-Financed I		ructions	)		•				
2. G			Gross income from or cable to debt-financed		3. Deductions directly connected with or allocable to debt-financed property				
		property		(a) Straight line depreciation (attach schedule)		(b) Other deductions (attach schedule)			
(1)									
(2)									
(3)									
(4)									
4. Amount of average     5. Average adju       acquisition debt on or     of or alloca       allocable to debt-financed     debt-financed       property (attach schedule)     (attach schedule)	ble to property	4 divid			income reportable n 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))			
(1)			%						
(2)			%						
(3)			%						
(4)			%						
					e and on page 1, le 7, column (A).	Enter here and on page 1, Part I, line 7, column (B).			
Totals Total dividends-received deductions included in c	olumn 8		▶l			Form <b>990-T</b> (20)			

Form **990-1** (2019)

GEORGIA TRANSPLANT FOUNDATION, INC

58-2075193 Page **4** 

Schedule F – Interest, Ann	uities, Royalties	s, and Rei	nts Fro	m Contro	lled O	rganiza	ti <b>ons</b> (se	e instructi	ions)		
		Exer	npt Con	trolled Org	ganizatio	ons					
1. Name of controlled organization	2. Employer identification numb			related income 4. Total of spe payments ma		-			olling	lling connected with income	
(1)											
(2)											
(3)											
(4)											
Nonexempt Controlled Organi	zations										
7. Taxable Income	8. Net unrelated income (loss) (see instructions)		<b>9.</b> Total of specified payments made		<b>10.</b> Part of column 9 that is included in the controlling organization's gross income		<b>11.</b> Deductions directly connected with income in column 10				
(1)											
(2)											
(3)											
(4)											
Totals Schedule G-Investment I					► ) Orga	Enter Part	columns 5 a here and on I, line 8, colu <b>1 (see ins</b>	page 1, mn (A).	Ent	dd columns 6 and 11. ter here and on page 1, rrt I, line 8, column (B).	
1. Description of income	2. Amount of income			3. Deductions directly connected (attach schedule)		<b>4.</b> Set		t-asides schedule)		<b>5.</b> Total deductions and set-asides (col. 3 plus col. 4)	
<u>(1)</u>											
(2)											
(3)											
(4)											
Totals	Enter here and on page 1, Part I, line 9, column (A).								Enter here and on page 1, Part I, line 9, column (B).		
Schedule I-Exploited Exe		come Oth	her Tha	n Adverti	sina Ir	ncome (	see instru	ctions)			
1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expen directl connectec productic unrelate business in	ses ly d with on of ed	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute		5. Gross income from activity that is not unrelated business income		6. Expenses attributable to column 5		<ol> <li>Excess exempt expenses (column 6 minus column 5, but not more than column 4).</li> </ol>	
(1)											
(2)											
(3)											
(4)											
<u>Totals</u> ▶	Enter here and on page 1, Part I, line 10, col. (A).	Enter here a page 1, P line 10, co	art I,			<u> </u>				Enter here and on page 1, Part II, line 25.	
Schedule J-Advertising I	ncome (see instru	uctions)									
Part I Income From Per		,	onsolio	lated Bas	sis						
1. Name of periodical	2. Gross advertising income	<b>3.</b> Dire advertising		4. Advert gain or (los 2 minus co a gain, co cols. 5 thro	ss) (col. ol. 3). If mpute		culation come	6. Readership costs		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))											

Form **990-T** (2019)

### 58-2075193

ATTACHMENT 1

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

	2.	3.				7.
	GROSS	DIRECT	4.	5.	б.	EXCESS
1.	ADVERTISING	ADVERTISING	ADVERTISING	CIRCULATION	READERSHIP	READERSHIP
NAME OF PERIODICAL	INCOME	COSTS	GAIN OR LOSS	INCOME	COSTS	COSTS
IMPRINT MAGAZINE	8,300.	3,349.	4,951.		15,670.	4,951.
COLUMN TOTALS	8,300.	3,349.				4,951.

