** PUBLIC DISCLOSURE COPY ** 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. Go to www.irs.gov/Form990 for instructions and the latest information.



		of the Treasury enue Service	Go to www.irs.gov/Form990 for instructions and	-	•	Open to Public Inspection	
			ar year, or tax year beginning and	lending			
B c a	heck if pplicat	able: C Name of organization			D Employer identifica	ation number	
	Addr	AMER	ICAN SOCIETY OF TRANSPLANTATION				
	Name Chan		Doing business as 42-118				
	Initial		and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number		
	Final	1000	ATRIUM WAY	400	856-439-9		
	termi ated	City or t	own, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	9,433,506.	
	Amer		T LAUREL, NJ 08054		H(a) Is this a group ret		
	Appli tion pend	^{ing} FName a	nd address of principal officer:DR • DAVID FOLEY AS C ABOVE		for subordinates?		
<u> </u>		empt status:		or 52	H(b) Are all subordinates inc		
-	Vebs		X 501(c)(3) 501(c)() (insert no.) 4947(a)(1) MYAST • ORG		H(c) Group exemption	st. See instructions	
			X Corporation Trust Association Other	I Year	r of formation: 1982 M		
	art I						
	1		be the organization's mission or most significant activities: $\underline{ ext{ADVA}}$	NCING	THE FIELD OF	1	
Activities & Governance		TRÁNSPL	ANTATION AND IMPROVING PATIENT CA	RE.			
irna	2	Check this bo	x if the organization discontinued its operations or dispo	osed of mor	re than 25% of its net ass	ets.	
ove	3	Number of vo	ting members of the governing body (Part VI, line 1a)			14	
ت م	4	Number of inc	lependent voting members of the governing body (Part VI, line 1b)			14	
es	5	Total number	of individuals employed in calendar year 2022 (Part V, line 2a)		5	21	
viti	6	Total number	of volunteers (estimate if necessary)			212	
Acti	7 a	Total unrelate	d business revenue from Part VIII, column (C), line 12		7a	223,475.	
_	b	Net unrelated	business taxable income from Form 990-T, Part I, line 11	·····		170,615.	
					Prior Year	Current Year	
ne	8		and grants (Part VIII, line 1h)		1,108,370.	1,204,758.	
/en	9		ce revenue (Part VIII, line 2g)		3,925,045.	4,139,593.	
Revenue	10		come (Part VIII, column (A), lines 3, 4, and 7d)		1,569,465.	656,401.	
	11		e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)				
	12		- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		6,602,880. 1,106,446.	6,000,752.	
	13		milar amounts paid (Part IX, column (A), lines 1-3)		0.	1,064,317.	
	14		to or for members (Part IX, column (A), line 4)		1,630,535.	1,805,382.	
Expenses	15	Salaries, othe	r compensation, employee benefits (Part IX, column (A), lines 5-10) undraising fees (Part IX, column (A), line 11e) ing expenses (Part IX, column (D), line 25) <u>110, 3</u>	······	1,050,555.	0.	
nəc	loa b	Total fundraia	ing expenses (Part IX, column (A), line TTe)	67.	••	••	
Ă			es (Part IX, column (A), lines 11a-11d, 11f-24e)		2,004,868.	3,195,574.	
			es Add lines 13-17 (must equal Part IX, column (A), line 25)		4,741,849.	6,065,273.	
	19	-	expenses. Subtract line 18 from line 12		1,861,031.	-64,521.	
or					eginning of Current Year	End of Year	
Net Assets or Fund Balances	20	Total assets (I	Part X, line 16)		23,634,886.	20,656,698.	
ASS d Ba	21	-	(Part X, line 26)		1,259,261.	2,137,478.	
Fun	22		fund balances. Subtract line 21 from line 20		22,375,625.	18,519,220.	
Pa	irt II	Signatur	e Block				
			I declare that I have examined this return, including accompanying schedule			knowledge and belief, it is	
true,	corre	ct, and complete	. Declaration of preparer (other than officer) is based on all information of w	hich prepare	er has any knowledge.		
			Dallas Pilaha		9/27/202	3	

	Inner Harver		712112023			
Sign	Signature of officer		Date			
Here	DR. DAVID FOLEY, TREASURE	R				
	Type or print name and title					
	Print/Type preparer's name	Preparer's signature	Date Check PTI			
Paid	JENNIFER SOLOT	JENNIFER SOLOT		749373		
Preparer	Firm's name BBD , LLP		Firm's EIN 23-289	6692		
Use Only	Firm's address 1835 MARKET STREE	T, 3RD FLOOR				
	PHILADELPHIA, PA 19103 Phone no.215-567-7770					
May the I	RS discuss this return with the preparer shown abo	ove? See instructions	X	Yes No		
			_	000 (*****		

232001 12-13-22 LHA For Paperwork Reduction Act Notice, see the separate instructions.

	990 (2022) AMERICAN SOCIETY OF TRANSPLANTATION	42-1182936 Pa
Par	t III Statement of Program Service Accomplishments	
-	Check if Schedule O contains a response or note to any line in this Part III	
•	Briefly describe the organization's mission: AST IS A DIVERSE ORGANIZATION DEDICATED TO ADVANCING THI	E FIELD OF
	TRANSPLANTATION AND IMPROVING PATIENT CARE BY PROMOTING	
	EDUCATION, ADVOCACY, ORGAN DONATION, AND SERVICE TO THE	
	THROUGH A LENS OF EQUITY AND INCLUSION.	
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
	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
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	ers, the total expenses, and
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$ 2,843,360. including grants of \$) (Revenue to the constraint of \$] (Revenue to the c	
	PROVIDE A FORUM FOR EXCHANGE AND DISSEMINATION OF SCIEN	
	INFORMATION IN ORGAN TRANSPLANTATION. AST HOLDS CONFEREN	
	AND OTHER IN-PERSON AND VIRTUAL MEETINGS TO EXCHANGE DAY	
Par 1 2 3 4 4a 4a 4b 4c	LATEST RESEARCH AND TREATMENT OUTCOMES WHILE GIVING ATT	
	OPPORTUNITY TO INTERACT WITH COLLEAGUES. ONLINE EDUCATION	
	ALLOW TRANSPLANT PROFESSIONALS TO ACCESS IMPORTANT INFOR	RMATION IN AN
	ON-DEMAND FORMAT. AST OFFERS A NUMBER OF LIVE AND ON-DEM	MAND ACTIVITIE
	ANNUALLY.	
4b	(Code:) (Expenses \$ 1,064,317. including grants of \$ 1,064,317.) (Revenue	
	RESEARCH GRANTS AND CAREER DEVELOPMENT AWARDS - RESEARCH	
	RECOGNIZING MEMBER DEVELOPMENT ARE AMONG AST'S HIGHEST I	
	ANNUALLY THE AST PROVIDES FUNDING FOR PROMISING RESEARCH INTENDED TO ADVANCE THE FIELD OF TRANSPLANTATION. THE SO	
	SUPPORTS ITS MEMBERS THROUGH 6 TO 10 CAREER DEVELOPMENT	
	AWARDED EACH YEAR.	AWARDS INAL A
	AST ALSO SUPPORTS VARIOUS INDUSTRY PARTNERS BY ADMINIST	ERING DIRECTED
	GRANTS ON BEHALF OF THESE PARTNERS. THIS ALLOWS AST TO I	
	MEMBERSHIP NETWORK TO FIND THE BEST CANDIDATES FOR THESI	
	OPPORTUNITIES.	
4c	(Code:) (Expenses \$ 636, 115. including grants of \$) (Revenue	ue \$
	ADVOCACY - AST HAS BEEN INSTRUMENTAL IN ASSISTING FEDERA	
	PUBLIC POLICY DECISION-MAKERS IN CRAFTING AND FORMATION	
	LEGISLATIVE REGULATORY INITIATIVES RELATING TO THE INTER	
	TRANSPLANT PROFESSIONAL COMMUNITY IN ALL SOLID ORGAN TRA	
łb łc	SPECIALTIES INCLUDING ADVANCING AST'S PATIENT-FOCUSED AND ADVANCING AST'S PATIENT-FOCUSED ADVANCING ADVANCING AST'S PATIENT-FOCUSED ADVANCING AST'S PATIENT-FOCUSED ADVANCING ADVANCING AST'S PATIENT-FOCUSED ADVANCING AD	DVOCACY PROGRA
Pai 1 2 3 4 4a 4b 4c 4c		
1 2 3 4 4a 4b 4b	Other program services (Describe on Schedule O.)	
ти		5 49,220.)
4e	Total program service expenses 4,772,908.	
		Form 990
32002	2 12-13-22	
-	3	
10	926 793760 2094 2022.04030 AMERICAN SOCIETY OF	TRANSPL 2094_

Form	aan	(2022)
FOUL	990	(2022)

Part IV Checklist of Required Schedules

AMERICAN SOCIETY OF TRANSPLANTATION

1 Is the organization described in section 501(c)[0] or 4947[a](1) (other than a private foundation? 1 X 2 Is the organization requeries to complete Schedule 0, Schedule of Cartifutures? See instructions 2 X 3 XX Section 501(c)(0) and control the organization engage in lobbying activities on behalf of or in opposition to candidate for public offse? If "Vis," complete Schedule 0, Part I 4 X 4 Section 501(c)(0) and control the organization engage in lobbying activities on have a section 501(h) election in effect during the taxyea? If "Vis," complete Schedule 0, Part II 4 X 5 Did the organization mease in divide (0) ((0) ((0) c)				Yes	No
2 Is the organization required to complete Schedule 9. Schedule of Combinuted See instructions 2 X 3 Did the organization engage in direct or indired political campaigin activities on behall of or in opposition to candidates for public office? If Yes, complete Schedule C, Part I 3 X 4 Section 501(c)(k) organizations. Do the expanization engage in lobbying activities, or have a section 501(r)) election in effect direct the average of Y section 501(r) election in effect direct the average of Y section 501(r) election in organization requests a defined in Park Proc. 98-1197 (Proc. * complete Schedule C, Part I 4 X 6 Did the organization ascents for Non- Non- Non- Non- Non- Non- Non- Non-	1			37	
3 Dit the organization engage in elect or indirect polical campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part II 4 X 4 Section 501(Q) organizations. Did the organization angage in kobying activities, or have a section 501(N) election in effect during the tax year If "Yes," complete Schedule C, Part II 4 X 5 Is the organization asterian and yound yound activities on behalf of or in complete Schedule C, Part II 5 X 6 Did the organization maintain any donce advised threads or any similar funds or accounts? If "Yes," complete Schedule D, Part II 6 X 7 Did the organization review or total accounter and exement, including essements to preverve open space, the environment, historic an amount in Part X, Tu = 21, for secrov or custodial account lability, serve as a custodian for amounts not listed in Part X: or provide cadit counseling, debt management, credit repair, or debt negotiation services? 9 X 9 Did the organization report an amount for lends quastoms in Near X, time 10 Part X, time 10, Part IV 10 X 11 It doe organization or provide credit counseling, debt management, credit repair, or debt negotiation services? 9 X 10 Did the organization report an amount for introval a related organization, hold oassets in donorrestricted endowments or in quasi endowments? 10 X <td>•</td> <td></td> <td></td> <td></td> <td></td>	•				
public office? If 'Yes,' complete Schedule Q, Pert I 3 X 4 Section 501(c)(3) organization. Did the organization engage in bobying activities, or have a section 501(b) election in effect 4 X 5 Is the organization a section 501(c)(4), 551(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98 1021 'Yes,' complete Schedule C, Part II. 5 X 6 Did the organization enders and advased funds or any similar funds or accounts / Yes,' complete Schedule D, Part II. 6 X 7 Did the organization enders on thosics structures? If 'Yes,' complete Schedule D, Part II. 8 X 7 Did the organization manutani any other advased funds or any similar funds or accounts? DF 'Yes,' complete Schedule D, Part II. 8 X 7 Did the organization manutani and collections of works of at, historical treasures, or other similar assets? II 'Yes,' complete Schedule D, Part IV. 8 X 9 Did the organization, metrory thread and constructures? I' 'Yes,' complete Schedule D, Part V. 10 X 11 Hite organization report an amount for land, buildings, and equipment in Part X, line 12. that is 5% or more of its total assets reported in Part X, ine 12. that is 5% or more of its total assets reported in Part X, line 12. The 'Yes,' complete Schedule D, Part W. 11a X </td <td></td> <td></td> <td>2</td> <td></td> <td></td>			2		
 Section 501(c)(3) crepanizations. Did the organization ruggage in lobbying activities, or have a section 501(h) election in effect during the tax year <i>III</i> Yes, 'complete Schedule C, Part <i>III</i>. Is the organization a section 501(h)(6), 501(c)(6), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. Be 107 <i>II</i> Yes, 'complete Schedule C, Part <i>III</i>. Did the organization markina my doror advected funds or any similar funds or accounts? <i>II</i> Yes, 'complete Schedule D, Part <i>II</i>. Did the organization neutron of bid a conservation. Activity assessments or spece, the environment, historic land areas, or historic attructures <i>II</i>. Yes, 'complete Schedule D, Part <i>II</i>. Did the organization and the activity of through a related organization, credit repair, or debt negotiation services? If Yes, 'complete Schedule D, Part <i>IV</i>. Did the organization and the activity of through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>II</i> 'Yes,' complete Schedule D, Part <i>V</i>. Did the organization and and the relativity of through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>II</i> 'Yes,' complete Schedule D, Part V. Did the organization service or an amount for investments - other socurities in Part X, line 12, line 13, line 13, that is 5% or more of its total assets reported in Part X. Ison 27. <i>II II II II II II II II</i>	3		2		x
during the tax year // Yes, * complete Schedule C, Part II 4 X 5 Is the organization a section 501(d)(d), 501(d), 501(d), 501(d), 501(d), 501(d)(d), 501(d), 501	4		3		
5 Is the organization a section 501(c)(6), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or smillsr amounts as defined in Rev. Proc. 90:197 If "tes," complete Schedule C, Part II S X 6 Did th organization markina my doorn advised funds or argominin funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right of the environment, historic land areas, or historic structures // If "tes," complete Schedule D, Part II 6 X 7 X 8 Did the organization relevie on todi a conservation, funding assements to prove preserve open space. 7 X 9 Did the organization relevie on thodi a conservation, funding assements are the regulation services? 7 X 9 Did the organization, directly or through a releaded organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V 8 X 9 Did the organization is any of the following questons is 'Yes," then complete Schedule D, Part V, UI, VIII, VII, VX, VX, as applicable. 10 X 11 If the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets: reported in Part X, line 16% the "Yes," complete Schedule D, Part W 10 X 11 Did the organization report an amount for them i	-		4	х	
similar amounts as defined in Rev. Proc. 88-197 If Yes," complete Schedule C, Part III. 5 X Did the organization market mark of amounts in such funds or accounts? If 'Yes," complete Schedule D, Part I T Did the organization receive or hold a conservation easement, including assements to preserve open space, the environment, histocic later asses, or historic astructures II 'Nes," complete Schedule D, Part II T Did the organization market no elloction of works of art, historical treasures, or other similar assets? If 'Yes," complete Schedule D, Part II Did the organization report an amount in Part X, line 21, for escrow or custodal account liability, serve as a custodain for amounts in titled in Part X, or provide cardit consensition, environment or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If 'Yes," complete Schedule D, Part II If the organization report an amount for land, building, and equipment in Part X, line 10? If 'Yes," complete Schedule D, Part V, as a splicable. 10 X 11 If the organization report an amount for land, building, and equipment in Part X, line 12? If 'Yes," complete Schedule D, Part VI 0 Vith e organization report an amount for land, buildings, and equipment in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes," complete Schedule D, Part VI 11 Z 11 If the organization report an amount for hirrwestments - other securities in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes," complete Schedule D, Part VI 11 Z 12 Ub the organization report an amount for hirrwestments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 17 If 'Yes," complete Schedule D, Part VI 11 Z 12 Ub the organization report an amount for their assets in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 17 If 'Yes," complete Schedule D, Part VI 11 Z 12 Ub the organization report an amount for other assets	5		· ·		<u> </u>
provide advice on the distribution or investment of anounts in such funds or accounts? If "Yes," complete Schedule D, Part I 6 X 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 7 X 8 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custolian for amounts no listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 9 X 10 Did the organization report an amount for Part X, line 21, for escrow or custodial account liability, serve as a custolian for amounts not educements? If "Yes," complete Schedule D, Part V 10 X 11 If the organization report an amount for leaded organization, hold assets in donorrestricted endowments 10 X 12 If the organization report an amount for levestments - organize schedule D, Part VI 10 X 13 X Did the organization report an amount for levestments - organize schedule D, Part XI 1112 X 14 If the organization report an amount for levestments - program related in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 167 If "Yes," complete Schedule D, Part XI 1112 X	•		5		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, instructic land area, or historic structures? If "Yes," complete Schedule D, Part II. 7 X 8 Did the organization maintain collections of works of art, historical treasures, or other similar asset? If "Yes," complete Schedule D, Part III. 8 X 9 Did the organization neutrin 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? 9 X 10 Did the organization answer to any of the following questions is "Yes," then complete Schedule D, Part VI. 10 X 11 It me organization negotiation report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. 11 X 12 Did the organization report an amount for investments - other assocrifies in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VI. 11 X 13 Did the organization report an amount for investments - other assocrifies in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VI. 114 X 14 Did the organization sport an amount for investments - program related in Part X, line 17. If "Yes," complete Schedule D, Part X. 111	6				
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B Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part VI Image: Schedule D, Part VI B) Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed In Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? 9 X B) Did the organization, directly or through a related organization, hold assets in donorrestricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V 10 X B) Did the organization report an amount for land, buildings, and equipment in Part X, line 10? II "Yes," complete Schedule D, Part VI 11 X B) Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 167 II "Yes," complete Schedule D, Part VI 111 X C) Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 167 II "Yes," complete Schedule D, Part X 111 X C) Did the organization subarts or ther labilities in Part X, line 25? II "Yes," complete Schedule D, Part X 111 X C) Did the organization acude in consolidated financial statements for the tax year? 111 X 114 X	7		_		v
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9 Did the organization report an amount in Part X, line 21, for escrew 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 negatization services? 9 X 10 Ubit the organization, directly or through a related organization, hold assets in donor restricted endowments or in guasi endowments? // "ves," complete Schedule D, Part V 10 X 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts V, VII, VIII, IX, or X, as applicable. 11 X 12 Did the organization report an amount for linestments - other securities in Part X, line 12/ If "Yes," complete Schedule D, Part VI 11a X 13 Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16/ If "Yes," complete Schedule D, Part VI 11a X 14 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 X 11a X 11a X 11d X 11d X 11d X 11d X 11d X 11d X 11d X 11d X 11d X <t< td=""><td>8</td><td></td><td>8</td><td></td><td>x</td></t<>	8		8		x
amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? 9 X 10 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 X 11 If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, XI, or X, as applicable. 10 X 12 Did the organization report an amount for investments - other securities in Part X, line 10? If 'Yes,' complete Schedule D, Part V 11 11 X 13 Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII 11 X 14 Did the organization report an amount for other assets in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII 11 X 15 Did the organization report an amount for other assets in Part X, line 25? If 'Yes,' complete Schedule D, Part X 114 X 14 Did the organization separate or consolicitated financial statements for the tax year? If Ves,' complete Schedule D, Part X 114 X 15 Did the organization asset and VI 116 X 114 X 14 Did the organization nex parate or consolicitated financial statements for the t	9	,	0		
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foreign organization? If "Yes," complete Schedule F, Parts II and IV 15 X 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts II and IV 16 X 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions 17 X 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1 c and 8a? If "Yes," complete Schedule G, Part II 18 X 19 Did the organization oreport more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 19 X 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 20b 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 20a X	15		140	л	<u> </u>
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 16 X 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions 17 X 18 Did the organization report more than \$15,000 of gross income and contributions on Part VIII, lines 1 c and 8a? If "Yes," complete Schedule G, Part II 18 X 19 Did the organization operate one or more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 19 X 20a Did the organization report more than \$5,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 19 X 20a If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 20b 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 20b 21	13		15	х	
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17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions 17 X 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 18 X 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 19 X 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 20b 20b 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 X			16		x
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19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 19 X 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 20b 21 Did the organization operate on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 X	18				
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20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 20b 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 X	19				
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 X	• -				
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 X					
domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II			20b		<u> </u>
	21		21	x	
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	Form 990 (2	2022)	AMERICAN	SOCIETY	0
ĺ	Part IV	Checklist	of Required Sched	dules (continue	d)

			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		v	
~ ~	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	040		x
h	Schedule K. If "No," go to line 25a	24a 24b		21
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		
Ŭ	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
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			x
00	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		
28	Was the organization a party to a business transaction with one of the following parties (see the 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			
u	"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		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		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		X
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		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations		х	
24	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		x
35 a	Part V, line 1 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 controlled entity	004		
-	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
De	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pai				
	Check if Schedule O contains a response or note to any line in this Part V		Yes	
12	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 21		169	
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
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022)	AMERICAN	SOCIETY	OF	TRANSPLANTATION
Statements F	Regarding Othe	er IRS Filing	s and	I Tax Compliance (continued)

	· · ·		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 21			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Х	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	Х	
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).			
	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			v
	any contributions that were not tax deductible as charitable contributions?	6a		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). Did the arrangization receive a normant in average of $$75$ made partly as a contribution and partly for goods and convises provided to the power?	7-		Х
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a 7b		<u>л</u>
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	to file Form 8282?	7c		x
Ь	If "Yes," indicate the number of Forms 8282 filed during the year 7d	10		
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	76 7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	N/	A
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	N/	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the		-	
	sponsoring organization have excess business holdings at any time during the year? N/A	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966? N/A	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? N/A	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders 11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the yearN/A			
13	Section 501(c)(29) qualified nonprofit health insurance issuers. N/λ	40		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
Ŀ.	Note: See the instructions for additional information the organization must report on Schedule O.			
a	Enter the amount of reserves the organization is required to maintain by the states in which the			
~	organization is licensed to issue qualified health plans 13b 13c			
		14a		X
		14a 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 the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		х
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953? N/A	17		
	If "Yes," complete Form 6069.			
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Form 990 (2022)

Part V

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Form	990	(2022)
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AMERICAN SOCIETY OF TRANSPLANTATION

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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. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI				
ect	tion A. Governing Body and Management				—
		1a 14	4	Yes	+
	Enter the number of voting members of the governing body at the end of the tax year	<u>1a</u> ⊥'	=		
	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 0.	1			L
	Enter the number of voting members included on line 1a, above, who are independent	1b 1	±		L
	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh				ł
	officer, director, trustee, or key employee?		2		ł
	Did the organization delegate control over management duties customarily performed by or under t				
	of officers, directors, trustees, or key employees to a management company or other person?		3	37	ł
	Did the organization make any significant changes to its governing documents since the prior Form		4	Х	┦
	Did the organization become aware during the year of a significant diversion of the organization's as		5	37	ł
	Did the organization have members or stockholders?		6	Х	┦
	Did the organization have members, stockholders, or other persons who had the power to elect or a	••			I
	more members of the governing body?		7a	X	ļ
	Are any governance decisions of the organization reserved to (or subject to approval by) members,				I
	persons other than the governing body?		7b	X	ļ
	Did the organization contemporaneously document the meetings held or written actions undertaken during the year				ļ
	The governing body?		8a	X	
	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 re	eached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O		9		
ect	tion B. Policies (This Section B requests information about policies not required by the Internal F	Revenue Code.)			
				Yes	_
0a	Did the organization have local chapters, branches, or affiliates?		10a		_
	If "Yes," did the organization have written policies and procedures governing the activities of such o				
	and branches to ensure their operations are consistent with the organization's exempt purposes?		10b		
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing bo	dy before filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.				
l2a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris	e to conflicts?	12b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "	Yes," describe			
	on Schedule O how this was done		12c	Х	
13	Did the organization have a written whistleblower policy?		13	Х	
	Did the organization have a written document retention and destruction policy?		14	X	1
15	Did the process for determining compensation of the following persons include a review and approv	val by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision				I
	The organization's CEO, Executive Director, or top management official		15a	Х	Ì
	Other officers or key employees of the organization		15b	Х	-
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.				1
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ement with a			
	taxable entity during the year?		16a		1
	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalu				1
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organized states and take steps to safeguard states and take steps to safe				I
	exempt status with respect to such arrangements?		16b		Ì
	tion C. Disclosure				-
	List the states with which a copy of this Form 990 is required to be filed AL, AK, AR, CA, C	CO, CT, FL, GA, H	I,IL	,KS	;
	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990,				
	for public inspection. Indicate how you made these available. Check all that apply.	(, <u>.</u> ,	,	
		n on Schedule O)			
	Describe on Schedule O whether (and if so, how) the organization made its governing documents, or	,	nd fina	ncial	
9	end is of the second s				
	statements available to the public during the tax year				
	statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's b	ooks and records			
20	State the name, address, and telephone number of the person who possesses the organization's b	ooks and records			
20		ooks and records			

Part VII	Co	mpensation	of Officers	, Directors,	, Trustees,	Key Employees,	Highest	Compensate	ed:
	Em	ployees, and	d Independ	ent Contra	ctors				

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

List all of the organization's current key employees, if any. See the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the instructions for the order in which to list the persons above.

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

(A)	(B)	(C)		(D)	(E)	(F)				
Name and title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	, unle	ss pe	rson i	is bot pr/trus	h an	compensation	compensation	amount of
	week			luau	reciu	i/uus	lee)	from	from related	other
	(list any	ndividual trustee or director						the organization	organizations (W-2/1099-MISC/	compensation from the
	hours for related	e or d	stee			Isated		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	truste	al trus		yee	mpen		1099-NEC)	1000 (120)	and related
	below	id ual 1	Institutional trustee	5	Key employee	est co o yee	er	,		organizations
	line)	Indivi	Instit	Officer	Key e	Highest compensated employee	Former			-
(1) MS. SHANDIE COVINGTON	50.00									
CHIEF EXECUTIVE OFFICER				Х				240,426.	0.	30,175.
(2) MS. JOANN GWYNN	50.00									
CHIEF DEVELOPMENT OFFICER				Х				177,775.	0.	22,471.
(3) MR. CHAD WALLER	50.00									
ASSOCIATE EXECUTIVE DIRECTOR				Х				102,429.	0.	28,880.
(4) DR. DEEPALI KUMAR PRES-ELECT	12.00									
(JAN-MAY) PRES (JUNE-DEC)		Х		Х				0.	0.	0.
(5) DR. JOHN GILL PRES (JAN-MAY)	6.00									
PAST-PRES (JUNE-DEC)		Х		Х				0.	0.	0.
(6) DR. RICHARD FORMICA	6.00									
PAST-PRES (JAN-MAY)		Х		Х				0.	0.	0.
(7) DR. JON KOBASHIGAWA	2.00									
SECRETARY		Х		Х				0.	0.	0.
<pre>(8) DR. JOSHUA LEVITSKY</pre>	2.00							_		
TREAS (JAN-MAY) PRES-ELECT (JUNE-DEC		Х		Х				0.	0.	0.
(9) DR. DAVID FOLEY	2.00									_
TREASURER (JUNE-DEC)		Х		Х				0.	0.	0.
(10) DR. MARIE CHISOLM-BURNS	2.00									_
AT-LARGE		Х						0.	0.	0.
(11) DR. MANDY FORD	2.00									
AT-LARGE		Х						0.	0.	0.
(12) DR. VINEETA KUMAR	2.00									•
AT-LARGE (JUNE-DEC)		Х						0.	0.	0.
(13) DR. JAMES RODRIGUE	2.00									0
AT-LARGE (JAN-MAY)		X						0.	0.	0.
(14) DR. ELIZABETH VERNA	2.00									•
AT-LARGE (JAN-MAY)		Х						0.	0.	0.
(15) DR. ROY BLOOM	2.00									•
AT-LARGE (JAN-MAY)		Х						0.	0.	0.
(16) DR. BURNETT KELLY	2.00									•
AT-LARGE		X						0.	0.	0.
(17) LINDA OHLER, MSN	2.00									^
AT-LARGE		Х						0.	0.	0.
232007 12-13-22						~				Form 990 (2022)

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8

Part VII Section A. Officers, Directors, Trus		ploy	ees,			ghe	st C		es (continued)	
(A) Name and title	(B) Average hours per week	box	not cl , unle:	Pos heck ss pe	rson i	than o is boti pr/trus	h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(18) DR. SEAN PINNEY AT-LARGE	2.00	x						0.	0.	0.
(19) DR. ANNE DIPCHAND AT-LARGE (JUNE-DEC)	2.00	x						0.	0.	0.
(20) DR. RAYMUND RAZONABLE AT-LARGE (JUNE-DEC)	2.00	x						0.	0.	0.
(21) DR. DEIRDRE SAWINSKI	2.00									
AT-LARGE (JUNE-DEC)		X						0.	0.	0.
								F00 (20		01 506
1b Subtotal c Total from continuation sheets to Part V d Total (add lines 1b and 1c)	I, Section A							520,630. 0. 520,630.	0. 0. 0.	81,526. 0. 81,526.
2 Total number of individuals (including but r compensation from the organization								eceived more than \$100),000 of reportable	3
3 Did the organization list any former officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for s</i>	uch individual								-	Yes No 3 X
 4 For any individual listed on line 1a, is the su and related organizations greater than \$15 5 Did any person listed on line 1a receive or a bid any person listed on line 1a receive or a bid and the bid state. 	0,000? <i>If "Yes,</i> accrue comper	" <i>co</i> nsat	<i>mple</i> ion f	ete S rom	Sche any	edule / unr	e <i>J f</i> elat	for such individual	idual for services	4 X
rendered to the organization? If "Yes," corr Section B. Independent Contractors	·									· · · ·
1 Complete this table for your five highest co the organization. Report compensation for	•	•							· ·	sation from
(A) Name and business								(B) Description of s	services ((C) Compensation
BRYAN CAVE LEIGHTON PAIS STREET, NW, WASHINGTON, I INTRADO DIGITAL MEDIA LL	DC 20004	1-1	L35	57			_	LOBBYING & CONSULTING S AUDIO & VISU		141,289.
PO BOX 74007143, CHICAGO	, IL 606	574	1-7	714	43			SUPPORT		139,397.
2 Total number of independent contractors (\$100,000 of compensation from the organi	•	ot lii	mite	d to		se lis 2	stec	l above) who received n	nore than	Form 990 (2022)

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Pa	rt V	/111	Statement of Re	ever	nue						
			Check if Schedule O	cont	ains a res	ponse	or note to any lin				
								(A) Total revenue	(B) Related or exempt function revenue		(D) Revenue excluded from tax under sections 512 - 514
nts nts	1	а	Federated campaigns		1a						
Contributions, Gifts, Grants and Other Similar Amounts		b	Membership dues		1b						
Am C		с	Fundraising events		1c						
lar Iar		d	Related organizations		1c						
ini,		е	Government grants (cont	tributi	ions) 1 e						
rior S		f	All other contributions, gifts,	, grant	ts, and						
lå å			similar amounts not include	d abov	/e 1f		1,204,758.				
d t		g	Noncash contributions included in	n lines	1a-1f 1 g	\$					
a C		h	Total. Add lines 1a-1f					1,204,758.			
							Business Code				
e	2	а	MEMBERSHIP DUES				900099	1,739,430.	1,739,430.		
ervi		b	MEETINGS & EDUC PRO				900099	960,073.	281,896.	85,677.	592,500
en us		с	JOINT VENTURES INCO	OME			900099	660,776.	660,776.		
sev Sev		d	JOURNAL INCOME				900099	326,692.	293,104.	33,588.	
Program Service Revenue		е	PARTNER CONNECT				900099	230,094.	230,094.		
ā		f	All other program service	e reve	nue		900099	222,528.	118,318.	104,210.	
		g	Total. Add lines 2a-2f					4,139,593.			
	3		Investment income (inclu	0		·	·				
			other similar amounts)					333,071.			333,071
	4	4 Income from investment of tax-exempt bond pr				bond p	proceeds				
	5		Royalties	· · <u>· · · · · ·</u>							
					(i) Re	eal	(ii) Personal				
	6	а	Gross rents	6a							
		b	Less: rental expenses \dots	6b							
			Rental income or (loss)	6c							
			Net rental income or (loss								
	7	а	Gross amount from sales of		(i) Secu		(ii) Other				
			assets other than inventory	7a	3,756	,084.					
		b	Less: cost or other basis								
Revenue			and sales expenses								
eve			Gain or (loss)			,330.					
er R			Net gain or (loss)					323,330.			323,330
Othe	8	а	Gross income from fundrais	ing ev	ents (not						
0			including \$		of						
			contributions reported or		-						
			Part IV, line 18								
			Less: direct expenses								
			Net income or (loss) from								
	9	а	Gross income from gamin	-							
			Part IV, line 19								
			Less: direct expenses				-				
			Net income or (loss) from			ies					
	10	а	Gross sales of inventory,								
			and allowances								
			Less: cost of goods sold								
		С	Net income or (loss) from	sale:	s of inven	tory					
sn		-					Business Code				
neo	11										
ella ven		b									
Miscellaneous Revenue		C A									
Σ			All other revenue								
		е	Total. Add lines 11a-11d								

AMERICAN SOCIETY OF TRANSPLANTATION

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Form 990 (2022)

12 Total revenue. See instructions

6,000,752.

3,323,618.

223,475.

1248901.

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AMERICAN SOCIETY OF TRANSPLANTATION

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).

D٥	Check if Schedule O contains a respon not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	18,000.	18,000.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	988,817.	988,817.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	57,500.	57,500.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	602,156.	445,595.	132,475.	24,086
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	000 001			
7	Other salaries and wages	980,021.	725,215.	215,605.	39,201
8	Pension plan accruals and contributions (include		01 400	c 20c	1 1 7 1
	section 401(k) and 403(b) employer contributions)	29,025.	21,478.	6,386.	1,161 2,897 4,870
9	Other employee benefits	72,423.	53,594.	15,932.	2,897
10	Payroll taxes	121,757.	90,100.	26,787.	4,870
11	Fees for services (nonemployees):				
а	Management				
b	F				
	Accounting	240 000	240 000		
	Lobbying	240,000.	240,000.		
е	Professional fundraising services. See Part IV, line 17	07 746		07 746	
f	Investment management fees	97,746.		97,746.	
g		250 527	161 157	102 502	12 707
	column (A), amount, list line 11g expenses on Sch 0.)	358,537.	161,157.	183,593.	13,787
12	Advertising and promotion	32,050.	12,587.	19,463. 23,337.	
13	Office expenses	30,098.	6,761.		
14	Information technology	213,571.	90,757.	122,814.	
15	Royalties				
16		14,587.		6,979.	7,608
17	Travel	14,507.		0,979.	7,000
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	1,771,645.	1,658,449.	96,439.	16 757
19 00	Conferences, conventions, and meetings	<u>т, //т, 04</u> Э.	1,0J0,449.	50,435.	16,757
20	Interest				
21	Payments to affiliates	62,624.		62,624.	
22	Depreciation, depletion, and amortization	44,031.	15,815.	28,216.	
23	Insurance Other expenses. Itemize expenses not covered	44,0JI.	13,013.	20,210.	
24	above. (List miscellaneous expenses nol covered line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
а	MISCELLANEOUS	149,793.	6,191.	143,602.	
b	JOURNAL SUBSCRIPTIONS	148,292.	148,292.	· · ·	
c	ACCREDITATION EXPENSE	32,600.	32,600.		
d		-	-		
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	6,065,273.	4,772,908.	1,181,998.	110,367
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

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Form **990** (2022)

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		Dalance Sheet					
		Check if Schedule O contains a response or no	ote to ar	y line in this Part X			
					(A) Beginning of year		(B) End of year
							End of year
	1				1,147,960.		591,443.
	2	Savings and temporary cash investments			224,506.	2	1,388,727.
	3	Pledges and grants receivable, net			257,500.		215,000.
	4	Accounts receivable, net			994,078.	4	1,237,136.
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sub				_	
		controlled entity or family member of any of the				5	
	6	Loans and other receivables from other disqua					
		under section 4958(f)(1)), and persons describe		6			
Assets	7	Notes and loans receivable, net				7	
Ass	8	Inventories for sale or use			292,726.	8	531,987.
	9			·····	292,720.	9	551,907.
	10a	Land, buildings, and equipment: cost or other		100 110			
		basis. Complete Part VI of Schedule D	10a	409,148. 333,574.	132,323.	10	75,574.
		Less: accumulated depreciation	106		20,279,753.		15,917,244.
	11	Investments - publicly traded securities			20,219,133.		15,517,244.
	12	Investments - other securities. See Part IV, line			12		
	13	Investments - program-related. See Part IV, line			13 14		
	14	Intangible assets	306,040.	14	699,587.		
	15 16	Other assets. See Part IV, line 11	23,634,886.	16	20,656,698.		
	17	Total assets. Add lines 1 through 15 (must eq Accounts payable and accrued expenses	255,805.	17	431,133.		
	18	Grants payable		18	101/1001		
	19	Deferred revenue	1,003,456.	19	1,312,891.		
	20	Tax-exempt bond liabilities			_,,	20	
	21	Escrow or custodial account liability. Complete				21	
s	22	Loans and other payables to any current or for					
Liabilities		trustee, key employee, creator or founder, sub					
abil		controlled entity or family member of any of the				22	
Ë	23	Secured mortgages and notes payable to unre				23	
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, p					
		parties, and other liabilities not included on line					
		of Schedule D		0.	25	393,454.	
	26	Total liabilities. Add lines 17 through 25			1,259,261.	26	2,137,478.
		Organizations that follow FASB ASC 958, ch	eck her	e X			
Ce		and complete lines 27, 28, 32, and 33.					
alan	27	Net assets without donor restrictions			20,807,573.	27	17,065,099.
B	28	Net assets with donor restrictions		1,568,052.	28	1,454,121.	
ŭ		Organizations that do not follow FASB ASC					
г Г		and complete lines 29 through 33.					
ts o	29	Capital stock or trust principal, or current fund	s			29	
sse	30	Paid-in or capital surplus, or land, building, or e	quipme	nt fund		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated i			00 000 000	31	
Ne	32	Total net assets or fund balances			22,375,625.	32	18,519,220.
	33	Total liabilities and net assets/fund balances	<u></u>		23,634,886.	33	20,656,698.

Form **990** (2022)

	990 (2022) AMERICAN SOCIETY OF TRANSPLANTATION	42-1	182936	Pa	ge 12			
Pa	t XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI							
			c 0.04	~ =				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	6,000					
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,06					
3	Revenue less expenses. Subtract line 2 from line 1	3	-64		21.			
4								
5	Net unrealized gains (losses) on investments	5	-3,793	1,8	84.			
6	Donated services and use of facilities	6						
7	Investment expenses	7						
8	Prior period adjustments	8						
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.			
10								
D	column (B))							
Pa	rt XII Financial Statements and Reporting							
	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 on Schedule O.							
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?							
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a						
	separate basis, consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis			37				
b	Were the organization's financial statements audited by an independent accountant?		2 b	Х				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	te basis,						
	consolidated basis, or both:							
	X Separate basis Consolidated basis Both consolidated and separate basis							
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the			37	1			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х				
	If the organization changed either its oversight process or selection process during the tax year, explain on Sc	hedule O.						
3a	3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the							
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?							
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ				1			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			000	L			

Form **990** (2022)

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(Form 990)

Total

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.

OMB No. 1545-0047
2022
Open to Public

		of the Treasury nue Service		Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.								
Nam	ne of	the organizati		<u>.</u>					Employer	identification number		
		_	AMER	ICAN SOCIE	TY OF TRANSP	LANTA	TION		4	2-1182936		
Pa	rt I	Reason			(All organizations must c			See instructio				
The	orgar				(For lines 1 through 12, c							
1					on of churches describe							
2	\square			•	Attach Schedule E (Forn			·//· ·//·				
3	\square				anization described in s)(b)(1)(A)(i	ii).				
4	\square				njunction with a hospita				(iii). Enter	the hospital's name.		
-		city, and stat	-		· · J -··· - · · · · · · · · · · · · · ·				<i>Xi</i> . =	···- ··,		
5												
		•	•	Complete Part II.)	0 ,	•	, ,					
6	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v) .											
7	X				antial part of its support f				the general	public described in		
				omplete Part II.)		0			U			
8					(1)(A)(vi). (Complete Par	t II.)						
9					in section 170(b)(1)(A)(ed in conju	unction with a	a land-grant	college		
					culture (see instructions).							
		university:										
10		An organizati	on that norma	ally receives (1) more	than 33 1/3% of its sup	port from	contributio	ons, members	ship fees, a	nd gross receipts from		
		activities rela	ted to its exen	npt functions, subjec	ct to certain exceptions;	and (2) no	more tha	n 33 1/3% of	its support	from gross investment		
		income and ι	Inrelated busi	ness taxable income	e (less section 511 tax) fr	om busine	esses acqu	ired by the c	rganization	after June 30, 1975.		
		See section	509(a)(2). (Co	mplete Part III.)								
11		An organizati	on organized a	and operated exclus	ively to test for public sa	afety. See	section 50	09(a)(4).				
12		An organizati	on organized a	and operated exclus	ively for the benefit of, to	perform	the function	ons of, or to c	arry out the	e purposes of one or		
		more publicly	supported or	ganizations describe	ed in section 509(a)(1) o	r section	509(a)(2).	See section	509(a)(3). (Check the box on		
	_	_lines 12a thro	ough 12d that	describes the type of	of supporting organizatio	n and con	nplete line	s 12e, 12f, ar	nd 12g.			
а		_ Type I. A s	upporting orga	anization operated, s	supervised, or controlled	by its sup	ported or	ganization(s),	typically by	/ giving		
		the suppor	ted organizatio	on(s) the power to re	gularly appoint or elect a	a majority	of the dire	ctors or trust	ees of the s	supporting		
	_	organizatio	n. You must c	complete Part IV, Se	ections A and B.							
b		J Type II. A s	supporting org	anization supervised	d or controlled in connec	tion with it	ts support	ed organizati	on(s), by ha	aving		
		control or r	nanagement c	of the supporting org	anization vested in the s	ame perso	ons that co	ontrol or man	age the sup	oported		
	_	organizatio	n(s). You mus	t complete Part IV,	Sections A and C.							
С		Type III fur	nctionally inte	egrated. A supportin	g organization operated	in connec	tion with,	and function	ally integrate	ed with,		
	_	its support	ed organizatio	n(s) (see instructions	s). You must complete l	Part IV, Se	ections A,	D, and E.				
d			-		porting organization oper				-			
			-		zation generally must sa	•		-	nd an attent	iveness		
	_	- ·			nplete Part IV, Sections							
е			•		written determination fro			а Туре I, Туре	e II, Type III			
	_		•		onally integrated support	0 0	zation.					
f												
<u> </u>		vide the follow (i) Name of supp		n about the supporte (ii) EIN	ed organization(s).	(iv) Is the ora	inization listed	(v) Amount o	fmonetary	(vi) Amount of other		
		organizatior			(described on lines 1-10	in your governi Yes	ng document?	support (see i	,	support (see instructions)		
					above (see instructions))	165	NO					

Schedule A (Form 990) 2022 Part II Support Sch

AMERICAN SOCIETY OF TRANSPLANTATION

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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	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1418601.	1404936.	1805273.	1829370.	1797258.	8255438.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge \dots						
4	Total. Add lines 1 through 3	1418601.	1404936.	1805273.	1829370.	1797258.	8255438.
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)						3744388.
6	Public support. Subtract line 5 from line 4.						4511050.
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4	1418601.	1404936.	1805273.	1829370.	1797258.	8255438.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources \dots	299,411.	477,466.	328,971.	357,778.	333,071.	1796697.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on	53,648.	83,799.	109,238.	125,420.	190,572.	562,677.
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						10614812.
12	Gross receipts from related activities,	, etc. (see instruction	ons)			12 14	,776,459.
13	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section s	501(c)(3)	
_	organization, check this box and stor						
-	ction C. Computation of Publ						40 50
	Public support percentage for 2022 (14	42.50 %
	Public support percentage from 2021					15	45.72 %
16a	33 1/3% support test - 2022. If the c	-					
	stop here. The organization qualifies						
b	33 1/3% support test - 2021. If the c						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the fact			-	-	VI how the organiz	ation
	meets the facts-and-circumstances te	-			•		
b	10% -facts-and-circumstances tes	-					10% or
	more, and if the organization meets the						
40	organization meets the facts-and-circ						
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 160, 1/a, or 17t	o, check this box a		
						Schedule A	(Form 990) 2022

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Schedule A (Form 990) 2022	AMERICAN	SOCIETY	\mathbf{OF}	TRANSPLANTATION

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)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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 per- formed, 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 bus- iness under section 513						
4	Tax revenues levied for the organ-						
•	ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
J	furnished by a governmental unit to						
~	the organization without charge						
	Total. Add lines 1 through 5						
/a	Amounts included on lines 1, 2, and						
b	3 received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
с	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	tion B. Total Support			·	•		
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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						
	Add lines 10a and 10b Net income from unrelated business activities not included on 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 5 years. If the Form 990 is for the	-			•		ion,
	check this box and stop here		-				
	tion C. Computation of Publ						
15	Public support percentage for 2022 (line 8, column (f), c	divided by line 13,	column (f))		15	%
	Public support percentage from 2021					16	%
Sec	tion D. Computation of Investion	stment Incom	e Percentage)			
17	Investment income percentage for 20)22 (line 10c, colur	mn (f), divided by	ine 13, column (f))		17	%
18	Investment income percentage from 2	2021 Schedule A,	Part III, line 17			18	%
19a	33 1/3% support tests - 2022. If the	organization did r	not check the box	on line 14, and lin	e 15 is more than :	33 1/3% , and line 1	17 is not
b	more than 33 1/3%, check this box a 33 1/3% support tests - 2021. If the						and
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						
	3 12-09-22	an and not oneon a	557 011 1116 14, 13	a, or rob, oneok t			A (Form 990) 2022
20202	U 12 UJ-22			16			1 (1 0 m 330) 2022
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1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b Schedule A (Form 990) 2022

Yes No

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b. Part I. complete Sections A and C. If you checked box 12c. Part I. complete Sections A, D, and E. If you checked box 12d, 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c 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).
- 8 Did the organization make a loan to a disgualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 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 on 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 on 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.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **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.)

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Schedule A (Form 990) 2022 AMERICAN SOCIETY OF TRANSPLANTATION 42-1182936 Page 5 Part IV Supporting Organizations (continued) Yes No

			res	NO
I	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 on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
2	tion B. Type I Supporting Organizations			

Section B. Type I Supporting Organizations

11

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		

Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions).
- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*
- c L The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).
- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**
- **a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "*No*" provide details in **Part VI.**
- b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.
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Schedule A (Form 990) 2022

2a

2b

3a

3b

Yes No

Yes

1

2

No

18

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2022.04030 AMERICAN SOCIETY OF TRANSPL 2094___1

Schedule A (Form 990) 2022 AMERICAN SOCIETY OF TRANSPLANTATIO Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations AMERICAN SOCIETY OF TRANSPLANTATION

		<u> </u>		
1	Check here if the organization satisfied the Integral Part Test as a qualifyir	ng trust or	n Nov. 20, 1970 (explain in I	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus	t complet	e Sections A through E.	•
Sect	ion 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		
Sect	ion 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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 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 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 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) 2022

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AMERICAN SOCIETY OF TRANSPLANTATION

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations _{(contini}	ued)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp				
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizatior	าร	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.	,		6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	he organization is responsive	e		
	(provide details in Part VI). See instructions.	0		8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
	,	(i)	(ii)		(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2022	ns	Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
a	From 2017				
b	From 2018				
с	From 2019				
d	From 2020				
е	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
	Applied to 2022 distributable amount				
с	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, <i>explain in</i>				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
	Excess from 2022				

Schedule A (Form 990) 2022

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	(Form 990) 2022		SOCIETY C			42-1182936	
Part VI	Part IV. Section A. li	nes 1, 2, 3b, 3c, 4b, 4c	5a, 6, 9a, 9b, 9c, 1	1a. 11b. and 11c:	Part IV. Section B. li	7a or 17b; Part III, line 12; ines 1 and 2; Part IV, Secti	on C.
	line 1; Part IV, Secti Section D, lines 5, 6	on D, lines 2 and 3; Par 5, and 8; and Part V, Sec	t IV, Section E, lines	s 1c, 2a, 2b, 3a, and	d 3b; Part V, line 1; I	Part V, Section B, line 1e; I	Part V
	(See instructions.)	, , , ,	, , ,	•	. ,		
2028 12-09-2	22			21		Schedule A (Form	990)
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Schedule of Contributors

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

2022

Employer identification number

.182936

42-1

Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not 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

AMERICAN SOCIETY OF TRANSPLANTATION

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

X 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), 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 (entering "N/A" in column (b) instead of the contributor name and address), 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), 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).

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

Schedule B (Form 990) (2022)

Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

OMB No. 1545-0047

223452 11-15-22

Name of organization

Part I

(a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 1 X Person Payroll 50,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** No. Type of contribution 2 X Person Payroll 45,000. Noncash \$ (Complete Part II for noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 3 X Person Payroll 78,714. Noncash \$ (Complete Part II for noncash contributions.) (c) (d) (a) (b) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 4 Х Person Payroll 75,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 5 X Person Payroll 45,000. Noncash (Complete Part II for noncash contributions.) (d) (b) (c) (a) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 6 X Person Pavroll 50,000. Noncash \$ (Complete Part II for noncash contributions.) Schedule B (Form 990) (2022) 23 12310926 793760 2094 2022.04030 AMERICAN SOCIETY OF TRANSPL 2094___1

AMERICAN SOCIETY OF TRANSPLANTATION

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

Employer identification number

42-1182936

Page 2

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223452 11-15-22

12310926 793760 2094

Name of organization

Schedule B (Form 990) (2022)

AMERICAN	SOCIETY	OF	TRANSPLANTATION

Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	l space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ <u>380,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$ <u>185,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$ <u>75,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll October 2014 Noncash October 2014 (Complete Part II for noncash contributions.)

Employer identification number

42-1182936

12310926	793760	2094	

Schedule B (Form 990) (2022)

Name of organization

AMERICAN SOCIETY OF TRANSPLANTATION

Dort II cash Pronerty (see instructions). Use dunlicate conies of Part II if additional space is needed

(a) No. from	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
Part I			
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
- 		\$	
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
 - -		\$	
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
- 		 \$	
453 11-15-22	,	\$	Schedule B (Form 990)

Employer identification number

42-1182936

2022.04030 AMERICAN SOCIETY OF TRANSPL 2094___1

Schedule	B (Form 990) (2022)			Page 4
Name of c	organization			Employer identification number
AMERT	CAN SOCIETY OF TRANSPL	ΑΝͲΑͲΤΟΝ		42-1182936
Part III		tions to organizations described in a) through (e) and the following line e charitable, etc., contributions of \$1,000 o	ntry For organizations	that total more than \$1,000 for the year
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held
Part I				
		(e) Transfer of g	 ift	
	Transferee's name, address,	and ZIP + 4	Relationship of tra	ansferor to transferee
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held
Part I				
		(e) Transfer of g		
	Transferee's name, address,	and ZIP + 4	Relationship of tra	ansferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held
	Transferee's name, address,	(e) Transfer of g and ZIP + 4		ansferor to transferee
	,,,		•	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held
		(e) Transfer of g		
	Transferee's name, address,	and ZIP + 4	Relationship of tra	ansferor to transferee
223454 11-1	15-22			Schedule B (Form 990) (2022)
		26		

12310926 793760 2094 2022.04030 AMERICAN SOCIETY OF TRANSPL 2094___1

SCHEDULE C	Po	litical Campaign	and Lobbyin	g Activities		OMB No. 1545-0047
(Form 990)			-	-		2022
		inizations Exempt From Incom				LULL
Department of the Treasury		f the organization is described			U-EZ.	Open to Public Inspection
Internal Revenue Service		to www.irs.gov/Form990 for in			· • •	
 Section 501(c)(3) org Section 501(c) (other Section 527 organiz If the organization ansistic section 501(c)(3) org Section 501(c)(3) org If the organization ansistic section 501(c)(3) org If the organization ansistic section 501(c)(3) org 	ganizations: Com or than section 50 ations: Complete wered "Yes," on ganizations that h ganizations that h wered "Yes," on tructions), then	Form 990, Part IV, line 3, or For plete Parts I-A and B. Do not con 1(c)(3)) organizations: Complete Part I-A only. Form 990, Part IV, line 4, or For have filed Form 5768 (election ur have NOT filed Form 5768 (electi Form 990, Part IV, line 5 (Prox tions: Complete Part III.	mplete Part I-C. Parts I-A and C below orm 990-EZ, Part VI, Ii nder section 501(h)): Co on under section 501(l	. Do not complete Pa ine 47 (Lobbying Act omplete Part II-A. Do h)): Complete Part II-	tivities), tl not comp 3. Do not c n 990-EZ	hen lete Part II-B. complete Part II-A.
-	AMERICA	N SOCIETY OF TRAD	NSPLANTATIO	N	4	12-1182936
1 Provide a description	on of the organiza activity expenditu	anization is exempt und ation's direct and indirect politic ures gn activities	al campaign activities i	in Part IV.	\$	
Part I-B Compl	ete if the org	anization is exempt und	er section 501(c)((3).		
1 Enter the amount of	of any excise tax i	ncurred by the organization und	er section 4955		\$	
		ncurred by organization manage				
		1 4955 tax, did it file Form 4720				
						Yes No
b If "Yes," describe in Part I-C Compl		anization is exempt und	er section 501(c).	except section	501(c)(3).
-		by the filing organization for sec			. , .	
		zation's funds contributed to oth			····· • <u> </u>	
exempt function ac					\$	
3 Total exempt funct		Add lines 1 and 2. Enter here a				
		1120-POL for this year?				Yes No
made payments. For contributions receive	or each organizat ved that were pro	ployer identification number (EII ion listed, enter the amount paid omptly and directly delivered to a additional space is needed, prov	d from the filing organiz a separate political orga	zation's funds. Also e anization, such as a s	nter the a	mount of political
(a) Name	e	(b) Address	(c) EIN	(d) Amount paid filing organizatic funds. If none, ent	on's co er-0	(e) Amount of political ntributions received and promptly and directly delivered to a separate political organization. If none, enter -0
For Paperwork Reduct	ion Act Notice, s	see the Instructions for Form 9	90 or 990-EZ.		Sche	edule C (Form 990) 2022

232041 11-08-22

Sche	· · · · · ·	CAN SOCIETY OF TRANSPLANTATI		182936 Page 2
Pa	rt II-A Complete if the organization section 501(h)).	on is exempt under section 501(c)(3) and fi	led Form 5768 (el	ection under
Α		gs to an affiliated group (and list in Part IV each affiliated	d group member's nam	e, address, EIN,
	expenses, and share of exces	ss lobbying expenditures).		
B (Check if the filing organization check	ed box A and "limited control" provisions apply.		
		bying Expenditures leans amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influence pub	lic opinion (grassroots lobbying)		
b	Total lobbying expenditures to influence a leg	gislative body (direct lobbying)	240,000.	
с	Total lobbying expenditures (add lines 1a and	d 1b)	240,000.	
d			5,646,174.	
е		es 1c and 1d)	5,886,174.	
f	Lobbying nontaxable amount. Enter the amo		444,309.	
	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 25% of line 1f)	111,0//•	
h	Subtract line 1g from line 1a. If zero or less, enter -0-	0.	
i	Subtract line 1f from line 1c. If zero or less, enter -0-	0.	
i	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720		

reporting section 4911 tax for this year?

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

	Lobbying Expen	ditures During 4-Yea	ar Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) Total
2a Lobbying nontaxable amount	380,276.	347,076.	379,862.	444,309.	1,551,523.
 b Lobbying ceiling amount (150% of line 2a, column(e)) 					2,327,285.
c Total lobbying expenditures	240,000.	240,000.	240,000.	240,000.	960,000.
d Grassroots nontaxable amount	95,069.	86,769.	94,966.	111,077.	387,881.
e Grassroots ceiling amount (150% of line 2d, column (e))					581,822.
f Grassroots lobbying expenditures					

Schedule C (Form 990) 2022

No

Yes

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AMERICAN SOCIETY OF TRANSPLANTATION

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 e	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(a)		(t	o)
of the	e lobbying activity.	Yes	Νο	Amo	ount
1 a	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: Volunteers?				
	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
	Media advertisements?				
d	Mailings to members, legislators, or the public?				
	Publications, or published or broadcast statements?				
	Grants to other organizations for lobbying purposes?				
	Direct contact with legislators, their staffs, government officials, or a legislative body?				
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i	Other activities?				
	Total. Add lines 1c through 1i				
	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				
	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)(6).	on 501(c)(5), or se	ction	
	501(0)(0).			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?				
2	Did the organization agree to carry over lobbying and political campaign activity expenditures from th				
	t III-B Complete if the organization is exempt under section 501(c)(4), section			ction	
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."				ie 3, is
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).				
а	Current year		2a		
b	Carryover from last year		2b		
с	Total		2c		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues				
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc	ess			
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p	olitical			
	expenditures next year?		4		
5	Taxable amount of lobbying and political expenditures. See instructions				
Par	t IV Supplemental Information				
Prov	de 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 a	and 2 (See	

instructions); and Part II-B, line 1. Also, complete this part for any additional information.

Schedule C (Form 990) 2022

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SCHEDULE D

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

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



Internal Revenue Service Name of the organization

Department of the Treasury

AMERICAN SOCIETY OF TRANSPLANTATION

Employer identification number 42-1182936

	organization answered "Yes" on Form 990, Part IV, lir			
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in	-		
	are the organization's property, subject to the organization's			
6	Did the organization inform all grantees, donors, and donor a			
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpos	se confer	·
	impermissible private benefit?			Yes
	t II Conservation Easements. Complete if the or), Part IV,	, line /.
1	Purpose(s) of conservation easements held by the organizat			
	Preservation of land for public use (for example, recrea			prically important land area
	Protection of natural habitat	Preservation	of a certi	ified historic structure
_	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a quali	ified conservation contribution in the for	m of a co	Held at the End of the Ta
	day of the tax year.			
	Total number of conservation easements			2a
				2b
	Number of conservation easements on a certified historic str			2c
d	Number of conservation easements included in (c) acquired			
•	historic structure listed in the National Register			2d
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by t	the orgar	hization during the tax
	year			
4 -	Number of states where property subject to conservation ea		<u>-</u>	
5	Does the organization have a written policy regarding the pe			
~	violations, and enforcement of the conservation easements			
6	Staff and volunteer hours devoted to monitoring, inspecting,	, nandling of violations, and enforcing co	onservatio	on easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conser	vation ea	asements during the year
8	Does each conservation easement reported on line 2(d) abo	ve satisfy the requirements of section 1	70(h)(4)(E	3)(i)
	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conservat			
	balance sheet, and include, if applicable, the text of the foot			
	organization's accounting for conservation easements.	·····		
				Similar Assots
Par	t III Organizations Maintaining Collections o	of Art, Historical Treasures, or	Other \$	Similar Assels.
Par			Other	Similar Assets.
	t III Organizations Maintaining Collections of Complete if the organization answered "Yes" on Form	n 990, Part IV, line 8.		
	t III Organizations Maintaining Collections of Complete if the organization answered "Yes" on Form If the organization elected, as permitted under FASB ASC 98	n 990, Part IV, line 8. 58, not to report in its revenue statemen	it and bal	lance sheet works
	t III Organizations Maintaining Collections of Complete if the organization answered "Yes" on Form If the organization elected, as permitted under FASB ASC 98 of art, historical treasures, or other similar assets held for pu	n 990, Part IV, line 8. 58, not to report in its revenue statemen blic exhibition, education, or research in	it and bal furthera	lance sheet works
1a	t III Organizations Maintaining Collections of Complete if the organization answered "Yes" on Form If the organization elected, as permitted under FASB ASC 98 of art, historical treasures, or other similar assets held for pu service, provide in Part XIII the text of the footnote to its fina	n 990, Part IV, line 8. 58, not to report in its revenue statemen blic exhibition, education, or research in incial statements that describes these it	nt and bal n furthera ems.	lance sheet works nce of public
1a	t III Organizations Maintaining Collections of Complete if the organization answered "Yes" on Form If the organization elected, as permitted under FASB ASC 98 of art, historical treasures, or other similar assets held for pu service, provide in Part XIII the text of the footnote to its fina If the organization elected, as permitted under FASB ASC 98	n 990, Part IV, line 8. 58, not to report in its revenue statemen blic exhibition, education, or research in incial statements that describes these it 58, to report in its revenue statement an	nt and bal n furthera ems. nd balanc	lance sheet works ince of public se sheet works of
1a	t III Organizations Maintaining Collections of Complete if the organization answered "Yes" on Form If the organization elected, as permitted under FASB ASC 98 of art, historical treasures, or other similar assets held for pu service, provide in Part XIII the text of the footnote to its fina If the organization elected, as permitted under FASB ASC 98 art, historical treasures, or other similar assets held for public	n 990, Part IV, line 8. 58, not to report in its revenue statemen blic exhibition, education, or research in incial statements that describes these it 58, to report in its revenue statement an	nt and bal n furthera ems. nd balanc	lance sheet works ince of public se sheet works of
1a	t III Organizations Maintaining Collections of Complete if the organization answered "Yes" on Form If the organization elected, as permitted under FASB ASC 98 of art, historical treasures, or other similar assets held for pu service, provide in Part XIII the text of the footnote to its fina If the organization elected, as permitted under FASB ASC 98 art, historical treasures, or other similar assets held for public provide the following amounts relating to these items:	n 990, Part IV, line 8. 58, not to report in its revenue statemen blic exhibition, education, or research in incial statements that describes these it 58, to report in its revenue statement an c exhibition, education, or research in fu	nt and bal n furthera ems. nd balanc nrtherance	lance sheet works ince of public se sheet works of se of public service,
1a	t III Organizations Maintaining Collections of Complete if the organization answered "Yes" on Form If the organization elected, as permitted under FASB ASC 98 of art, historical treasures, or other similar assets held for puservice, provide in Part XIII the text of the footnote to its fina If the organization elected, as permitted under FASB ASC 98 of art, historical treasures, or other similar assets held for puservice, provide in Part XIII the text of the footnote to its fina If the organization elected, as permitted under FASB ASC 98 art, historical treasures, or other similar assets held for public provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1	n 990, Part IV, line 8. 58, not to report in its revenue statemen blic exhibition, education, or research in incial statements that describes these it 58, to report in its revenue statement an c exhibition, education, or research in fu	nt and bal n furthera ems. nd balanc nrtherance	lance sheet works ince of public e sheet works of e of public service,
1a b	 till Organizations Maintaining Collections of Complete if the organization answered "Yes" on Form If the organization elected, as permitted under FASB ASC 98 of art, historical treasures, or other similar assets held for pulservice, provide in Part XIII the text of the footnote to its fina If the organization elected, as permitted under FASB ASC 98 art, historical treasures, or other similar assets held for pulservice the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 	n 990, Part IV, line 8. 58, not to report in its revenue statemen blic exhibition, education, or research in incial statements that describes these it 58, to report in its revenue statement an c exhibition, education, or research in fu	at and bal n furthera ems. nd balanc nrtherance	lance sheet works ince of public e sheet works of e of public service, \$\$
1a b	 t III Organizations Maintaining Collections o Complete if the organization answered "Yes" on Form If the organization elected, as permitted under FASB ASC 98 of art, historical treasures, or other similar assets held for pulservice, provide in Part XIII the text of the footnote to its final If the organization elected, as permitted under FASB ASC 98 art, historical treasures, or other similar assets held for public provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures 	n 990, Part IV, line 8. 58, not to report in its revenue statemen blic exhibition, education, or research in incial statements that describes these it 58, to report in its revenue statement an c exhibition, education, or research in fu	at and bal n furthera ems. nd balanc nrtherance	lance sheet works ince of public e sheet works of e of public service, \$\$
1a b	 t III Organizations Maintaining Collections o Complete if the organization answered "Yes" on Form If the organization elected, as permitted under FASB ASC 98 of art, historical treasures, or other similar assets held for puservice, provide in Part XIII the text of the footnote to its fina If the organization elected, as permitted under FASB ASC 98 art, historical treasures, or other similar assets held for public provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treating to the following amounts required to be reported under FASB ASC 	n 990, Part IV, line 8. 58, not to report in its revenue statemen blic exhibition, education, or research in incial statements that describes these it 58, to report in its revenue statement an c exhibition, education, or research in fu easures, or other similar assets for finance ASC 958 relating to these items:	nt and bal n furthera ems. nd balanc nrtherance cial gain,	lance sheet works ince of public e sheet works of e of public service, \$ \$ provide
1a b 2 a	 t III Organizations Maintaining Collections of Complete if the organization answered "Yes" on Form If the organization elected, as permitted under FASB ASC 98 of art, historical treasures, or other similar assets held for puservice, provide in Part XIII the text of the footnote to its fina If the organization elected, as permitted under FASB ASC 98 art, historical treasures, or other similar assets held for public provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures and the following amounts required to be reported under FASB ARD AND AND AND AND AND AND AND AND AND AN	n 990, Part IV, line 8. 58, not to report in its revenue statemen blic exhibition, education, or research in incial statements that describes these it 58, to report in its revenue statement an c exhibition, education, or research in fu easures, or other similar assets for finance ASC 958 relating to these items:	nt and bal n furthera ems. nd balanc irtherance cial gain,	lance sheet works ince of public te sheet works of te of public service, \$
1a b 2 a b	 t III Organizations Maintaining Collections o Complete if the organization answered "Yes" on Form If the organization elected, as permitted under FASB ASC 98 of art, historical treasures, or other similar assets held for puservice, provide in Part XIII the text of the footnote to its fina If the organization elected, as permitted under FASB ASC 98 art, historical treasures, or other similar assets held for public provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treating to the following amounts required to be reported under FASB ASC 	n 990, Part IV, line 8. 58, not to report in its revenue statemen blic exhibition, education, or research in incial statements that describes these it 58, to report in its revenue statement an c exhibition, education, or research in fu easures, or other similar assets for finance ASC 958 relating to these items:	nt and bal n furthera ems. nd balanc irtherance cial gain,	lance sheet works ince of public te sheet works of te of public service, \$

Sche	dule D (Form 990) 2022 AMERICA	N SOCIETY (OF TRANSPI	JANTATION			42-11	82936	5 Pa	age 2
Par	t III Organizations Maintaining C	ollections of Ar	t, Historical T	reasures, or C	Other	Simil	ar Asse	t s (contin	ued)	
3	Using the organization's acquisition, accessi	on, and other record	s, check any of the	following that ma	ake sigr	nificant	use of its			
	collection items (check all that apply):									
а	Public exhibition	d	Loan or exc	change program						
b	Scholarly research	е	Other							
с	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explair	how they further	the organization's	exemp	t purp	ose in Part	XIII.		
5	During the year, did the organization solicit o	r receive donations o	of art, historical trea	asures, or other si	milar as	sets				
	to be sold to raise funds rather than to be ma	aintained as part of t	ne organization's c	ollection?				Yes		No
Par	t IV Escrow and Custodial Arran	gements. Comple	te if the organization	on answered "Yes	s" on Fo	orm 990	0, Part IV, I	ine 9, or		
	reported an amount on Form 990, Pa	t X, line 21.								
1a	Is the organization an agent, trustee, custod	ian or other intermed	iary for contributio	ns or other assets	s not ind	cluded		_		_
	on Form 990, Part X?							Yes		No
b	If "Yes," explain the arrangement in Part XIII									
								Amount		
с	Beginning balance					1c				
	Additions during the year					1d				
	Distributions during the year					1e				
f	Ending balance					1f				
2a	Did the organization include an amount on Fe					?		Yes		No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	planation has beer	n provided on Par	t XIII					
Par	t V Endowment Funds. Complete i	f the organization an	swered "Yes" on F	orm 990, Part IV,	line 10.					
		(a) Current year	(b) Prior year	(c) Two years ba	.ck (d)	Three	/ears back	(e) Four	years	back
1a	Beginning of year balance	17,637,667.	15,800,354	. 13,323,1	14.	10,7	28,007.	11,	124,	505.
	Contributions	61,846.	705,203	. 844,8	58.	4	40,637.		531,	656.
	Net investment earnings, gains, and losses	-2,831,148.	1,507,110	2,039,9	82.		557,470.	-	574,	454.
	Grants or scholarships									
	Other expenditures for facilities									
	and programs	289,338.	375,000	. 407,6	00.	4	103,000.		353,	700.
f	Administrative expenses		· · ·							
	End of year balance	14,579,027.	17,637,667	. 15,800,3	54.	13,3	323,114.	10,	728,	007.
2	Provide the estimated percentage of the curr						,	,	,	
	Board designated or quasi-endowment	95.0000	%							
	Permanent endowment 5.0000	%								
		/`` %								
•	The percentages on lines 2a, 2b, and 2c sho	-								
3a	Are there endowment funds not in the posse	•	tion that are held a	and administered	for the					
	organization by:							Г	Yes	No
	(i) Unrelated organizations							3a(i)		Х
	(ii) Related organizations									Х
b	If "Yes" on line 3a(ii), are the related organiza									
4	Describe in Part XIII the intended uses of the							0.0	1	
Par	t VI Land, Buildings, and Equipm									
	Complete if the organization answere		, Part IV, line 11a.	See Form 990, Pa	art X, lin	e 10.				
	Description of property	(a) Cost or ot			c) Acci		be	(d) Book	value	<u> </u>
		basis (investm		(other)		ciation		(u) 2001	value	
19	Land		-, 200	(
	LandBuildings									
	Leasehold improvements									
			Δ(9,148.	33	3,5	74.	71	5,5	74.
	Equipment					-,5	· - •	/ -	.,5	
	Other		X column (R) line	10c)				7	5,5	74
Total	- Aud miles ta through the (Column (d) Must e	9001 1 0111 330, Fall		, oo.j		<u></u>	Schedule		-	
							Scheuule	חוסיז) ש	1 220)	2022

	e 11b. See Form 990, Part X, line 12.	
(b) Book value	(c) Method of valuation: Cost or end-c	of-year market value
<u> </u>		
+		
+		
+		
1		
' on Form 990. Part IV. lin	e 11c. See Form 990. Part X. line 13.	
		of-year market value
1		-
†		
1		
1		
1		
	e 11d. See Form 990, Part X, line 15.	
Description		(b) Book value
e 15.)		
on Form 990 Part IV lin	e 11e or 11f See Form 990 Part X line 25	
		(b) Book value
		()
)N		393,454
	(b) Book value	(b) Book value (c) Method of valuation: Cost or end-cost Image: State of the stat

AMERICAN SOCIETY OF TRANSPLANTATION

42-1182936 Page 3

Schedule D (Form 990) 2022

-	edule D (Form 990) 2022 AMERICAN SOCIETY OF TRANSF	-			1182936 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Statem		Revenue per F	Retur	n.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	a.			
1	Total revenue, gains, and other support per audited financial statements			1	2,111,122.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	. 2a -	3,791,884.		
b	Donated services and use of facilities	. 2b			
с	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	-97,746.		
е	Add lines 2a through 2d			2e	-3,889,630.
3	Subtract line 2e from line 1			3	6,000,752.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a			
b	Other (Describe in Part XIII.)	. 4b			
с	Add lines 4a and 4b			4c	0.
					I C 000 750
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)				6,000,752.
5 Ра	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial Statem				
5 Pa		nents Witl			irn.
5 Ра 1	rt XII Reconciliation of Expenses per Audited Financial Staten	n ents Wit l a.	h Expenses per		
	rt XII Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	nents Witl	h Expenses per	Retu	irn.
1	Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	nents Witl	h Expenses per	Retu	irn.
1 2	rt XII Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	nents Witl	h Expenses per	Retu	irn.
1 2 a	rt XII Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	nents With a. 2a 2b	h Expenses per	Retu	irn.
1 2 a b	rt XII Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	2a 2b 2c	h Expenses per	Retu	ırn. 5,967,527.
1 2 b c d	rt XII Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	2a 2b 2c 2d	h Expenses per	Retu	ırn. 5,967,527. 0.
1 2 b c d	rt XII Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	h Expenses per	Retu	ırn. 5,967,527.
1 2 b c d e	rt XII Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a 2b 2c 2d	h Expenses per	Retu 1 2e 3	ırn. 5,967,527. 0.
1 2 b c d 3	rt XII Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	nents Witl	h Expenses per	Retu 1 2e 3	ırn. 5,967,527. 0.
1 2 6 6 8 4	rt XII Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d	h Expenses per	Retu 1 2e 3	ım. 5,967,527. 0. 5,967,527.
1 2 b c d e 3 4 a b	rt XII Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b	2a 2b 2c 2d 2d	h Expenses per 97,746.	Retu 1 2e 3 4c	ırn. 5,967,527. 0. 5,967,527. 97,746.
1 2 d e 3 4 b c 5	rt XII Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a 2b 2c 2d 2d	h Expenses per 97,746.	Retu 1 2e 3	ım. 5,967,527. 0. 5,967,527.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4:

INCOME FROM THE ENDOWMENT FUNDS SUPPORTS CORE AST PROGRAMS.

PART X, LINE 2:

GAAP REQUIRES ENTITIES TO EVALUATE, MEASURE, RECOGNIZE AND DISCLOSE ANY

UNCERTAIN INCOME TAX POSITIONS TAKEN ON THEIR TAX RETURNS. GAAP PRESCRIBES

A MINIMUM THRESHOLD THAT A TAX POSITION IS REQUIRED TO MEET IN ORDER TO BE

RECOGNIZED IN THE CONSOLIDATED FINANCIAL STATEMENTS. AST AND TNFTAP

BELIEVE THAT THEY HAD NO UNCERTAIN TAX POSITIONS AS DEFINED IN GAAP.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

INVESTMENT MANAGEMENT FEES -97,746. 232054 09-01-22 Schedule D (Form 990) 2022

4 4 9 9 9 9 6

Schedule D (Form 990) 2022	AMERICAN SOC	IETY OF	TRANSPLANTATION	42-1182936 _{Pa}
chedule D (Form 990) 2022 Part XIII Supplemental Inf	ormation (continued)			
				Schedule D (Form 990)
2055 09-01-22				
			34	
	0000	04000 -		

12310926 793760 2094 2022.04030 AMERICAN SOCIETY OF TRANSPL 2094___1

AMERICAN SOCIET	42-1182936					
Part I General Info	rmation on A	ctivities Ou	tside the United States. Comple	ete if the orgar	nization answered "	Yes" on
Form 990, Part IV	/, line 14b.					
1 For grantmakers. Does	the organizatior	n maintain recor	ds to substantiate the amount of its gr	ants and other		
the grantees' eligibility for	or the grants or a	assistance, and	the selection criteria used to award the	e grants or ass	istance? X	Yes 🗌 No
2 For grantmakers. Desc United States.	ribe in Part V the	e organization's	procedures for monitoring the use of it	s grants and o	ther assistance out	side the
3 Activities per Region. (T	he following Parl	I, line 3 table ca	an be duplicated if additional space is	needed.)		
(a) Region	(b) Number of offices in the region		(d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to	(e) If acti is a pro describe	vity listed in (d) gram service, e specific type	(f) Total expenditures for and investments
		in the region	recipients located in the region)	of service	(s) in the region	in the region
NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED				AND DEDICAT	OF THE TIME FION OF THE	
STATES	0	0	GRANTS TO RECIPIENTS	EXECUTIVE C	COMMITTEE	57,500
NORTH AMERICA	0	0	FUNDRAISING			0
3 a Subtotal	0	C				57,500
b Total from continuation sheets to Part I	0	c				0
c Totals (add lines 3a and 3b)	0	C				57,500

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. SEE PART V FOR COLUMN (E) DESCRIPTIONS

Schedule F (Form 990) 2022

232071 10-17-22

Statement of Activ	ities Outside th	e United States
Complete if the organization ans	wered "Yes" on Form 990,	Part IV, line 14b, 15, or 16.

Attach to Form 990.

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

OMB No. 1545-0047

Employer identification number

Department of the Treasury Internal Revenue Service

SCHEDULE F

(Form 990)

Name of the organization

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV appraisal, other)
		NORTH AMERICA -	IN RECOGNITION AND					
		CANADA AND	GRATITUDE FOR THE					
		MEXICO, BUT NOT	TIME AND DEDICATION					
		THE UNITED STATES	OF AST EXECUTIVE	48,500.		٥.		
		NORTH AMERICA -	IN RECOGNITION AND					
		CANADA AND	GRATITUDE FOR THE					
		MEXICO, BUT NOT	TIME AND DEDICATION					
			OF AST EXECUTIVE	9,000.		Ο.		
			I recognized as charities by the or counsel has provided a sec					
						••••••••••••••••••••••••••••••••••••••		

Schedule	F (Form 990) 2022	AMERICAN	SOCIETY	OF	TRANSPLANTATION	42-1182936
Part III	Grants and Other Assis	stance to Individual	s Outside the L	Jnited	States. Complete if the organizati	on answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Schedule F (Form 990) 2022

Schedule F (Form 990) 2022 AMERICAN SOCIETY OF TRANSPLANTATION Part IV Foreign Forms

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)</i>	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form</i> 5471, <i>Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form</i> 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)</i>	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? <i>If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)</i>	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)	Yes	X No

Schedule F (Form 990) 2022

Schedule F (Form 990) 2022 AMERICAN SOCIETY OF TRANSPLANTATION 42-1182936 Page
Part V Supplemental Information
Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of
investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c)
(estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.
PART I, LINE 2:
AST DETERMINES THE ALLOCATION OF RESEARCH GRANT FUNDS THROUGH ITS GRANT
APPLICATION PROCESS. APPLICANTS PROVIDE A DETAILED PROPOSAL, AND A
DIVERSE COMMITTEE OF EXPERTS REVIEWS/SCORES EACH PROPOSAL USING
ESTABLISHED SCORING CRITERIA. GRANT RECIPIENTS MUST SIGN A LETTER OF
AGREEMENT OUTLINING THE TERMS OF THE GRANT FUNDING. AST REQUIRES GRANT
RECIPIENTS TO CONFIRM QUARTERLY THAT THEY STILL MEET THE GRANT CRITERIA
BEFORE PAYMENTS ARE ISSUED. EACH GRANT RECIPIENT IS ALSO REQUIRED TO
SUBMIT AN INTERIM REPORT TO DEMONSTRATE PROGRESS. A FINAL REPORT IS
REQUESTED OF THE GRANT RECIPIENT ONCE THE GRANT PERIOD HAS ENDED.

PART I, LINE 3, COLUMN (E):

REGION: NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES

(E) SPECIFIC TYPES OF SERVICES IN REGION: IN RECOGNITION AND GRATITUDE

OF THE TIME AND DEDICATION OF THE EXECUTIVE COMMITTEE MEMBER.

PART II, COLUMN (D):

REGION: NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES

(D) PURPOSE OF GRANT: IN RECOGNITION AND GRATITUDE FOR THE TIME AND

DEDICATION OF AST EXECUTIVE COMMITTEE MEMBER.

REGION: NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES

39

(D) PURPOSE OF GRANT: IN RECOGNITION AND GRATITUDE FOR THE TIME AND

DEDICATION OF AST EXECUTIVE COMMITTEE MEMBER.

232075 10-17-22

SCHEDULE I (Form 990) Department of the Treasury Internal Revenue Service		Go	Grants and Oth vernments, an lete if the organizatio Go to www.irs	nd Individua	ls in the Ŭn i ' on Form 990, Pa n 990.	ted States rt IV, line 21 or 22.		OMB No. 1545-0047
Name of the organiz								Employer identification number
Part I General	AMERICAN Information on Grants a		OF TRANSPLAN	TATION				42-1182936
 Does the orga criteria used to Describe in Pa 	nization maintain records a award the grants or assis rt IV the organization's pro- and Other Assistance to	to substantiate the stance? ocedures for moni	toring the use of grant	funds in the Unite	d States.			X Yes No
	t that received more than	-					•	
• •	address of organization jovernment	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
NORTHWESTERN UN 633 CLARK STREE EVANSTON, IL 60	г	36-2167817	501C3	6,000.	0.	FMV		IN RECOGNITION AND GRATITUDE OF THE TIME AND DEDICATION OF THE EXECUTIVE COMMITTEE
	nber of section 501(c)(3) a nber of other organization			ne line 1 table				<u> </u>
	rk Reduction Act Notice							Schedule I (Form 990) 2022

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Schedule I (Form 990) 2022

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
RESEARCH GRANTS & CAREER DEVELOPMENT AWARDS	19	988,817.	0.	FMV	
		,			
Part IV Supplemental Information. Provide the information rec	uired in Part I, lir	ie 2; Part III, column	(b); and any other a	dditional information.	
PART I, LINE 2:					
AST DETERMINES THE ALLOCATION OF F	ESEARCH	GRANT FUND	S THROUGH	ITS GRANT	
APPLICATION PROCESS. APPLICANTS PF	OVIDE A	DETAILED P	ROPOSAL, A	ND A DIVERSE	
COMMITTEE OF EXPERTS REVIEWS/SCORE	S EACH P	ROPOSAL US	ING ESTABL	ISHED SCORING	
CRITERIA. GRANT RECIPIENTS MUST SI	GN A LET	TER OF AGR	EEMENT OUT	LINING THE	
TERMS OF THE GRANT FUNDING. AST RE	QUIRES G	RANT RECIP	IENTS TO C	ONFIRM	
QUARTERLY THAT THEY STILL MEET THE	GRANT C	RITERIA BE	FORE PAYME	NTS ARE	
ISSUED. EACH GRANT RECIPIENT IS AI	SO REQUI	RED TO SUB	MIT AN INT	ERIM REPORT	
TO DEMONSTRATE PROGRESS. A FINAL F	EPORT IS	REQUESTED	OF THE GR	ANT RECIPIENT	
232102 10-31-22		41			Schedule I (Form 990) 2022

42-1182936

ONCE THE GRANT PERIOD HAS ENDED.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: YALE UNIVERSITY

(H) PURPOSE OF GRANT OR ASSISTANCE: IN RECOGNITION AND GRATITUDE OF THE

TIME AND DEDICATION OF THE EXECUTIVE COMMITTEE MEMBER.

NAME OF ORGANIZATION OR GOVERNMENT: NORTHWESTERN UNIVERSITY

(H) PURPOSE OF GRANT OR ASSISTANCE: IN RECOGNITION AND GRATITUDE OF THE

TIME AND DEDICATION OF THE EXECUTIVE COMMITTEE MEMBER.

Schedule I (Form 990)

232291 04-01-22

SC	HEDULE J	Compensation Information	1	OMB No.	1545-00	47
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		20	22)
		Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.		20		•
Depa	tment of the Treasury	Attach to Form 990.		Open to		
Intern	al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.	<u> </u>	Inspe		
Nam	e of the organization		Employer i			mber
		AMERICAN SOCIETY OF TRANSPLANTATION	42-1	18293	6	
Pa	rt I Question	s Regarding Compensation				
					Yes	No
1a		ate box(es) if the organization provided any of the following to or for a person listed on Form	1 990,			
		line 1a. Complete Part III to provide any relevant information regarding these items.				
	First-class or c	, i i i i i i i i i i i i i i i i i i i				
	Travel for com					
		eation and gross-up payments Health or social club dues or initiation fee				
		spending account Personal services (such as maid, chauffe	ur, chet)			
h	If any of the house	on line to are obsolved, did the exercitation follow a written policy respecting normant ar				
b	•	on line 1a are checked, did the organization follow a written policy regarding payment or provision of all of the expenses described above? If "No," complete Part III to explain		16		
2		n require substantiation prior to reimbursing or allowing expenses incurred by all directors,		1 b		
2	•	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2		
	trustees, and onice					
3	Indicate which if a	ny, of the following the organization used to establish the compensation of the organization	'e			
Ŭ		ector. Check all that apply. Do not check any boxes for methods used by a related organization				
		ation of the CEO/Executive Director, but explain in Part III.				
	X Compensation					
		compensation consultant				
	X Form 990 of o		committee			
			501111111111111111111111111111111111111			
4	During the year, did	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
	organization or a re					
а	•	e payment or change-of-control payment?		4a		X
b		eive payment from a supplemental nonqualified retirement plan?				Х
с		eive payment from an equity-based compensation arrangement?				X
		nes 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
	Only section 501(d	:)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensati	on			
	contingent on the r	evenues of:				
а	The organization?			5a		X
b	Any related organiz	ation?		5b		X
		or 5b, describe in Part III.				
6	For persons listed of	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensati	on			
	contingent on the r	net earnings of:				
а	The organization?			6a		X
b	Any related organiz	ation?		6b		X
	If "Yes" on line 6a o	or 6b, describe in Part III.				
7		on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payment				
		nes 5 and 6? If "Yes," describe in Part III		7		X
8	•	reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to				
		ption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		X
9		id the organization also follow the rebuttable presumption procedure described in				
		n 53.4958-6(c)?				
LHA	For Paperwork R	eduction Act Notice, see the Instructions for Form 990.	Sched	ule J (Forr	n 990) 2022

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.

(A) Name and Title		(B) Breakdown of W	/-2 and/or 1099-MIS compensation	C and/or 1099-NEC	other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) MS. SHANDIE COVINGTON	(i)	240,426.	0.	0.	14,303.	15,872.	270,601.	0.
CHIEF EXECUTIVE OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) MS. JOANN GWYNN	(i)	177,775.	0.	0.	11,637.	10,834.	200,246.	0.
CHIEF DEVELOPMENT OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

Schedule J (Form 990) 2022

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.

Schedule J (Form 990) 2022

SCHEDULE O

(Form 990)

Department of the Treasury Internal Revenue Service Name of the organization 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 Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.



Employer identification number 42-1182936

AMERICAN SOCIETY OF TRANSPLANTATION

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

FELLOWSHIP TRAINING AND OTHER - TO SUPPORT TRAINING OF THE NEXT

GENERATION OF TRANSPLANT NEPHROLOGISTS, THE AST RENAL TRANSPLANT

FELLOWSHIP TRAINING ACCREDITATION PROGRAM ACCREDITS INSTITUTIONS THAT

HAVE DEVELOPED PROGRAMS TO PROVIDE SPECIALTY RENAL TRANSPLANT TRAINING.

AS A RESULT OF THE PROGRAM'S APPROVAL BY THE UNITED NETWORK FOR ORGAN

SHARING (UNOS), GRADUATES OF ACCREDITED RENAL TRANSPLANT FELLOWSHIP

PROGRAMS ARE QUALIFIED TO HEAD UNOS APPROVED RENAL TRANSPLANT PROGRAMS.

THE GOAL OF AST'S ACCREDITATION PROGRAM IS TO PROVIDE A BASIS FOR THE

STANDARDIZATION OF TRANSPLANT TRAINING AND A METHOD OF UNIFORM

DOCUMENTATION OF EDUCATION FOR THOSE WHO WISH TO LEAD RENAL TRANSPLANT

PROGRAMS WITH THE GOAL OF ACHIEVING THE BEST OUTCOMES FOR PATIENTS.

EXPENSES \$ 229,116. INCLUDING GRANTS OF \$ 0. REVENUE \$ 549,220.

FORM 990, PART VI, SECTION A, LINE 4:

TERM LIMITS FOR OFFICER POSITIONS ARE AS FOLLOWS:

1. OFFICERS MAY NOT SERVE CONSECUTIVE TERMS IN THE SAME ELECTED POSITION.

2. OFFICERS MAY NOT SERVE AS COUNCIL-AT-LARGE AFTER SERVING ON THE

EXECUTIVE COMMITTEE.

3. A MEMBER MAY SERVE AS SECRETARY OR TREASURER, BUT NOT HOLD BOTH.

4. NO PERSON WHO HAS HELD THE OFFICE OF PRESIDENT MAY BE ELECTED TO THIS

46

ROLE MORE THAN ONCE.

FORM 990, PART VI, SECTION A, LINE 6:

THE ORGANIZATION HAS ONE CLASS OF VOTING MEMBERS.

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

Schedule O (Form 990) 2022

12310926 793760 2094

2022.04030 AMERICAN SOCIETY OF TRANSPL 2094___1

AMERICAN SOCIETY OF TRANSPLANTATION

FORM 990, PART VI, SECTION A, LINE 7A:

FULL AND INTERNATIONAL MEMBERS HAVE THE RIGHT TO HOLD OFFICE ON THE COUNCIL

AND SERVE ON COMMITTEES.

FORM 990, PART VI, SECTION A, LINE 7B:

ALL FULL, INTERNATIONAL, AND TRAINEE MEMBERS HAVE THE RIGHT TO VOTE ON ALL MATTERS BROUGHT BEFORE THE GENERAL MEMBERSHIP, SUCH AS APPROVAL OF REVISIONS TO BYLAWS.

FORM 990, PART VI, SECTION B, LINE 11B:

PRIOR TO ITS FILING WITH THE IRS, THE AUDIT COMMITTEE THOROUGHLY REVIEWS THE FORM 990 AND RECOMMENDS ITS APPROVAL TO THE BOARD OF DIRECTORS. A COPY OF THE FORM 990 IS PROVIDED TO EACH VOTING MEMBER OF THE COUNCIL FOR REVIEW BEFORE IT IS FILED WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C:

THE BOARD AND EVERY COMMITTEE REVIEWS THE SUMMARY OF INDIVIDUAL DISCLOSURES AND NOTES ANY AREAS OF BUSINESS. CONFLICTS OF INTEREST ARE ALSO MANAGED AND RESOLVED BY THE CONFLICT OF INTEREST COMMITTEE.

FORM 990, PART VI, SECTION B, LINE 15:

THE AST BOARD OF DIRECTORS TAKES ITS FIDUCIARY RESPONSIBILITY VERY

SERIOUSLY. DURING THE ANNUAL BUDGETING PROCESS, THE AST BOARD UTILIZES A

RIGOROUS METHOD FOR THE REVIEW AND APPROVAL OF THE AST'S SCOPE OF WORK,

STAFFING MODEL AND ASSOCIATED STAFF COMPENSATION FOR THE EXECUTIVE STAFF

AND THE REMAINING DIRECT LABOR STAFF WHO ARE EMPLOYEES OF AST. TO ENSURE

THAT STAFF COMPENSATION IS APPROPRIATE, THE AST BOARD USES TWO SOURCES OF

BENCHMARKING DATA: 1) THE AMERICAN SOCIETY OF ASSOCIATION EXECUTIVES, 232212 10-28-22 Schedule O (Form 990) 2022 47

Schedule O (Form 990) 2022	Page 2
Name of the organization AMERICAN SOCIETY OF TRANSPLANTATION	Employer identification number $42 - 1182936$
OPERATING RATIOS REPORT, A DESKTOP REFERENCE USED BY ASSO	CIATION EXECUTIVES
AND VOLUNTEER LEADERS FOR BENCHMARKING THE FINANCIAL AND	OPERATIONAL
PERFORMANCE OF THEIR ORGANIZATIONS AGAINST SIMILAR ORGANI	ZATIONS; AND, 2)
COMPARABLE PERSONNEL AND OVERHEAD DATA MINED FROM THE FOR	M 990S OF RELATED
ASSOCIATIONS. THE BOARD FULLY SUPPORTS TRANSPARENCY IN TH	E REPORTING OF THE
EXECUTIVE STAFF'S COMPENSATION, WHICH INCLUDES THE EXECUT	IVE DIRECTOR,
ASSOCIATE EXECUTIVE DIRECTOR AND CHIEF DEVELOPMENT OFFICE	R.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990: AL,AK,AR,CA,CO,CT,FL,GA,HI,IL,KS,KY,MI,ME,MD,MA,MN,MS,NV,NH,NJ,NM,NY,NC,ND OH,OK,OR,PA,RI,SC,TN,UT,VA,WA,WV,WI,DC

FORM 990, PART VI, SECTION C, LINE 19:

COPIES OF THE ORGANIZATIONS GOVERNING DOCUMENTS, CONFLICT OF INTEREST

POLICY AND FINANCIAL STATEMENTS ARE PROVIDED UPON REQUEST.

232212 10-28-22

SCHEDULE R

(Form 990)

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

OMB No. 1545-0047

2022 Open to Public Inspection

Employer identification number

42-1182936

Department of the Treasury Internal Revenue Service

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

Name of the organization

AMERICAN SOCIETY OF TRANSPLANTATION

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(b)	(c)	(d)	(e)	(f)
Primary activity	Legal domicile (state or	Total income	End-of-year assets	Direct controlling
	foreign country)			entity
PROMOTES THE EDUCATION,				
TRAINING AND KNOWLEDGE OF				AMERICAN SOCIETY OF
RENAL TRANSPLANT PHYSICIAN	IOWA	80,208.	100,720.	TRANSPLANTATION
]				
	Primary activity PROMOTES THE EDUCATION, TRAINING AND KNOWLEDGE OF	Primary activity Legal domicile (state or foreign country) PROMOTES THE EDUCATION, TRAINING AND KNOWLEDGE OF	Primary activity Legal domicile (state or foreign country) Total income PROMOTES THE EDUCATION, TRAINING AND KNOWLEDGE OF	Primary activity Legal domicile (state or foreign country) Total income End-of-year assets PROMOTES THE EDUCATION, TRAINING AND KNOWLEDGE OF Find the second

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	Exempt Code	(e) Public charity status (if section	(f) Direct controlling entity	cont	g) 512(b)(13) rolled itty?
				501(c)(3))		Yes	No	

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

Schedule R (Form 990) 2022

Schedule R (Form 990) 2022 AMERICAN SOCIETY OF TRANSPLANTATION

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or	(d) Direct controlling entity	Predomi	(e) nant income unrelated, rom tax under \$ 512-514)	Share	(f) e of total come	Sha end-o	g) are of of-year sets	Disprop	h) ortionate tions?	(i) Code V-UE amount in b 20 of Sched	SI G OX ^m	(j) eneral or nanaging partner?	(k) Percer owner	ntac
		foreign country)		sections	512-514)			as	5015	Yes	No	K-1 (Form 10	65) Y			
	-															
	-															
	-															
	-													_		
	_															
	-															
IV Identification of Related O organizations treated as a c	Organizations Taxable corporation or trust duri	as a Corpo	pration or Trust. Co year.	omplete if t	he organizat	ion ansv	vered "Yes	s" on For	rm 990, P	art IV,	line 34	I 1, because it h	ad on	ie or m	ore rela	ate
organizations treated as a c	corporation or trust duri	ng the tax	year. (b)	(c)	(d)		(e))	(f)		(g)	(h)		
organizations treated as a c	corporation or trust durin	ng the tax	year. (b)		-	trolling	i) entity S corp,) of total		(g)	(I Perce		(i) Secti 512(b) contro entit) tion b)(1: olle
organizations treated as a c (a) Name, address, and	corporation or trust durin	ng the tax	year. (b)	(C) Legal domicile (state or foreign	(d) Direct con	trolling	(e) Type of (C corp, s) entity S corp,	(f Share d) of total		(g) Share of end-of-year	(I Perce	h) entage	(i) Secti 512(b) contro) tion o)(1: olle
organizations treated as a c (a) Name, address, and	corporation or trust durin	ng the tax	year. (b)	(C) Legal domicile (state or foreign	(d) Direct con	trolling	(e) Type of (C corp, s) entity S corp,	(f Share d) of total		(g) Share of end-of-year	(I Perce	h) entage	(i) Secti 512(b) contro entit) tion o)(1: olle
organizations treated as a c (a) Name, address, and	corporation or trust durin	ng the tax	year. (b)	(C) Legal domicile (state or foreign	(d) Direct con	trolling	(e) Type of (C corp, s) entity S corp,	(f Share d) of total		(g) Share of end-of-year	(I Perce	h) entage	(i) Secti 512(b) contro entit) tion b)(1: olle
organizations treated as a c (a) Name, address, and	corporation or trust durin	ng the tax	year. (b)	(C) Legal domicile (state or foreign	(d) Direct con	trolling	(e) Type of (C corp, s) entity S corp,	(f Share d) of total		(g) Share of end-of-year	(I Perce	h) entage	(i) Secti 512(b) contro entit) b)(13 olle ity?
organizations treated as a c (a) Name, address, and	corporation or trust durin	ng the tax	year. (b)	(C) Legal domicile (state or foreign	(d) Direct con	trolling	(e) Type of (C corp, s) entity S corp,	(f Share d) of total		(g) Share of end-of-year	(I Perce	h) entage	(i) Secti 512(b) contro entit) tion b)(1: olle
organizations treated as a c (a) Name, address, and	corporation or trust durin	ng the tax	year. (b)	(C) Legal domicile (state or foreign	(d) Direct con	trolling	(e) Type of (C corp, s) entity S corp,	(f Share d) of total		(g) Share of end-of-year	(I Perce	h) entage	(i) Secti 512(b) contro entit) tion b)(1: olle

Schedule R (Form 990) 2022 AMERICAN SOCIETY OF TRANSPLANTATION

Part V	Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.
--------	---

Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		
	Gift, grant, or capital contribution to related organization(s)	1b		
	Gift, grant, or capital contribution from related organization(s)	1c		
	Loans or loan guarantees to or for related organization(s)	1d		
	Loans or loan guarantees by related organization(s)	1e		
f	Dividends from related organization(s)	1f		
g		1g		
h	Purchase of assets from related organization(s)	1h		
i	Exchange of assets with related organization(s)	1i		
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		
I.	Performance of services or membership or fundraising solicitations for related organization(s)	11		
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		
	Sharing of paid employees with related organization(s)	10		
р	Reimbursement paid to related organization(s) for expenses	1p		
q	Reimbursement paid by related organization(s) for expenses	1q		
r	Other transfer of cash or property to related organization(s)	1r		
s	Other transfer of cash or property from related organization(s)	1s		
2	If the answer to any of the above is "Yes." see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.			

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
<u>(6)</u>	51		Cabadula D (Earra 000) 0000

Schedule R (Form 990) 2022 AMERICAN SOCIETY OF TRANSPLANTATION

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e)) all s sec.)(3) .? No	(f) Share of total income	(g) Share of end-of-year assets	(H Dispr tior alloca Yes	n) opor- nate tions? No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) Gener mana partn Yes	nal or f uging ner? NO	(k) Percentage ownership

Schedule R (Form 990) 2022

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

		** PUBLIC DISCLOSURE COPY **						
Form 990-T	E	Exempt Organization Business Income Tax Retu	rn ∣	OMB No. 1545-0047				
		(and proxy tax under section 6033(e))		0000				
	For ca	endar year 2022 or other tax year beginning, and ending		2022				
Department of the Treasury Internal Revenue Service	Go to www.irs.gov/Form990T for instructions and the latest information. Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).							
A Check box if address changed.		Name of organization (Check box if name changed and see instructions.)	DEmplo	oyer identification number				
B Exempt under section	Print	AMERICAN SOCIETY OF TRANSPLANTATION	4	2-1182936				
X 501(c)(3)	or	Number, street, and room or suite no. If a P.O. box, see instructions.		exemption number				
408(e) 220(e)	Туре	1000 ATRIUM WAY, 400	(000 !!					
408A 530(a)		City or town, state or province, country, and ZIP or foreign postal code						
529(a) 529A		MOUNT LAUREL, NJ 08054	F	Check box if				
	C Bo	ok value of all assets at end of year 20,656,698.		an amended return.				
G Check organization	type	X 501(c) corporation 501(c) trust 401(a) trust Other trust	State	college/university				
H Check if filing only t	0	Claim credit from Form 8941 Claim a refund shown on Form 2439						
Check if a 501(c)(3)	organiz	ation filing a consolidated return with a 501(c)(2) titleholding corporation		<u></u>				
J Enter the number o	f attach	ed Schedules A (Form 990-T)		2				
K During the tax year,	was th	e corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?		Yes X No				
If "Yes," enter the n	ame an	d identifying number of the parent corporation.						
L The books are in ca		THE ORGANIZATION Telephone number	856-	439-9986				
Part I Total Un	relate	d Business Taxable Income						
1 Total of unrelated	busine	ss taxable income computed from all unrelated trades or businesses (see						
instructions)			. 1	190,572.				
2 Reserved			. 2					
3 Add lines 1 and 2		4 4	3	190,572.				
4 Charitable contrib	outions	(see instructions for limitation rules) STMT 1 STMT 2		18,957.				
5 Total unrelated be	usiness	taxable income before net operating losses. Subtract line 4 from line 3	5	171,615.				
	•	ng loss. See instructions	. 6					
7 Total of unrelated	busine	ss taxable income before specific deduction and section 199A deduction.		4 5 4 5 4 5				
Subtract line 6 fro				171,615.				
		rally \$1,000, but see instructions for exceptions)		1,000.				
9 Trusts. Section 1	99A de	duction. See instructions	9	1 0 0 0				
10 Total deductions			. 10	1,000.				
11 Unrelated busine	ess tax	able income. Subtract line 10 from line 7. If line 10 is greater than line 7,						
enter zero			11	170,615.				
Part II Tax Com								
		s corporations. Multiply Part I, line 11 by 21% (0.21)	. 1	35,829.				
		ates. See instructions for tax computation. Income tax on the amount on						
Part I, line 11 from		Tax rate schedule or Schedule D (Form 1041)						
3 Proxy tax. See in	. 3							
5 Alternative minim								
•		cility income. See instructions	_	35 000				
		h 6 to line 1 or 2, whichever applies	7	35,829.				
LHA For Paperwork	Reduct	ion Act Notice, see instructions.		Form 990-T (2022)				

223701 01-16-23

	90-T (2022)			P	age 2
Part					
1a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 1a				
b	Other credits (see instructions) 1b				
с	General business credit. Attach Form 3800 (see instructions)				
d	Credit for prior year minimum tax (attach Form 8801 or 8827)				
е	Total credits. Add lines 1a through 1d	1e			
2	Subtract line 1e from Part II, line 7	2	35	5,82	29.
3	Other amounts due. Check if from: Form 4255 Form 8611 Form 8697 Form 8866	3			
4	Total tax. Add lines 2 and 3 (see instructions).				
	section 1294. Enter tax amount here	4	35	5,8	<u>29.</u> 0.
5	Current net 965 tax liability paid from Form 965-A, Part II, column (k)	5			0.
6a	Payments: A 2021 overpayment credited to 2022				
b	2022 estimated tax payments. Check if section 643(g) election applies 6b 23, 520.				
с	Tax deposited with Form 8868 6c 30, 200.	1			
d	Foreign organizations: Tax paid or withheld at source (see instructions) 6d				
е	Backup withholding (see instructions) 6e	1			
f	Credit for small employer health insurance premiums (attach Form 8941) 6f				
g	Other credits, adjustments, and payments: Form 2439				
	Form 4136 Other Total 6g				
7	Total payments. Add lines 6a through 6g	7	53	3,71	20.
8	Estimated tax penalty (see instructions). Check if Form 2220 is attached	8			39.
9	Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed	9			
10	Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid	10	17	7,8	
	Enter the amount of line 10 you want: Credited to 2023 estimated tax 17,852. Refunded	11			0.
Part	IV Statements Regarding Certain Activities and Other Information (see instructions)				
1	At any time during the 2022 calendar year, did the organization have an interest in or a signature or other authority		Ľ	Yes	No
	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				
	here				X
2	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?				х
	If "Yes," see instructions for other forms the organization may have to file.				
3	Enter the amount of tax-exempt interest received or accrued during the tax year \$				
4	Enter available pre-2018 NOL carryovers here \$ Do not include any post-2017 NOL car	rryover			
	shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Pa	rt I, line 6	s. [
5	Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 NOL carryovers. Don't reduc	е			
	the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions	3.			
	Business Activity Code Available post-2017 NOL c				
	\$				
	\$				
6a	Did the organization change its method of accounting? (see instructions)				Х
b	If 6a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No,"				
	explain in Part V	<u></u>			
— ·					

Part V Supplemental Information

Provide the explanation required by Part IV, line 6b. Also, provide any other additional information. See instructions.

Sign Here			nined this return, including accompanying so r than taxpayer) is based on all information of 9/27/2023 TH Date Title		edge.	Nowledge and belief, it is true, May the IRS discuss this return with the preparer shown below (see instructions)? Xes No
	Print/Type prepare	er's name	Preparer's signature	Date	Check	if PTIN
Paid					self- employed	d
Preparer	JENNIFER	SOLOT	JENNIFER SOLOT	09/26/23		P00749373
Use Only	T T	BBD, LLP	•		Firm's EIN	23-2896692
obe only		1835 MAR				
	Firm's address	PHILADEL	Phone no.	215-567-7770		
223711 01-16-	23					Form 990-T (2022)
			58			
310926	793760 20	94	2022.04030 AME	RICAN SOCIET	Y OF TF	RANSPL 20941

FORM 990-T	CONTRIBUTIONS	STATEMENT 1
DESCRIPTION/KIND OF PROPERTY	METHOD USED TO DETERMINE FMV	AMOUNT
YALE	N/A	5,000.
NORTHWESTERN UNIVERSITY VANCOUVER TRANSPLANT	N/A N/A	6,000.
NEPHROLOGY	N/A	48,500.
UNIVERSITY HEALTH NETWORK	N/A	9,000.
UNIVERSITY CARDIOVASCULAR MEDICAL GROUP	N/A	3,000.
TOTAL TO FORM 990-T, PART I, L	INE 4	71,500.

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FORM 990-T	CONTR	IBUTIONS SUMMAN	RY	STATEMENT	2
	CONTRIBUTIONS SUBJECT CONTRIBUTIONS SUBJECT				
FOR TAX FOR TAX FOR TAX FOR TAX	OF PRIOR YEARS UNUSED YEAR 2017 YEAR 2018 YEAR 2019 YEAR 2020 YEAR 2021	CONTRIBUTIONS 60,676 59,058			
TOTAL CARI			119,734 71,500		
	TRIBUTIONS AVAILABLE NCOME LIMITATION AS AD	JUSTED	191,234 18,957		
EXCESS 10	NTRIBUTIONS)% CONTRIBUTIONS ESS CONTRIBUTIONS		172,277 0 172,277		
ALLOWABLE	CONTRIBUTIONS DEDUCTI	ON		18,	957
TOTAL CON	TRIBUTION DEDUCTION			18,	957

SCHEDULE A (Form 990-T)

Unrelated Business Taxable Income From an Unrelated Trade or Business

Go to www.irs.gov/Form990T for instructions and the latest information.

Department of the Treasury Internal Revenue Service

Е

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

0000

Open to Public Inspection for 501(c)(3) Organizations Only

2

A	Name of the organization	n
	AMERICAN	SO

ı			
SOCIETY	OF	TRANSPLANTATION	

B Employer identification number 42-1182936

of

1

D Sequence:

С	Unrelated business activity code (see instructions)	900099

Describe the unrelated trade or business CAREER CENTER INCOME

Pa	t I Unrelated Trade or Business Income		(A) Incom	e	(B) Expense	s	(C) Net	
1a	Gross receipts or sales 104, 210.							
	Less returns and allowances c Balance	1c	104,	210.				
2	Cost of goods sold (Part III, line 8)	2						
3	Gross profit. Subtract line 2 from line 1c	3	104,	210.			104,210.	
4 a	Capital gain net income (attach Schedule D (Form 1041 or Form							
	1120)). See instructions	4a						
b	Net gain (loss) (Form 4797) (attach Form 4797). See instructions)	4b						
с	Capital loss deduction for trusts	4c						
5	Income (loss) from a partnership or an S corporation (attach							
	statement)	5						
6	Rent income (Part IV)	6						
7	Unrelated debt-financed income (Part V)	7						
8	Interest, annuities, royalties, and rents from a controlled							
	organization (Part VI)	8						
9	Investment income of section 501(c)(7), (9), or (17)							
	organizations (Part VII)	9						
10	Exploited exempt activity income (Part VIII)	10						
11	Advertising income (Part IX)	11						
12	Other income (see instructions; attach statement)	12						
13	Total. Combine lines 3 through 12	13	104,	210.			104,210.	
	directly connected with the unrelated business in					1		
1 2	Compensation of officers, directors, and trustees (Part X)							
2	Repairs and maintenance							
4	Bad debts							
5	Interest (attach statement). See instructions							
6	Taxes and licenses					6		
7	Depreciation (attach Form 4562). See instructions							
8	Less depreciation claimed in Part III and elsewhere on return		8a			8b		
9	Depletion					9		
10	Contributions to deferred compensation plans					10		
11	Employee benefit programs					11		
12	Excess exempt expenses (Part VIII)		12					
13	Excess readership costs (Part IX)		13					
14	Other deductions (attach statement)		14					
15	Total deductions. Add lines 1 through 14		15	0.				
16	Unrelated business income before net operating loss deduction. S							
	column (C)					16	104,210.	
17	Deduction for net operating loss. See instructions					17	0.	
18	Unrelated business taxable income. Subtract line 17 from line 10					18	104,210.	
LHA	For Paperwork Reduction Act Notice, see instructions.				S	chedu	le A (Form 990-T) 2022	

223741 01-16-23

Schedu Part I	Ile A (Form 990-T) 2022 II Cost of Goods Sold Enter meth	nod of inventory valuat	ion		Page
	Inventory at beginning of year	,		1	
2	Purchases				
3	Cost of labor				
4	Additional section 263A costs (attach statement)				
5	Other costs (attach statement)				
6	Total. Add lines 1 through 5				
7	Inventory at end of year				
8	Cost of goods sold. Subtract line 7 from line 6. Enter h				Yes No
9 Part I	Do the rules of section 263A (with respect to property) Rent Income (From Real Property and				
1	Description of property (property street address, city, s	•			
•	A				
	в				
	c 🗌				
	D				
		Α	В	С	D
2	Rent received or accrued				
а	From personal property (if the percentage of				
	rent for personal property is more than 10%				
	but not more than 50%)				
b	From real and personal property (if the				
	percentage of rent for personal property exceeds				
	50% or if the rent is based on profit or income)				
С	Total rents received or accrued by property.				
	Add lines 2a and 2b, columns A through D				
3 4	Total rents received or accrued. Add line 2c columns A Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)	through D. Enter here	and on Part I, line 6, co	olumn (A)	0
4 5	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. En Unrelated Debt-Financed Income (se Description of debt-financed property (street address, of A	ter here and on Part I, se instructions)	line 6, column (B)		0
4 5 Part V	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Image: Constraint of the statement of the st	ter here and on Part I, se instructions)	line 6, column (B)		
4 5 Part V	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. En V Unrelated Debt-Financed Income (see Description of debt-financed property (street address, or A B	ter here and on Part I, se instructions)	line 6, column (B)		
4 5 Part V	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Image: Constraint of the statement of the st	ter here and on Part I, ee instructions) city, state, ZIP code). (line 6, column (B)	e instructions.	
4 5 Part V	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. En V Unrelated Debt-Financed Income (see Description of debt-financed property (street address, or A B	ter here and on Part I, se instructions)	line 6, column (B) Check if a dual-use. See		0
4 <u>5</u> Part \ 1	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)	ter here and on Part I, ee instructions) city, state, ZIP code). (line 6, column (B) Check if a dual-use. See	e instructions.	0
4 <u>5</u> Part \ 1	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. En ✓ Unrelated Debt-Financed Income (set Description of debt-financed property (street address, A B	ter here and on Part I, ee instructions) city, state, ZIP code). (line 6, column (B) Check if a dual-use. See	e instructions.	0
4 5 Part V 1 2 3	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)	ter here and on Part I, ee instructions) city, state, ZIP code). (line 6, column (B) Check if a dual-use. See	e instructions.	0
4 5 Part V 1 2 3	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)	ter here and on Part I, ee instructions) city, state, ZIP code). (line 6, column (B) Check if a dual-use. See	e instructions.	0
4 5 Part V 1 2 3	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Image: Constraint of the statement of the	ter here and on Part I, ee instructions) city, state, ZIP code). (line 6, column (B) Check if a dual-use. See	e instructions.	0
4 5 Part V 1 2 3 3	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Image: Constraint of the statement of the	ter here and on Part I, ee instructions) city, state, ZIP code). (A	line 6, column (B) Check if a dual-use. See	e instructions.	0
4 5 Part \ 1 2 3 a b c	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. En Unrelated Debt-Financed Income (see Description of debt-financed property (street address, or A B C D Gross income from or allocable to debt-financed property Deductions directly connected with or allocable to debt-financed property Straight line depreciation (attach statement) Other deductions (add lines 3a and 3b, columns A through D)	ter here and on Part I, ee instructions) city, state, ZIP code). (A	line 6, column (B) Check if a dual-use. See	e instructions.	0
4 5 Part \ 1 2 3 a b	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. En Unrelated Debt-Financed Income (see Description of debt-financed property (street address, of B C C C C C C C C C C C C C C C C C C	ter here and on Part I, ee instructions) city, state, ZIP code). (A	line 6, column (B) Check if a dual-use. See	e instructions.	0
4 5 Part V 1 2 3 a b c 4	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)	ter here and on Part I, ee instructions) city, state, ZIP code). (A	line 6, column (B) Check if a dual-use. See	e instructions.	0
4 5 Part \ 1 2 3 a b c	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)	ter here and on Part I, ee instructions) city, state, ZIP code). (A	line 6, column (B) Check if a dual-use. See	e instructions.	0
4 5 Part V 1 2 3 a b c 4 5	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Image: Constraint of the statement of the	ter here and on Part I, ee instructions) city, state, ZIP code). (A	line 6, column (B) Check if a dual-use. See B	e instructions.	0
4 5 7 2 3 a b c 4 5 6	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Image: Constraint of the statement of the	ter here and on Part I, ee instructions) city, state, ZIP code). (A	line 6, column (B) Check if a dual-use. See	e instructions.	0
4 5 Part V 1 2 3 a b c 4 5	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Image: Constraint of the statement of the	ter here and on Part I, ee instructions) city, state, ZIP code). (A A %	line 6, column (B) Check if a dual-use. See B B %	e instructions.	0
4 5 Part V 1 2 3 a b c 4 5 4 5 7	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Image: Constraint of the statement of the	ter here and on Part I, ee instructions) city, state, ZIP code). (A A %	line 6, column (B) Check if a dual-use. See B B %	e instructions.	D
4 5 Part V 1 2 3 a b c 4 5 4 5 7	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. En Unrelated Debt-Financed Income (see Description of debt-financed property (street address, of B C C C D C C C C C C C C C C C C C C C	ter here and on Part I, ee instructions) city, state, ZIP code). (A A (Second Second	line 6, column (B) Check if a dual-use. See B B % rt I, line 7, column (A)	e instructions.	
4 5 7 2 3 2 3 2 3 4 5 6 7 8	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)	ter here and on Part I, ee instructions) city, state, ZIP code). (A A . Enter here and on Pa	line 6, column (B) Check if a dual-use. See B B rt I, line 7, column (A) d on Part I, line 7, colum	e instructions.	
4 5 Part V 1 2 3 a b c 4 5 6 7 8 9	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. En Unrelated Debt-Financed Income (see Description of debt-financed property (street address, of B C C C D C C C C C C C C C C C C C C C	ter here and on Part I, ee instructions) city, state, ZIP code). (A A . Enter here and on Pa	line 6, column (B) Check if a dual-use. See B B rt I, line 7, column (A) d on Part I, line 7, colum	e instructions.	

1

	ule A (Form 990-T) 2022		ovaltios and P	onto fro	m Contro		raanizatio	nc /-				Page 3
Part	VI Interest, Annu	illes, n	oyanies, and h		in contro		-					
	1. Name of controlled2. Employerorganizationidentificationnumber		3. Net unrelated 4. Total of		al of specified 5. Pathematical of specified that is contributed to the specified that is contributed to the specified to t		ed Organizations 5. Part of column 4 that is included in the controlling organiza- tion's gross income					
(1)												
(2)												
(3)												
(4)												
			No	nexempt C	Controlled O	rganizati	ions					
7	7. Taxable Income 8. Net unrelated income (loss) (see instructions)			otal of specif yments mad		10. Part of that is inconstruction of the test of te	luded	in the zation's		co	ductions directly nnected with ne in column 10	
(1)							Ŭ					
(2)												
(3)												
(4)												
		Add columns 5 and 10. Enter here and on Part I, line 8, column (A)				n Part I, 1 (A)	Add columns 6 and 11. Enter here and on Part I, line 8, column (B)					
Totals Part	VII		- (- 0 1 5 (_\ _ \ _ \	(0)				0.			0.
Part		cription of	of a Section 50	J1(C)(7),								5. Total deductions
	I. Dest		lincome		2. Amou incon		3. Deduction directly conn (attach state	ected	4. Set- (attach st		, I	and set-asides (add cols 3 and 4)
(1)												
(2)												
(3) (4)												
(+) Totals					Add amou column 2 here and o line 9, colu	. Enter n Part I,						Add amounts in column 5. Enter here and on Part I, line 9, column (B) 0 •
Part	VIII Exploited E	xempt A	Activity Income	, Other	Than Adv	ertisin	ng Income ((see in	structions))		
1	Description of exploite	ed activity:										
2	Gross unrelated busin									2		
3	Expenses directly con	nected wi	th production of unr	related bus	iness incom	e. Enter	here and on F	Part I,				
										3		
4	Net income (loss) from	n unrelated	I trade or business.	Subtract li	ne 3 from lir	e 2. If a	gain, complete	е				
	lines 5 through 7									4		
5	Gross income from ac									5		
6	Expenses attributable									6		
7	Excess exempt expen											
	4. Enter here and on F	Part II, line	12							7		

Schedule A (Form 990-T) 2022

223731 01-16-22

Part	lule A (Form 990-T) 2022				Page
1	IX Advertising Income				
•	Name(s) of periodical(s). Check box if reporti	ing two or more periodicals on a c	onsolidated bas	is.	
	A [
	В				
	с <u> </u>				
_	D [
nter :	amounts for each periodical listed above in the				
		A	В	c	D
2	Gross advertising income				0.
	Add columns A through D. Enter here and or	n Part I, line 11, column (A)			U
a		T			
3	Direct advertising costs by periodical				0
а	Add columns A through D. Enter here and or	n Part I, line I I, column (B)			0.
	Advertising asig (lass). Culturat line O from 1	in a			1
4	Advertising gain (loss). Subtract line 3 from li	ine			
	2. For any column in line 4 showing a gain,	in			
	complete lines 5 through 8. For any column				
	line 4 showing a loss or zero, do not complet				
-	lines 5 through 7, and enter zero on line 8				
5	Readership costs				
6 7	Circulation income				
7	Excess readership costs. If line 6 is less than				
	line 5, subtract line 6 from line 5. If line 5 is le				
•	than line 6, enter zero				
8	Excess readership costs allowed as a				
	deduction. For each column showing a gain				
	line 4, enter the lesser of line 4 or line 7				
а	Add line 8, columns A through D. Enter the g				0.
Part	Part II, line 13 X Compensation of Officers, D	irectors, and Trustees (se	e instructions)		
				3. Percentage	4. Compensation
	1. Name	2. Title		of time devoted	attributable to
				to business	unrelated business
1)				%	
2)				%	
				%	
31				%	
3) 4)				/0	
4)	I. Enter here and on Part II, line 1			70	0 .
4) Total	I. Enter here and on Part II, line 1 XI Supplemental Information (set	ee instructions)			0 .
4)		ee instructions)			0
4) Total		ee instructions)			0
4) Total		ee instructions)			0
4) Total		ee instructions)			0
4) Total		ee instructions)			0
4) Total		ee instructions)			0
4) Total		ee instructions)			0
4) Total		ee instructions)			0
4) Total		ee instructions)			0
4) Total		ee instructions)			0
4) Total		ee instructions)			0
4) Total		ee instructions)			0
4) Total		ee instructions)			0
4) Total		ee instructions)			0
4) Total		ee instructions)			0
4) Total		ee instructions)			0
4) Total		ee instructions)			0
4) Total		ee instructions)			0

SCHEDULE A (Form 990-T)

Unrelated Business Taxable Income From an Unrelated Trade or Business

Go to www.irs.gov/Form990T for instructions and the latest information.

Department of the Treasury Internal Revenue Service

F

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

99

OMB No. 1545-0047

Open to Public Inspection for 501(c)(3) Organizations Only

2

Α Name of the organi

ne of the organization	า			
AMERICAN	SOCIETY	OF	TRANSPLANTATION	

B Employer identification number 42-1182936

of

2

D Sequence:

C Unrelated business activity code (see instructions) 9000
--

JOURNAL AND WEBSITE ADVERTISING INCOME Describe the unrelated trade or business

Pa	rt I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales				
b	Less returns and allowances c Balance	1c			
2	Cost of goods sold (Part III, line 8)	2			
3	Gross profit. Subtract line 2 from line 1c	3			
4a	Capital gain net income (attach Schedule D (Form 1041 or Form				
	1120)). See instructions	4a			
b	Net gain (loss) (Form 4797) (attach Form 4797). See instructions)	4b			
с	Capital loss deduction for trusts	4c			
5	Income (loss) from a partnership or an S corporation (attach				
	statement)	5			
6	Rent income (Part IV)	6			
7	Unrelated debt-financed income (Part V)	7			
8	Interest, annuities, royalties, and rents from a controlled				
	organization (Part VI)	8			
9	Investment income of section 501(c)(7), (9), or (17)				
	organizations (Part VII)	9			
10	Exploited exempt activity income (Part VIII)	10			
11	Advertising income (Part IX)	11	119,265.	32,903.	86,362.
12	Other income (see instructions; attach statement)	12			
13	Total. Combine lines 3 through 12	13	119,265.	32,903.	86,362.

Part II Deductions Not Taken Elsewhere See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income

1	Compensation of officers, directors, and trustees (Part X)			1	
2	Salaries and wages	2			
3	Repairs and maintenance			3	
4	Bad debts			4	
5	Interest (attach statement). See instructions				
6	Taxes and licenses				
7	Depreciation (attach Form 4562). See instructions	7			
8	Depreciation (attach Form 4562). See instructions Less depreciation claimed in Part III and elsewhere on return	8a		8b	
9	Depletion			9	
10	Contributions to deferred compensation plans				
11	Employee benefit programs				
12	Excess exempt expenses (Part VIII)				
13	Excess readership costs (Part IX)				
14	Other deductions (attach statement)				
15	Total deductions. Add lines 1 through 14				0.
16	Unrelated business income before net operating loss deduction. Subtract line 15 from	n Parl	t I, line 13,		
	column (C)			16	86,362.
17	Deduction for net operating loss. See instructions			17	0.
18	Unrelated business taxable income. Subtract line 17 from line 16				86,362.
LHA	For Paperwork Reduction Act Notice, see instructions.			Schedu	ıle A (Form 990-T) 2022

art I	le A (Form 990-T) 2022 II Cost of Goods Sold Enter meth	od of inventory valuat	ion				age
<u>1</u>					1		
2	Inventory at beginning of year				2		
3	Purchases				3		
ļ	Cost of labor				4		
					5		
	Other costs (attach statement)				6		
; ,	Total. Add lines 1 through 5				-		
,	Inventory at end of year				7		
3	Cost of goods sold. Subtract line 7 from line 6. Enter h				8	Yes	N
) t. I	Do the rules of section 263A (with respect to property					Yes	N
irt I		· · · · · ·	-		rty)		
	Description of property (property street address, city, s	tate, ZIP code). Check	t if a dual-use. See inst	tructions.			
	в						
	c						
	D []						
		A	В	С		D	
2	Rent received or accrued						
а	From personal property (if the percentage of						
	rent for personal property is more than 10%						
	but not more than 50%)						
b	From real and personal property (if the						
	percentage of rent for personal property exceeds						
	50% or if the rent is based on profit or income)						
с	Total rents received or accrued by property.						
	Add lines 2a and 2b, columns A through D						
	Total rents received or accrued. Add line 2c columns A Deductions directly connected with the income	through D. Enter here	and on Part I, line 6, c	column (A)			(
	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. En	ter here and on Part I,					
3 4 5 art \	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. En Unrelated Debt-Financed Income (see	ter here and on Part I, e instructions)	line 6, column (B)				
i 5 irt \	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. En Unrelated Debt-Financed Income (se Description of debt-financed property (street address,	ter here and on Part I, e instructions)	line 6, column (B)				
t 5 Irt V	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. En Unrelated Debt-Financed Income (se Description of debt-financed property (street address, A	ter here and on Part I, e instructions)	line 6, column (B)				
4 5 art \	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. En / Unrelated Debt-Financed Income (set Description of debt-financed property (street address, A B	ter here and on Part I, e instructions)	line 6, column (B)				
4 5	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. En Unrelated Debt-Financed Income (se Description of debt-financed property (street address, A B C	ter here and on Part I, e instructions)	line 6, column (B)				
4 5 art \	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. En / Unrelated Debt-Financed Income (set Description of debt-financed property (street address, A B	ter here and on Part I, e instructions) city, state, ZIP code). (line 6, column (B) Check if a dual-use. Se	ee instructions			
t 5 Irt V	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. En Unrelated Debt-Financed Income (se Description of debt-financed property (street address, A B C	ter here and on Part I, e instructions)	line 6, column (B)				
4 5 art \	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. En Unrelated Debt-Financed Income (se Description of debt-financed property (street address, A B C	ter here and on Part I, e instructions) city, state, ZIP code). (line 6, column (B) Check if a dual-use. Se	ee instructions			
4 <u>1</u>	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. En / Unrelated Debt-Financed Income (se Description of debt-financed property (street address, A B C D	ter here and on Part I, e instructions) city, state, ZIP code). (line 6, column (B) Check if a dual-use. Se	ee instructions		D	
4 <u>1</u>	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. En Unrelated Debt-Financed Income (se Description of debt-financed property (street address, A B C Gross income from or allocable to debt-financed	ter here and on Part I, e instructions) city, state, ZIP code). (line 6, column (B) Check if a dual-use. Se	ee instructions		D	
1 1 2	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)	ter here and on Part I, e instructions) city, state, ZIP code). (line 6, column (B) Check if a dual-use. Se	ee instructions		D	
1 1 2	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)	ter here and on Part I, e instructions) city, state, ZIP code). (line 6, column (B) Check if a dual-use. Se	ee instructions			
a a	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)	ter here and on Part I, e instructions) city, state, ZIP code). (line 6, column (B) Check if a dual-use. Se	ee instructions		D	
1 1 2 3	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)	ter here and on Part I, e instructions) city, state, ZIP code). (line 6, column (B) Check if a dual-use. Se	ee instructions		D	
irt <u>)</u> I	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)	ter here and on Part I, e instructions) city, state, ZIP code). (line 6, column (B) Check if a dual-use. Se	ee instructions		D	
irt irt i a b c	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)	ter here and on Part I, e instructions) city, state, ZIP code). (line 6, column (B) Check if a dual-use. Se	ee instructions		D	
ant a b c	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)	ter here and on Part I, e instructions) city, state, ZIP code). (line 6, column (B) Check if a dual-use. Se	ee instructions		D	
a b c	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)	ter here and on Part I, e instructions) city, state, ZIP code). (line 6, column (B) Check if a dual-use. Se	ee instructions		D	
a b c	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)	ter here and on Part I, e instructions) city, state, ZIP code). (line 6, column (B) Check if a dual-use. Se	ee instructions			
a b c	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Image: Constraint of the statement of the	ter here and on Part I, ee instructions) city, state, ZIP code). (A	line 6, column (B) Check if a dual-use. Se B	ee instructions			
a b c	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)	ter here and on Part I, e instructions) city, state, ZIP code). (line 6, column (B) Check if a dual-use. Se	ee instructions			
a b c	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)	ter here and on Part I, se instructions) city, state, ZIP code). (A A	line 6, column (B) Check if a dual-use. Se B B	ee instructions	%	D	
a b c	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)	ter here and on Part I, se instructions) city, state, ZIP code). (A A	line 6, column (B) Check if a dual-use. Se B B	ee instructions	%	D	
a b c	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Inrelated Debt-Statement) Total deductions. Add line 4 columns A through D. En Inrelated Debt-Financed Income (see Description of debt-financed property (street address, A Image: See State	ter here and on Part I, se instructions) city, state, ZIP code). (A A	line 6, column (B) Check if a dual-use. Se B B	ee instructions	%	D	
a b c	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)	ter here and on Part I, ee instructions) city, state, ZIP code). (A A Enter here and on Pa	line 6, column (B) Check if a dual-use. Se B B /////////////////////////////////	c	%		
4 <u>1171 1</u> 2 3 a b	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Inrelated Debt-Statement) Total deductions. Add line 4 columns A through D. En Inrelated Debt-Financed Income (see Description of debt-financed property (street address, A Image: See State	ter here and on Part I, se instructions) city, state, ZIP code). (A A Enter here and on Pa	line 6, column (B) Check if a dual-use. Se B B /////////////////////////////////	c c mn (B)	%		

	ule A (Form 990-T) 2022 VI Interest, Annu		ovalties and P	onte fro	m Contro		raanizatio		a instruction	tional	Page 3
Fart	VI Interest, Annu	ullies, n	oyanies, and n					(,	
	1. Name of controlled organization		2. Employer identification number	3. Net unrelated 4. Total of		ixempt Controlled Organiza al of specified nents made tion's gross		art of colui included	mn 4 6 in the aniza-	Deductions directly connected with income in column 5	
(1)											
(2)											
(3)											
(4)											
			No	nexempt C	Controlled O	rganizati	ions				
7	7. Taxable Income	in	Net unrelated Icome (loss) e instructions)		otal of specif yments mac		10. Part of that is inclusion controlling gross	luded	in the zation's	c	Deductions directly connected with pme in column 10
(1)							Ŭ				
(2)											
(3)											
(4)											
	Add columns 5 and 10. Enter here and on Part I, line 8, column (A)				n Part I,	Add columns 6 and 11. Enter here and on Part I, line 8, column (B)					
Totals									0.		0.
Part	VII Investment	Income	of a Section 50)1(c)(7),	(9), or (17) Orga	nization (s	ee inst	ructions)		
	1. Desc	cription of	income		2. Amou incor		3. Deduction directly conn (attach states)	ected	4. Set (attach s	asides tatement	5. Total deductions and set-asides (add cols 3 and 4)
(1)											
(2)											
(3)											
(4)					Add amo	unto in					Add amounts in
Totals					column 2 here and o line 9, colu	. Enter n Part I,					column 5. Enter here and on Part I, line 9, column (B)
Part		xempt /	Activity Income	. Other	, Than Adv	ertisir	na Income (see in	structions)	
1	Description of exploite			,				000 11		Í	
2	Gross unrelated busin	· ·		iness. Ente	er here and o	on Part I	, line 10, colum	nn (A)		2	
3	Expenses directly con										
			·							3	
4	Net income (loss) from										
	lines 5 through 7									4	
5	Gross income from ac									5	
6	Expenses attributable									6	
7	Excess exempt expen										
	4. Enter here and on F	Part II, line	12							7	

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	ule A (Form 990-T) 2022					Page 4
Part						
1	Name(s) of periodical(s). Check box if reportin	ng two or mo	ore periodicals on a o	consolidated bas	is.	
	A JOURNAL ADS					
	B WEBSITE & NEWSLETT	ER ADS				
	c					
Enter	amounts for each periodical listed above in the	correspond	ing column.			
0			A 33,588.	<u>в</u> 85,67	C	D
2	Gross advertising income					119,265.
•	Add columns A through D. Enter here and or	i Part I, line I	T, Column (A)			117,205.
а З	Direct advertising costs by periodical		16,448.	16,45	5.	
a	Add columns A through D. Enter here and on					32,903.
a	Add coldmins A through D. Litter here and or	ri arci, inte i				
4	Advertising gain (loss). Subtract line 3 from li	ne				
•	2. For any column in line 4 showing a gain,					
	complete lines 5 through 8. For any column in	n				
	line 4 showing a loss or zero, do not complet					
	lines 5 through 7, and enter zero on line 8		17,140.	69,22	2.	
5	Readership costs			-		
6	Circulation income					
7	Excess readership costs. If line 6 is less than					
	line 5, subtract line 6 from line 5. If line 5 is le	ss				
	than line 6, enter zero					
8	Excess readership costs allowed as a					
	deduction. For each column showing a gain of	on				
	line 4, enter the lesser of line 4 or line 7					
а	Add line 8, columns A through D. Enter the g	reater of the	line 8a, columns tot	al or zero here ar	nd on	
	Part II, line 13					0.
Part	X Compensation of Officers, Di	rectors, a	nd Trustees (se	e instructions)	,	
					3. Percentage	4. Compensation
	1. Name		2. Title		of time devoted	attributable to
					to business	unrelated business
<u>(1)</u>					%	
<u>(2)</u>					%	
<u>(3)</u>					%	
<u>(4)</u>					%	
Total	. Enter here and on Part II, line 1					0.
Part						
1 410			13/			

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