Form 990-EZ

Return of Organization Exempt From Income Tax

Under sections 501(c)(3), 527, or 4947(a)(1) of the Internal Revenue Code

(except blind or crippled, or private foundation)

Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions).

All other organizations with gross receipts less than $200,000 and total assets less than $500,000 at the end of the year may use this form.

The organization may have to use a copy of this return to satisfy state reporting requirements.

For Paperwork Reduction Act Notice, see the separate instructions.

OMB No 1545-1150

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning .2011, and ending

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Terminated return

☐ Amended return

☐ Application pending

C Name of organization

TRANSPLANT RECIPIENTS INTERNATIONAL ORG INC

Number and street (or P.O. box, if mail is not delivered to street address)

2100 N STREET NW STE 170-353

City or town, state or country, and ZIP + 4

WASHINGTON, DC 20037

D Employer identification number

25-1569468

E Telephone number

(202) 273-0980

F Group Exemption Number

G Accounting Method

☐ Cash

☐ Accrual

☐ Other (specify) □

H Check ☐ if the organization is not required to attach Schedule B

(For Form 990, 990-EZ, or 990-PF)

J Tax-exempt status (check only one) - ☑ 501(c)(3)

☐ 501(c)(4)

☐ 501(c)(5)

☐ 501(c)(6)

☐ (insert no.)

☐ 4947(a)(1) or 527

K Check ☐ if the organization is not a section 509(a)(3) supporting organization or section 527 organization and its gross receipts are normally not more than $50,000

A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are $200,000 or more, or if total assets (Part II, line 25, column (B) below) are $500,000 or more, file Form 990 instead of Form 990-EZ

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I

1 Contributions, gifts, grants, and similar amounts received

1 49,447

2 Program service revenue including government fees and contracts

2

3 Membership dues and assessments

3 9,190

4 Investment income

4

5a Gross amount from sale of assets other than inventory

5a

5b Less cost or other basis and sales expenses

5b

5c Gain or (loss) from sale of assets other than inventory

5c

6 Gaming and fundraising events

a Gross income from gaming (attach Schedule G if greater than $15,000)

b Gross income from fundraising events (not including $ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds $15,000)

6a

6b

6c Less direct expenses from gaming and fundraising events

6c

6d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)

6d

7a Gross sales of inventory, less returns and allowances

7a

7b Less cost of goods sold

7b

7c Gross profit or (loss) from sales of inventory

7c

8 Other revenue (describe in Schedule O)

8 21,500

9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8

9 80,137

10 Grants and similar amounts paid (list in Schedule O)

10

11 Benefits paid to or for members

11

12 Salaries, other compensation, and employee benefits

12

13 Professional fees and other payments to independent contractors

13 37,201

14 Occupancy, rent, utilities, and maintenance

14 2,214

15 Printing, publications, postage, and shipping

15 2,467

16 Other expenses (describe in Schedule O)

16 17,446

17 Total expenses. Add lines 10 through 16

17 65,328

18 Excess or (deficit) for the year (Subtract line 17 from line 9)

18 14,809

19 Net assets or fund balances at beginning of year (from line 27, column (A) (must agree with end-of-year figure reported on prior year's return)

19 41,851

20 Other changes in net assets or fund balances (explain in Schedule O)

20

21 Net assets or fund balances at end of year Combine lines 18 through 20

21 56,660

For Paperwork Reduction Act Notice, see the separate instructions.
### Part II

**Balance Sheets.** (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

<table>
<thead>
<tr>
<th>(A) Beginning of year</th>
<th>(B) End of year</th>
</tr>
</thead>
<tbody>
<tr>
<td>22 Cash, savings, and investments</td>
<td>39,880</td>
</tr>
<tr>
<td>23 Land and buildings</td>
<td>0</td>
</tr>
<tr>
<td>24 Other assets (describe in Schedule O)</td>
<td>5,375</td>
</tr>
<tr>
<td>25 Total assets</td>
<td>45,255</td>
</tr>
<tr>
<td>26 Total liabilities (describe in Schedule O)</td>
<td>3,404</td>
</tr>
<tr>
<td>27 Net assets or fund balances (line 27 of column (B) must agree with line 21)</td>
<td>41,851</td>
</tr>
</tbody>
</table>

### Part III

**Statement of Program Service Accomplishments.** (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose? **COUNSELING & SUPPORT FOR TRANSPLANT RECIPIENTS**

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

28 **CHAPTER MEMBERSHIP: REFLECTS DIRECT AND ALLOCATED COSTS**

INCURRED IN SERVICING MEMBERSHIP. COSTS INCLUDE SIX $1,000 SCHOLARSHIPS AWARDED TO TRANSPLANT RECIPIENTS.

(Grants $6,000) If this amount includes foreign grants, check here □

29 **PUBLICATIONS: ENTITY PREPARES A NEWSLETTER CALLED**

"LIFELINES" WHICH IS COMPRISED OF ARTICLES AND INFORMATION ABOUT ORGAN AND TISSUE DONATIONS AND TRANSPORTATION.

(Grants $) If this amount includes foreign grants, check here □

30 **LIBRARY: ENTITY STARTED A LIBRARY OF PRESENTATIONS RECORDED AT MEETINGS WHERE NOTED TRANSPLANT PROFESSIONALS HAVE SHARED SOME TOPIC OF INTEREST TO THE TRANSPLANT COMMUNITY.**

(Grants $) If this amount includes foreign grants, check here □

31 Other program services (describe in Schedule O)

(Grants $) If this amount includes foreign grants, check here □

32 Total program service expenses (add lines 28a through 31a) □ 23,293

### Part IV

**List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated (see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

<table>
<thead>
<tr>
<th>(a) Name and address</th>
<th>(b) Title and average hours per week devoted to position</th>
<th>(c) Reportable compensation (Form W-21099-MISC)</th>
<th>(d) Health benefits, contributions to employee benefit plans, and deferred compensation</th>
<th>(e) Estimated amount of other compensation</th>
</tr>
</thead>
<tbody>
<tr>
<td>JIM GLEASON</td>
<td>PRESIDENT</td>
<td>25</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>275 GREEN ST 4M3, BEVERLY NJ 08010</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ELIZABETH RUBIN</td>
<td>VICE PRESIDENT</td>
<td>3</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>407 N SWARTHMORE AVE, SWARTHMORE PA 19081</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SYLVIA W LEACH</td>
<td>MANAGING SERV DIRECTOR</td>
<td>20</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>13705 CURRANT LOOP, GAINESVILLE VA 20155</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>J T RHODES CPA</td>
<td>CHAIR CAHPTER COUNCIL</td>
<td>3</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>1566 MARDIS PL, JACKSONVILLE FL 32205</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>JAMES MATEIKO</td>
<td>TREASURER</td>
<td>3</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>75 ABBOTT AVE, MANOR PARK NY 11950</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ELIZABETH SHORE</td>
<td>BOARD OF DIRECTORS - MEMBER</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>222 ENGLE DR, WALLINGFORD PA 19086</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ALEX BOYER</td>
<td>BOARD OF DIRECTORS - MEMBER</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>42 VALLEY VIEW DR, WASHINGTON PA 15301</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PATRICIA FOLK RN</td>
<td>BOARD OF DIRECTORS - MEMBER</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>UPMC MONTEFIORE, 7 S 3459 FIFT, PITTSBURGH PA 15213</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SUSAN FINCUS</td>
<td>SECRETARY</td>
<td>3</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>1326 SPRUCE ST 2506, PHILADELPHIA PA 19107</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MARK JACKSON</td>
<td>BOARD OF DIRECTORS - MEMBER</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>1116 20ST S 101, BIRMINGHAM AL 35242</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>THOMAS G PETERS MD</td>
<td>BOARD OF DIRECTORS - MEMBER</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>580 W 8TH ST 8000, JACKSONVILLE FL 32209</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>LOU REARDON</td>
<td>BOARD OF DIRECTORS - MEMBER</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>5586 HAMPTON HILL CT, TALLAHASSEE FL 32311</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MERLE ZUEL</td>
<td>BOARD OF DIRECTORS - MEMBER</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>514 LAKE FORREST, BONNER SPRINGS KS 66012</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
33. Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of such activity and schedule O.

34. Were any significant changes made to the organization's articles of incorporation, bylaws, or any governing documents? If "Yes," explain the change or copies of the amended documents.

35a. Did the organization have unrelated business gross income of $1,000 or more during the year from business activities such as those reported on lines 2a, 2b, and 7a, among others?

35b. If "Yes," complete Schedule O.

35c. Did the organization file a Form 990-T for the year?

36. Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N.

37a. Enter amount of political expenditures, direct or indirect, as described in the instructions.

37b. Did the organization file Form 1120-POL for this year?

38a. Did the organization borrow from, make any loans to, any officer, director, trustee, or key employee or any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?

39. Section 501(c)(7) organizations - Enter:

39a. Initiation fees and capital contributions included on line 9.

39b. Gross receipts, included on line 9, for public use of club facilities.

40a. Section 501(c)(3) organizations - Enter amount of tax imposed on the organization during the year under section 4911, section 4912, section 4955.

40b. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ?

40c. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958.

40d. Section 501(c)(3) and 501(c)(4) organizations - Enter amount of tax on line 40c reimbursed by the organization.

40e. All organizations - At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T.

41. List the states with which a copy of this return is filed.

42a. The organization's books are in care of Sylvia W. Leach - Telephone 202-273-0980

42b. At any time during the calendar year, did the organization maintain 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)?

42c. At any time during the calendar year, did the organization maintain an office outside of the U.S.?

43. Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041-Check here and enter the amount of tax-exempt interest received or accrued during the tax year.

44a. Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ.

44b. Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ.

44c. Did the organization receive any payments for indoor tanning services during the year?

44d. Did the organization file a Form 720 to report these payments? If "No," provide an explanation.

45a. Did the organization have a controlled entity within the meaning of section 512(b)(13)?

45b. Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions).
46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

[ ] Yes [ ] No

**Part VI** Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

[ ] Yes [ ] No

47 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

[ ] Yes [ ] No

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

[ ] Yes [ ] No

49a Did the organization make any transfers to an exempt non-charitable related organization?

[ ] Yes [ ] No

b If "Yes," was the related organization a section 527 organization?

[ ] Yes [ ] No

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than $100,000 of compensation from the organization. If there is none, enter "None."

<table>
<thead>
<tr>
<th>(a) Name and address of each employee paid more than $100,000</th>
<th>(b) Title and average hours per week devoted to position</th>
<th>(c) Reportable compensation (Form W-2/1099-MISC)</th>
<th>(d) Health benefits, contributions to employee benefit plans, and deferred compensation</th>
<th>(e) Estimated amount of other compensation</th>
</tr>
</thead>
</table>

NONE

51 Complete this table for the organization's five highest compensated independent contractors who each received more than $100,000 of compensation from the organization. If there is none, enter "None."

<table>
<thead>
<tr>
<th>(a) Name and address of each independent contractor paid more than $100,000</th>
<th>(b) Type of service</th>
<th>(c) Compensation</th>
</tr>
</thead>
</table>

NONE

52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A.

[ ] Yes [ ] No

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

Print/Type preparer's name: KEVIN E GARVEY CPA/POA

Preparer's signature: KEVIN E GARVEY CPA

Date: 8-12-12

Check [ ] if self-employed

PTIN: P00050359

Paid: KEVIN E GARVEY CPA

Preparer's address: 236 SOUTHWIND DR

Delran NJ 08075

Phone no: 856-764-6388

May the IRS discuss this return with the preparer shown above? See Instructions.

[ ] Yes [ ] No

Sign Here: KEVIN E GARVEY CPA/POA

Date: 8-12-12

Form 990-EZ (2011)
**TRANSPANT RECIPIENTS INTERNATIONAL ORG INC**

**Name of the organization:**

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

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

1. □ A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
3. □ A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
4. □ A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital’s name, city, and state
5. □ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
6. □ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7. □ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
8. □ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
9. □ An organization that normally receives 1 more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part II.)
10. □ An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
11. □ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publically supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h

   a. □ Type I
   b. □ Type II
   c. □ Type III-Functionally integrated
   d. □ Type III-Other

   e. □ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

   f. □ If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box.

   g. Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

      (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii), the governing body of the supported organization?

      (ii) A family member of a person described in (i) above?

      (iii) A 35% controlled entity of a person described in (i) or (ii) above?

   h. □ Provide the following information about the supported organization(s)

      (i) Name of supported organization

      (ii) EIN

      (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))

      (iv) Is the organization in col (i) listed in your governing document?

      (v) Did you notify the organization in col (i) of your support?

      (vi) Is the organization in col (i) organized in the U.S.?

      (vii) Amount of support

<table>
<thead>
<tr>
<th>(A)</th>
<th>Yes</th>
<th>No</th>
<th>Yes</th>
<th>No</th>
<th>Yes</th>
<th>No</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>(B)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(C)</td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(D)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(E)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total

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

EEA Schedule A (Form 990 or 990-EZ) 2011
## 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.)

### Section A. Public Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2007</th>
<th>(b) 2008</th>
<th>(c) 2009</th>
<th>(d) 2010</th>
<th>(e) 2011</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gifts, grants, contributions, and membership fees received (Do not include any &quot;unusual grants&quot;)</td>
<td>56,569</td>
<td>130,951</td>
<td>64,213</td>
<td>106,350</td>
<td>80,137</td>
<td>438,220</td>
</tr>
<tr>
<td>Tax revenues levied for the organization's benefit and either paid to or expended on its behalf</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The value of services or facilities furnished by a governmental unit to the organization without charge</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total. Add lines 1 through 3</td>
<td>56,569</td>
<td>130,951</td>
<td>64,213</td>
<td>106,350</td>
<td>80,137</td>
<td>438,220</td>
</tr>
<tr>
<td>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)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>37,958</td>
<td></td>
</tr>
<tr>
<td>Public support. Subtract line 5 from Line 4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>400,262</td>
<td></td>
</tr>
</tbody>
</table>

### Section B. Total Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2007</th>
<th>(b) 2008</th>
<th>(c) 2009</th>
<th>(d) 2010</th>
<th>(e) 2011</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amounts from line 4</td>
<td>56,569</td>
<td>130,951</td>
<td>64,213</td>
<td>106,350</td>
<td>80,137</td>
<td>438,220</td>
</tr>
<tr>
<td>Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Net income from unrelated business activities, whether or not the business is regularly carried on</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total. Add lines 6 through 10</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>438,222</td>
</tr>
<tr>
<td>Gross receipts from related activities, etc</td>
<td>(see instructions)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>12</td>
</tr>
</tbody>
</table>

### Section C. Computation of Public Support Percentage

<table>
<thead>
<tr>
<th></th>
<th>(e) 2011</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f))</td>
<td>14</td>
<td>91.34 %</td>
</tr>
<tr>
<td>Public support percentage from 2010 Schedule A, Part I, line 14</td>
<td>15</td>
<td>93.24 %</td>
</tr>
<tr>
<td>33 1/3% support test - 2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check box and stop here. The organization qualifies as a publicly supported organization</td>
<td>16</td>
<td></td>
</tr>
<tr>
<td>33 1/3% support test - 2010. If the organization did not check a box on line 13 or 16, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization</td>
<td>17</td>
<td></td>
</tr>
<tr>
<td>10% facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the &quot;facts-and-circumstances&quot; test, check this box and stop here. The organization qualifies as a publicly supported organization</td>
<td>18</td>
<td></td>
</tr>
<tr>
<td>10% facts-and-circumstances test - 2010. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the &quot;facts-and-circumstances&quot; test, check this box and stop here. The organization qualifies as a publicly supported organization</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

EEA  Schedule A (Form 990 or 990-EZ) 2011
<table>
<thead>
<tr>
<th>DESCRIPTION</th>
<th>AMOUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADVERTISING SALES - WEB</td>
<td>21,500</td>
</tr>
</tbody>
</table>

**02. List of grants and similar amounts paid (Part I, line 10)**

<table>
<thead>
<tr>
<th>ACTIVITY</th>
<th>AMOUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACADEMIC SCHOLARSHIPS</td>
<td>6,000</td>
</tr>
</tbody>
</table>

**03. Description of other expenses (Part I, line 16)**

<table>
<thead>
<tr>
<th>DESCRIPTION</th>
<th>AMOUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td>PROGRAM - LIFELINES</td>
<td>6,371</td>
</tr>
<tr>
<td>PROGRAM - LEADERSHIP SUMMIT</td>
<td>6,921</td>
</tr>
<tr>
<td>PROGRAM - SPEAKER LIBRARY</td>
<td>2,157</td>
</tr>
<tr>
<td>PROGRAM - MEETINGS</td>
<td>1,625</td>
</tr>
<tr>
<td>PROGRAM - SURVEY</td>
<td>219</td>
</tr>
<tr>
<td>WEBSITE</td>
<td>48</td>
</tr>
<tr>
<td>BANK FEES</td>
<td>95</td>
</tr>
<tr>
<td>CREDIT CARD FEES</td>
<td>10</td>
</tr>
</tbody>
</table>

**04. Description of other assets (Part II, line 24)**

<table>
<thead>
<tr>
<th>CATEGORY</th>
<th>BEGINNING</th>
<th>END OF YEAR</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACCOUNTS RECEIVABLE</td>
<td>5,375</td>
<td>6,875</td>
</tr>
</tbody>
</table>
05. Description of total liabilities (Part II, line 26)

<table>
<thead>
<tr>
<th>CATEGORY</th>
<th>BEGINNING</th>
<th>END OF YEAR</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACCOUNTS PAYABLE</td>
<td>3,404</td>
<td>3,605</td>
</tr>
</tbody>
</table>
Form 2848
Power of Attorney and Declaration of Representative

Part I  Power of Attorney

Caution: A separate Form 2848 should be completed for each taxpayer. Form 2848 will not be honored for any purpose other than representation before the IRS.

1  Taxpayer Information. Taxpayer must sign and date this form on page 2, line 7.

Taxpayer name and address

TRANSPLANT RECIPIENTS INTERNATIONAL ORG
2100 M STREET NW STE 170-353
WASHINGTON, DC 20037

Taxpayer identification number(s)
25-1569468

Daytime telephone number
(202) 273-0980

hereby appoints the following representative(s) as attorney(s)-in-fact:

2  Representative(s) must sign and date this form on page 2, Part II.

Name and address
KEVIN E GARVEY
236 SOUTHVIEW DR
DELRAN NEW JERSEY 08075

CAF No. 200539783R
PTIN P00050359
(W8 764-6388)
Fax No. (856) 764-1929

Check if to be sent notices and communications

Name and address

Check if new Address

Telephone No. Telephone No. Telephone No.
Fax No. Fax No. Fax No.

Check if new Address

Name and address

Check if new Address

Telephone No. Telephone No.
Fax No. Fax No.

Representative(s) are authorized to:

Represent the taxpayer before the Internal Revenue Service for the following matters:

3  Matters

Description of Matters: (Income, Employment, Payroll, Excise, Estate, Gift, Whistleblower,
Practitioner Discipline, PLR, FOIA, Civil Penalty, etc.) (see instructions for line 4)

Tax Form Number (1040, 941, 720, etc.) (if applicable)

Year(s) or Period(s) (if applicable)
(see the instructions for line 3)

INCOME 990 12/31/2011

Specific use not recorded on Centralized Authorization File (CAF). If the power of attorney is for a specific use not recorded on CAF, check this box. See the instructions for Line 4. Specific Uses Not Recorded on CAF .

Acts authorized. Unless otherwise provided below, the representatives generally are authorized to receive and inspect confidential tax information and to perform any and all acts that I can perform with respect to the tax matters described on line 3, for example, the authority to sign any agreements, consent, or other documents. The representative(s), however, is (are) not authorized to receive or negotiate any amounts paid to the client in connection with this representation (including refunds by either electronic means or paper checks). Additionally, unless the appropriate box(es) below are checked, the representative(s) are not authorized to execute a request for disclosure of tax returns or return information to a third party, substitute another representative or add additional representatives, or sign certain tax returns.

Disclosure to third parties; Substitute or add representative(s); Signing a return;

Other acts authorized. (see instructions for more information)

Exceptions. An unenrolled return preparer cannot sign any document for a taxpayer and may only represent taxpayers in limited situations. An enrolled actuary may only represent taxpayers to the extent provided in section 10.3(d) of Treasury Department Circular No. 230 (Circular 230). An enrolled retirement plan agent may only represent taxpayers to the extent provided in section 10.3(e) of Circular 230. A registered tax return preparer may only represent taxpayers to the extent provided in section 10.3(f) of Circular 230. See the line 5 instructions for restrictions on tax matters partners. In most cases, the student practitioner's (level k) authority is limited (for example, they may only practice under the supervision of another practitioner).

List any specific deletions to the acts otherwise authorized in this power of attorney:

For Privacy Act and Paperwork Reduction Act Notice, see the instructions.

EEA Form 2848 (Rev. 3-2012)
6 Retention/revocation of prior power(s) of attorney. The filing of this power of attorney automatically revokes all earlier power(s) of attorney on file with the Internal Revenue Service for the same matters and years or periods covered by this document. If you do not want to revoke a prior power of attorney, check here ________________________________ □

YOU MUST ATTACH A COPY OF ANY POWER OF ATTORNEY YOU WANT TO REMAIN IN EFFECT.

7 Signature of taxpayer. If a tax matter concerns a year in which a joint return was filed, the husband and wife must each file a separate power of attorney even if the same representative(s) is (are) being appointed. If signed by a corporate officer, partner, guardian, tax matters partner, executor, receiver, administrator, or trustee on behalf of the taxpayer, I certify that I have the authority to execute this form on behalf of the taxpayer.

IF NOT SIGNED AND DATED, THIS POWER OF ATTORNEY WILL BE RETURNED TO THE TAXPAYER.

[Signature]

[Date] 6/9/12

[Signature]

[Date] 6/9/12

Part II Declaration of Representative
Under penalties of perjury, I declare that:
• I am not currently under suspension or disbarment from practice before the Internal Revenue Service;
• I am aware of regulations contained in Circular 230 (31 CFR, Part 10), as amended, concerning the practice before the Internal Revenue Service;
• I am authorized to represent the taxpayer identified in Part I for the matter(s) specified there; and
• I am one of the following:
  a Attorney - a member in good standing of the bar of the highest court of the jurisdiction shown below
  b Certified Public Accountant - duly qualified to practice as a certified public accountant in the jurisdiction shown below
  c Enrolled Agent - enrolled as an agent under the requirements of Circular 230.
  d Officer - a bona fide officer of the taxpayer’s organization.
  e Family Member - a member of the taxpayer's immediate family (for example, spouse, parent, child, grandparent, grandchild, step-parent, step-child, brother, or sister).
  f Enrolled Actuary - enrolled as an actuary by the Joint Board for the Enrollment of Actuaries under 29 U.S.C. 1242 (the authority to practice before the Internal Revenue Service is limited by section 10.3(d) of Circular 230).
  g Unenrolled Return Preparer - Your authority to practice before the Internal Revenue Service is limited. You must have been eligible to sign the return under examination and have signed the return. See Notice 2011-6 and Special rules for registered tax return preparers and unenrolled return preparers in the instructions.
  h Registered Tax Return Preparer - registered as a tax return preparer under the requirements of section 10.4 of Circular 230. Your authority to practice before the Internal Revenue Service is limited. You must have been eligible to sign the return under examination and have signed the return. See Notice 2011-6 and Special rules for registered tax return preparers and unenrolled return preparers in the instructions.
  i [Signature]

Note: For designations d-f, enter your title, position, or relationship to the taxpayer in the “Licensing jurisdiction” column. See the instructions for Part II for more information.

<table>
<thead>
<tr>
<th>Designation</th>
<th>Licensing jurisdiction</th>
<th>Bar, license, certification registration, or enrollment number</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>B</td>
<td>NJ</td>
<td>20CC0161560</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>