

**COURT OF COMMON PLEAS OF DELAWARE COUNTY, PENNSYLVANIA  
ORPHANS' COURT DIVISION**

**NO. \_\_\_\_\_**

**IN RE: HELPHOPELIVE, INC.**

**DECREE**

AND NOW, this \_\_\_\_\_ day of \_\_\_\_\_, 2020, upon consideration of the attached Petition for *Cy Pres* and any response(s) thereto, it is hereby ORDERED and DECREED that, as set forth more fully in the Petition, the use of the inactive campaign funds, net of a ten percent (10%) reserve, for Petitioner's general, unrestricted charitable purposes is APPROVED.

\_\_\_\_\_  
J.

**COURT OF COMMON PLEAS OF DELAWARE COUNTY, PENNSYLVANIA  
ORPHANS' COURT DIVISION**

**NO. \_\_\_\_\_**

**IN RE: HELPHOPELIVE, INC., A DELAWARE NONPROFIT CORPORATION**

**PETITION FOR *CY PRES***

TO THE HONORABLE, THE JUDGES OF SAID DIVISION:

HelpHOPELive, Inc. (the "Petitioner"), doing business in Pennsylvania as HelpHopeLive, hereby petitions this Honorable Court for approval of its Petition for *Cy Pres* pursuant to 20 Pa. C.S.A. §7740.3(a), and in support thereof represents as follows:

**Background**

1. Petitioner is a Delaware nonprofit corporation exempt from tax under Section 501(c)(3) of the Internal Revenue Code of 1986, as amended (the "Code"), with its main offices located at 2 Radnor Corporate Center, 100 Matsonford Road, Radnor, Delaware County, PA 19087. A copy of the Petitioner's determination letter from the Internal Revenue Service ("IRS") is attached as Exhibit A.
2. Petitioner was first incorporated in September 1983 as the National Heart Assist and Transplant Fund, Inc., for the purposes of supporting research and education programs regarding heart and other organ transplants.
3. In 1996, Petitioner broadened its purposes to include the emotional, social, and financial support of individuals in need of organ transplantation, through the establishment of restricted funds for patients in need of financial help. In 1999, Petitioner further added to its purposes the financial support of patients and families experiencing catastrophic illness, as well as support for education and research therefor.

4. Petitioner's current purposes as set forth in its Amended Articles are as follows:

(a) To support patients and families of patients needing organ, tissue, cell, or marrow transplants or disabled by catastrophic injury or illness.

(b) To maintain regional restricted funds where money raised in honor of patients is held and to which patients apply for assistance; and to provide fiscal accountability that the funds are distributed for their intended purpose, that being the payment of uninsured medically related expenses.

(c) To foster public education as to the need for increased organ donor awareness.

(d) To provide information to the public and professional community concerning any new research, drug therapy, insurance coverage, techniques, or other pertinent topics relating to the field of organ transplantation and other catastrophic illnesses.

(e) To cooperate with any other organization, foundation, government agency, hospital, research center or other entity operating, conducting research, or working towards advancement in any area to expand the knowledge of transplantation and assist devices as well as aid to those persons with catastrophic illnesses. A copy of Petitioner's Articles of Incorporation and all amendments thereto are attached collectively as Exhibit B.

5. Since its founding, Petitioner has raised over \$141 million dollars for assistance to individuals in need of support for medical and related expenses, with \$6.1 million of that raised last year. A copy of Petitioner's Mission and Impact statement is attached as Exhibit C.

6. As a result of Petitioner's fundraising, 142 transplants were made possible across the United States last year.

7. Since inception, approximately 1,100 patients and families have received Petitioner's assistance with medical and related expenses.

8. In addition, Petitioner provides awareness, educational materials, and speaking engagements to patients, their families, and the public on transplants, and catastrophic illnesses and injuries.

9. As of September 30, 2019, Petitioner's total net assets were \$20,261,773. A copy of Petitioner's 2018 IRS Form 990 is attached as Exhibit D.

### **Petitioner's Fundraising Model**

10. Petitioner's fundraising model is a "deputized" fundraising model, wherein Petitioner works with individuals ("Fundraisers") who wish to create a fundraising campaign ("Campaign") in honor of a person (the "Honoree") to relieve the financial burdens caused by organ transplantation, catastrophic illness, and catastrophic injury.

11. Petitioner's Terms of Service ("TOS") governs the relationship between the Petitioner, Fundraisers, and donees and explains how funds are collected and used. A copy of the TOS in effect prior to June 10, 2020 is attached as Exhibit E.

12. With the advice and administrative support of the Petitioner, Fundraisers solicit donations for the Campaigns they have created, which Petitioner receives and holds as restricted funds to be used in support of the purposes for which they were donated, including, but not limited to, assistance with the medical and related expenses<sup>1</sup> of an Honoree.

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<sup>1</sup> Campaign funds may be used to pay a wide range of expenses, including, but not limited to, out-of-pocket costs for: medications, durable medical equipment, home health care, wheelchair-accessibility modifications, physical therapy, innovative treatments, medical travel and temporary relocation, and emergency living assistance.

The TOS also includes administrative fees Petitioner collects for the assistance and support it provides to Fundraisers.



13. Unlike for-profit and other “crowdfunding” platforms, Petitioner’s fundraising platform does not, and cannot, wholly restrict the funds raised for use by a particular Honoree – contributions to Campaigns are not earmarked and cannot be reserved for spending on any individual, and contributors are advised accordingly.

14. Petitioner’s online donation page, and its TOS, notify contributors that “Donations made in response to solicitations and/or events are restricted by region only and do not obligate Help Hope Live to allocate funds toward a specific individual ...”

15. Thus, contributions to Campaigns are within the Petitioner’s sole discretion and control, and are aggregated and held in funds based on geographic regions, as more fully set forth below.

16. As a result, contributions to Campaigns are tax-deductible for federal income tax purposes, and do not interfere with the Honoree’s eligibility for need-based government benefits, such as Supplemental Security Income and Medical Assistance.

17. Honorees are eligible to apply to Petitioner for assistance with unpaid medical and related expenses based, and the Petitioner, in its sole discretion, may distribute funds based on the Honoree’s demonstrated financial need and documentation of the medical condition for which assistance is being sought.

18. In addition to its fundraising Campaigns, Petitioner distributes emergency and altruistic grants to other individuals who meet Petitioner’s grant criteria and have demonstrated medical need, but are either unable to fundraise or have not raised sufficient funds that would fully cover the expenses for which they have applied. Petitioner provides approximately \$100,000 in grants each year, and those grants have been funded by its general operating revenue.

### **The Regional Restricted Funds**

19. Nationwide, Petitioner maintains eleven (11) separate regional funds (each a “Regional Fund” and, collectively, the “Regional Funds”) based on geographic areas of the United States established by the United Network for Organ Sharing<sup>2</sup> (“UNOS”).

20. Within each of Petitioner’s eleven (11) Regional Funds are three (3) sub-funds, each of which separately supports transplant recipients, victims of catastrophic injuries, and victims of catastrophic illnesses, for a total of thirty-three (33) separate funds.

21. The Regional Funds include contributions resulting from Campaigns, as well as regionally restricted grant funds that are used in furtherance of Petitioner’s charitable and educational purposes.

22. In accordance with its TOS, funds raised for an Honoree are deposited into the Regional Fund in which the Honoree is located, and are not moved or deposited into another Regional Fund.

23. Internally, Petitioner maintains separate records of contributions to each Campaign within each Regional Fund.

### **Inactive Campaign Funds**

24. Until very recently, the TOS provided that “Campaigns in which there has been no contact or activity (fundraising or disbursements) for three years may be deemed ‘inactive.’ After attempts to contact the Honoree or an authorized Team Member have been made, the campaign will be ‘closed.’”

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<sup>2</sup> UNOS is a separate, unaffiliated charitable organization that manages the nation’s organ transplant system under contract with the United States government. The UNOS transplant network is divided into eleven geographic regions, consisting of two to six states per region.

25. Most often, the inactivity or closure of a Campaign is due to the death of an Honoree, although in some instances, the Campaign funds may not be used because the Honoree is no longer in need of the funds, or the Honoree or Fundraiser has not responded to Petitioner's attempts to make contact.<sup>3</sup>

26. Once a Campaign is inactive or closed, the TOS is silent regarding Petitioner's ability to distribute the funds allocated to that Campaign in a Regional Fund to any other Honoree Campaign, or to any other purpose, whether restricted or unrestricted.

27. As a result, Campaign funds that could otherwise be eligible to be used in furtherance of Petitioner's charitable purposes, including the funding of emergency and altruistic grants, remain in the Regional Fund to which they were initially deposited, and are not moved or otherwise used.

28. Currently, across all Regional Funds, Petitioner has over 1,400 inactive Campaigns from the period of 1983 through 2016, worth a total of approximately \$2,900,000. A list (with names redacted) of the inactive Campaigns and the amounts allocated to each respective Campaign is attached as Exhibit F.

29. From the creation of its fundraising platform, Petitioner's intent has been to close the inactive Campaigns and use the funds for its charitable and educational purposes, including, but not limited to, funding of its emergency and altruistic grants, support of other Regional Funds, and for Petitioner's general operating expenses; however, the TOS and the information and materials provided to Fundraisers and contributors does not explicitly permit such uses.

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<sup>3</sup> Internally, Petitioner generates quarterly reports that identify Campaigns where the Honoree has died, where there has been no fundraising or disbursement activity for three (3) years, and where no fundraising beyond the initial required \$25 contribution has been received. Following the identification of these Campaigns, Petitioner attempts contact with the Honoree or with the Fundraiser no less than three times within three months. If there is no successful contact, the Campaign is considered closed.

30. In fact, this lack of direction unnecessarily restricts the funds, constituting a waste of Petitioner's charitable assets, which Petitioner respectfully requests this Court remedy through its application of *cy pres*.

**Application of Doctrine of *Cy Pres* to Inactive Funds**

31. Pursuant to 20 Pa. C.S. § 7740.3(a), "if a particular charitable purpose becomes unlawful, impracticable or wasteful the court shall apply *cy pres* to fulfill as nearly as possible the settlor's charitable intention, whether it be general or specific."

32. Despite the acknowledgment that their contributions cannot be earmarked or restricted to assisting only the Honoree, contributors to Campaigns have made contributions with the intent of assisting the Honoree, and have not been adequately advised as to the distribution of the funds in the event that the funds cannot be used by the Honoree, whether due to inactivity, ineligibility, or death.

33. Therefore, the individual contributors' specific intent – to assist the Honoree – has, in the case of the inactive Campaign funds, become impracticable or wasteful.

34. However, the general intent of such contributions – to assist individuals adversely financially affected by medical and related expenses due to organ transplantation, catastrophic illness, and catastrophic injury – remains intact, and Petitioner believes that that intent will be fulfilled as nearly as possible if this Court permits the use of the inactive Campaign funds for Petitioner's general and unrestricted charitable and educational purposes, including, but not limited to, distribution of the inactive Campaign funds from the Regional Fund to support Petitioner's operation.

35. Petitioner acknowledges that, in rare instances, a previously deemed inactive Campaign may return to active status; therefore, Petitioner proposes that, in each Regional Fund,

a reserve of ten percent (10%) of the total inactive Campaign funds in each respective Regional Fund remain therewith in the event of such contingency.

36. Petitioner believes that this reserve will amply cover every instance in which an inactive Campaign returns to active status, based on Petitioner's longstanding operation and understanding of its fundraising model and the recipients it serves; in addition, it will make funds available to fund emergency grants to individuals.

37. In addition, Petitioner's current TOS now provides that "Funds remaining in closed campaigns are released from campaign-specific restrictions and will be held by HHL for use in furtherance of HHL's general charitable purposes." A copy of the current TOS, which Petitioner's Board of Trustees has approved, is attached as Exhibit G.

38. Therefore, going forward, the TOS will eliminate any uncertainty as to donor intent, in the event that the Campaign funds cannot be used to assist the Honoree.

#### **Jurisdiction and Venue**

39. This Court has jurisdiction pursuant to 42 Pa. C.S. §§ 5301 *et. seq.* and 20 Pa. C.S. § 711(21) because this matter involves the administration and proper application of property committed to charitable purposes that is located in the Commonwealth of Pennsylvania.

40. Venue lies in Delaware County under 20 Pa. C.S. § 726 because the Petitioner's offices are located in Delaware County.

#### **Parties In Interest**

41. In accordance with 20 Pa.C.S.A. §7710(d), notice and a copy of this Petition has been provided to the Pennsylvania Office of Attorney General, Charitable Trusts and Organizations Section.

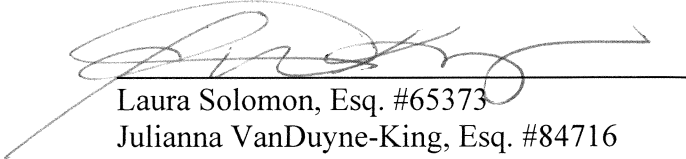
42. The Office of the Attorney General has reviewed this Petition and has no objections to the requests by the Petitioner. A copy of the Letter of No Objection and Charitable Gift Clearance Certificate from the Office of the Attorney General is attached hereto as Exhibit H.

43. In addition, the Petitioner will, upon the acceptance of the filing of this Petition, publish the Petition on its website for ninety (90) days, in order to provide a general notice of the pending matter to the public, including the thousands of nationwide donors to the campaigns over the decades at issue in the Petition.

WHEREFORE, Petitioner respectfully requests that, pursuant to 20 Pa. C.S.A. §7740.3(a), this Court apply *cy pres* and approve the use of the inactive Campaign funds for Petitioner's general, unrestricted charitable purposes, because (i) the current restricted purposes for which Campaign funds were donated are impracticable of fulfillment and constitute a waste of charitable assets, and (ii) removal of the restrictions will fulfill, as nearly as possible, the donors' intent.

Respectfully submitted,

Dated: 9/16, 2020



Laura Solomon, Esq. #65373  
Julianna VanDuyne-King, Esq. #84716  
Laura Solomon and Associates  
121 Sibley Avenue  
Ardmore, PA 19003  
(610) 645-0992  
laura@laurasolomonesq.com  
*Attorneys for Petitioner*

### **VERIFICATION**

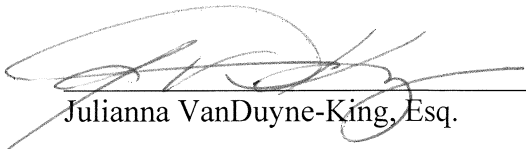
I, Kelly L. Green, Executive Director of HelpHOPELive, Inc., verify that the facts set forth in the foregoing Petition are true and correct to the best of my knowledge, information, and belief, and that this Verification is subject to the penalties of 18 Pa. C.S. §4904, relating to unsworn falsification to authorities.

Kelly L Green

**CERTIFICATE OF SERVICE**

I, Julianna VanDuyne-King, certify that on September 16, 2020, a true and correct copy of the foregoing Petition for *Cy Pres* was sent by First Class U.S. Mail to:

Pennsylvania Office of Attorney General  
Charitable Trusts and Organizations Section  
c/o David Dembe, Senior Deputy Attorney General  
1600 Arch Street, Ste. 300  
Philadelphia, PA 19107

  
Julianna VanDuyne-King, Esq.



## **EXHIBIT A**



Department of the Treasury  
Internal Revenue Service

P.O. Box 2508  
Cincinnati OH 45201

In reply refer to: 0248206070  
Nov. 01, 2012 LTR 4168C E0  
52-1322317 000000 00

00017164

BODC: TE

HELPHOPELIVE INC  
2 RADNOR CORPORATE CENTER  
100 MATSON FORD RD STE 100  
RADNOR PA 19087



006356

Employer Identification Number: 52-1322317  
Person to Contact: Mrs. Turner  
Toll Free Telephone Number: 1-877-829-5500

Dear Taxpayer:

This is in response to your Oct. 23, 2012, request for information regarding your tax-exempt status.

Our records indicate that you were recognized as exempt under section 501(c)(3) of the Internal Revenue Code in a determination letter issued in September 1996.

Our records also indicate that you are not a private foundation within the meaning of section 509(a) of the Code because you are described in section(s) 509(a)(1) and 170(b)(1)(A)(vi).

Donors may deduct contributions to you as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to you or for your use are deductible for Federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

Please refer to our website [www.irs.gov/eo](http://www.irs.gov/eo) for information regarding filing requirements. Specifically, section 6033(j) of the Code provides that failure to file an annual information return for three consecutive years results in revocation of tax-exempt status as of the filing due date of the third return for organizations required to file. We will publish a list of organizations whose tax-exempt status was revoked under section 6033(j) of the Code on our website beginning in early 2011.

0248206070  
Nov. 01, 2012 LTR 4168C E0  
52-1322317 000000 00  
00017165

HELPHOPELIVE INC  
2 RADNOR CORPORATE CENTER  
100 MATSON FORD RD STE 100  
RADNOR PA 19087

If you have any questions, please call us at the telephone number shown in the heading of this letter.

Sincerely yours,

*Richard McKee*

Richard McKee, Department Manager  
Accounts Management Operations

## **EXHIBIT B**

CERTIFICATE OF INCORPORATION

OF

NATIONAL HEART ASSIST AND TRANSPLANT FUND INC.

FIRST: The name of this corporation shall be:

NATIONAL HEART ASSIST AND TRANSPLANT FUND INC.

SECOND: Its registered office in the State of Delaware is to be located at 4305 Lancaster Pike, in the City of Wilmington, County of New Castle, and its registered agent is:

CORPORATION SERVICE COMPANY  
4305 Lancaster Pike  
Wilmington, Delaware

THIRD: The nature of the objects and purposes to be promoted and carried on are to do any and all of the things herein mentioned as fully and to the same activity as natural persons might or could do, and in any part of the world, viz:

1. To engage in research on the use of heart <sup>assist and implant devices</sup> transplants as a remedy for various heart conditions.

2. To assist and foster research into organ transplants, their efficacy, the results of such operation and the effect upon the patients who have gone through these procedures.

3. To provide information to the public and the medical and related professions concerning the results of any investigation or research into the above field.

4. To organize, plan, manage and carry on seminars, workshops, lectures and discussions concerning this field and the continuing progress being made therein.

5. To assist individuals, institutions, medical schools, hospitals, and other interested institutions in carrying out programs of heart and other organ transplants and to keep them advised as to the latest information in the field.

6. To cooperate with any other organization, foundation, governmental agency, hospital, research center or other entity operating in this or a related field of study and research.

FOURTH: This corporation is not organized for a profit and is not to have authority to issue capital stock. The conditions of membership shall be as stated in the by-laws.

No part of the net earnings of the corporation shall inure to the benefit of or be distributable to its members, trustees, officers, or other private persons, except that the corporation shall be authorized and empowered to pay reasonable compensation for services rendered and to make payments and distributions in furtherance of the purposes set forth in Article Third hereof. No substantial part of the activities of the corporation shall be the carrying on of propaganda, or otherwise attempting, to influence legislation, and the corporation shall not participate in, or intervene in (including the publishing or distribution of statements) any political campaign on behalf of any candidate for public office. Notwithstanding any other provision of these articles, the corporation shall not carry on the other activities not permitted to be carried on (a) by a corporation exempt from Federal income tax under Section 501(c)(3) of the Internal Revenue Code of 1954 (or the corresponding provision of any future United States Internal Revenue Law) or (b) by a corporation contribution to which are deductible under Section 170(c)(2) of the Internal Revenue Code of 1954 (or the corresponding provision of any future United States Internal Revenue Law).

No part of the income of this association shall inure to the benefit of any individual and in the event of dissolution all assets shall be distributed exclusively for the purpose of the corporation in such manner, or to such organization or organizations organized exclusively for charitable, educational, scientific, or other exempt purposes as at the time qualify as an exempt organization or organizations under Section 501(c)(3) of the Internal Revenue Code.

The Corporation shall distribute its income for each taxable year at such time and in such manner as not to subject it to tax under Section 4942 of the Internal Revenue Code of 1954 as amended; and the Corporation shall not (a) engage in any act of self-dealing as defined in Section 4941(d) of the Code; (b) retain any excess business holdings as defined in Section 4943(c) of the Code; (c) make any investments in such manner as to subject the corporation to tax under Section 4944 of the Code; or (d) make any taxable expenditures as defined in Section 4945(d) of the Code.

FIFTH: The name and mailing address of each of the incorporators is as follows:

NAME	MAILING ADDRESS
JACQUELINE N. CASPER	4305 Lancaster Pike Wilmington, DE 19805

SIXTH: The powers of the incorporators shall terminate upon the filing of this Certificate of Incorporation, and the names and mailing addresses of the persons who are to serve as directors until the first annual meeting and until their successors are elected and qualify are:

NAME	MAILING ADDRESS
<del>KOLFF</del> JACK COLFF, M.D.	Temple University Hospital 3401 N. Broad Street Philadelphia, PA 19140
<del>KOLFF</del> PATRICIA M. COLFF	1125 Bryn Lawn Road Villanova, PA 19085
G. MICHAEL DEEB, M.D.	Temple University Hospital 3401 N. Broad Street Philadelphia, PA 19140

SEVENTH: In furtherance and not in limitation of the powers conferred by laws of the State of Delaware, the board of directors is expressly authorized:

To make, also, amend and repeal the by-laws;

To designate, by resolution passed by a majority of the whole board, one or more committees, each to consist of two or more directors, which committees, to the extent provided in such resolution or in the by-laws of the corporation, shall have and may exercise any or all of the powers of the board of directors

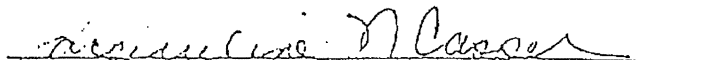
in the management of the business and affairs of this corporation and have power and authorize the seal of this corporation to be affixed to all papers which may require it;

This corporation may in its by-laws confer powers additional to the foregoing upon the directors, in addition to the powers and authorities expressly conferred upon them by law.

EIGHTH: If the by-laws so provide, the members and directors shall have power to hold their meetings, to have an office or offices and to keep the books of this corporation (subject to the provisions of the statute) outside of the State of Delaware at such places as may from time to time be designated by the by-laws or by resolution of the directors.

NINTH: This corporation reserves the right to amend, alter, change or repeal any provision contained in this certificate of incorporation in the manner now or hereafter prescribed by law and all rights conferred on officers, directors and members herein are granted subject to this resolution.

IN WITNESS WHEREOF, the undersigned, being the incorporator hereinbefore named, has executed, signed and acknowledged this certificate of incorporation this thirtieth day of September, A.D. 1983.

  
Jacqueline N. Casper



CERTIFICATE OF AMENDMENT

OF

NATIONAL HEART ASSIST AND TRANSPLANT FUND INC.

National Heart Assist and Transplant Fund, Inc. a corporation organized and existing under the laws of the State of Delaware, hereby certifies as follows:

(1) That the Board of Directors of said corporation, at a meeting duly convened and held on the 1st day of February, 1996, at 9:30 o'clock a.m., duly proposed amendments to its Certificate of Incorporation and at said meeting duly passed a resolution setting forth the amendments proposed, declaring their advisability and calling a meeting of the Board of Directors of said corporation for the consideration hereof, said meeting being called on a date not earlier than fifteen days and not later than sixty days from the meeting at which the aforementioned resolution had been passed.

(2) That thereafter on the 27th day of February, 1996, at 9:00 o'clock a.m., pursuant to such call and to due and written notice thereof given to each of the Board of Directors more than 15 days prior to such date, all as required by the Bylaws of the corporation, a special meeting of the Board of Directors was held and there were present at such meeting at least two-thirds of the whole number of said Board of Directors of the Corporation, to wit: 3 out of 3.

(3) That at said meeting a vote of the Board of Directors was taken for and against the amendments to the Certificate of Incorporation, said Amendments being as follows:

RESOLVED that ARTICLE FIRST of the Certificate of Incorporation be amended to read as follows:

FIRST: The name of this corporation shall be:

NATIONAL TRANSPLANT ASSISTANCE FUND

IT WAS FURTHER RESOLVED, that ARTICLE THIRD of the Certificate of Incorporation be amended to read as follows:

THIRD: The purposes for which this Corporation is formed are as follows:

A) To provide financial, social and emotional support to patients needing organ transplantation.

B) To establish restricted funds for patients needing financial help and acting as a trustee assuring fiscal accountability and appropriate distribution of those funds for medically related expenses.

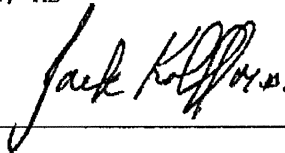
C) To foster public education as to the need for increased organ donor awareness.

D) To provide information to the public and professional community concerning any new research, drug therapy, insurance coverage, techniques or other pertinent topics relating to the field of organ transplantation.

E) To cooperate with any other organization, foundation, government agency, hospital, research center or other entity operating, conducting research or working towards the advancement in any area to expand the knowledge of transplantation and assist devices.

(4) That at said meeting of the Board of Directors 3 out of 3 directors of the corporation voted in favor of said amendment.

IN WITNESS WHEREOF, said corporation has caused this Certificate to be signed by Jacob Kolff, MD  
this 31st day of March, 1996.

A handwritten signature in dark ink, appearing to read "Jacob Kolff, MD", is written over a horizontal line.

Jacob Kolff, MD

*State of Delaware*  
*Office of the Secretary of State*

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PAGE 1

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF AMENDMENT OF "NATIONAL TRANSPLANT ASSISTANCE FUND, INC.", FILED IN THIS OFFICE ON THE TENTH DAY OF JANUARY, A.D. 2000, AT 9 O'CLOCK A.M.

A FILED COPY OF THIS CERTIFICATE HAS BEEN FORWARDED TO THE NEW CASTLE COUNTY RECORDER OF DEEDS.



2018244 8100

001014082

*Edward J. Freel*  
\_\_\_\_\_  
Edward J. Freel, Secretary of State

AUTHENTICATION:

0191626

DATE:

01-10-00

CERTIFICATE OF AMENDMENT

OF

NATIONAL TRANSPLANT ASSISTANCE FUND, INC.

PURSUANT TO SECTION 242 OF THE LAWS OF THE STATE OF DELAWARE

National Transplant Assistance Fund, Inc. a corporation organized and existing under the laws of the State of Delaware, hereby certifies as follows:

(1) That the Board of Directors of said corporation, at a meeting duly convened and held on the 1st day of October, 1999, at 10:00 o'clock a.m., duly proposed amendments to its Certificate of Incorporation and at said meeting duly passed a resolution setting forth the amendments proposed, declaring their advisability and calling a meeting of the Board of Directors of said corporation for the consideration hereof, said meeting being called on a date not earlier than fifteen days and not later than sixty days from the meeting at which the aforementioned resolution had been passed.

(2) That thereafter on the 22nd day of October, 1999, at 10:00 o'clock a.m., pursuant to such call and due and written notice thereof given to each of the Board of Directors more than 15 days prior to such date, all as required by the Bylaws of the corporation, a special meeting of the Board of Directors was held and there were present at such meeting at least two-thirds of the whole number of said Board of Directors of the Corporation, to wit: 3 out of 3.

(3) That at said meeting a vote of the Board of Directors was taken for and against the amendments to the Certificate of Incorporation, said Amendments being as follows:

"RESOLVED, that ARTICLE THIRD of the Certificate of Incorporation be amended to read as follows:

THIRD: The purposes for which this Corporation is formed are as follows:

A) To provide financial, social and emotional support to patients needing organ transplantation and/or patients and their families affected by catastrophic illness.

B) To establish restricted funds for patients needing financial help and acting as a trustee assuring fiscal accountability and appropriate distribution of those funds for medically related expenses.


C) To foster public education as to the need for increased organ donor awareness.

D) To provide information to the public and professional community concerning any new research, drug therapy, insurance coverage, techniques or other pertinent topics relating to the field of organ transplantation and other catastrophic illnesses.

E) To cooperate with any other organization, foundation, government agency, hospital, research center or other entity operating, conducting research or working towards the advancement in any area to expand the knowledge of transplantation and assist devices as well as aid to those persons with catastrophic illnesses."

(4) That at said meeting of the Board of Directors 3 out of 3 directors of the corporation voted in favor of said amendment.

IN WITNESS WHEREOF, said corporation has caused this Certificate to be signed by its President, Jacob Kolff, M.D. this 24<sup>th</sup> day of November, 1999.

  
\_\_\_\_\_  
Jacob Kolff, M.D., President

# Delaware

PAGE 1

*The First State*

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF AMENDMENT OF "NATIONAL TRANSPLANT ASSISTANCE FUND, INC.", CHANGING ITS NAME FROM "NATIONAL TRANSPLANT ASSISTANCE FUND, INC." TO "HELPHOPELIVE, INC.", FILED IN THIS OFFICE ON THE TWENTY-SECOND DAY OF DECEMBER, A.D. 2011, AT 10:42 O'CLOCK A.M.

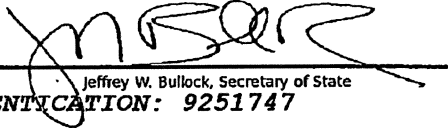
A FILED COPY OF THIS CERTIFICATE HAS BEEN FORWARDED TO THE KENT COUNTY RECORDER OF DEEDS.

2018244 8100

111326592

You may verify this certificate online  
at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)



  
Jeffrey W. Bullock, Secretary of State  
AUTHENTICATION: 9251747

DATE: 12-22-11

State of Delaware  
Secretary of State  
Division of Corporations  
Delivered 10:42 AM 12/22/2011  
FILED 10:42 AM 12/22/2011  
SRV 111326592 - 2018244 FILE

CERTIFICATE OF AMENDMENT OF  
CERTIFICATE OF INCORPORATION OF  
NATIONAL TRANSPLANT ASSISTANCE FUND, INC.

National Transplant Assistance Fund, Inc., a nonstock corporation organized and existing under and by virtue of the General Corporation Law of the State of Delaware,

DOES HEREBY CERTIFY THAT:

FIRST: The Board of Directors of National Transplant Assistance Fund, Inc. (the "Corporation"), at a meeting of the Board of Directors held November 18, 2011, duly adopted resolutions setting forth proposed amendments of the Certificate of Incorporation of the Corporation as amended, declaring said amendments to be advisable. The resolutions setting forth the proposed amendments are as follows:

Resolved, that ARTICLE FIRST of the Certificate of Incorporation as amended be further amended to read as follows:

"FIRST: The name of the corporation shall be: HelpHOPeLive, Inc."

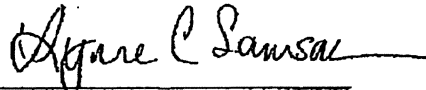
Further resolved, that Sections A and B of ARTICLE THIRD of the Certificate of Incorporation as amended be further amended in their entirety to read as follows:

"A) To support patients and families of patients needing organ, tissue, cell or marrow transplants or disabled by catastrophic injury or illness.

B) To maintain regional restricted funds where money raised in honor of patients is held and to which patients apply for assistance; and to provide fiscal accountability that the funds are distributed for their intended purpose, that being the payment of uninsured medically related expenses."

SECOND: Such amendments were duly adopted in accordance with the provisions of Sections 242 of the General Corporation Law of the State of Delaware.

IN WITNESS WHEREOF, the Corporation has caused this Certificate of Amendment to be signed by a duly authorized officer this 21 day of December, 2011.



Lynne Coughlin Samson, Esq.  
Executive Director and CEO

## **EXHIBIT C**





## "The best choice for fundraising"

-Help Hope Live Community Survey, 2020

### Experienced



Medical fundraising support since **1983**

### Trusted

nonprofit partner with a perfect rating



"outperforms most charities in America"

-Charity Navigator, 2019

### Tax-Deductible



- Donations
- Matching gifts
- Corporate and foundation grants

"make your donors feel comfortable"

### Highly Recommended



**97%** of families recommend us

### Fiscal Year 2019 By The Numbers

October 1, 2018 to September 30, 2019

**351**

Events

**31,857**

Donations

**\$6.5M**

Raised

**1,076**

Fund Requests

**\$6.1M**

In Assistance

### Our Mission

As a national nonprofit, we provide community-based fundraising support for people with unmet medical and related expenses due to cell and organ transplants or catastrophic injuries and illnesses.

### Our Partners



We partner with nearly 6,000 medical professionals to receive referrals and verify the need of each client.

[www.helphopelive.org](http://www.helphopelive.org)

## **EXHIBIT D**

# TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING  
SEPTEMBER 30, 2019

Prepared for	HELPHOPELIVE, INC. 2 RADNOR CRP CTR, 100 MATSONFORD RD RADNOR, PA 19087
Prepared by	BBD, LLP 1835 MARKET STREET, 3RD FLOOR PHILADELPHIA, PA 19103
Amount due or refund	NOT APPLICABLE
Make check payable to	NOT APPLICABLE
Mail tax return and check (if applicable) to	NOT APPLICABLE
Return must be mailed on or before	NOT APPLICABLE
Special Instructions	THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE IRS, PLEASE SIGN, DATE, AND RETURN FORM 8879-EO TO OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE IRS. DO NOT MAIL A PAPER COPY OF THE RETURN TO THE IRS. RETURN FORM 8879-EO TO US BY AUGUST 17, 2020.

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

OMB No. 1545-1878

Department of the Treasury  
Internal Revenue ServiceFor calendar year 2018, or fiscal year beginning OCT 1, 2018, and ending SEP 30, 2019▶ **Do not send to the IRS. Keep for your records.**  
▶ **Go to [www.irs.gov/Form8879EO](http://www.irs.gov/Form8879EO) for the latest information.****2018**

Name of exempt organization

Employer identification number

**HELPHOPELIVE, INC.****52-1322317**

Name and title of officer

**KELLY GREEN****EXECUTIVE DIRECTOR****Part I Type of Return and Return Information** (Whole Dollars Only)

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

<b>1a</b> Form 990 check here ▶ <input checked="" type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990, Part VIII, column (A), line 12) .....	<b>1b</b> <u>7,977,462.</u>
<b>2a</b> Form 990-EZ check here ▶ <input type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990-EZ, line 9) .....	<b>2b</b> _____
<b>3a</b> Form 1120-POL check here ▶ <input type="checkbox"/>	<b>b Total tax</b> (Form 1120-POL, line 22) .....	<b>3b</b> _____
<b>4a</b> Form 990-PF check here ▶ <input type="checkbox"/>	<b>b Tax based on investment income</b> (Form 990-PF, Part VI, line 5) .....	<b>4b</b> _____
<b>5a</b> Form 8868 check here ▶ <input type="checkbox"/>	<b>b Balance Due</b> (Form 8868, line 3c) .....	<b>5b</b> _____

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

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2018 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

**Officer's PIN: check one box only**

☒ I authorize BBD, LLP to enter my PIN 19087  
ERO firm name Enter five numbers, but  
do not enter all zeros

as my signature on the organization's tax year 2018 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

☐ As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2018 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

**Part III Certification and Authentication**

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

**23572919103****Do not enter all zeros**

I certify that the above numeric entry is my PIN, which is my signature on the 2018 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

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

LHA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2018)

823051 10-26-18

10430312 793760 4194

2018.05051 HELPHOPELIVE, INC.

4194\_\_1

EXTENDED TO AUGUST 17, 2020

OMB No. 1545-0047

Form **990****Return of Organization Exempt From Income Tax****2018**Department of the Treasury  
Internal Revenue Service

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

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

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.Open to Public  
Inspection**A** For the 2018 calendar year, or tax year beginning **OCT 1, 2018** and ending **SEP 30, 2019****B** Check if applicable:

- ☐ Address change  
☐ Name change  
☐ Initial return  
☐ Final return/terminated  
☐ Amended return  
☐ Application pending

**C** Name of organization**HELPHOPELIVE, INC.**

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
**2 RADNOR CRP CTR, 100 MATSONFORD RD**City or town, state or province, country, and ZIP or foreign postal code  
**RADNOR, PA 19087****F** Name and address of principal officer: **KELLY GREEN**  
**SAME AS C ABOVE****D** Employer identification number**52-1322317****E** Telephone number**800-642-8399****G** Gross receipts \$ **19,773,174.****H(a)** Is this a group returnfor subordinates? ☐ Yes ☒ No**H(b)** Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. (see instructions)

**H(c)** Group exemption number ▶**I** Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) ( ) (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: ▶ **WWW.HELPHOPELIVE.ORG****K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L** Year of formation: **1983** **M** State of legal domicile: **DE****Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>COMMUNITY-BASED FUNDRAISING FOR UNMET MEDICAL AND RELATED EXPENSES</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>14</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>14</b>
	<b>5</b> Total number of individuals employed in calendar year 2018 (Part V, line 2a)	<b>5</b>	<b>217</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>24</b>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, line 38	<b>7b</b>	<b>0.</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>6,488,660.</b>	<b>6,536,050.</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>0.</b>	<b>0.</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>1,317,647.</b>	<b>1,483,617.</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>27,549.</b>	<b>-42,205.</b>
	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>7,833,856.</b>	<b>7,977,462.</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	<b>6,247,791.</b>	<b>5,381,902.</b>
<b>Expenses</b>	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>0.</b>	<b>0.</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	<b>1,075,967.</b>	<b>1,214,639.</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>793,250.</b>	<b>0.</b>	<b>0.</b>
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>867,570.</b>	<b>772,436.</b>
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>8,191,328.</b>	<b>7,368,977.</b>
	<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>-357,472.</b>	<b>608,485.</b>
	<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b>
<b>21</b> Total liabilities (Part X, line 26)		<b>20,976,199.</b>	<b>20,346,341.</b>
<b>22</b> Net assets or fund balances. Subtract line 21 from line 20		<b>83,933.</b>	<b>84,568.</b>
		<b>20,892,266.</b>	<b>20,261,773.</b>

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer	Date			
	<b>KELLY GREEN, EXECUTIVE DIRECTOR</b> Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>JENNIFER SOLOT</b>	Preparer's signature <i>Jennifer Solot</i>	Date <b>3/23/20</b>	Check if self-employed <input type="checkbox"/>	PTIN <b>P00749373</b>
	Firm's name ▶ <b>BBD, LLP</b>	Firm's EIN ▶ <b>23-2896692</b>			
	Firm's address ▶ <b>1835 MARKET STREET, 3RD FLOOR PHILADELPHIA, PA 19103</b>	Phone no. <b>215-567-7770</b>			

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

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

HELP HOPE LIVE IS A NATIONAL NONPROFIT THAT SUPPORTS COMMUNITY-BASED FUNDRAISING FOR PEOPLE WITH UNMET MEDICAL AND RELATED EXPENSES DUE TO CELL AND ORGAN TRANSPLANTS OR CATASTROPHIC INJURIES AND ILLNESSES.

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

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

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

If "Yes," describe these changes on Schedule O.

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

**4a** (Code: ) (Expenses \$ 5,381,902. including grants of \$ 5,381,902. ) (Revenue \$ )  
 APPROXIMATELY 1,100 PATIENTS AND FAMILIES WERE ASSISTED WITH UNINSURED MEDICALLY RELATED EXPENSES, INCLUDING HOSPITAL BILLS, MEDICAL INSURANCE, HOME HEALTH CARE EXPENSES, MEDICATIONS, TEMPORARY SUBSISTENCE, ACCESSIBLE TRANSPORTATION, ACCESSIBLE HOME MODIFICATIONS, MEDICAL TRAVEL AND TEMPORARY RELOCATION EXPENSES, REHABILITATION AND OTHER POST-CARE, MEDICAL EQUIPMENT, AND MORE.

**4b** (Code: ) (Expenses \$ 606,959. including grants of \$ ) (Revenue \$ )  
 FUNDRAISING GUIDANCE, RESOURCES, AND SUPPORT (INCLUDING NETWORK IDENTIFICATION, EVENT HOW-TOS, MEDIA OUTREACH, ONLINE AND SOCIAL FUNDRAISING, PARTNER BENEFITS) AVAILABLE TO 4,098 CLIENTS.

**4c** (Code: ) (Expenses \$ 134,370. including grants of \$ ) (Revenue \$ )  
 PUBLIC EDUCATION ON ISSUES FACING TRANSPLANT, CATASTROPHIC INJURY, AND CATASTROPHIC ILLNESS PATIENTS PROVIDED NATIONWIDE THROUGH MONTHLY E-NEWSLETTER, BLOG, SOCIAL MEDIA, WEBSITE, AND WEBINARS FOLLOWED/ATTENDED BY THOUSANDS OF PATIENTS, PATIENTS FAMILIES, HEALTH CARE PROFESSIONALS, COMMUNITY SUPPORTERS, AND FUNDRAISING VOLUNTEERS. ORGAN AND TISSUE DONOR AWARENESS THROUGH THE DISTRIBUTION OF DONOR CARDS AND FACT SHEETS AT CLIENT FUNDRAISERS. REGULAR INSERVICES AT HOSPITALS AS WELL AS EXHIBITING AND SPEAKING ENGAGEMENTS AT PROFESSIONAL HEALTH CARE CONFERENCES.

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

(Expenses \$ including grants of \$ ) (Revenue \$ )

**4e** Total program service expenses **6,123,231.**

Form 990 (2018)

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	<b>1</b> X	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	<b>2</b>	X
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	<b>3</b>	X
<b>4</b> <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	<b>4</b>	X
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	<b>5</b>	X
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	<b>6</b>	X
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	<b>7</b>	X
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	<b>8</b>	X
<b>9</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? <i>If "Yes," complete Schedule D, Part IV</i>	<b>9</b>	X
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	<b>10</b>	X
<b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	<b>11a</b> X	
<b>b</b> Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	<b>11b</b>	X
<b>c</b> 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? <i>If "Yes," complete Schedule D, Part VIII</i>	<b>11c</b>	X
<b>d</b> 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? <i>If "Yes," complete Schedule D, Part IX</i>	<b>11d</b>	X
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	<b>11e</b>	X
<b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	<b>11f</b> X	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	<b>12a</b> X	
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	<b>12b</b>	X
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	<b>13</b>	X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?	<b>14a</b>	X
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	<b>14b</b>	X
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	<b>15</b>	X
<b>16</b> 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? <i>If "Yes," complete Schedule F, Parts III and IV</i>	<b>16</b> X	
<b>17</b> 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? <i>If "Yes," complete Schedule G, Part I</i>	<b>17</b>	X
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	<b>18</b> X	
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	<b>19</b>	X
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	<b>20a</b>	X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	<b>20b</b>	
<b>21</b> 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? <i>If "Yes," complete Schedule I, Parts I and II</i>	<b>21</b>	X

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>22</b> 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? <i>If "Yes," complete Schedule I, Parts I and III</i> .....	<b>22</b> X	
<b>23</b> 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? <i>If "Yes," complete Schedule J</i> .....	<b>23</b>	X
<b>24a</b> 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> .....	<b>24a</b>	X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....	<b>24b</b>	
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....	<b>24c</b>	
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....	<b>24d</b>	
<b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....	<b>25a</b>	X
<b>b</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? <i>If "Yes," complete Schedule L, Part I</i> .....	<b>25b</b>	X
<b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> .....	<b>26</b>	X
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> .....	<b>27</b>	X
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....	<b>28a</b>	X
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....	<b>28b</b>	X
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> .....	<b>28c</b>	X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....	<b>29</b> X	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....	<b>30</b>	X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....	<b>31</b>	X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....	<b>32</b>	X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....	<b>33</b>	X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....	<b>34</b>	X
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....	<b>35a</b>	X
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....	<b>35b</b>	
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....	<b>36</b>	X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> .....	<b>37</b>	X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? .....	<b>38</b> X	

Note. All Form 990 filers are required to complete Schedule O .....

**Part V Statements Regarding Other IRS Filings and Tax Compliance**Check if Schedule O contains a response or note to any line in this Part V ☐

	Yes	No
<b>1a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable .....	<b>1a</b> 217	
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable .....	<b>1b</b> 0	
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....	<b>1c</b> X	



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

	Yes	No
<b>2a</b> 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 <span style="float: right;">2a 217</span>		
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	<b>2b</b> X	
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>	X
<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	<b>3b</b>	
<b>4a</b> 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)?	<b>4a</b>	X
<b>b</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).		
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>	X
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>	X
<b>c</b> If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>	
<b>6a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	<b>6a</b>	X
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>	
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b> 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?	<b>7a</b> X	
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b> X	
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>	X
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year <span style="float: right;">7d</span>		
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>	X
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>	X
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b> N/A	
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7h</b> N/A	
<b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? <span style="float: right;">N/A</span>	<b>8</b>	
<b>9 Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b> Did the sponsoring organization make any taxable distributions under section 4966? <span style="float: right;">N/A</span>	<b>9a</b>	
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? <span style="float: right;">N/A</span>	<b>9b</b>	
<b>10 Section 501(c)(7) organizations.</b> Enter:		
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12 <span style="float: right;">N/A</span> <span style="float: right;">10a</span>		
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities <span style="float: right;">10b</span>		
<b>11 Section 501(c)(12) organizations.</b> Enter:		
<b>a</b> Gross income from members or shareholders <span style="float: right;">N/A</span> <span style="float: right;">11a</span>		
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) <span style="float: right;">11b</span>		
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>	
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year <span style="float: right;">N/A</span> <span style="float: right;">12b</span>		
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? <span style="float: right;">N/A</span>	<b>13a</b>	
<b>Note.</b> See the instructions for additional information the organization must report on Schedule O.		
<b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans <span style="float: right;">13b</span>		
<b>c</b> Enter the amount of reserves on hand <span style="float: right;">13c</span>		
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>	X
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	<b>14b</b>	
<b>15</b> 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? If "Yes," see instructions and file Form 4720, Schedule N.	<b>15</b>	X
<b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	<b>16</b>	X

Form 990 (2018)

**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

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

☒ X**Section A. Governing Body and Management**

	Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year ..... <b>1a</b> <b>14</b>		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. <b>1b</b> <b>14</b>		
<b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? .....		X
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? .....		X
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .....		X
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets? .....		X
<b>6</b> Did the organization have members or stockholders? .....		X
<b>7a</b> Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? .....		X
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? .....		X
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b> The governing body? .....	X	
<b>b</b> Each committee with authority to act on behalf of the governing body? .....	X	
<b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O .....		X

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

	Yes	No
<b>10a</b> Did the organization have local chapters, branches, or affiliates? .....		X
<b>b</b> If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? .....		
<b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? .....	X	
<b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990. ....		
<b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13 .....	X	
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? .....	X	
<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done .....	X	
<b>13</b> Did the organization have a written whistleblower policy? .....	X	
<b>14</b> Did the organization have a written document retention and destruction policy? .....	X	
<b>15</b> Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
<b>a</b> The organization's CEO, Executive Director, or top management official .....	X	
<b>b</b> Other officers or key employees of the organization .....	X	
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). ....		
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? .....		X
<b>b</b> If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? .....		

**Section C. Disclosure**

**17** List the states with which a copy of this Form 990 is required to be filed ► **CA, CO, CT, DC, FL, GA, IL, KS, KY, MD, MA, MI**

**18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
☒ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

**19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

**20** State the name, address, and telephone number of the person who possesses the organization's books and records ►  
**KELLY GREEN, EXECUTIVE DIRECTOR - 800-642-8399**  
**TWO RADNOR CORPORATE CENTER, 100 MATSON FORD ROAD, RADNOR, PA 19087**

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**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 instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JAMES MADDEN CHAIRMAN	1.00	X		X				0.	0.	0.
(2) JAMES KELLEY SECRETARY	1.00	X		X				0.	0.	0.
(3) STEPHANIE MCALAINÉ DIRECTOR	1.00	X						0.	0.	0.
(4) HEATHER MOORE DIRECTOR	1.00	X						0.	0.	0.
(5) LIAM MURRAY DIRECTOR	1.00	X						0.	0.	0.
(6) NICK RYDER DIRECTOR	1.00	X						0.	0.	0.
(7) ERIC ERICKSON TREASURER	1.00	X		X				0.	0.	0.
(8) RON SIGGS VICE CHAIR	1.00	X		X				0.	0.	0.
(9) PINANK PARIKH DIRECTOR	1.00	X						0.	0.	0.
(10) CHRISTINE KANTER DIRECTOR	1.00	X						0.	0.	0.
(11) WENDI BARISH DIRECTOR	1.00	X						0.	0.	0.
(12) MICHAEL CRISCUOLO DIRECTOR	1.00	X						0.	0.	0.
(13) MEG FREEMAN DIRECTOR	1.00	X						0.	0.	0.
(14) REBECCA LEVENBERG DIRECTOR	1.00	X						0.	0.	0.
(15) KELLY L. GREEN EXECUTIVE DIRECTOR	40.00			X				130,838.	0.	9,391.
(16) MARIE T. O'ROURKE DIRECTOR OF FINANCE THRU 12.19	40.00			X				76,464.	0.	10,814.
(17) WILLIAM LAWSON CHIEF TECHNOLOGY OFFICER	40.00				X			120,395.	0.	5,279.

<b>Part VII</b>	<b>Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees</b> <i>(continued)</i>
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[illegible]

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶**

2

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

## Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►		0

**Part VIII Statement of Revenue**Check if Schedule O contains a response or note to any line in this Part VIII ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns	<b>1a</b>	11,392.				
	<b>b</b> Membership dues	<b>1b</b>					
	<b>c</b> Fundraising events	<b>1c</b>	119,623.				
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	6,405,035.				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$		157,827.				
	<b>h Total.</b> Add lines 1a-1f			6,536,050.			
<b>Program Service Revenue</b>	<b>2 a</b> _____ <b>Business Code</b> _____						
	<b>b</b> _____						
	<b>c</b> _____						
	<b>d</b> _____						
	<b>e</b> _____						
	<b>f</b> All other program service revenue						
	<b>g Total.</b> Add lines 2a-2f						
	<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)			432,549.		
<b>4</b> Income from investment of tax-exempt bond proceeds							
<b>5</b> Royalties							
<b>6 a</b> Gross rents		(i) Real	(ii) Personal				
<b>b</b> Less: rental expenses							
<b>c</b> Rental income or (loss)							
<b>d</b> Net rental income or (loss)							
<b>7 a</b> Gross amount from sales of assets other than inventory		(i) Securities	(ii) Other				
<b>b</b> Less: cost or other basis and sales expenses							
<b>c</b> Gain or (loss)							
<b>d</b> Net gain or (loss)				1,051,068.			1,051,068.
<b>8 a</b> Gross income from fundraising events (not including \$ 119,623. of contributions reported on line 1c). See Part IV, line 18		<b>a</b>		63,643.			
<b>b</b> Less: direct expenses		<b>b</b>		105,848.			
<b>c</b> Net income or (loss) from fundraising events				-42,205.			-42,205.
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19		<b>a</b>					
<b>b</b> Less: direct expenses		<b>b</b>					
<b>c</b> Net income or (loss) from gaming activities							
<b>10 a</b> Gross sales of inventory, less returns and allowances		<b>a</b>					
<b>b</b> Less: cost of goods sold		<b>b</b>					
<b>c</b> Net income or (loss) from sales of inventory							
<b>Miscellaneous Revenue</b>			<b>Business Code</b>				
<b>11 a</b> _____							
<b>b</b> _____							
<b>c</b> _____							
<b>d</b> All other revenue							
<b>e Total.</b> Add lines 11a-11d							
<b>12 Total revenue.</b> See instructions			7,977,462.	0.	0.	1,441,412.	

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22	5,374,902.	5,374,902.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	7,000.	7,000.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	263,238.	117,102.	59,328.	86,808.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	804,106.	357,709.	181,226.	265,171.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	23,956.	10,431.	5,284.	8,241.
9 Other employee benefits	45,834.	20,390.	10,330.	15,114.
10 Payroll taxes	77,505.	34,478.	17,468.	25,559.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	92,139.		92,139.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	49,157.	17,189.	15,758.	16,210.
12 Advertising and promotion	34,815.	18,461.	6,639.	9,715.
13 Office expenses	36,509.	16,241.	8,229.	12,039.
14 Information technology	79,038.	35,160.	17,813.	26,065.
15 Royalties				
16 Occupancy	79,566.	30,444.	20,410.	28,712.
17 Travel	29,290.	13,030.	6,601.	9,659.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	18,830.	6,584.	6,036.	6,210.
23 Insurance	6,762.	3,008.	1,524.	2,230.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a CLIENT CAMPAIGN EXPENSE	271,153.			271,153.
b CREDIT CARD PROCESSING	59,131.	59,131.		
c DONOR AWARENESS MATERIA	6,685.		2,713.	3,972.
d REGISTRATIONS	5,436.			5,436.
e All other expenses	3,925.	1,971.	998.	956.
25 Total functional expenses. Add lines 1 through 24e	7,368,977.	6,123,231.	452,496.	793,250.
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)

**Part X Balance Sheet**Check if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....		<b>1</b>	
	<b>2</b> Savings and temporary cash investments .....	541,864.	<b>2</b>	732,544.
	<b>3</b> Pledges and grants receivable, net .....		<b>3</b>	
	<b>4</b> Accounts receivable, net .....		<b>4</b>	
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	32,769.	<b>9</b>	46,965.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	10a 786,934.		
	<b>b</b> Less: accumulated depreciation .....	10b 750,342.		
	<b>11</b> Investments - publicly traded securities .....	31,799.	10c 36,592.	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	20,369,767.	<b>11</b>	19,530,240.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>12</b>	
	<b>14</b> Intangible assets .....		<b>13</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....		<b>14</b>	
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	20,976,199.	<b>15</b>		
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	83,933.	<b>16</b>	20,346,341.
	<b>18</b> Grants payable .....		<b>17</b>	84,568.
	<b>19</b> Deferred revenue .....		<b>18</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>19</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>20</b>	
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		<b>21</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>22</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>23</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....		<b>24</b>	
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....	83,933.	<b>25</b>	
	<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>		<b>26</b>
<b>27</b> Unrestricted net assets .....		998,744.	<b>27</b>	2,574,263.
<b>28</b> Temporarily restricted net assets .....		19,893,522.	<b>28</b>	17,687,510.
<b>29</b> Permanently restricted net assets .....			<b>29</b>	
<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>				
<b>30</b> Capital stock or trust principal, or current funds .....			<b>30</b>	
<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....			<b>31</b>	
<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....			<b>32</b>	
<b>33</b> <b>Total net assets or fund balances</b> .....		20,892,266.	<b>33</b>	20,261,773.
<b>34</b> <b>Total liabilities and net assets/fund balances</b> .....		20,976,199.	<b>34</b>	20,346,341.

Form 990 (2018)

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	7,977,462.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	7,368,977.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	608,485.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	20,892,266.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	-1,238,978.
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	0.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	20,261,773.

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII ☐

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
<b>b</b> Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
<b>c</b> If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
<b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____		X
<b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits _____		

Form 990 (2018)



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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2018**

**Open to Public  
Inspection**

Name of the organization

HELPHOPELIVE, INC.

Employer identification number

52-1322317

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations: \_\_\_\_\_
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
<b>Total</b>						

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 832021 10-11-18 Schedule A (Form 990 or 990-EZ) 2018

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	9835601.	12029247.	8301855.	6488660.	6536051.	43191414.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 <b>Total.</b> Add lines 1 through 3	9835601.	12029247.	8301855.	6488660.	6536051.	43191414.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 <b>Public support.</b> Subtract line 5 from line 4.						43191414.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 Amounts from line 4	9835601.	12029247.	8301855.	6488660.	6536051.	43191414.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	331,651.	397,922.	334,033.	409,793.	432,549.	1905948.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)		63,965.	23,949.	42,369.	63,643.	193,926.
11 <b>Total support.</b> Add lines 7 through 10						45291288.
12 Gross receipts from related activities, etc. (see instructions)					12	31,512.
13 <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> ▶ <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	95.36	%
15 Public support percentage from 2017 Schedule A, Part II, line 14	15	96.01	%
16a <b>33 1/3% support test - 2018.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization ▶ <input checked="" type="checkbox"/>			
b <b>33 1/3% support test - 2017.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>			
17a <b>10% -facts-and-circumstances test - 2018.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>			
b <b>10% -facts-and-circumstances test - 2017.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>			
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>			

Schedule A (Form 990 or 990-EZ) 2018

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.) .....						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) .....						

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

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2017 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2017 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2018.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ..... ☐

**b 33 1/3% support tests - 2017.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ..... ☐

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ..... ☐

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
<b>2</b> 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 <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
<b>b</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 <b>Part VI</b> when and how the organization made the determination.		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
<b>c</b> 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 <b>Part VI</b> 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.		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , 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>b</b> <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c</b> <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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 <b>Part VI</b> .		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
<b>9a</b> 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 <b>Part VI</b> .		
<b>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .		
<b>c</b> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.		
<b>b</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.)		

**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
<b>b</b> A family member of a person described in (a) above?		
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in <b>Part VI</b> .		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
<b>2</b> 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 <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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 <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?		
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).		
<b>3</b> By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.		

**Section E. Type III Functionally Integrated Supporting Organizations**

- 1** Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- a** ☐ The organization satisfied the Activities Test. Complete **line 2** below.
- b** ☐ The organization is the parent of each of its supported organizations. Complete **line 3** below.
- c** ☐ The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions).

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

- a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI** identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b** Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in **Part VI** the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer (a) and (b) below.**
- a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in **Part VI**.
- b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in **Part VI** the role played by the organization in this regard.

	Yes	No
<b>2a</b>		
<b>2b</b>		
<b>3a</b>		
<b>3b</b>		

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990 or 990-EZ) 2018

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

Section D - Distributions	Current Year
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions.	
<b>7</b> Total annual distributions. Add lines 1 through 6.	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	
<b>9</b> Distributable amount for 2018 from Section C, line 6	
<b>10</b> Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
<b>1</b> Distributable amount for 2018 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2018 (reasonable cause required- explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2018			
<b>a</b> From 2013			
<b>b</b> From 2014			
<b>c</b> From 2015			
<b>d</b> From 2016			
<b>e</b> From 2017			
<b>f</b> Total of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2018 distributable amount			
<b>i</b> Carryover from 2013 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2018 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2018 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>6</b> Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>7</b> Excess distributions carryover to 2019. Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2014			
<b>b</b> Excess from 2015			
<b>c</b> Excess from 2016			
<b>d</b> Excess from 2017			
<b>e</b> Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

**Part VI**

**Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.  
(See instructions.)

**SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:****SPECIAL EVENTS**

2015 AMOUNT: \$ 63,965.

2016 AMOUNT: \$ 23,949.

2017 AMOUNT: \$ 42,369.

2018 AMOUNT: \$ 63,643.



**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2018**

**Open to Public Inspection**

Name of the organization

HELPHOPELIVE, INC.

Employer identification number

52-1322317

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....		
2 Aggregate value of contributions to (during year) .....		
3 Aggregate value of grants from (during year) .....		
4 Aggregate value at end of year .....		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**Part II Conservation Easements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).  
☐ Preservation of land for public use (e.g., recreation or education) ☐ Preservation of a historically important land area  
☐ Protection of natural habitat ☐ Preservation of a certified historic structure  
☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register .....	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ .....

4 Number of states where property subject to conservation easement is located ▶ .....

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ .....

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ .....

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 .....

(ii) Assets included in Form 990, Part X .....

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1 .....

b Assets included in Form 990, Part X .....

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Schedule D (Form 990) 2018

832051 10-29-18

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

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

a ☐ Public exhibition

d ☐ Loan or exchange programs

b ☐ Scholarly research

e ☐ Other \_\_\_\_\_

c ☐ Preservation for future generations

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets

to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

	Amount
1c	
1d	
1e	
1f	

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

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

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

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

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

a Board designated or quasi-endowment ☐ %

b Permanent endowment ☐ %

c Temporarily restricted endowment ☐ %

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

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

(i) unrelated organizations

(ii) related organizations

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

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

4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		16,344.	6,670.	9,674.
d Equipment		770,590.	743,672.	26,918.
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				36,592.

Schedule D (Form 990) 2018

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely-held equity interests .....		
(3) Other .....		
(A) .....		
(B) .....		
(C) .....		
(D) .....		
(E) .....		
(F) .....		
(G) .....		
(H) .....		

Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) .....		
(2) .....		
(3) .....		
(4) .....		
(5) .....		
(6) .....		
(7) .....		
(8) .....		
(9) .....		

Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) .....	
(2) .....	
(3) .....	
(4) .....	
(5) .....	
(6) .....	
(7) .....	
(8) .....	
(9) .....	

Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) .....	
(3) .....	
(4) .....	
(5) .....	
(6) .....	
(7) .....	
(8) .....	
(9) .....	

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶

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

Schedule D (Form 990) 2018

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

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	6,653,845.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	-1,238,978.
<b>b</b>	Donated services and use of facilities	<b>2b</b>	7,500.
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	-1,231,478.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	7,885,323.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	92,139.
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	92,139.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	<b>5</b>	7,977,462.

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

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

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	7,284,338.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	7,500.
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	7,500.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	7,276,838.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	92,139.
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	92,139.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	<b>5</b>	7,368,977.

**Part XIII Supplemental Information.**

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

**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 FINANCIAL STATEMENTS. THE ORGANIZATION

BELIEVES THAT IT HAD NO UNCERTAIN TAX POSITIONS AS DEFINED BY GAAP.

Department of the Treasury  
Internal Revenue Service

## Statement of Activities Outside the United States

► Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

▶ **Attach to Form 990.**

► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

# 2018

### Open to Public Inspection

Name of the organization

Employer identification number

HELPHOPELIVE, INC.

52-1322317

<b>Part I</b>	<b>General Information on Activities Outside the United States.</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.
---------------	---

**1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ..... ☒ **Yes** ☐ **No**

**2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

**3 Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
<b>3 a</b> Subtotal .....	0	0			0.
<b>b</b> Total from continuation sheets to Part I .....	0	0			0.
<b>c Totals</b> (add lines 3a and 3b) .....	0	0			0.

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

Schedule F (Form 990) 2018





**Part IV Foreign Forms**

- 1** Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," 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)* ..... ☐ Yes ☒ 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 ☒ No
- 3** Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)* ..... ☐ Yes ☒ 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? *If "Yes," 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)* ..... ☐ Yes ☒ No
- 5** Did the organization have an ownership interest in a foreign partnership during the tax year? *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)* ..... ☐ Yes ☒ 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 ☒ No

Schedule F (Form 990) 2018



**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:**

CLIENTS APPLY FOR MEDICAL ASSISTANCE GRANTS FOR UNINSURED MEDICALLY  
RELATED TRANSPLANT AND CATASTROPHIC INJURY RELATED EXPENSES. GRANTS ARE  
GIVEN BASED ON AN APPLICATION DEMONSTRATING MEDICAL AND FINANCIAL NEED.  
UPON APPROVAL, A CLIENT SUBMITS A REQUEST FOR MEDICAL ASSISTANCE ALONG  
WITH PROPER DOCUMENTATION FROM THE MEDICAL FACILITY THEY ARE SEEKING  
TREATMENT. PAYMENTS ARE MADE IN THE FORM OF WIRE TRANSFER PAYABLE TO THE  
MEDICAL FACILITY PROVIDING THE MEDICAL SERVICES.



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

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))	
		LIVE IT UP	JOE BERARDONI SR	2		
		(event type)	(event type)	(total number)		
1	Gross receipts .....	123,063.	36,103.	24,100.	183,266.	
	2	Less: Contributions .....	90,721.	11,385.	17,517.	119,623.
	3	Gross income (line 1 minus line 2) .....	32,342.	24,718.	6,583.	63,643.
Direct Expenses	4	Cash prizes .....				
	5	Noncash prizes .....	39,294.		2,812.	42,106.
	6	Rent/facility costs .....	3,000.	6,160.	4,044.	13,204.
	7	Food and beverages .....	16,862.	10,657.	2,814.	30,333.
	8	Entertainment .....	3,013.		25.	3,038.
	9	Other direct expenses .....	7,019.	3,396.	6,752.	17,167.
	10	Direct expense summary. Add lines 4 through 9 in column (d) .....				105,848.
11	Net income summary. Subtract line 10 from line 3, column (d) .....				-42,205.	

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue			
	2	Cash prizes			
Direct Expenses	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
	7	Direct expense summary. Add lines 2 through 5 in column (d)			
	8	Net gaming income summary. Subtract line 7 from line 1, column (d)			

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain: \_\_\_\_\_

**11** Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No**12** Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No**13** Indicate the percentage of gaming activity conducted in:**a** The organization's facility 

<b>13a</b>	%
<b>13b</b>	%

**b** An outside facility**14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

**15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No**b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_**c** If "Yes," enter name and address of the third party:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

**16** Gaming manager information:

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

☐ Director/officer☐ Employee☐ Independent contractor**17** Mandatory distributions:**a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No**b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_**Part IV** **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

Schedule C (Form 990 of 990 EE)	
<b>Part IV</b>	<b>Supplemental Information</b> (continued)

[illegible]

SCHEDULE I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2018**

Open to Public  
Inspection

Name of the organization

HELPHOPELIVE, INC.

Employer identification number  
52-1322317

**Part I** General Information on Grants and Assistance

**1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No

**2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II** Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

**3** Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) (2018)

(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
ASSISTANCE FOR MEDICALLY RELATED EXPENSES	0	5,330,056.	0.	ACTUAL	
EMERGENCY GRANTS	0	44,846.	0.	ACTUAL	
Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.					

PART I, LINE 2:

CLIENTS APPLY FOR MEDICAL ASSISTANCE GRANTS FOR UNINSURED MEDICALLY RELATED

TRANSPLANT AND CATASTROPHIC INJURY RELATED EXPENSES. GRANTS ARE GIVEN

BASED ON AN APPLICATION DEMONSTRATING MEDICAL AND FINANCIAL NEED. UPON

APPROVAL, A CLIENT SUBMITS A REQUEST FOR MEDICAL ASSISTANCE ALONG WITH

PROPER DOCUMENTATION FOR MEDICALLY RELATED EXPENSES AS OUTLINED IN OUR FUND

DISBURSEMENT GUIDELINES. PAYMENTS ARE MADE IN THE FORM OF CHECKS, DIRECT

DEPOSIT OR WIRE TRANSFER PAYABLE TO THE MEDICAL PROVIDER OR TO REIMBURSE

THE CLIENT FOR ALLOWABLE EXPENSES REQUIRED TO BE PAID OUT-OF POCKET.

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2018**

**Open to Public  
Inspection**

- ▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**  
▶ **Attach to Form 990.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**HELPHOPELIVE, INC.**

Employer identification number

**52-1322317**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art .....				
2 Art - Historical treasures .....				
3 Art - Fractional interests .....				
4 Books and publications .....				
5 Clothing and household goods .....				
6 Cars and other vehicles .....				
7 Boats and planes .....				
8 Intellectual property .....				
9 Securities - Publicly traded .....	X	6	115,721.	FAIR MARKET VALUE
10 Securities - Closely held stock .....				
11 Securities - Partnership, LLC, or trust interests .....				
12 Securities - Miscellaneous .....				
13 Qualified conservation contribution - Historic structures .....				
14 Qualified conservation contribution - Other .....				
15 Real estate - Residential .....				
16 Real estate - Commercial .....				
17 Real estate - Other .....				
18 Collectibles .....				
19 Food inventory .....				
20 Drugs and medical supplies .....				
21 Taxidermy .....				
22 Historical artifacts .....				
23 Scientific specimens .....				
24 Archeological artifacts .....				
25 Other ▶ ( <u>NON-CASH PRIZ</u> ) .....	X	105	41,646.	FAIR MARKET VALUE
26 Other ▶ ( <u>SUPPLIES FOR</u> ) .....	X	5	460.	FAIR MARKET VALUE
27 Other ▶ ( ) .....				
28 Other ▶ ( ) .....				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement .....

**29**

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? .....

	Yes	No
30a		X
31		X
32a		X
33		

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? .....

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? .....

b If "Yes," describe in Part II.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

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

Schedule M (Form 990) 2018



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

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2018**

Open to Public  
Inspection

Name of the organization

HELPHOPELIVE, INC.

Employer identification number  
52-1322317

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

THE DRAFT FORM 990 IS PRESENTED TO ALL MEMBERS OF THE FINANCE COMMITTEE FOR REVIEW IN ADVANCE OF THE FINANCE COMMITTEE MEETING. ONCE THE FINANCE COMMITTEE HAS REVIEWED THE FORM 990 AND ALL MEMBERS ARE SATISFIED, THEY VOTE ON WHETHER TO APPROVE IT OR NOT. ONCE APPROVED, THE FORM IS PRESENTED TO THE FULL BOARD FOR APPROVAL WITH THE FINANCE COMMITTEE'S RECOMMENDATION. THE APPROVED FORM 990 IS THEN FILED WITH THE IRS.

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

THE CONFLICT OF INTEREST STATEMENT IS SIGNED BY EACH BOARD MEMBER AT THE FIRST BOARD MEETING OF THE FISCAL YEAR. THE EXECUTIVE DIRECTOR AND CHIEF FINANCIAL OFFICER ARE RESPONSIBLE FOR ALL OPERATING AGREEMENTS AND ATTEMPT TO AVOID AGREEMENTS THAT MAY LEAD TO A CONFLICT OF INTEREST. IF A CONFLICT WILL EXIST, THEY WILL GET PRIOR BOARD APPROVAL TO ENTER INTO A CONTRACT WITH A RELATED PARTY.

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

THE EXECUTIVE DIRECTOR IS EVALUATED BY THE EXECUTIVE COMMITTEE OF THE BOARD. THEIR COMPENSATION RECOMMENDATIONS ARE BASED ON COMPARABLE SALARY DATA AND THEN PRESENTED TO THE FULL BOARD FOR APPROVAL. THE EXECUTIVE DIRECTOR OR APPROPRIATE SENIOR STAFF CONDUCT EMPLOYEE EVALUATIONS ON AN ANNUAL BASIS WITH SALARY ADJUSTMENTS BASED ON VERIFIABLE COMPARABLE SALARY DATA AND THE CURRENT ECONOMIC CONDITION OF THE ORGANIZATION.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

CA, CO, CT, DC, FL, GA, IL, KS, KY, MD, MA, MI, MN, MO, NE, NJ, NH, NY, NC, ND, OH, OK, OR, PA, SC

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

Schedule O (Form 990 or 990-EZ) (2018)

832211 10-10-18

Name of the organization

HELPHOPELIVE, INC.

Employer identification number  
52-1322317

TN, VA, WA, WV, WI, AL, AK, AR, ME, MS, NM, RI, UT, HI, NV, DE

FORM 990, PART VI, SECTION C, LINE 18:

FORM 990 IS POSTED ON THE WEBSITE. FORM 1023 WOULD BE AVAILABLE UPON  
REQUEST

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

THE FINANCIAL STATEMENTS AND GOVERNING DOCUMENTS ARE POSTED ON THE WEBSITE.  
THE CONFLICT OF INTEREST POLICIES WOULD BE MADE AVAILABLE UPON REQUEST.

# Application for Automatic Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

► **File a separate application for each return.**  
► **Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits](http://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits).

## Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

		Enter filer's identifying number
Type or print  File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions.  <b>HELPHOPELIVE, INC.</b>	Employer identification number (EIN) or  <b>52-1322317</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>2 RADNOR CRP CTR, 100 MATSONFORD RD</b>	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>RADNOR, PA 19087</b>	

Enter the Return Code for the return that this application is for (file a separate application for each return) <span style="float: right;">0 1</span>			
Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**KELLY GREEN, EXECUTIVE DIRECTOR - TWO RADNOR CORPORATE**

- The books are in the care of ► **CENTER, 100 MATSON FORD ROAD - RADNOR, PA 19087**  
Telephone No. ► **800-642-8399** Fax No. ► \_\_\_\_\_
- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

- 1 I request an automatic 6-month extension of time until **AUGUST 15, 2020**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
 ► ☐ calendar year \_\_\_\_\_ or  
 ► ☒ tax year beginning **OCT 1, 2018**, and ending **SEP 30, 2019**.

- 2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return  
☐ Change in accounting period

<b>3a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	<b>0.</b>
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	<b>0.</b>
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	<b>0.</b>

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

# TAX RETURN FILING INSTRUCTIONS

PENNSYLVANIA FORM BCO-10

FOR THE YEAR ENDING

SEPTEMBER 30, 2019

Prepared for	HELPHOPELIVE, INC. 2 RADNOR CRP CTR, 100 MATSONFORD RD RADNOR, PA 19087
Prepared by	BBD, LLP 1835 MARKET STREET, 3RD FLOOR PHILADELPHIA, PA 19103
Amount due or refund	BALANCE DUE OF \$250.00
Make check payable to	COMMONWEALTH OF PENNSYLVANIA
Mail tax return and check (if applicable) to	BUREAU OF CHARITABLE ORGANIZATIONS 207 NORTH OFFICE BUILDING HARRISBURG, PA 17120
Return must be mailed on or before	PLEASE MAIL AS SOON AS POSSIBLE.
Special Instructions	THE REPORT SHOULD BE SIGNED AND DATED BY THE AUTHORIZED INDIVIDUAL(S).  A COMPLETED AND SIGNED COPY OF FEDERAL FORM 990 (AND ALL APPLICABLE ATTACHMENTS) MUST BE INCLUDED WITH FORM BCO-10.

Mail to:

Pennsylvania Department of State  
Bureau of Corporations and Charitable Organizations  
207 North Office Building  
Harrisburg, PA 17120

See [www.dos.pa.gov/charities](http://www.dos.pa.gov/charities) for more information

**Charitable Organization  
Registration Statement**

BCO-10 (rev. 8/2017)

**Fee: See instructions**

Read all instructions prior to completing form.

Certificate number: 04502  
(N/A if initial registration)

Fiscal year ended: 09/30/2019  
MM DD YYYY

FEIN: 52-1322317

If this is a voluntary registration, check and complete the applicable box(es). For a registration to be voluntary, at least one of the following must apply:

☐ Organization is exempt from registration because

☐ Organization does not solicit contributions in Pennsylvania

1. Legal name of organization: HELPHOPELIVE, INC.

☐ Check if name change and give previous name \_\_\_\_\_

2. All other names used to solicit contributions: \_\_\_\_\_

SEE STATEMENT 1

3. Contact person: KELLY GREEN, EXEC DIR Contact's E-mail: KGREEN@HELPHOPELIVE.ORG

4. Physical address of organization:

Mailing address: (If different than physical)

2 RADNOR CRP CTR, 100 MATSONFORD

RD

RADNOR

PA 19087

County: DELAWARE

Phone number: 800-642-8399

800 number: \_\_\_\_\_

Fax number: \_\_\_\_\_

Email (if different than Contact's email): \_\_\_\_\_

Website: WWW.HELPHOPELIVE.ORG

5. Type of organization (e.g. non-profit corporation, unincorporated association, etc.):

CORPORATION

Where established: DELAWARE

Date established:\* 09/30/1983

\*Initial registrants must submit copies of organizational documents such as charter, articles of incorporation, constitution or other organizational instrument and by-laws.

**HELPHOPELIVE, INC.**

6. Name and addresses of all offices, chapters, branches, auxiliaries, affiliates or other subordinate units located in Pennsylvania, which share in the contributions or other revenue raised in the Commonwealth: (Attach a separate sheet if necessary)

**HEADQUARTERS**

**2 RADNOR CRP CTR, 100 MATSONFORD RD, RADNOR, PA 19087**

**800-642-8399**

7. Short form registration applicability - Specified types of charitable organizations described in §162.7(a) of the Act may file a short form registration, which permits the organization to register without filing a financial report. Check the section that describes the organization. If the organization does not meet any of the criteria below for short form registration, check "Not Applicable":

- ☐ §162.7(a)(1) - Persons or organizations which solicit contributions for the relief of a specific individual, when all of the contributions collected are turned over to the named beneficiary for his/her use without any deductions and provided that all contributions collected shall be held in trust
- ☐ §162.7(a)(2) - Organizations which only solicit within the membership of the organization by other members of the organization. The term "membership" shall not include those persons who are granted a membership solely upon making a contribution as the result of solicitation. "Member" means a person having membership in a nonprofit corporation, or other organization, in accordance with the provisions of its articles of incorporation, bylaws or other instruments creating its form and organization and having bona fide rights and privileges in the organization such as the right to vote, to elect officers and directors, to hold office or position as ordinarily conferred on members of such organizations.
- ☐ §162.7(a)(3) - Organizations which receive gross contributions of no more than \$25,000 per fiscal year whose fundraising activities are carried on only by volunteers, members, officers or permanent employees and only permanent employees are compensated for those fundraising activities
- ☐ §162.7(a)(4) - Veterans organizations chartered under Federal law, organizations of volunteer firemen, ambulance associations, rescue squad associations and their auxiliaries or affiliates, which are not exempt from registration, did not receive gross contributions in excess of \$100,000 and did not use a professional solicitor.
- ☒ Not Applicable

Charitable organizations which check boxes §162.7(a)(1) - §162.7(a)(4) are not required to file a financial report with this registration. If "Not Applicable" is checked, the charitable organization must submit financial reports which are audited, reviewed, compiled or internally prepared. See Instructions.

**Items 8 and 9 are required to be completed by initial registrants only**

8. Date organization first solicited contributions from Pennsylvania residents: \_\_\_\_\_  
MM DD YYYY  
Other \_\_\_\_\_
9. If organization solicited Pennsylvania residents and received gross\* contributions totaling more than \$25,000 in any given fiscal year, provide the date the organization first received contributions totaling more than \$25,000. \_\_\_\_\_  
MM DD YYYY  
Other \_\_\_\_\_

\*Includes contributions received both within and outside Pennsylvania before any deductions or expenses.

**HELPHOPELIVE, INC.**

10. Has the organization been granted IRS tax-exempt status? ☒ Yes ☐ No

A. If "Yes," under which IRS code section: 501(C)(3) and attach a copy of the IRS exemption letter if not previously submitted.

- B. Has the organization's tax-exempt status ever been denied, revoked or modified? ☐ Yes ☒ No  
(If "Yes," attach a copy of the denial, revocation or modification and subsequent reinstatement, if any, and if not previously submitted.)

11. Was the organization required to file any type of IRS 990 return, including 990, 990EZ, 990PF or 990N and applicable schedules, for its most recently completed fiscal year? ☒ Yes ☐ No

(If "Yes," attach a copy of the most recently filed 990, 990EZ, 990PF or 990N and include all schedules. If "No," attach an explanation of why the organization is exempt from filing an IRS 990 return. An organization that is not required to file an IRS 990 return or an organization that files a 990N, 990EZ or 990PF, must file a Pennsylvania public disclosure form (BCO-23).)

12. Manner in which contributions are solicited (e.g. direct mail, telephone, internet, etc.):

WORKING WITH FUNDRAISING VOLUNTEERS, COMMUNITIES AND FAMILIES; FUNDS ARE RAISED THROUGH EVENTS, DIRECT MAIL, PHONE & INTERNET

13. A clear description of the specific programs for which contributions are used or will be used, and a statement describing whether such programs are planned or in existence.

HELPHOPELIVE IS A NATIONAL NONPROFIT ENGAGING COMMUNITIES IN FUNDRAISING TO HELP PATIENTS AND FAMILIES EASE THE FINANCIAL BURDEN OF A MEDICAL CRISIS.

14. Is the organization registered to solicit contributions in any other state or municipality?

☒ Yes ☐ No (If "Yes," list all states and municipalities. Attach a separate sheet if necessary.)

REGISTERED: AL, AK, AR, CA, CO, CT, DE, DC, FL, GA, HI, IL, KS, KY, ME, MD, MA, MI, MN, MS, MO, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, TN, UT, VA, WA, WV, WI.  
REGISTRATION NOT REQUIRED: AZ, ID, IN, IA, LA, MT, SD, TX, VT, WY, MO

15. Is any person compensated, or does the organization intend to compensate any person, who solicits contributions in Pennsylvania, including, but not limited to, employees of the organization and professional solicitors? (Do not check "Yes" if the organization only uses or intends to only use a professional fundraising counsel.) ☐ Yes ☒ No

If "Yes," give the date the person or entity started or will start soliciting contributions from Pennsylvania residents: \_\_\_\_\_  
Month Day Year

16. Names, addresses, and telephone numbers of all professional solicitors the organization uses or intends to use to solicit contributions from Pennsylvania residents. For each entry, include the beginning and ending dates of all contracts and dates Pennsylvania residents were first solicited, or will be solicited: (Attach a separate sheet if necessary)

SEE STATEMENT 2



**HELPHOPELIVE, INC.**

17. Names, addresses, and telephone numbers of all professional fundraising counsel the organization uses or intends to use to provide services with respect to the solicitation of contributions from Pennsylvania residents. For each entry, include the beginning and ending dates of all contracts and dates services began, or will begin, with respect to soliciting contributions from Pennsylvania residents: (Attach a separate sheet if necessary)

**SEE STATEMENT 3**

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18. Names, addresses, and telephone numbers of any commercial coventurers under contract with the organization: (Attach a separate sheet if necessary)

**NONE**

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19. If the registering charity is a parent organization located in Pennsylvania, does the organization elect to file a combined registration covering all of its Pennsylvania affiliates?

(See note "Affiliate and Parent Organization") ☐ Yes ☐ No ☒ Not Applicable

If "Yes," give all names and certificate numbers of the affiliate organizations:

(Each affiliate whose parent organization files an IRS 990 group return must submit a copy of the parent organization's 990 group return and file a public disclosure form (BCO-23) for each affiliate.)

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20. Is the registering charity a Pennsylvania affiliate of a parent organization, which elected to file a combined registration on the registering charity's behalf? (See note "Affiliate and Parent Organization")

☐ Yes ☐ No ☒ Not Applicable

If "Yes," provide the name and, if available, certificate number of the parent organization.

(Each affiliate whose parent organization files an IRS 990 group return must submit a copy of the parent organization's 990 group return and file a public disclosure form (BCO-23) for each affiliate.)

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Legal name of parent organization

Pennsylvania certificate number

21. Provide the names and addresses of all officers, directors, trustees and principal salaried executive staff officers. (Attach separate sheet if necessary. A reference to the 990 or the BCO-23 is not sufficient.)

**SEE STATEMENT 4**

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HELPHOPELIVE, INC.

**22.** Names of the individuals or officers of the organization who: (Attach a separate sheet if necessary)

A. Are in charge of solicitation activities:

KELLY GREEN, EXECUTIVE DIRECTOR2 RANDOR CRP CTR, 100 MATSONFORD RD RADNOR, PA 19087

B. Have final responsibility for the custody of contributions:

KELLY GREEN, EXECUTIVE DIRECTOR2 RANDOR CRP CTR, 100 MATSONFORD RD RADNOR, PA 19087

C. Have final responsibility for final distribution of contributions:

KELLY GREEN, EXECUTIVE DIRECTOR2 RANDOR CRP CTR, 100 MATSONFORD RD RADNOR, PA 19087

D. Are responsible for custody of financial records:

KELLY GREEN, EXECUTIVE DIRECTOR2 RANDOR CRP CTR, 100 MATSONFORD RD RADNOR, PA 19087**23.** Are any officers, directors, trustees, or employees related by blood, marriage, or adoption to:A. Any other officer, director, trustee, or employee? ☐ Yes ☒ NoB. Any officer, agent, or employee of any professional fundraising counsel or solicitor under contract with organization? \*\* ☐ Yes ☒ No

C. Any officers, agents or employees of any supplier or vendor providing goods or services? \*\*

☐ Yes ☒ No

\*\*(this includes any officer, director, trustee, or employee of the charitable organization who is also an officer, director, trustee, employee or owner of a professional fundraising counsel, professional solicitor, supplier or vendor)

If "Yes" is checked to any of the above, attach a list of related individuals including names, business, and residence addresses of related parties.

**24.** Has the organization or any of its present officers, directors, executive personnel or trustees ever:A. Been found to have engaged in unlawful practices in the solicitation of contributions or administration of charitable assets or been enjoined from soliciting contributions or currently has such proceedings pending in this or any other jurisdiction? ☐ Yes ☒ No

B. Had its registration or license to solicit contributions denied, suspended, or revoked by any governmental agency?

☐ Yes ☒ NoC. Entered into any legally enforceable agreement (such as a consent agreement, an assurance of voluntary compliance or discontinuance or any similar agreement) with any district attorney, Office of Attorney General, or other local or state governmental agency? ☐ Yes ☒ No

(If "Yes" is checked in response to any of the above, attach a written explanation, including the reasons for actions, and copies of all relevant documents.)

**HELPHOPELIVE, INC.**

**Certification** - This registration statement must be signed by two different officers of the organization, one of whom shall be the chief fiscal officer or the equivalent.

**I certify that the information provided in this registration, including all statements and attached documentation, is true and correct to the best of my knowledge, information and belief. I understand that the falsification of any statement or documentation made is subject to the penalties of 18 Pa.C.S. §4904 (relating to unsworn falsification to authorities) and 10 P.S. §162.17 (relating to administrative enforcement and penalties).**

\_\_\_\_\_  
Signature of Chief Fiscal Officer

\_\_\_\_\_  
Date

**KELLY GREEN, EXECUTIVE DIRECTOR**

\_\_\_\_\_  
Type or print name and title of Chief Fiscal Officer

\_\_\_\_\_  
Signature of Other Authorized Officer

\_\_\_\_\_  
Date

**JAMES MADDEN, BOARD CHAIRMAN**

\_\_\_\_\_  
Type or print name and title of Other Authorized Officer

Checklist for registration:

- ☒ Completed registration statement properly signed and dated.
- ☒ A copy of the IRS 990/990EZ/990PF/990N Return and required schedules, signed and dated by an authorized officer
- ☐ Public Disclosure Form BCO-23 (if required)
- ☒ Applicable Financial Statements (audited, reviewed, compiled or internally prepared)
- ☒ Registration fee and any late filing fees
- ☐ Initial Registrants Only: IRS determination letter, articles of incorporation or charter and by-laws.

See Instructions for more information on completing this form and attachments.

HELPHOPELIVE, INC.

52-1322317

FORM BCO-10

NAMES USED TO SOLICIT CONTRIBUTIONS

STATEMENT

1

OTHER NAMES USED

MID-ATLANTIC TRANSPLANT FUND, MID-ATLANTIC CATASTROPHIC INJURY FUND,  
MID-ATLANTIC SPINAL CORD, INJURY FUND, MID-ATLANTIC CATASTROPHIC  
ILLNESS

HELPHOPELIVE, INC.

52-1322317

FORM BCO-10

ALL PROFESSIONAL SOLICITORS

STATEMENT 2

NAME AND ADDRESS

PHONE NUMBER

NONE

CONTRACT BEGIN DATE

CONTRACT END DATE

SOLICIT DATE

HELPHOPELIVE, INC.

52-1322317

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FORM BCO-10	PROFESSIONAL FUNDRAISING COUNSELS	STATEMENT	3
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<u>NAME AND ADDRESS</u>	<u>PHONE NUMBER</u>
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NONE

<u>CONTRACT BEGIN DATE</u>	<u>CONTRACT END DATE</u>	<u>SERVICE DATE</u>
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FORM BCO-10	OFFICERS, DIRECTORS, TRUSTEES AND EXECUTIVES	STATEMENT	4
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<u>NAME AND ADDRESS</u>	<u>TITLE</u>
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KELLY L. GREEN  
2 RADNOR CRP CTR, 100 MATSONFORD RD  
RADNOR, PA 19087

EXECUTIVE DIRECTOR

NAME AND ADDRESS

TITLE

MARIE T. O'ROURKE

DIRECTOR OF FINANCE THRU  
12.19

2 RADNOR CRP CTR, 100 MATSONFORD RD  
RADNOR, PA 19087

NAME AND ADDRESS

TITLE

JAMES MADDEN  
2 RADNOR CRP CTR, 100 MATSONFORD RD  
RADNOR, PA 19087

CHAIRMAN

NAME AND ADDRESS

TITLE

JAMES KELLEY  
2 RADNOR CRP CTR, 100 MATSONFORD RD  
RADNOR, PA 19087

SECRETARY

NAME AND ADDRESS

TITLE

STEPHANIE MCALAIN  
2 RADNOR CRP CTR, 100 MATSONFORD RD  
RADNOR, PA 19087

DIRECTOR

NAME AND ADDRESSTITLE

HEATHER MOORE  
2 RADNOR CRP CTR, 100 MATSONFORD RD  
RADNOR, PA 19087

DIRECTOR

NAME AND ADDRESSTITLE

LIAM MURRAY  
2 RADNOR CRP CTR, 100 MATSONFORD RD  
RADNOR, PA 19087

DIRECTOR

NAME AND ADDRESSTITLE

NICK RYDER  
2 RADNOR CRP CTR, 100 MATSONFORD RD  
RADNOR, PA 19087

DIRECTOR

NAME AND ADDRESSTITLE

ERIC ERICKSON  
2 RADNOR CRP CTR, 100 MATSONFORD RD  
RADNOR, PA 19087

TREASURER

NAME AND ADDRESSTITLE

RON SIGGS  
2 RADNOR CRP CTR, 100 MATSONFORD RD  
RADNOR, PA 19087

VICE CHAIR

NAME AND ADDRESSTITLE

PINANK PARIKH  
2 RADNOR CRP CTR, 100 MATSONFORD RD  
RADNOR, PA 19087

DIRECTOR

NAME AND ADDRESSTITLE

CHRISTINE KANTER  
2 RADNOR CRP CTR, 100 MATSONFORD RD  
RADNOR, PA 19087

DIRECTOR

NAME AND ADDRESSTITLE

WENDI BARISH  
2 RADNOR CRP CTR, 100 MATSONFORD RD  
RADNOR, PA 19087

DIRECTOR

NAME AND ADDRESSTITLE

MICHAEL CRISCUOLO  
2 RADNOR CRP CTR, 100 MATSONFORD RD  
RADNOR, PA 19087

DIRECTOR

HELPHOPELIVE, INC.

52-1322317

NAME AND ADDRESS

TITLE

MEG FREEMAN  
2 RADNOR CRP CTR, 100 MATSONFORD RD  
RADNOR, PA 19087

DIRECTOR

NAME AND ADDRESS

TITLE

REBECCA LEVENBERG  
2 RADNOR CRP CTR, 100 MATSONFORD RD  
RADNOR, PA 19087

DIRECTOR



## **EXHIBIT E**



**Help Hope Live**

2 Radnor Corporate Center  
100 Matsonford Road, Suite 100  
Radnor, PA 19087

helphopelive.org  
P: 800.642.8399  
F: 610.535.6106

## Terms of Service

We require acknowledgment that you have read, understand, and agree to the terms and conditions as outlined herein (See Application).

**Transparency is important** to us. Help Hope Live maintains "Our Advantage" and status as a trusted 501(c)(3) nonprofit because we adhere to federal guidelines. Here's what you, your fundraising volunteers, and campaign supporters need to know about fundraising for Help Hope Live.

### Fundraising

1. The client and/or client family will work with their community of friends, neighbors, or local volunteers ("Team Members") to conduct the actual fundraising efforts for Help Hope Live.
2. Help Hope Live will advise and serve the client and their volunteer group by providing fundraising guidance, resources, and tools by phone, email, or mail.
3. All fundraising activities and solicitation materials must be approved by a Help Hope Live Client Services Coordinator, as there are certain disclosures that are required for charitable fundraising.
4. IRS prohibits beneficiaries of charitable donations to receive personal gain. As such, it is against our guidelines to grant assistance to individuals for expenses that have been paid by another charitable or non-charitable institution. To do so constitutes fraud. To ensure the integrity of Help Hope Live and our community-based fundraising campaigns, any existing fundraising campaigns for identical expenses must be closed or dissolved.
5. Soliciting corporations and foundations for monetary or in-kind donations requires preapproval by Help Hope Live.

### Regional Restricted Funds

6. Funds raised for Help Hope Live in honor of the client are held in a Regional Restricted Fund for the region where the client lives, together with other funds raised in that region.
7. Help Hope Live has full discretion and control over all funds raised.
8. Because Help Hope Live maintains discretion over all funds raised, they likely won't jeopardize the client's eligibility for asset-based assistance programs. The client should check with their state Medicaid office to be sure.
9. Donations made in response to solicitations and/or events are restricted by region only and do not obligate Help Hope Live to allocate funds toward a specific individual, as the IRS would deem such donations to be private gifts, which are not tax deductible.
10. All clients receive financial support according to their medical and financial need. Every effort is made to honor the donor's intent.
11. Help Hope Live retains the right to utilize income and capital appreciation earned by Regional Restricted Funds to offset administrative costs, assist clients with uninsured medical needs, and promote organ donor and spinal cord injury awareness.

## Fees

12. Our administrative fee is a low **5%**. We use this nominal fee to maintain our organization and provide the tools, resources, and guidance needed to make fundraising efforts a success. For every \$1 donated by check, 95 cents is available to help cover medical and related expenses.
13. For online donations made by credit card or eCheck, the fee is 7.65%. This fee includes Help Hope Live's 5% admin fee plus the 2.65% fee we pay to use a secure third-party platform to process online donations.
14. Because we are a 501(c)(3) nonprofit, Help Hope Live campaigns are eligible to receive **foundation, trust, donor-advised fund, stock, and employer-matching gifts**. Due to higher administrative costs, the total fee for donations of this kind is 10%.
15. Help Hope Live accepts funds in honor of clients from third-party vendors. Help Hope Live does not endorse any particular vendor and is not responsible for any fees accessed by a vendor for the use of their services or platforms. Help Hope Live will not be liable for any issues arising between a vendor or client, as such relationship is a private contract between third parties (e.g., Help Hope Live is not a party to any such agreements).
16. Expenses associated with returned or stopped payments, failed direct deposits, or disputed credit card fees will be charged to the Regional Restricted Fund.

## Donations and Acknowledgements

17. Check or money orders should be made payable to Help Hope Live with [ in honor of **Client's Name**] in the **memo section**. Donations by check or money order require additional processing time.
18. "Money" must be in U.S. currency and may include check, money order, credit card or eCheck contribution, or other negotiable security donated by an individual or business to the Regional Restricted Fund.
19. All online donations are acknowledged with an **email receipt**.
20. Donations of **\$250 or more** will be acknowledged by Help Hope Live in a letter sent to the contributor.
21. Help Hope Live does not accept fund transfers from crowdfunding sites, like GoFundMe, as such funds may be considered assets to the client.
22. We may accept a donation in honor of the client from a contributor who claims the client as a dependent if the gift is less than or equal to 10% of the total funds raised AND the contributor is one of or less than 10% of the total unique donors.
23. Contributors may **make their name and contact information available to the client**, or they may choose to donate **anonymously**. Clients and their authorized Team Members can access and download a list of contributors to their Help Hope Live campaign online at [www.helphopelive.org](http://www.helphopelive.org) through their Campaign Dashboard.

## Tax Deductibility

24. Usually, contributions to Help Hope Live are tax deductible to the donor. Donors should speak to a tax expert if they have questions regarding tax deductibility.
25. Gifts-in-kind (donations of goods or services) are tax deductible only if given as part of a fundraising event, such as a dinner dance or an auction.
26. Gifts of money or goods and services given directly to the client are not tax deductible.

## Requesting Funds

27. When you fundraise for Help Hope Live, we allocate money from a Regional Restricted Fund to pay eligible medical and related expenses based on financial need. We will work with you to identify a target for your Help Hope Live campaign based on your anticipated uninsured expenses.
  - a. Need is determined based on **objective criteria** that includes multiple aspects of your financial information as provided on the application.
  - b. We will periodically **re-examine financial need**.
28. As a **501(c)(3)** nonprofit, Help Hope Live requires verification of the client's medical condition and related expenses from a medical professional. Our clients consent to this exchange of information (See Medical Verification). If a client's medical professional contact or their medical condition should change, it is the client's responsibility to notify Help Hope Live.
29. Once Help Hope Live has received a completed Application and Medical Verification and fundraising has begun for Help Hope Live, the client is eligible to submit Fund Request Forms to Help Hope Live to cover unmet medical needs from the Regional Restricted Fund.
30. Here's how it works:
  - a. **Fundraise** with your community.
  - b. **Send all funds raised to Help Hope Live**.
  - c. **Request disbursements** from Help Hope Live to cover eligible expenses by submitting a Help Hope Live Fund Request Form with backup documentation (bill/invoice or receipt/proof of payment).
  - d. Help Hope Live **pays direct to vendor or reimburses client** for out-of-pocket medical and related expenses in accordance with our Fund Disbursement Guidelines.
31. Help Hope Live is unable to honor special mail requests requiring express service.
32. All disbursements are made subject to the approval of Help Hope Live and reviewed by the Client Services Committee of the Help Hope Live Board of Directors.
33. Help Hope Live has no obligation to pay more expenses than it has money available in a specified Regional Restricted Fund.

## Inactive or Closed Campaigns

34. In the event of a client's death, their authorized campaign Team Members, as designated by the client, spouse, parent, POA, or legal guardian, can submit Fund Request Forms to Help Hope Live for 12 months. Burial expenses can be submitted. This 12-month time frame can be extended if the family contacts Help Hope Live.
35. Campaigns in which there has been no contact or activity (fundraising or disbursements) for three years may be deemed "inactive." After attempts to contact the client or an authorized Team Member have been made, the campaign will be "closed."

## Volunteers

36. It is the responsibility of fundraising volunteers and event organizers to obtain insurance coverage and licenses in their name when necessary, as well as to comply with the legal and tax requirements of certain events such as raffles and auctions. Help Hope Live does not give legal or tax advice.
37. Fundraising costs can be reimbursed upon a client's submission of a Fund Request Form to Help Hope Live. Such costs should be kept to a minimum since the purpose of fundraising is to assist Help Hope Live clients with medical and related expenses. Help Hope Live has no legal or financial responsibility to pay expenses incurred by volunteers.
38. Help Hope Live will not pay for services provided by paid professional fundraisers or for legal services.

39. At no time can any volunteer act as an official representative of Help Hope Live or otherwise bind the organization legally.
40. It is the responsibility of fundraising volunteers to understand how fundraising for Help Hope Live works.

**Still have questions?** Visit [www.helphopelive.org/faq](http://www.helphopelive.org/faq), or contact your Client Services Coordinator.

These terms of service are subject to change at the sole discretion of Help Hope Live, Inc., at which time we will notify the client in writing.

Updated April 4, 2019

## EXHIBIT F

**Help Hope Live**  
**Inactive Campaigns**  
**Campaigns with No Activity (Disbursements or Contributions) Since Before 10/1/2016**

Name	Fund ID	Balance	Fund Type	Region	Last Disbursement	Last Contribution
	ACKDR1	2,721.58	Catastrophic	05	9/11/2014	11/8/2012
	ACKFR1	401.01	Transplant	03	1/14/2014	4/17/2013
	ADABR1	57.60	Transplant	06	7/22/2013	3/25/2014
	ADAER1	480.00	Transplant	06		12/17/2012
	ADARA1	9.30	Transplant	03		8/5/2015
	ADKJE1	46.50	Catastrophic	05	11/26/2013	12/31/2013
	AGUEL1	307.00	Transplant	04		10/13/2011
	AHMNA1	69.75	Transplant	04		11/11/2015
	AHWSU1	1,723.00	Transplant	06		prior to 10/1/2011
	AKEVI1	274.95	Transplant	10		10/6/2014
	AKICI1	1,335.93	Transplant	10	10/14/2015	4/16/2015
	ALBJO1	292.95	Transplant	05		3/15/2016
	ALDSU1	441.75	CAT Illness	05	8/11/2016	9/25/2016
	ALECA1	24.00	Transplant	03		5/19/2016
	ALECH1	960.00	Transplant	03		8/30/2012
	ALLCA1	27.34	Transplant	02	5/21/2015	2/12/2015
	ALLCA2	5.86	Transplant	06	5/26/2015	4/30/2015
	ALLDE1	47.25	Transplant	04		12/8/2015
	ALSDE1	144.00	Transplant	04	9/28/2012	11/2/2012
	ALTAL1	23.25	Transplant	11		5/7/2015
	ALVAL1	4,011.74	Transplant	05	2/19/2015	11/5/2014
	AMARO1	777.33	Transplant	04	2/17/2016	5/17/2012
	ANDAL1	116.25	Catastrophic	05		8/29/2014
	ANDCY1	1,545.33	Transplant	01		3/15/2016
	ANDMI1	23.25	Catastrophic	05		6/13/2016
	ANDPA1	23.25	Transplant	06		10/14/2013
	ANDROD	4,525.57	Transplant	05	1/12/2012	prior to 10/1/2011
	ANNVI1	1,353.72	Transplant	11		8/27/2016
	AREJU1	178.05	Transplant	11	6/25/2012	6/14/2012
	ARIMA1	325.84	Catastrophic	01		10/27/2011
	ARMCA1	143.25	Transplant	11		6/11/2015
	ARNGE1	2,584.28	Transplant	11	2/27/2012	prior to 10/1/2011
	AUCSU1	105.53	Transplant	05	6/22/2015	5/3/2012
	AURLO1	163.53	Transplant	02	2/11/2016	9/21/2015
	AVIDE1	139.50	Transplant	05	3/31/2015	4/21/2015
	AYAMA1	227.85	Transplant	05		5/5/2016
	BABWI1	52.05	Transplant	02		6/8/2015
	BACLI1	17,029.15	Transplant	05	2/19/2013	3/11/2013
	BAENI1	111.60	Transplant	07	7/30/2015	6/28/2016
	BAESA1	23.25	Transplant	07		11/30/2015
	BAICA1	2,137.58	Transplant	03	3/4/2016	3/22/2016
	BAIMI	3,240.71	Transplant	05	6/27/2013	8/15/2012
	BALGA1	750.75	Transplant	10		12/3/2013
	BANDE1	12,708.60	Transplant	11	11/17/2015	12/31/2014
	BAPHA1	35.88	Transplant	11	8/9/2016	6/29/2015
	BARAG1	255.75	Transplant	03		8/31/2015
	BARAN1	13,009.00	CAT Illness	01	7/6/2016	3/21/2016
	BARBE1	124.60	Transplant	04	5/12/2016	10/12/2015
	BARBR2	2,776.14	Transplant	02	11/29/2011	prior to 10/1/2011

BARBR3	189.00	Transplant	02		5/3/2016
BARDE1	2,682.75	Transplant	10		5/20/2015
BARFA1	69.75	Transplant	10		2/20/2016
BARGU1	2,880.00	Transplant	10		10/20/2015
BARKE2	2,441.28	Transplant	04		3/9/2014
BARMI	954.00	Transplant	07		4/2/2014
BARNA1	181.30	Transplant	06	8/4/2015	1/13/2016
BARNE1	143.00	Transplant	03	10/22/2012	10/18/2012
BARPA1	13,405.94	Transplant	06	4/30/2015	4/21/2014
BARW11	1,029.75	Transplant	11		5/29/2014
BASRO1	93.00	Transplant	05	6/30/2014	12/29/2014
BATHE1	3,662.64	Transplant	03		12/5/2011
BATSA1	1,046.25	Transplant	10		4/5/2016
BATTO1	1,540.20	Transplant	06		10/18/2012
BAXFO1	20,683.41	Transplant	10		12/29/2011
BAYMO1	23.25	Catastrophic	05		2/17/2016
BEAED1	719.46	Transplant	01	6/6/2013	6/19/2013
BEAMA1	344.10	Transplant	01		10/19/2015
BECJU1	8,734.02	Catastrophic	08	10/20/2014	1/8/2013
BEEMA1	84.00	Transplant	05		2/18/2014
BEGRI1	116.25	Transplant	05		9/15/2013
BEHJI1	660.80	Transplant	05		prior to 10/1/2011
BEHTE1	23.25	Transplant	05		5/4/2015
BELDO1	23.25	Catastrophic	03	7/24/2014	10/6/2014
BELGL1	1,101.75	Catastrophic	03		5/22/2013
BELOL1	255.75	Transplant	11		12/12/2013
BELSA1	348.75	Transplant	11		5/28/2015
BELVI	270.29	Transplant	04	4/8/2014	prior to 10/1/2011
BELVI1	510.72	Transplant	04		3/29/2016
BENBR1	4,705.17	Transplant	02		prior to 10/1/2011
BENGH1	2,376.51	Transplant	09	1/11/2016	6/16/2015
BENJO	133.38	Transplant	03		prior to 10/1/2011
BERIV1	2,704.89	Transplant	10	5/13/2014	prior to 10/1/2011
BERJA2	46.50	Transplant	04	4/27/2015	9/11/2015
BERMA1	23.25	Transplant	11		7/12/2016
BERMI1	435.64	Catastrophic	02	8/10/2016	11/8/2011
BERSC1	9,823.84	Transplant	03	6/1/2016	5/19/2016
BESSA1	70.10	Transplant	03	9/3/2015	7/20/2015
BEVJE1	2,641.50	Transplant	03		1/28/2016
BIECA1	1,142.73	Transplant	07	2/24/2015	3/13/2013
BLAAM1	1,814.70	Transplant	11		4/12/2013
BLAAN1	712.47	Transplant	04	10/20/2011	2/23/2012
BLADA2	186.20	Transplant	05	4/14/2016	12/25/2015
BLAOL1	10,709.65	Transplant	10	7/29/2016	12/28/2015
BLARO2	108.96	Transplant	10	8/26/2014	9/27/2016
BLARO3	396.00	Transplant	10		8/17/2015
BLODO1	208.75	Transplant	10	4/27/2016	2/7/2016
BOGPE1	1,828.50	Transplant	01		prior to 10/1/2011
BOICY1	1,318.95	Transplant	01		6/2/2014
BOLTO1	2,782.18	Transplant	05	1/27/2015	3/3/2015
BONJE1	3,401.68	Catastrophic	11		3/1/2012
BONPA	1,525.81	Catastrophic	11		prior to 10/1/2011
BONWA1	4,920.96	Transplant	04		2/22/2016
BORLE1	791.16	Catastrophic	08	12/14/2015	3/12/2014



BORST1	309.00	Transplant	01	7/28/2015	4/26/2016
BOUCH1	4,128.00	Transplant	11		prior to 10/1/2011
BOUKE1	395.25	Transplant	01		1/16/2013
BOWDE1	382.92	Transplant	10	11/25/2013	3/14/2013
BOWJA1	508.00	Transplant	06	9/17/2014	8/7/2013
BOWRA1	181.35	Transplant	03		7/28/2014
BOWRI1	57,600.00	Transplant	03		2/1/2016
BOXAM1	118.56	Catastrophic	08	10/9/2014	10/7/2013
BOYWA1	455.00	Transplant	05	2/8/2016	5/26/2015
BRAAM1	141.63	CAT Illness	02	5/6/2016	4/21/2014
BRAAN1	192.00	Transplant	01	5/6/2013	12/16/2013
BRADO1	232.50	Transplant	11		7/15/2016
BRAED1	11,037.21	Transplant	02	9/5/2012	5/29/2012
BRAHA1	261.21	Transplant	06	4/20/2015	7/31/2012
BRAJA2	657.74	Transplant	04	5/5/2015	prior to 10/1/2011
BRALO1	162.75	Transplant	11		11/17/2014
BRALO2	24.00	Transplant	11		7/23/2015
BRAMI1	15,989.38	Transplant	04	7/16/2013	11/18/2013
BRAZA1	42.79	Catastrophic	03	10/20/2014	5/20/2014
BREPH1	881.05	Catastrophic	11	3/21/2013	2/17/2016
BRERO1	23.25	Catastrophic	11		10/22/2014
BRESU1	35.33	Transplant	11	1/19/2016	10/23/2014
BREZA1	37.05	Catastrophic	02	8/3/2016	10/31/2015
BRIBO1	2,678.67	Transplant	05		10/8/2012
BRIDA1	96.54	Catastrophic	11	11/1/2012	prior to 10/1/2011
BRIEV1	279.00	Transplant	03		9/30/2016
BRIKI	334.01	Transplant	01	7/8/2014	6/27/2014
BRILE1	647.77	Transplant	02	8/31/2016	2/20/2014
BRILE2	23.25	Transplant	02		5/12/2016
BRIST1	458.24	Transplant	05	3/31/2015	prior to 10/1/2011
BROBI1	1,573.38	Transplant	05	1/5/2012	3/5/2012
BROCA2	100.32	Transplant	11	9/3/2015	11/25/2011
BROCH1	188.22	Transplant	03	3/11/2014	1/8/2013
BROFR1	42.37	Transplant	03	5/16/2016	6/9/2015
BROJA4	46.50	Transplant	09	5/19/2015	7/15/2015
BROKA1	465.00	Catastrophic	11		7/12/2016
BROLE1	503.25	Catastrophic	11		4/8/2013
BROMA1	128.90	Catastrophic	04	5/13/2013	9/23/2013
BROMA3	2,503.35	Transplant	11	3/27/2012	11/19/2012
BROMA4	48.08	Transplant	10	11/26/2013	5/16/2013
BROMA5	286.00	Transplant	06	2/19/2016	12/16/2013
BROMI2	40.71	Catastrophic	03	1/14/2016	7/29/2015
BRORA1	603.73	Transplant	07	2/2/2015	5/16/2013
BROTI3	122.10	Transplant	10	6/11/2015	1/14/2016
BRUBR2	2,831.08	Transplant	06	4/12/2012	10/20/2011
BRYBL1	56.83	Catastrophic	03	10/1/2015	6/25/2015
BRYPI1	7,744.78	Transplant	11	7/15/2014	9/24/2014
BUCDO1	23.25	Transplant	11		2/26/2015
BUCSH1	23.25	Catastrophic	05		8/18/2016
BUCYO1	2,945.70	Catastrophic	05		8/5/2014
BUECY1	265.05	Catastrophic	05		11/20/2015
BULPA1	948.75	Transplant	05	3/5/2012	12/30/2013
BUMJI	4,189.79	Transplant	05		prior to 10/1/2011
BURAP1	66.58	Transplant	04	5/2/2016	12/4/2014

BURBR1	418.50	Transplant	04		11/9/2015
BURCA3	2,096.00	Transplant	08	11/14/2011	11/8/2012
BURJA1	940.20	Catastrophic	10		3/9/2015
BURKE1	135.20	Transplant	08	6/23/2015	12/29/2014
BURKEV	2,500.00	Transplant	08		prior to 10/1/2011
BURPA	52,622.58	Transplant	08	1/28/2014	prior to 10/1/2011
BURTH1	3,140.44	Catastrophic	02		3/4/2016
BUSJE1	23.25	Catastrophic	02		11/5/2015
BUTBE1	139.50	Catastrophic	10		10/20/2015
BUTJO1	13.75	Transplant	03	7/27/2015	9/27/2012
BYEBR1	69.75	Transplant	01		6/23/2016
CABHO1	4,413.70	Transplant	03		3/19/2015
CAIDY1	2,980.65	CAT Illness	06	12/17/2015	6/17/2016
CALBI1	113.38	Transplant	11	6/6/2013	7/11/2013
CALLI1	7,177.18	Transplant	02		2/13/2013
CALLU1	246.45	Transplant	02		12/10/2014
CALMA	4,326.01	Catastrophic	05	4/14/2016	prior to 10/1/2011
CALMA3	2,515.65	Transplant	02		2/16/2012
CALSC1	576.00	Catastrophic	03		prior to 10/1/2011
CAMCA1	23.25	0.00	-		5/31/2016
CAMEM1	2,227.04	Catastrophic	03		prior to 10/1/2011
CAMLA1	69.75	Transplant	04		8/13/2015
CAMNE1	1,059.28	Catastrophic	03	1/14/2016	12/28/2015
CANED1	1,040.27	Transplant	11	3/7/2016	2/10/2016
CANVE1	24.00	Transplant	11		3/9/2015
CARBE2	373.05	Transplant	05		6/25/2015
CARDE1	232.50	Catastrophic	06		6/16/2014
CARDI1	743.45	Transplant	06	12/6/2011	prior to 10/1/2011
CARKR1	232.66	Catastrophic	02	8/21/2014	8/4/2014
CARLI1	97.33	Transplant	06	6/24/2016	12/27/2012
CARLO1	15,344.82	Transplant	06		5/22/2013
CASAL2	5,713.01	Transplant	02	6/11/2013	12/19/2013
CASFR1	160.32	Transplant	05		12/10/2012
CASJA1	387.82	Transplant	06	2/14/2013	3/12/2012
CASJU1	162.75	Transplant	02		8/18/2016
CAURI	2,636.84	Transplant	08		prior to 10/1/2011
CHAAM1	0.01	Transplant	10	4/21/2016	11/27/2012
CHACE1	213.90	Transplant	10		8/12/2016
CHADO1	96.00	Transplant	06		6/10/2013
CHADO2	1,428.30	Transplant	06		prior to 10/1/2011
CHALL1	155.90	Transplant	06	3/16/2015	7/16/2015
CHAMA1	15,355.19	Transplant	04	6/19/2014	prior to 10/1/2011
CHAMA2	1,490.13	Transplant	04		5/30/2013
CHAMA3	209.25	Transplant	04		2/5/2016
CHARU1	184.68	Catastrophic	11		prior to 10/1/2011
CHATO1	845.58	Transplant	02	8/10/2015	4/5/2012
CHEOR1	91.05	Transplant	03	3/21/2013	prior to 10/1/2011
CHIJE1	1,408.92	Transplant	03		9/5/2013
CHIJO2	23.25	Transplant	03		7/15/2015
CIDBO1	932.60	Transplant	02	7/28/2014	7/10/2014
CIFRI1	30.20	Transplant	02	5/9/2016	2/21/2016
CISAR1	790.05	Catastrophic	02		10/10/2013
CLADA1	186.00	Transplant	08	7/20/2015	2/14/2016
CLADI1	1,615.79	Transplant	07	7/6/2016	1/30/2016

CLAJA1	193.80	Catastrophic	03	2/8/2016	2/14/2016
CLALO1	23.25	Transplant	01		5/20/2016
CLASC1	4,009.00	Transplant	03	8/13/2013	8/3/2012
CLERO1	299.92	Transplant	11	2/11/2014	7/17/2013
CLESA1	584.61	Transplant	11	8/26/2016	4/30/2015
CLIAN1	397.44	Catastrophic	03	2/7/2013	1/2/2013
CLIKA1	316.56	Transplant	11	9/12/2013	5/28/2015
CLOJA1	147.02	Transplant	05	2/5/2016	prior to 10/1/2011
CLONI1	32,935.54	Catastrophic	02	10/24/2011	1/31/2013
COABE1	1,053.00	Catastrophic	08	12/29/2011	prior to 10/1/2011
COACH	5,460.30	Catastrophic	08		7/23/2015
COBTE2	255.75	Transplant	04		3/22/2016
COFGE1	106.95	Transplant	05		3/18/2013
COLAN1	106.52	Transplant	06	6/17/2013	5/16/2013
COLJO	1,400.74	Transplant	05		11/18/2013
COLJU1	1,449.00	Transplant	04		11/9/2015
COLLE1	23.25	Transplant	09	8/5/2015	8/31/2015
COLRA1	24.00		0.00	-	8/30/2012
COLSU1	96.00	Transplant	03	5/13/2014	6/4/2013
COLTA1	1,700.69	Transplant	02	8/24/2015	9/4/2015
COMJE1	3.76	CAT Illness	10	8/12/2013	9/30/2013
COMKA1	1.25	Transplant	11	11/19/2013	9/19/2013
CONGI1	1,403.68	Catastrophic	09	2/2/2012	1/20/2014
CONJU1	87.54	Transplant	11	8/27/2015	8/31/2015
CONKA1	4,903.07	Transplant	03	5/28/2013	3/20/2015
CONKE1	3.36	Catastrophic	05	8/21/2012	5/24/2012
CONRI	3,082.99	Transplant	04		prior to 10/1/2011
COOCH	957.82	Transplant	06	11/4/2013	prior to 10/1/2011
COOMA	198.05	Transplant	03		prior to 10/1/2011
COONA1	23.25	Transplant	02		10/10/2014
COOWA1	699.21	Transplant	06		prior to 10/1/2011
CORCH1	93.00	Catastrophic	11	5/26/2015	9/25/2015
CORED1	1,674.00	Catastrophic	11		7/21/2014
CORIS1	17,554.30	Catastrophic	11		7/23/2015
CORMA2	23.25	Transplant	05		11/10/2014
COROL1	1,285.58	Transplant	05	12/13/2011	prior to 10/1/2011
COSAN1	34.49	CAT Illness	03	2/26/2015	6/11/2015
COTRI1	2,218.77	Transplant	11		9/5/2013
COUBR	212.00	Catastrophic	03	9/7/2012	10/7/2013
COUDE	175.19	Transplant	04	7/21/2014	prior to 10/1/2011
CRAJA1	688.32	Catastrophic	03	5/30/2012	4/12/2013
CRASH1	731.24	Transplant	03	12/16/2013	6/23/2014
CRASU1	69.75	Transplant	03		9/3/2015
CREED1	26,608.07	Transplant	08	1/2/2014	12/12/2013
CREPA1	69.75	Transplant	03		10/24/2014
CRETR1	162.75	Transplant	05	7/31/2014	11/3/2014
CRIKE1	210.75	Transplant	05		4/26/2016
CRIRO1	696.00	Transplant	05		11/24/2014
CRISU1	58.21	Transplant	08	4/21/2016	1/31/2016
CROAN2	23.25	Transplant	11		2/20/2015
CROEM1	282.42	Transplant	11	7/3/2013	6/6/2013
CROGR1	3.81	Transplant	02	7/25/2013	4/4/2013
CROKR	100.00	Transplant	08	1/17/2013	prior to 10/1/2011
CRUMA2	11.50	Catastrophic	02	9/8/2015	6/1/2015

CRURU1	291.36	Transplant	11	12/23/2014	1/14/2013
CUEMI1	5,184.08	Transplant	11		4/4/2014
CULFL	101.03	Transplant	11	2/4/2014	9/5/2012
CULRO	27.86	Transplant	11	10/2/2012	prior to 10/1/2011
CUMTE1	162.75	Transplant	05	2/19/2015	12/14/2015
CURGA1	2,710.80	Transplant	04		prior to 10/1/2011
CURJU1	362.37	Catastrophic	04	7/18/2014	7/18/2014
CURWA1	281.25	Transplant	04		4/4/2014
d	4,800.00	Transplant	01		12/9/2013
DADDE1	48.38	Transplant	02	2/11/2014	4/12/2013
DAIMO1	93.00	Catastrophic	11	9/17/2014	7/16/2016
DAMJO1	119.25	Transplant	08		12/11/2014
DANJI	0.18	Transplant	03	7/14/2016	2/3/2015
DANRO1	1,678.80	Transplant	04		1/27/2016
DANSH1	1,158.90	Transplant	04		prior to 10/1/2011
DARJO1	23.25	Transplant	02		5/18/2016
DASPH1	7,922.90	Transplant	04	3/25/2014	2/4/2015
DAVAN1	186.00	Transplant	10	8/13/2012	2/7/2013
DAVFR1	1,574.46	Transplant	04		11/27/2013
DAVFR2	83.70	Transplant	04		9/8/2015
DAVJE1	22.62	Transplant	06	3/16/2016	2/26/2015
DAVJO2	1,566.30	Transplant	03		4/13/2015
DAVKE1	6,765.51	Transplant	04	2/10/2015	prior to 10/1/2011
DAVMA3	93.00	Catastrophic	03	4/8/2015	4/8/2015
DAVSH1	2,463.44	Catastrophic	04	9/11/2012	6/11/2012
DAVSH2	23.25	Catastrophic	04		1/12/2015
DAWAV1	689.28	Transplant	11		1/29/2015
DAWRI1	3.24	Transplant	01	10/21/2013	4/29/2013
DAYEA1	58.33	Transplant	11	12/14/2015	6/11/2015
DE RI2	46.50	Transplant	02		9/29/2016
DEBCH1	71.61	Catastrophic	02		9/8/2015
DECDE1	23.25	Transplant	01		4/30/2015
DECPA1	179.66	Transplant	08		prior to 10/1/2011
DEGTH1	566.10	Catastrophic	03	12/3/2012	12/15/2011
DELDA1	526.86	Catastrophic	11	9/30/2014	11/6/2014
DELDA2	2,880.00	Catastrophic	11		3/1/2016
DELLA1	897.73	Transplant	05	12/29/2014	4/4/2016
DEMJO1	19,091.85	Transplant	01	12/7/2015	11/8/2012
DEMKE1	23.25	Transplant	01		7/7/2016
DENAU1	4,673.25	Transplant	05		prior to 10/1/2011
DENPE1	469.50	Transplant	03		10/22/2015
DESAL1	93.00	Catastrophic	05	2/1/2016	12/16/2015
DEVWE1	57.33	Catastrophic	08		1/21/2015
DEWDE1	113.62	Transplant	10	2/26/2013	12/20/2012
DEWPE1	6,161.90	Transplant	10		5/31/2012
DEWRO	4,536.15	Transplant	10		prior to 10/1/2011
DIADA1	1,232.70	Catastrophic	03	5/19/2015	12/11/2015
DICLA	187.89	Transplant	03		prior to 10/1/2011
DILJO1	10,204.97	Transplant	03	4/8/2016	9/12/2016
DISCH	32,208.80	Catastrophic	05	12/31/2012	10/28/2013
DISST1	3,066.60	Transplant	05		2/10/2014
DIXST1	38.40	Transplant	04	6/22/2015	11/6/2014
DODSA1	1,100.94	Transplant	04		5/20/2013
DOMJA1	5,689.87	Transplant	03		5/22/2013

DOMLA1	7,704.90	Transplant	03		12/31/2014
DOMTI1	497.55	Transplant	03		3/21/2014
DONAL1	631.92	Transplant	02	6/27/2013	4/3/2012
DORMI1	1,023.15	Transplant	05		8/9/2016
DORPA1	976.50	Transplant	05		12/23/2015
DORRO1	142.09	Transplant	11	3/3/2016	12/31/2015
DOTPE1	44.23	Transplant	02	6/11/2015	11/4/2013
DRECO1	1,405.85	Catastrophic	02	6/7/2016	10/28/2013
DRIJE	4,231.87	Catastrophic	02		prior to 10/1/2011
DRODA1	10.00	Transplant	05	9/13/2016	3/2/2016
DUBLI1	194.80	Transplant	09	5/15/2012	9/30/2012
DUEHE1	1,582.53	Catastrophic	11		7/31/2012
DUFJO1	1,680.85	Transplant	01	10/6/2014	11/4/2014
DUKSU1	16.55	Transplant	05	7/12/2016	4/27/2016
DUNKE1	2,138.40	Transplant	05		1/31/2015
DUNLI1	647.25	Catastrophic	02	4/15/2013	7/17/2014
DUNMA1	2,533.33	Catastrophic	02		3/23/2012
DURAS1	945.00	Transplant	05		7/28/2016
DURJE1	4,852.05	Transplant	05		5/1/2016
EADLU1	2,218.76	Transplant	11	3/11/2014	3/4/2013
EAGRO1	133.12	Transplant	02	10/31/2011	prior to 10/1/2011
EARPE1	201.59	CAT Illness	02	12/22/2015	12/17/2015
EARPH1	23.25	CAT Illness	02		5/4/2015
ECKJE1	272.30	Transplant	03	4/13/2016	prior to 10/1/2011
EDDBE1	116.25	Catastrophic	11		8/28/2016
EDSDA1	116.25	Transplant	07		4/20/2016
EDWBR1	372.00	Transplant	07		8/26/2016
EDWDE1	23.25	Transplant	07		5/19/2016
EDWJU1	0.02	Transplant	05	7/23/2015	6/19/2014
EFFCA	902.19	Transplant	05	11/27/2012	prior to 10/1/2011
EILKA1	232.50	Transplant	02	8/10/2015	8/31/2015
EISKA1	3,378.15	Transplant	10	12/15/2011	prior to 10/1/2011
EISTO1	23.25	Transplant	09		3/24/2015
ELDDE1	842.88	Transplant	09		12/30/2011
ELDNA1	1,398.85	Transplant	11	7/23/2013	prior to 10/1/2011
ELIJO1	207.26	Transplant	05	10/21/2014	9/26/2013
ELLAN1	160.25	Transplant	11	2/2/2015	prior to 10/1/2011
ELLED1	211.63	Catastrophic	11	7/16/2013	8/15/2013
ELLTA1	2,455.19	Transplant	11	9/19/2016	10/25/2011
ELMIM	24,108.32	Transplant	04	5/20/2013	7/31/2012
ELMMA1	1,826.88	Transplant	04		4/12/2012
EMARO1	23.25	Transplant	03		4/24/2015
EPPAN1	3,552.24	Transplant	05		10/17/2014
ESCMA1	23.25	Transplant	07		7/28/2016
ESTJO2	1,013.70	Transplant	07		2/26/2015
ESTRY1	3,864.16	Catastrophic	05	9/27/2012	prior to 10/1/2011
ETHVE1	2,687.50	Transplant	03		prior to 10/1/2011
EVATA1	69.75	Transplant	03		12/8/2015
EVIJU1	882.45	Catastrophic	08		prior to 10/1/2011
FARGE1	2.65	Transplant	11	5/26/2015	3/26/2015
FARJO1	447.75	Transplant	11		12/8/2014
FARMI2	227.85	Transplant	11		9/25/2015
FAUER1	9,294.00	Transplant	11		3/14/2013
FERAL1	3,464.67	Transplant	11	7/22/2016	4/5/2016

FERBR1	93.00	Transplant	11		8/13/2014
FERIT1	696.21	Transplant	03		10/10/2011
FERSH2	213.90	Transplant	03		8/28/2015
FINDO1	23.25	Transplant	05		8/30/2016
FISMA1	258.15	Transplant	11	6/15/2016	12/28/2015
FISMA2	313.53	Transplant	11		5/19/2016
FITMI1	69.75	Transplant	03	9/28/2012	2/28/2015
FLAJU	652.80	Transplant	05		9/12/2013
FLEDA1	2.65	Transplant	05	11/19/2012	7/19/2012
FLOCH1	412.20	Transplant	03	11/19/2012	prior to 10/1/2011
FLYPA1	690.27	Transplant	11		9/13/2012
FOLAZ1	96.00	Transplant	04	12/26/2013	7/28/2014
FONJA1	100.00	Transplant	03	6/3/2013	9/18/2013
FONSH1	69.75	Transplant	03		9/6/2016
FORDE1	93.00	Transplant	03		5/26/2015
FORHU1	2.98	Transplant	04	12/1/2014	10/31/2013
FORST1	43.47	CAT Illness	03	6/29/2015	4/2/2015
FORTI1	189.75	CAT Illness	03		6/26/2013
FOSAS1	93.00	Transplant	03	3/6/2015	3/3/2016
FOSGA1	1,817.61	Transplant	11	12/10/2015	12/29/2015
FOSST1	64.09	Catastrophic	04	6/2/2015	2/27/2013
FOUMA1	232.50	Catastrophic	06	5/15/2014	9/30/2014
FRABE1	172.41	Transplant	11	10/6/2015	3/9/2015
FRABI1	465.52	Transplant	11	7/16/2013	9/6/2012
FRATI	11,837.76	Transplant	09		10/1/2012
FRECL1	199.80	Transplant	09		prior to 10/1/2011
FREDA	3,007.74	Transplant	09		prior to 10/1/2011
FREKI	900.00	Transplant	04	10/20/2014	12/16/2014
FRETI1	598.33	Transplant	03		prior to 10/1/2011
FRETO1	76.09	CAT Illness	03	9/26/2016	2/10/2016
FUERA1	3,372.92	Catastrophic	03	11/5/2012	3/28/2013
FULKE1	46.50	Transplant	04		8/27/2015
FULSC1	646.50	Transplant	03		prior to 10/1/2011
FULWA1	23.25	Transplant	08		5/13/2015
FURDE1	907.79	Catastrophic	08	11/4/2013	5/23/2014
FUSKA1	343.10	Transplant	09	9/30/2014	1/11/2016
GAGNI1	111.71	Transplant	03	9/26/2016	9/14/2016
GALDA1	116.25	Transplant	07		1/12/2016
GALDI1	23.25	Transplant	07		9/23/2015
GAMLA1	3,517.09	Transplant	03		8/15/2013
GARANG	1,444.72	Transplant	03	7/6/2016	prior to 10/1/2011
GARGR1	2,520.45	Transplant	05		1/22/2013
GARJE2	93.00	Transplant	11	9/12/2013	12/19/2013
GARM12	232.50	Transplant	03		5/4/2015
GARTI1	1,273.50	Transplant	04		prior to 10/1/2011
GAUMI1	209.25	Transplant	06	12/8/2015	8/28/2016
GEABO1	56.16	Transplant	02	11/7/2013	8/16/2012
GELAM1	11,668.00	Transplant	05	6/24/2016	prior to 10/1/2011
GELMA1	139.50	Transplant	09	3/4/2013	9/5/2013
GENHE1	790.00	Transplant	10	5/18/2016	5/6/2016
GERER1	250.33	Catastrophic	03	11/13/2012	12/27/2012
GERLA1	116.25	Catastrophic	03		7/7/2016
GIBLI1	23.02	Transplant	03	7/31/2014	prior to 10/1/2011
GIBMI1	1,894.28	Transplant	03	7/25/2013	12/3/2012

GIBRY1	511.50	Transplant	03		12/30/2015
GIGMA1	186.00	Catastrophic	03	7/25/2013	4/30/2014
GILJA1	91.20	Transplant	04		4/30/2015
GILJO	56,591.98	Transplant	09	12/5/2013	prior to 10/1/2011
GILLA1	4,418.25	Transplant	04	8/17/2016	3/11/2015
GILT11	1,861.42	Transplant	04		9/20/2012
GIRMA1	125.23	Transplant	11	4/6/2015	6/16/2015
GLARA1	2,346.65	Transplant	11		8/18/2015
GLOAN1	(46.50)	Transplant	11		2/29/2016
GODTO1	(1,009.15)	Transplant	11	8/3/2016	9/30/2016
GOMED1	400.65	Transplant	05	12/21/2015	11/6/2015
GONAM	930.00	Transplant	06	8/16/2012	11/20/2012
GONJA1	2,768.52	Transplant	08		10/26/2015
GONJO1	23.25	Transplant	03		7/31/2015
GONLI1	120.00	Transplant	04		2/14/2013
GONLU1	23.25	Transplant	04		5/20/2016
GONSA1	1,988.40	Transplant	04		5/16/2013
GOOJE	1,385.92	Transplant	05	2/7/2013	prior to 10/1/2011
GOOKR1	1,178.55	Transplant	05		7/6/2015
GORMI1	46.50	Transplant	02		8/26/2016
GOSBI1	3.60	Transplant	03	6/4/2015	8/8/2013
GOTBI1	1,149.75	Transplant	04		5/10/2012
GRAAM1	627.75	Transplant	08		8/23/2012
GRADO2	63.33	Transplant	05	3/11/2014	2/6/2014
GRAGE	8,979.01	Transplant	03	9/5/2012	10/23/2012
GRAGL1	55.80	Transplant	11		8/3/2012
GRAJE2	485.06	Catastrophic	05	4/19/2016	3/26/2016
GRALE1	0.44	Transplant	03	6/16/2016	7/31/2015
GRAMI	3,528.91	Transplant	10		prior to 10/1/2011
GRARA1	32.89	Transplant	03	4/6/2016	12/8/2014
GRARE1	166.45	Transplant	03	7/22/2013	5/20/2013
GRASP1	288.00	Transplant	10		12/27/2012
GREAN2	23.25	Transplant	05		4/10/2015
GREER1	32.55	Transplant	10		4/30/2015
GREIL	5,809.05	Transplant	01		10/22/2012
GREKE2	4,509.27	Transplant	03		7/10/2013
GREMA1	860.25	Transplant	10		1/1/2016
GRETO2	559.65	Transplant	03		3/3/2014
GRIFR1	23.25	Transplant	11		3/25/2016
GRIJU1	343.65	Catastrophic	05	12/9/2014	1/13/2015
GRILY2	534.75	Transplant	04		8/8/2014
GRIMA1	23.25	Transplant	04		4/14/2016
GRIRO1	1,431.34	Transplant	11	11/28/2011	prior to 10/1/2011
GRITA2	76.58	Transplant	04	2/22/2016	12/14/2015
GROAN1	720.75	Transplant	04		11/10/2014
GROCH	960.00	Transplant	11		4/14/2016
GROST	186.00	Transplant	05		prior to 10/1/2011
GUEIN1	1,860.00	Transplant	11		prior to 10/1/2011
GUFAM1	1,501.95	Transplant	08		6/16/2016
GUIJO1	658.05	Transplant	05		prior to 10/1/2011
GUIKA1	498.00	Transplant	05		prior to 10/1/2011
GURKE1	835.86	Catastrophic	09	6/18/2015	prior to 10/1/2011
GUTAL1	46.50	Transplant	05	11/11/2014	11/20/2014
GUTSA1	2,595.32	Transplant	05		prior to 10/1/2011

HACBR1	385.80	Transplant	10		7/24/2013
HADNA1	93.00	Transplant	02		12/24/2015
HALAL1	3,698.49	Catastrophic	09		8/21/2014
HALCO	2,012.98	Transplant	07	6/8/2015	prior to 10/1/2011
HALCO1	224.17	CAT Illness	02	3/31/2015	1/27/2014
HALJO1	227.54	Transplant	04	9/16/2013	8/11/2013
HALJO2	23.25	Transplant	04		5/8/2015
HALKA1	651.00	Transplant	05	7/14/2014	2/20/2015
HALKA2	3,318.36	Transplant	05		8/6/2016
HALRO1	361.36	Transplant	02	6/23/2014	6/8/2015
HAMJO2	190.85	Transplant	06	6/12/2012	6/20/2013
HAMPA1	6,976.85	Transplant	10		7/18/2016
HAMPI1	24.00	Transplant	10		12/4/2014
HANSE1	176.25	Catastrophic	03	1/23/2012	12/15/2011
HARBR	3,577.28	Transplant	02		prior to 10/1/2011
HARCA2	23.25	Transplant	10		1/9/2015
HARDA3	174.75	Transplant	02		2/10/2016
HARJA2	4,233.60	Transplant	07		10/20/2011
HARJO2	683.62	Catastrophic	01	8/26/2013	prior to 10/1/2011
HARKA1	389.25	Catastrophic	01		12/16/2014
HARKA2	88.35	Catastrophic	01		11/10/2015
HARMI1	161.35	Transplant	05	2/24/2014	5/9/2013
HARMO1	1,276.80	Transplant	05		1/16/2015
HARPA2	465.00	Catastrophic	05		11/17/2015
HARRA2	23.25	Transplant	09		5/31/2015
HARSH1	931.52	Catastrophic	02	5/2/2013	8/21/2013
HARSH2	1,224.00	Catastrophic	02		8/24/2015
HARTA2	212.06	Transplant	08	7/22/2016	5/20/2016
HARWI1	16,298.30	Transplant	08		1/11/2016
HASNA1	593.55	Transplant	05		1/17/2013
HATPA1	1,308.74	Transplant	04	7/10/2012	4/24/2012
HAUTR1	24.00	Transplant	10		1/16/2016
HAWGR1	2,928.31	Transplant	11	10/18/2011	10/13/2011
HAWTA1	549.37	Transplant	10	8/1/2013	5/16/2013
HAYLY1	110.80	Transplant	11	9/26/2016	12/23/2015
HEABR	4,675.14	Transplant	11	1/6/2014	9/4/2013
HEALA1	6,325.49	Transplant	06	9/1/2015	prior to 10/1/2011
HEAWY1	3,688.35	Transplant	05		12/29/2011
HEBTO	4,496.95	Transplant	04	6/25/2012	6/26/2012
HEECH1	120.50	CAT Illness	02	11/18/2013	9/30/2013
HEIJU2	1,009.36	Transplant	05	7/29/2014	prior to 10/1/2011
HELMA1	0.00	Transplant	03		prior to 10/1/2011
HENDA1	74.40	Transplant	05	7/22/2016	4/27/2015
HENHA1	1,962.27	Transplant	05	6/11/2012	9/27/2012
HENMI2	46.50	Transplant	02	7/14/2016	8/25/2016
HENTH1	23.25	Transplant	05		3/18/2016
HEREN1	837.00	Transplant	03		11/15/2012
HERER	1,890.00	Transplant	03		prior to 10/1/2011
HERJA1	22.50	Transplant	09	6/19/2014	5/13/2013
HERJA2	412.88	Transplant	02	6/4/2015	11/9/2015
HEROS1	148.80	Transplant	05		9/22/2016
HERRI1	23.25	Transplant	05		7/12/2016
HERSH1	717.88	Transplant	05		prior to 10/1/2011
HESBR1	2,879.77	Transplant	04		prior to 10/1/2011



HESDA	281.38	Transplant	03	4/8/2015	8/1/2014
HEWJU1	51.15	Transplant	11	9/28/2015	12/30/2015
HEWMO1	766.99	Transplant	11	11/19/2015	10/13/2015
HICMI1	391.35	Catastrophic	05		12/12/2014
HIGCO1	116.25	Transplant	02		3/4/2015
HILBA1	214.07	Transplant	05	3/20/2014	prior to 10/1/2011
HILKE1	14.50	Transplant	05	5/11/2015	12/29/2014
HILWI1	986.61	Transplant	04	6/30/2015	4/4/2013
HINPA1	3,139.40	Transplant	11	3/9/2016	6/23/2016
HINSH1	256.07	Catastrophic	05	6/15/2016	5/20/2016
HISKI1	1,441.50	Transplant	03		12/31/2013
HITDU1	509.00	Transplant	03		12/4/2013
HOCJA1	2,571.55	Transplant	06	5/22/2012	1/24/2013
HOFJE1	450.00	Transplant	01	11/22/2011	12/2/2011
HOLB.1	928.35	Transplant	11		12/20/2012
HOLER2	479.85	Transplant	11		4/19/2016
HOLGE1	2,909.25	Transplant	11		11/18/2015
HOLHE	5,800.00	Transplant	04		4/21/2014
HOLTH1	46.50	Transplant	05		7/13/2015
HOOAN1	368.01	Transplant	11	7/16/2015	12/26/2013
HOOLA1	135.59	Transplant	10	1/11/2016	5/22/2013
HOORE1	457.15	Transplant	05	7/27/2015	11/30/2015
HOPRE1	3,710.76	Transplant	01		prior to 10/1/2011
HOPST1	6,198.14	Catastrophic	03		1/15/2015
HORCA1	6,638.25	Transplant	05	9/1/2016	2/20/2014
HORDA2	23.25	Transplant	07		9/18/2015
HOUAM1	240.00	Transplant	03		12/27/2012
HOURS1	2,987.62	Catastrophic	03		8/7/2014
HOWDE1	5.83	Transplant	05	10/7/2013	8/1/2013
HOWJA1	3,324.00	Transplant	04		prior to 10/1/2011
HOWPA1	480.00	Transplant	09		12/31/2012
HUCRO1	3,997.17	Transplant	11	11/5/2012	7/29/2015
HUEDA1	118.11	Transplant	06	7/22/2014	4/13/2015
HUGTH1	7,419.86	Transplant	05	10/19/2015	8/6/2012
HUMAL1	23.08	Transplant	11	12/11/2014	12/30/2011
HUMMA	174.66	Transplant	11		prior to 10/1/2011
HUMNA1	433.80	Transplant	11		9/10/2015
HUNGA1	52.53	Transplant	04	3/17/2014	6/12/2014
HUNLI1	253.35	Transplant	04		1/9/2014
HUNRO1	267.67	Transplant	03	4/28/2014	10/24/2013
HURCY1	23.25	Transplant	02		9/14/2016
HUTTE1	287.03	Transplant	11	7/16/2013	prior to 10/1/2011
HYMDA1	23.25	Transplant	03		10/6/2015
ICKCH1	3,346.56	Transplant	03	4/16/2014	1/14/2013
IHAVE1	1,421.42	Transplant	03		8/28/2014
INGKE1	502.80	Transplant	03		prior to 10/1/2011
IRBZA1	34,623.25	Catastrophic	05		1/16/2016
IULJO1	675.47	Transplant	09	7/9/2013	8/19/2013
JACAL1	39.42	Transplant	11	11/23/2015	3/20/2014
JACCH3	675.58	Catastrophic	08	4/28/2014	6/16/2014
JACJO2	144.15	Transplant	09		3/28/2013
JACLA2	70.92	Transplant	03	2/19/2016	6/6/2013
JACTE1	1,701.48	Transplant	11		10/3/2013
JACTO1	2,307.17	Transplant	11	5/6/2013	1/12/2012

JAHAS1	300.25	Transplant	04		prior to 10/1/2011
JAMAL1	1,033.91	Transplant	03	4/27/2015	6/15/2015
JAMCE1	1,527.15	Transplant	03		4/1/2013
JAMSH1	23.25	Transplant	08		12/21/2015
JAMSI1	93.00	Transplant	11	1/19/2016	4/21/2016
JAMTI1	0.47	Catastrophic	04	10/26/2015	10/5/2015
JANSA1	23.25	Transplant	05		8/26/2015
JAQPE1	103.26	Transplant	08	7/22/2016	7/14/2016
JASJA	671.14	Transplant	03	3/2/2016	prior to 10/1/2011
JASVA1	1.33	Transplant	05	3/12/2013	12/6/2012
JENRE1	1,046.10	Transplant	03		9/7/2016
JERNI1	93.00	CAT Illness	05		8/17/2015
JIMGR1	23.25	Transplant	04		5/5/2015
JOHCH1	1,980.47	Transplant	10	5/27/2014	7/7/2014
JOHDO1	524.24	Transplant	03		12/31/2015
JOHEN1	1,156.64	Transplant	06	12/23/2014	4/24/2013
JOHHO1	12,478.62	Transplant	11		10/21/2015
JOHJO2	1,842.75	Transplant	11		2/20/2013
JOHKA1	3,754.11	Transplant	11		prior to 10/1/2011
JOHKA2	7,889.12	Transplant	05	2/6/2014	3/11/2014
JOHKA3	46.50	Transplant	05		6/10/2015
JOHME3	23.25	Transplant	06		7/6/2016
JONBI1	135.45	Transplant	11		8/25/2014
JONCH2	3,433.51	Catastrophic	03	5/10/2016	11/11/2013
JONCH4	125.49	Transplant	03	6/20/2016	8/13/2015
JONCL1	368.66	Transplant	10	10/27/2015	3/9/2015
JONCY1	188.91	Transplant	06		prior to 10/1/2011
JONDE	697.50	Transplant	06		12/31/2015
JONES1	5,887.15	Transplant	06	7/13/2015	prior to 10/1/2011
JONFR2	18,021.27	Transplant	05	12/22/2015	4/20/2016
JONIS1	1,452.60	Transplant	04		7/12/2012
JONJO2	549.30	Transplant	06		4/3/2015
JONMO1	69.75	Transplant	04		2/13/2016
JONPA2	56.10	Transplant	11		12/18/2014
JONRO2	116.25	Transplant	11		8/4/2016
JONST2	1,104.32	Transplant	11		9/24/2015
JONTR1	320.00	Catastrophic	03	3/4/2016	11/9/2015
JORMA1	23.25	Transplant	03		5/5/2016
JOVLU1	2,691.28	Catastrophic	02	8/11/2014	2/18/2015
JOYRI1	313.45	Transplant	11	2/24/2016	6/1/2015
KAIME1	4,396.95	Catastrophic	02		prior to 10/1/2011
KALJI1	3,876.50	Catastrophic	09	3/10/2015	prior to 10/1/2011
KALSU	21,448.90	Catastrophic	05		prior to 10/1/2011
KANTE1	273.60	Transplant	03	3/2/2016	1/31/2013
KANTO1	2,087.58	Transplant	03	4/25/2013	4/9/2012
KASZA1	1,081.19	Catastrophic	05	5/20/2016	9/9/2016
KAVIR1	23.25	Catastrophic	07		2/9/2015
KAYEL1	1,346.25	Catastrophic	07		4/17/2015
KEAJA1	913.80	Catastrophic	05	9/25/2012	3/19/2013
KEECI1	99.61	Transplant	04	3/31/2015	11/26/2014
KEEMA1	17,506.71	Transplant	04	11/24/2015	8/30/2012
KEMHO1	105.60	Catastrophic	06		8/28/2014
KENTR1	7,815.50	Transplant	04		8/13/2014
KERMI1	284.49	Catastrophic	03	12/6/2012	prior to 10/1/2011

KESDE1	296.29	Transplant	06		prior to 10/1/2011
KEYTE1	6,454.97	Transplant	10		8/21/2014
KHAAB1	2,929.50	Transplant	10		4/26/2016
KHADA1	1,440.00	Transplant	10		4/17/2013
KIDLA1	604.50	Transplant	03		5/4/2016
KIMKA1	4,570.47	Transplant	06	12/5/2011	11/23/2011
KINCH2	2,590.05	Catastrophic	05		8/5/2015
KINCO1	556.35	Catastrophic	05		12/18/2014
KINJA1	123.86	Transplant	05	7/22/2016	prior to 10/1/2011
KINJI1	101.01	Transplant	02	9/29/2015	12/31/2014
KINRO1	292.98	Transplant	01	1/14/2016	9/14/2015
KITPE	389.41	Transplant	03	3/22/2012	9/12/2013
KLECO2	1,899.67	Catastrophic	07	10/22/2015	5/7/2015
KNAJA1	194.84	Transplant	10	9/11/2014	7/28/2014
KNIRO1	1,320.50	Catastrophic	01	3/19/2012	3/8/2012
KNORY1	488.10	Transplant	05	3/25/2016	3/15/2016
KNUJE1	325.50	Transplant	05		9/6/2016
KOLMA1	2,594.91	Transplant	05		11/14/2014
KOODO	331.20	Transplant	10		8/27/2012
KOOJO1	1,979.25	Transplant	10		8/21/2013
KORMI	6,150.32	Transplant	02		10/18/2012
KOTCH1	464.73	Transplant	11	1/9/2014	2/18/2014
KRIER1	2,228.91	Catastrophic	11	4/14/2016	1/1/2016
KRORE1	205.20	Catastrophic	05		10/3/2013
KUKKE1	246.45	Transplant	11		12/1/2014
LABAM1	1,796.54	Catastrophic	05	3/10/2015	6/8/2016
LACAN2	302.25	Catastrophic	05		2/20/2015
LACMA	6,226.69	Catastrophic	03		7/11/2013
LAHSH	9,974.89	Transplant	10	9/27/2012	prior to 10/1/2011
LAIAL1	116.25	Transplant	10		7/7/2016
LAIBI1	15.70	Transplant	10	1/26/2015	12/20/2012
LAMBR1	20,201.94	Catastrophic	11	11/9/2015	prior to 10/1/2011
LAMDE1	2.98	Transplant	10	5/2/2013	3/28/2013
LAMDO1	116.25	Transplant	10		12/22/2014
LANAN1	123.44	Catastrophic	11	8/16/2012	1/22/2015
LANCO1	1,067.27	Transplant	11		prior to 10/1/2011
LANDA1	2.75	Transplant	05	11/2/2015	1/6/2014
LANDA2	257.70	Transplant	03	12/27/2012	1/28/2013
LANJA1	278.06	Transplant	11		prior to 10/1/2011
LANRI1	69.75	Transplant	02		1/23/2015
LANTE1	23.25	Catastrophic	08		12/23/2015
LANWE1	883.05	Catastrophic	08		3/26/2015
LARBR1	192.00	Transplant	05	10/27/2011	10/20/2011
LARTE1	41.85	Transplant	05		7/15/2015
LATLI1	1,442.49	Transplant	06		6/15/2016
LAUJI1	3.26	Catastrophic	02	10/26/2015	9/12/2013
LAWBR1	46.50	Transplant	11		5/24/2016
LAWTI1	252.01	Transplant	06	7/15/2016	12/31/2014
LAYBR1	977.25	Transplant	03		4/3/2015
LAYER1	19,022.87	Transplant	01	9/22/2015	1/30/2013
LEBSU1	2,910.15	Transplant	11		2/5/2016
LEERO1	181.35	Transplant	11		12/19/2014
LEGTR	6,058.01	Transplant	03	1/28/2014	prior to 10/1/2011
LEINI1	96.00	Catastrophic	06		12/15/2015

LEINI2	1,615.82	Catastrophic	06		1/10/2014
LEPKR1	48.00	Transplant	02	8/19/2014	9/22/2014
LERWI1	2,200.39	Transplant	11	6/11/2012	prior to 10/1/2011
LESDA1	23.25	Catastrophic	02		6/29/2015
LESDE1	10.00	Transplant	06	12/1/2014	prior to 10/1/2011
LEVJI1	206.03	Transplant	10	2/19/2013	8/30/2012
LEWMA1	69.75	Transplant	03	8/27/2015	9/2/2015
LEWMA2	23.25	Transplant	03		11/21/2014
LIGPA1	137.91	Transplant	04	3/10/2016	7/17/2013
LIGRE1	706.90	Catastrophic	02	9/5/2013	9/9/2015
LINJE1	193.44	Transplant	03		prior to 10/1/2011
LINLO1	1,455.01	Transplant	05	2/22/2016	3/8/2016
LINPA1	46.50	Transplant	05		12/19/2014
LINSC1	1,426.76	Transplant	01	8/17/2016	9/22/2014
LINTO1	205.30	Transplant	05	3/7/2013	12/27/2012
LITCA1	11.78	Transplant	01	5/30/2013	2/28/2013
LITJA2	500.46	Transplant	11	2/18/2016	6/6/2016
LIUCO1	95.50	Transplant	05	12/7/2015	1/23/2014
LIVMA1	11,024.30	Transplant	11	8/24/2015	12/31/2014
LOPCA1	8,567.06	Transplant	08		11/15/2012
LOPJA1	95.45	Catastrophic	04	6/8/2016	6/1/2016
LOPLU1	342.87	Catastrophic	05	6/25/2013	10/15/2012
LOUPE1	1,286.40	Transplant	11		12/31/2014
LOVKA1	8,476.75	Transplant	03	8/24/2016	7/3/2014
LOWLO1	2.20	Transplant	02	1/26/2016	11/9/2015
LUBPA1	23.25	Transplant	07		12/28/2015
LUCJA1	144.00	Transplant	06	7/2/2013	6/6/2013
LUCJI1	424.50	Transplant	06		4/7/2014
LUNVA1	2,164.20	Transplant	05		prior to 10/1/2011
LUTCH1	1,362.30	Transplant	05		1/8/2016
LUZNI1	93.00	Catastrophic	01	7/7/2015	11/4/2015
MACBI1	2,043.25	Transplant	02	5/11/2016	8/13/2016
MACCO	8,912.59	Transplant	11	9/13/2012	12/31/2011
MACNA1	3,468.48	Transplant	07		prior to 10/1/2011
MADCO	307.20	Transplant	05		2/2/2012
MADMA2	23.25	Transplant	06		7/28/2016
MAGTA1	93.00	Catastrophic	05		8/18/2016
MAJKE1	15,444.71	Catastrophic	02	10/17/2011	12/10/2015
MALAN1	123.39	Transplant	11	11/19/2015	11/23/2015
MALMA1	115.15	Transplant	03	8/21/2014	8/29/2013
MALMA2	4,882.50	Transplant	03		3/3/2016
MAMAN1	23.25	Transplant	11		8/1/2016
MANBA	28,231.22	Transplant	06	11/3/2015	prior to 10/1/2011
MANCH2	69,899.29	Catastrophic	11	1/30/2012	1/30/2012
MANEB	3,486.15	Transplant	03	6/2/2014	prior to 10/1/2011
MANGI1	1,281.03	Transplant	03		12/27/2012
MANTI1	1,141.17	Transplant	04		2/13/2015
MARAG	30,129.64	Transplant	03	12/6/2011	8/10/2016
MARAM2	93.00	Transplant	06		12/18/2015
MARAN2	1,347.95	Catastrophic	09		prior to 10/1/2011
MARBO	816.43	Transplant	03	4/13/2015	prior to 10/1/2011
MARCI1	23.25	Catastrophic	05		3/24/2015
MARJE1	420.00	Transplant	02		11/19/2015
MARJO2	327.41	Transplant	03	7/21/2015	11/30/2011

MARKR1	93.00	Transplant	10	9/17/2012	2/19/2016
MARLA1	1,274.55	Transplant	10		11/30/2015
MARRO1	0.00	Catastrophic	03		prior to 10/1/2011
MASGI1	47.00	Transplant	04	3/8/2016	8/6/2016
MASJA1	222.97	Catastrophic	11	8/4/2015	11/4/2015
MASTA1	3,672.00	Transplant	03		prior to 10/1/2011
MASTA2	23.25	Transplant	03		6/1/2016
MATAN1	139.50	Transplant	03		8/9/2016
MAXAL1	348.75	Transplant	04	10/21/2014	10/10/2014
MAXBR1	5,726.43	Catastrophic	06	12/19/2013	11/25/2013
MAYDA2	454.73	Transplant	08	8/14/2015	6/3/2013
MAYHO1	2,583.33	Transplant	11		12/31/2015
MAYLY1	790.95	Transplant	11		1/23/2013
MCCBA	1,963.05	Transplant	03		prior to 10/1/2011
MCCDA1	3,029.23	Catastrophic	09	9/23/2016	prior to 10/1/2011
MCCDE1	5.36	Transplant	10	11/13/2014	5/30/2013
MCCGR2	409.50	Transplant	02		8/24/2015
MCCMI1	592.50	Transplant	03		5/10/2016
MCDDE1	1,130.06	Transplant	04	6/4/2013	6/5/2012
MCDDI1	4,858.50	Transplant	04		12/2/2015
MCDDO1	5,924.75	Transplant	04	4/21/2014	12/20/2012
MCDRO1	42.14	Transplant	05	10/1/2013	5/31/2012
MCDWY1	2,207.10	Transplant	05		5/31/2015
MCEJO1	674.25	Transplant	11		6/2/2014
MCGBR1	840.72	Transplant	04		5/10/2016
MCGTO2	0.00	Catastrophic	02		prior to 10/1/2011
MCITE1	190.24	Transplant	11	2/17/2015	prior to 10/1/2011
MCKSC2	2,409.59	Transplant	04	1/11/2016	7/14/2014
MCLTE1	46.50	Transplant	04	8/11/2015	4/20/2016
MCLWI1	438.93	Transplant	04		11/12/2015
MCNED1	1,253.86	Transplant	03	12/22/2014	8/24/2016
MCNKR1	37.20	Transplant	07		6/7/2016
MEAAA1	23.25	Transplant	04		9/28/2015
MEAMA1	1,211.62	Transplant	03	11/6/2012	7/5/2012
MEDMA1	88.35	Transplant	08		3/29/2016
MEEKI1	3,380.25	Transplant	05		prior to 10/1/2011
MEIME1	1,388.23	Transplant	11	5/1/2012	10/31/2011
MEIMI1	1,860.00	Transplant	11		12/31/2014
MELLA1	171.37	Transplant	01		3/4/2016
MELRU1	162.75	Transplant	03		4/7/2016
MELVI1	549.73	Transplant	03	5/29/2015	5/18/2015
MENBE1	192.00	Transplant	09		8/31/2015
MENGE1	9,156.51	Catastrophic	08		prior to 10/1/2011
MERST1	43.02	Transplant	10	5/12/2015	4/21/2014
MEZLI1	823.35	Transplant	03		10/17/2013
MICCH1	4,946.73	Transplant	03	9/9/2014	11/8/2011
MIKSE1	69.75	Transplant	02		8/31/2015
MILBE2	38.00	Transplant	06	10/13/2014	3/12/2012
MILCA2	128.75	Catastrophic	04	6/27/2013	1/2/2013
MILHE1	29.81	Transplant	11	11/16/2015	10/13/2014
MILLO1	2,479.53	Transplant	05		1/28/2015
MILSU1	203.12	Transplant	11	8/20/2013	3/14/2013
MINMI1	767.25	Transplant	11		9/26/2016
MIRLI1	2.15	Transplant	03	12/22/2015	10/8/2015

MIRNO1	397.94	Transplant	03	5/28/2013	prior to 10/1/2011
MISSA	59,540.68	Transplant	03		12/3/2012
MITCA1	23.25	Transplant	03		3/14/2016
MITCO1	174.51	Transplant	04		prior to 10/1/2011
MITEL1	604.20	Transplant	04		3/8/2012
MITTO1	720.75	Transplant	04		9/15/2016
MODBR	478.72	Catastrophic	08	9/30/2013	12/10/2012
MODCA1	600.00	Transplant	06	5/11/2015	9/10/2014
MONJA1	1,321.26	Transplant	11	1/10/2012	prior to 10/1/2011
MONJO2	54.65	Transplant	05	11/19/2013	4/8/2013
MONVI1	100.00	Transplant	11		prior to 10/1/2011
MOOJA1	50.00	Transplant	10	8/18/2014	6/25/2012
MOOPA1	81.62	Transplant	11	6/3/2016	12/31/2015
MOORI1	194.00	Transplant	11	7/2/2013	9/9/2013
MORBR2	4.11	Transplant	11	7/28/2014	1/28/2014
MORCA2	934.65	Catastrophic	03		6/7/2016
MORJA1	96.00	Transplant	06	7/13/2015	12/17/2015
MORMO1	235.05	Transplant	04	2/8/2016	2/18/2016
MORPH1	23.25	Transplant	04		8/16/2016
MORPO1	23.25	Transplant	04		3/23/2016
MORSC1	2,267.49	Transplant	03		prior to 10/1/2011
MOYPA1	107.94	Transplant	05	3/5/2013	2/13/2013
MOYTI1	193.83	Transplant	05		prior to 10/1/2011
MRMIC	204.19	Transplant	03	12/12/2013	prior to 10/1/2011
MULTI1	461.61	Transplant	11		5/13/2015
MUNJO1	174.93	Transplant	05		10/2/2014
MURCA	5,005.40	Transplant	08	4/29/2016	7/15/2016
MURST1	1,287.45	Transplant	03		9/7/2016
MUSAN1	18.03	Transplant	04	12/1/2014	5/31/2012
MYRAN1	83.70	Transplant	03		10/5/2015
NAIR.1	23.25	Catastrophic	08		8/26/2016
NARGA1	255.75	Transplant	11		10/5/2015
NAYDA1	3.41	Transplant	02	12/23/2014	4/17/2013
NEACH1	530.06	Transplant	03	8/19/2014	prior to 10/1/2011
NEAKH1	4,372.08	Transplant	03	9/3/2015	7/30/2015
NEBJO1	24.00	Transplant	03		11/16/2015
NELCA1	8.53	Transplant	07	1/19/2016	12/8/2015
NELCE2	3,026.10	Transplant	11		8/4/2014
NELME1	2,836.45	Transplant	06	3/15/2016	12/23/2015
NEPRO1	23.25	Transplant	02		7/23/2015
NESJO1	4,956.29	Transplant	05		prior to 10/1/2011
NESKA1	46.50	Transplant	05		6/30/2015
NEWCA1	1,089.74	Transplant	10		prior to 10/1/2011
NEWEA1	3,148.14	Transplant	10		10/4/2012
NEWLA1	20.00	Transplant	07	8/3/2016	6/1/2016
NEWLI1	99.75	Catastrophic	03	3/31/2015	12/31/2011
NEZAN1	4,172.52	Transplant	03	5/3/2012	10/10/2013
NGAFE1	172.05	Transplant	03		8/7/2016
NGUHA1	498.50	Transplant	03		prior to 10/1/2011
NIAAL1	46.50	Transplant	04		6/22/2016
NICLY1	23.25	Transplant	05		12/17/2015
NICRI1	48.55	Transplant	08	7/15/2014	prior to 10/1/2011
NIEBR1	11,093.31	Transplant	05	8/21/2012	1/23/2013
NORAM1	23.25	Catastrophic	05		7/13/2016

NORPA1	75.77	Transplant	03	10/29/2015	7/10/2015
NORST1	20,552.24	Catastrophic	04	2/12/2013	12/2/2013
NOSDE1	1,236.50	Transplant	06	6/25/2012	7/26/2012
NOVDE1	23.25	Catastrophic	03		2/9/2015
NUSTY1	39.90	Catastrophic	06	8/5/2015	8/5/2015
NUTBE1	969.37	Transplant	02	12/29/2011	prior to 10/1/2011
NYATO1	152.85	Transplant	03		5/13/2013
OCAEV1	23.25	Catastrophic	09		1/9/2015
OESJO1	1,123.71	Transplant	09		prior to 10/1/2011
OHADA1	23.25	Transplant	07		9/1/2016
OKOFE1	240.00	Transplant	03		11/13/2014
OLAOL1	67.04	Transplant	04	2/4/2014	2/18/2014
OLSJO1	7,308.02	Transplant	06		prior to 10/1/2011
OLSMA1	23.25	Transplant	04		5/25/2016
O'NERO	48.00	Transplant	03		prior to 10/1/2011
ONESE	22,387.90	Catastrophic	01	2/2/2012	prior to 10/1/2011
OPPMI1	1,000.00	Catastrophic	07	4/8/2016	2/1/2016
OQUMI1	2,635.20	Transplant	06	5/10/2012	3/19/2013
ORDHE1	303.75	Catastrophic	03		3/20/2014
OROST1	326.06	Catastrophic	05	12/10/2012	12/3/2012
OSBAM1	4,373.94	Catastrophic	07		prior to 10/1/2011
OSHST1	15.69	Transplant	03	8/24/2015	5/7/2015
OSTTO1	768.30	Catastrophic	08	10/8/2015	9/24/2015
OTTKA1	622.53	Transplant	05	11/13/2012	prior to 10/1/2011
PACBR1	988.34	Transplant	02	9/20/2016	5/10/2016
PACED1	4,371.00	Transplant	02		12/7/2015
PAIJE1	0.00	Transplant	02		prior to 10/1/2011
PAITA1	46.50	Transplant	02		1/27/2016
PALGE1	5,468.00	Transplant	03		11/7/2013
PALJA1	1.60	Transplant	02	6/29/2016	5/13/2016
PALSH1	23.25	Transplant	10		2/6/2015
PANGE1	2,400.00	Transplant	10		7/22/2013
PANPA	16,397.24	Transplant	07	7/16/2012	5/20/2015
PAPME1	926.85	Transplant	06		2/2/2015
PARBR1	2,550.81	Transplant	02		12/14/2015
PARCI1	256.50	Transplant	03		7/20/2015
PARDO1	116.25	Transplant	02	8/18/2014	4/2/2016
PARER1	146.01	Transplant	11	7/29/2013	prior to 10/1/2011
PARGE	3,564.52	Transplant	05	6/24/2013	prior to 10/1/2011
PARJA	2,036.27	Transplant	03	12/6/2012	11/18/2014
PARJA1	2,029.50	Transplant	03		7/15/2015
PARMA1	600.61	Transplant	03	7/18/2016	12/31/2014
PARNA2	139.50	Catastrophic	11		8/27/2016
PASCO1	845.60	Transplant	06	1/9/2012	10/11/2012
PATGL1	23.25	Transplant	01		10/5/2015
PATJE	220.40	Transplant	10	3/25/2014	1/20/2015
PATKE1	1,220.78	Transplant	04	7/10/2013	6/21/2012
PATMA1	995.67	Transplant	04	9/17/2015	12/3/2015
PAUDA1	871.15	Catastrophic	01		prior to 10/1/2011
PAUKU1	7,610.15	Transplant	07	7/20/2016	1/24/2013
PAYCH	3,930.43	Catastrophic	01	9/5/2012	prior to 10/1/2011
PAYTI1	255.75	Transplant	10		10/31/2015
PEACA	5,365.62	Transplant	03	3/10/2014	prior to 10/1/2011
PEEKR1	2,709.70	Transplant	04	2/9/2015	7/17/2012

PENCA1	46.50	Transplant	10	6/24/2016	6/15/2016
PEPAD1	1,023.60	Catastrophic	08		3/24/2015
PERBO1	4,422.93	Catastrophic	03		prior to 10/1/2011
PERCA1	976.50	Catastrophic	03		4/19/2016
PERDE	216.55	Transplant	03	9/21/2015	9/30/2015
PERLE1	15.90	Transplant	06	10/28/2014	11/21/2014
PERMA2	1,270.20	Transplant	05		8/30/2012
PERSH1	705.60	Transplant	05		10/18/2012
PETAL3	677.55	CAT Illness	05		12/23/2015
PETGA1	302.25	Transplant	05	11/21/2011	1/6/2014
PETIG1	1,824.00	Catastrophic	04	6/24/2014	7/16/2015
PETJE1	1,515.00	Catastrophic	04		3/18/2013
PETJO1	1,028.80	Transplant	02	9/8/2015	9/9/2015
PETZA1	4,081.57	Catastrophic	08	9/17/2012	prior to 10/1/2011
PFEBR1	23.25	Transplant	02		3/21/2016
PFEJE1	0.11	Catastrophic	06	5/13/2016	12/26/2015
PFOLA1	24.00	Catastrophic	06		5/27/2015
PHIAL1	348.75	Transplant	10		5/19/2014
PHIHO1	24.00	Transplant	10		2/22/2016
PHIJE1	204.60	Transplant	10		3/28/2014
PHIMA1	0.29	Transplant	02	7/14/2016	7/9/2015
PHITO1	633.45	Transplant	03		prior to 10/1/2011
PIAJE1	5,041.35	Transplant	02		11/17/2011
PICST1	163.50	Transplant	11		10/6/2014
PIECO1	2,361.48	Transplant	05	5/13/2013	8/21/2014
PIEJA2	5,610.60	Transplant	01		8/4/2014
PINAL1	640.50	Transplant	03		12/31/2011
PINRY1	176.94	Catastrophic	05	11/10/2015	10/26/2015
PIPI1	1,042.37	Transplant	07	12/22/2014	11/12/2013
PISJO1	16.00	CAT Illness	03	3/30/2016	2/24/2016
PLAAS	1,137.26	Transplant	03	6/16/2014	prior to 10/1/2011
POOST1	964.29	Catastrophic	08		9/15/2013
PORCH2	93.00	Transplant	05	5/26/2015	6/8/2015
PORRY1	3.75	Catastrophic	05	9/5/2013	5/2/2013
PORWA1	104.85	Transplant	03		10/15/2012
POTLI1	4,343.62	Transplant	03		8/24/2015
POUBI1	4,484.70	Transplant	09	12/17/2015	2/4/2015
POUJO	6.07	Catastrophic	05	6/30/2015	12/11/2014
POWDE2	3,257.11	Catastrophic	08	7/31/2012	5/10/2012
POWMA1	23.25	Transplant	09		10/31/2015
POWRI1	5,998.76	Transplant	03	5/19/2015	1/22/2013
POWVE1	3,840.90	Transplant	03		4/5/2016
PROJO1	362.94	Transplant	06	10/8/2013	12/19/2013
PROME1	280.26	Transplant	02	7/14/2014	prior to 10/1/2011
PUCJA1	437.64	Transplant	11		9/13/2016
PUCKI1	23.25	Transplant	11		1/28/2015
PUECY1	1,626.72	Transplant	04		12/6/2012
PUPSA1	11,907.89	Transplant	09	5/29/2014	3/7/2014
PURBI1	1.96	Transplant	04	4/13/2016	3/12/2014
PURBR1	831.46	Transplant	04		prior to 10/1/2011
PURTR	169.35	Transplant	10	2/5/2013	prior to 10/1/2011
PYLR1	255.53	Catastrophic	02	6/3/2014	5/19/2016
QUEAM1	46.50	Transplant	02	5/15/2014	7/3/2014
QUISH1	5,665.20	Transplant	10	10/11/2011	prior to 10/1/2011



RAHFR1	37.20	CAT Illness	02	6/15/2016	3/22/2016
RAMJO1	2,687.85	Transplant	04		10/20/2014
RAMNO	800.55	Transplant	03		8/27/2015
RAMVI	100.41	Transplant	04		prior to 10/1/2011
RASRA1	1,224.25	Catastrophic	08	1/17/2012	4/24/2012
RATKE1	112.93	Transplant	08	5/29/2014	4/17/2014
RAWHI1	9,519.30	Transplant	02		1/22/2015
REACA	6,336.93	Transplant	04		prior to 10/1/2011
REECH1	1,380.32	Transplant	03	5/4/2016	6/1/2016
REEDO1	262.21	Transplant	10	7/16/2015	7/7/2014
REEED1	666.00	Transplant	10		5/16/2016
REEJO1	23.25	Transplant	02		3/13/2015
REETI1	13.33	Transplant	11	8/4/2015	12/31/2013
REGBI	999.84	Transplant	02	12/20/2011	prior to 10/1/2011
REIER1	2,681.04	Transplant	10		7/21/2013
REILE1	2,942.85	Transplant	10		10/20/2011
REIMO1	1,204.03	Catastrophic	03	3/9/2016	1/29/2015
REMNA	3,640.13	Catastrophic	10	3/11/2014	4/9/2012
RENLO1	648.92	CAT Illness	01	5/13/2016	10/16/2015
RESEP1	142.53	Transplant	03	7/26/2016	2/2/2015
RESTO1	11.20	Transplant	04	12/9/2014	7/10/2012
REYA.1	2,204.09	Transplant	04		11/30/2011
RHOWE1	22,250.21	Transplant	08	3/30/2016	9/29/2014
RICDA1	23.25	Transplant	02		4/27/2016
RICMO1	116.25	Transplant	06		9/28/2016
RICSA2	870.75	Transplant	06		12/10/2015
RIDAL1	256.75	Transplant	02	1/14/2016	12/3/2015
RIEMI1	232.50	Transplant	02	7/22/2016	7/27/2016
RIERO1	812.00	Catastrophic	05	5/4/2016	1/5/2016
RIGST1	1,088.42	Transplant	06	8/20/2012	7/12/2012
RILRO1	23.25	Transplant	10		7/5/2016
RIPKI1	201.60	Transplant	04		prior to 10/1/2011
RIVAN1	746.32	Transplant	10	6/30/2014	2/22/2012
RIVRA1	1,017.59	Transplant	04	7/30/2012	7/30/2012
RIVWE1	105.40	Catastrophic	09	3/17/2016	1/12/2015
ROBBA2	16,461.56	Transplant	04		12/6/2011
ROBBO1	336.00	Transplant	05		12/22/2014
ROBEL1	325.50	Transplant	02		7/7/2016
ROBJA1	137.64	Transplant	03	1/2/2013	3/6/2015
ROBJA3	262.50	Transplant	11		2/17/2016
ROBL1	115.48	Transplant	10	5/11/2016	3/18/2016
ROBRE	3,361.98	Transplant	02		prior to 10/1/2011
ROBRO1	237.15	Transplant	02		4/18/2014
ROBSA1	711.45	Transplant	02		9/13/2016
ROBSH1	23.25	Transplant	02		9/26/2016
ROCKA1	46.91	Transplant	06	1/11/2016	10/22/2015
RODCR1	1,397.55	Transplant	11		5/18/2015
RODDA1	2,428.05	Transplant	11		6/5/2012
RODM.1	190.14	Transplant	03		prior to 10/1/2011
RODMI1	285.09	Transplant	03		10/6/2013
RODRA1	193.13	Transplant	05	9/1/2016	3/30/2016
RODSO1	187.50	Transplant	11		prior to 10/1/2011
ROGDI1	683.19	Transplant	03		12/31/2015
ROGTE1	2,361.12	Transplant	05	12/15/2015	10/8/2015

ROLPA1	427.50	Transplant	11	6/14/2016	7/23/2016
ROMHA	8,393.64	Transplant	10	7/31/2013	prior to 10/1/2011
ROMJO1	928.75	Transplant	10		12/15/2014
ROOKA1	64.01	Transplant	08	2/11/2016	2/5/2016
ROSCA1	23.25	Transplant	07		1/6/2016
ROSCH1	1,618.30	Transplant	05	7/16/2012	9/13/2012
ROSJO1	970.55	Transplant	02	7/29/2014	7/29/2014
ROSKA1	157.31	Catastrophic	03	8/13/2013	4/30/2014
ROSMA1	320.85	Transplant	03		8/29/2016
ROUBA1	4,306.62	Catastrophic	07		1/16/2016
ROUEM1	11,066.02	Transplant	08	7/28/2016	3/31/2016
ROUTE1	22.29	Transplant	11	1/5/2015	1/29/2015
ROWKA1	382.80	Transplant	08		7/21/2013
ROXJE	2,060.61	Catastrophic	05		prior to 10/1/2011
ROZSC1	418.50	Catastrophic	02		9/15/2016
RUDPA1	491.61	Transplant	07	11/4/2014	1/13/2016
RUEJO1	25,909.07	Transplant	07	2/3/2015	6/6/2013
RUHJO1	3,006.45	Transplant	03		prior to 10/1/2011
RUIOL1	2,083.01	Transplant	06	9/15/2016	3/25/2014
RUIST1	12,415.90	Catastrophic	03	6/20/2016	6/23/2016
RUMJO1	1,617.55	Transplant	11	10/15/2013	9/10/2015
RUSAN	220.76	Transplant	09	1/6/2014	prior to 10/1/2011
RUSBL1	460.35	Transplant	09		5/19/2016
RUSJE2	477.80	Transplant	03	5/18/2016	6/15/2015
RUSMI	1,798.70	Catastrophic	11		12/31/2011
RUSSH1	613.80	Catastrophic	06		2/14/2014
RUTMI2	35.10	Transplant	07	6/17/2016	8/27/2014
RYAMI2	1,781.00	Catastrophic	02		11/26/2012
RYDKA1	87.16	Transplant	02	9/4/2014	2/13/2012
SABLY1	311.25	Transplant	02		9/3/2015
SAEFE1	11.50	Transplant	11	3/2/2015	3/27/2015
SALMA2	23.25	Transplant	01		5/20/2016
SAMAY1	23.25	Transplant	05		1/26/2015
SANBR1	6.43	Transplant	03	9/21/2015	7/30/2012
SANBR2	168.00	Transplant	03		12/5/2013
SANEU1	685.00	Transplant	06	10/4/2011	prior to 10/1/2011
SANJA1	12,891.91	Transplant	07		1/9/2013
SANLU1	84.28	Transplant	05	8/25/2015	5/5/2015
SANRO2	140.54	Transplant	05	10/27/2014	7/30/2014
SAVBR1	5,354.20	Catastrophic	02	12/10/2015	12/14/2015
SAXAR1	1,696.05	Transplant	02		11/13/2012
SCAKA1	7.00	Transplant	03	10/16/2014	2/10/2014
SCHDA	223.68	Transplant	10	7/22/2016	prior to 10/1/2011
SCHGR1	499.20	Transplant	04	10/9/2014	4/14/2015
SCHHA1	2,885.04	Transplant	04		prior to 10/1/2011
SCHHE1	57.93	Transplant	06	6/18/2015	6/4/2015
SCHJA1	318.77	Transplant	10	6/20/2016	10/19/2015
SCHJO1	308.18	Catastrophic	07		prior to 10/1/2011
SCHJO2	1,221.90	Catastrophic	06	5/19/2015	12/31/2013
SCHKA1	1,953.00	Catastrophic	06		6/21/2012
SCHKA2	501.00	Catastrophic	06		12/3/2015
SCHLO	3,049.24	Transplant	10	2/1/2016	6/25/2015
SCHPA1	23.25	Transplant	10		10/23/2015
SCHPH1	601.87	Transplant	11	9/24/2013	prior to 10/1/2011

SCHVI1	689.20	Transplant	11		3/3/2015
SCOCO1	661.65	Transplant	06		10/21/2013
SCUEV1	1,124.40	Transplant	11		3/29/2012
SEAJ0	96.00	Transplant	03	5/5/2014	5/22/2014
SECJO1	372.02	Catastrophic	03	11/26/2012	3/29/2012
SECLE1	111.72	Transplant	08	2/25/2016	9/28/2015
SEDT01	45.00	Transplant	04	2/2/2016	1/24/2016
SEEJA1	8,253.75	Transplant	04		11/12/2014
SEHAL1	75,644.92	Transplant	05		5/22/2013
SELBA1	2,405.85	Catastrophic	05		5/3/2016
SELCA1	865.86	Transplant	03	7/1/2014	12/5/2014
SELJO1	528.59	Transplant	01	1/20/2015	11/26/2014
SELSU1	23.25	Transplant	02		7/7/2015
SEMSU	2,227.49	Transplant	10	11/18/2014	4/8/2013
SERDA1	255.75	Transplant	02		3/12/2014
SEVGA1	23.25	Transplant	08		12/22/2014
SGRSA1	93.00	Transplant	02		3/24/2016
SHAMI2	3,823.00	Transplant	11		12/5/2013
SHASC	555.27	Transplant	03	9/30/2014	1/28/2016
SHATI1	2,645.17	Transplant	03		1/14/2014
SHAVA1	4,052.57	Transplant	01	9/22/2015	12/31/2014
SHEAM1	5,657.92	Transplant	02	2/12/2015	7/3/2016
SHEJA	452.53	Transplant	11		prior to 10/1/2011
SHEJE1	160.22	Transplant	03	6/30/2015	12/29/2015
SHETA1	618.75	Catastrophic	05		12/31/2013
SHICH1	240.87	Transplant	04	10/15/2013	12/12/2013
SHIDE	324.06	Transplant	04		prior to 10/1/2011
SHIWA1	165.50	Transplant	11	5/7/2015	3/20/2015
SHODA	7,419.61	Transplant	02	5/6/2016	prior to 10/1/2011
SHOER1	93.00	Catastrophic	08		10/31/2014
SHOKA1	27.32	Transplant	07	9/15/2016	1/11/2016
SHOLE1	23.25	Transplant	07		3/12/2015
SHORY	486.69	Transplant	10	8/19/2014	8/7/2013
SHUPA1	985.80	Transplant	02		6/3/2015
SHYGR1	281.75	Transplant	10	3/18/2013	1/30/2013
SIGTE1	0.00	Transplant	11		prior to 10/1/2011
SILCH1	338.25	Transplant	05	5/13/2013	6/26/2013
SILGE1	131.04	Transplant	02	5/8/2014	prior to 10/1/2011
SIMCH1	71.21	Catastrophic	11	3/24/2015	prior to 10/1/2011
SIMLI1	23.25	Transplant	03		4/4/2016
SIMMA1	117.41	Transplant	03		10/22/2012
SIMST1	983.25	Transplant	06		prior to 10/1/2011
SIMST2	1,283.75	Transplant	04	11/18/2013	1/12/2012
SKATR1	2,143.75	Transplant	05	5/9/2013	2/13/2015
SKIBA1	18.90	Transplant	04	10/29/2015	9/25/2015
SLAPR1	46.50	Transplant	03		12/8/2014
SLOLO1	63.35	Catastrophic	11	3/17/2015	8/18/2014
SLUDO1	1,310.11	Transplant	03	7/18/2013	prior to 10/1/2011
SLYTU1	23.25	Catastrophic	07		5/6/2015
SMAOS1	3,523.05	Transplant	03		prior to 10/1/2011
SMIBE1	649.14	Transplant	08		3/17/2014
SMIBR2	279.00	Catastrophic	02		11/24/2014
SMICA1	893.31	Transplant	03	8/1/2013	8/15/2013
SMICA2	25,845.46	Catastrophic	03	2/9/2016	12/18/2015

SMIDA	500.00	Transplant	03		prior to 10/1/2011
SMIDOU	9.08	Transplant	06	1/26/2015	4/13/2015
SMIJA2	3,452.88	Transplant	03	12/29/2014	5/7/2015
SMIJO2	4,137.54	Catastrophic	03	7/7/2015	8/3/2015
SMIJO3	588.38	Transplant	01	7/21/2015	3/17/2014
SMIKA5	1,236.28	Catastrophic	05	9/15/2014	12/10/2014
SMIKE4	720.15	Catastrophic	05		4/30/2016
SMIKI1	105.10	Transplant	11	4/28/2014	5/30/2013
SMILE1	48.00	Transplant	11		6/15/2015
SMIL11	46.50	Transplant	05	7/16/2015	10/29/2015
SMIME1	5,528.54	Transplant	05		9/4/2014
SMIMI1	46.50	Transplant	05		5/19/2016
SMIPH1	313.40	Transplant	11	12/27/2011	prior to 10/1/2011
SMISH2	185.70	Transplant	01		9/14/2012
SMISH3	1,585.50	Transplant	06	6/3/2014	12/10/2014
SMIWI1	88.00	Transplant	11	12/9/2014	12/11/2014
SMIWI2	317.75	Transplant	03	12/11/2014	10/9/2014
SMIWI3	255.75	Transplant	03		7/25/2016
SMYDE1	40.05	Transplant	02	2/19/2016	9/16/2014
SNYCH1	2,706.54	Transplant	11		11/21/2011
SNYHE1	669.05	Transplant	02	2/4/2013	7/11/2013
SNYKA1	6,084.10	Transplant	02		5/22/2013
SNYTR1	10,671.93	Transplant	04	7/10/2014	7/10/2014
SOLBI1	13,001.96	Transplant	02	8/4/2015	1/9/2016
SOMCO1	662.54	Transplant	05	8/27/2014	2/13/2015
SOMDI1	2.00	Transplant	03	12/29/2015	9/23/2015
SOTCA1	764.17	Transplant	05	4/28/2016	12/5/2013
SOTLU1	12,223.42	Transplant	03		7/26/2016
SPABR1	336.38	Transplant	11	3/17/2016	2/10/2016
SPACA1	1,538.11	Transplant	11		prior to 10/1/2011
SPAED	1,221.42	Transplant	11		prior to 10/1/2011
SPAFR1	2,212.74	Transplant	02	6/24/2013	9/14/2015
SPAKA1	2,093.25	Transplant	02		2/29/2016
SPAN11	23.25	Transplant	02		12/24/2014
SPEJA1	78.01	Transplant	03	9/28/2016	6/30/2013
SPIJA1	93.00	Transplant	02	8/5/2014	11/7/2014
SPIMI1	25.13	Transplant	07	7/1/2016	12/12/2013
SPRTO1	1,022.37	Catastrophic	08	9/20/2012	prior to 10/1/2011
ST.JA1	2,040.00	Catastrophic	03	8/20/2012	2/19/2013
ST.LA1	74.16	Transplant	11	7/29/2016	4/2/2015
ST.MA2	23.25	Transplant	11		3/11/2016
STABE1	0.11	Transplant	02	10/16/2015	5/28/2015
STACH1	3,310.18	Catastrophic	03	4/4/2013	11/30/2015
STADE2	139.50	Transplant	03		9/8/2013
STADI1	120.33	Transplant	11	10/7/2014	12/4/2012
STAKI	998.28	Transplant	03	10/25/2011	3/27/2014
STARA1	4,052.35	Transplant	03		prior to 10/1/2011
STECH1	189.00	Transplant	06	1/16/2014	4/28/2014
STECI1	4,260.18	Transplant	02		8/16/2012
STEDO1	2,047.25	Transplant	09	7/20/2015	3/9/2015
STEDO2	162.75	Transplant	09		2/25/2016
STEEG1	528.00	Transplant	03	8/5/2015	5/20/2016
STEER1	2,634.05	Catastrophic	05	12/22/2014	6/30/2012
STEGO1	302.25	Catastrophic	05		6/14/2012

STEJE2	973.00	Transplant	05	8/20/2012	4/3/2012
STEJE3	55,226.10	Catastrophic	07	10/2/2014	8/29/2016
STELA1	19.79	Catastrophic	08	10/30/2014	12/20/2012
STODO1	239.30	Transplant	03	4/27/2015	12/12/2014
STORI1	5,718.97	Transplant	11	11/30/2015	11/12/2015
STORI2	224.54	Transplant	03	4/20/2015	5/25/2012
SULBR1	11,609.85	Transplant	01		12/19/2013
SULJD	833.71	Transplant	04	7/22/2016	prior to 10/1/2011
SULJI1	833.71	Transplant	11	7/31/2016	prior to 10/1/2011
SULMI1	19,110.53	Transplant	03	9/20/2016	12/18/2014
SUMJA1	2,176.05	Catastrophic	06		5/21/2012
SUPLA1	924.75	Transplant	06		prior to 10/1/2011
SUTST1	711.90	Transplant	01	6/4/2015	9/9/2015
SWIJI1	178.66	Transplant	11	3/21/2013	9/8/2013
SZAAA1	465.00	Transplant	05	3/26/2015	12/29/2015
SZMKR1	1,497.90	Transplant	10		prior to 10/1/2011
TACCI1	23.25	Transplant	01		2/13/2015
TALBR1	48.30	Transplant	11	2/10/2015	1/8/2015
TALHO1	279.00	Transplant	11		1/9/2016
TAMFR1	281.65	Transplant	04	6/20/2013	5/2/2013
TAPLI1	10,747.84	Transplant	10		3/9/2015
TAYMA	410.78	Transplant	11	6/4/2015	9/13/2012
TAYMO1	1,920.00	Transplant	11		2/6/2012
TAYNI1	23.25	Transplant	11		1/16/2015
TAYSH1	1,299.21	Transplant	09	2/11/2014	9/12/2013
TAYTA1	377.25	Transplant	09		11/20/2015
TEARI1	434.03	Catastrophic	06	6/15/2015	11/2/2015
TERJA1	(1.75) CAT Illness		01		6/21/2016
TESHA	1,477.17	Transplant	01		prior to 10/1/2011
THEMA1	827.83	Catastrophic	04		10/29/2015
THINA1	274.80	Catastrophic	04		11/9/2015
THOEL1	977.25	Transplant	03		6/26/2013
THOKI	5,672.70	Transplant	05	11/5/2012	prior to 10/1/2011
THOLE	845.73	Transplant	02	2/27/2014	prior to 10/1/2011
THORE	499.80	Transplant	03	9/15/2014	11/6/2014
THOSA2	0.85	Transplant	02	7/15/2016	5/27/2015
THOSA3	569.61	Transplant	02		9/10/2016
THOSH1	93.00	Transplant	03	10/30/2014	11/20/2014
THOSH2	1,510.01	Catastrophic	06	11/17/2014	12/31/2013
THOST1	455.70	Transplant	11	7/23/2013	8/15/2013
THOTE1	2,515.57	Transplant	01	5/14/2012	prior to 10/1/2011
THOVA1	139.50	Transplant	03	2/22/2016	5/2/2016
THRGR1	2,899.85	Catastrophic	03	10/16/2014	3/27/2014
TIAAG1	1,860.00	Transplant	08		7/31/2012
TIBGE1	472.50	Transplant	08	9/15/2016	4/8/2016
TIFJA1	241.80	Transplant	03		4/9/2016
TINCA1	188.84	Transplant	08		6/21/2012
TOLJA1	188.25	Transplant	03		prior to 10/1/2011
TORAL2	9,825.00	Catastrophic	01	2/4/2014	11/24/2014
TORBI1	41.60	Transplant	09	3/16/2015	12/29/2014
TOREM1	994.83	CAT Illness	05	3/26/2015	5/13/2015
TORIS1	1,834.86	Transplant	03	4/30/2015	4/8/2015
TOUTE1	624.60	Transplant	01		8/12/2014
TOVBR1	1,821.11	Transplant	07	1/19/2012	4/15/2014

TOWCO1	750.00	Catastrophic	11		12/19/2013
TOWNA1	1,023.00	Catastrophic	11		7/26/2012
TRAMI	14,279.34	Transplant	04		5/14/2015
TRECH1	637.00	Catastrophic	02		1/30/2013
TREMA2	12,218.86	Transplant	11		8/29/2014
TROWA1	3,443.84	Transplant	04	9/1/2015	prior to 10/1/2011
TRULI1	687.60	Transplant	05		6/18/2013
TRUPA1	768.60	Transplant	01		prior to 10/1/2011
TRUSH1	659.56	Transplant	11	5/23/2016	3/29/2012
TUCJA1	23.25	Transplant	11		11/24/2015
TUCWI1	24.00	Transplant	05		12/3/2014
TURDA2	11,538.13	Transplant	11	1/31/2013	5/13/2013
TURDA3	3.15	Transplant	08	6/23/2014	6/9/2014
UHRJI1	5,534.04	Transplant	11		prior to 10/1/2011
ULVGE1	26.65	Transplant	03	6/20/2016	3/31/2016
UNDLI1	23.25	Transplant	05		10/30/2015
URULE1	1,671.61	Transplant	07		4/10/2015
USAKE1	11,959.55	Catastrophic	01	3/13/2014	4/30/2014
VALMA1	2,395.37	Transplant	09		10/31/2013
VALRO2	1,145.67	Transplant	03	6/16/2014	6/16/2014
VANJA1	1,415.85	Transplant	05	3/16/2015	2/19/2015
VANKA2	23.25	Transplant	11		12/18/2014
VANKE1	23.25	Transplant	11		8/12/2016
VANSH1	1,850.80	Transplant	07	2/17/2016	5/28/2016
VARKA1	302.76	Transplant	07		prior to 10/1/2011
VASSH1	172.05	Transplant	03		9/13/2012
VEASE1	93.00	Transplant	03		7/23/2015
VEGAN1	94.50	Transplant	03	9/18/2012	10/3/2013
VELVI1	136.87	Transplant	05	5/4/2015	1/28/2015
VERJE1	100.92	Transplant	11		11/14/2013
VERSU1	323.89	Transplant	05	8/27/2012	10/17/2011
VICMA1	114.81	Catastrophic	05	5/9/2013	prior to 10/1/2011
VICRY1	165.27	Transplant	04	11/7/2013	12/20/2012
VIEJO1	4,577.62	Transplant	11		4/9/2016
VONAN1	24.00	Transplant	05		7/16/2015
VUEMI1	390.60	Transplant	02		2/10/2014
WADJO1	348.75	Transplant	08		7/29/2015
WAGSC1	737.53	Transplant	11		prior to 10/1/2011
WALAI1	182.35	Transplant	09	11/15/2012	11/15/2012
WALJA1	517.05	Transplant	03		3/23/2012
WALJE2	139.50	Transplant	03		8/13/2015
WALJI1	397.35	Transplant	03		2/27/2016
WALJU1	215.25	Transplant	03		7/22/2016
WALLA1	54.42	Transplant	11	3/27/2014	prior to 10/1/2011
WALLE1	374.63	Transplant	11	4/21/2015	2/24/2015
WALME2	3,730.23	Transplant	11		4/24/2013
WALRO1	2,292.60	Transplant	02	1/27/2015	8/1/2016
WALSA	3,364.56	Transplant	02		prior to 10/1/2011
WALSA1	604.63	Transplant	04	1/23/2014	prior to 10/1/2011
WARBI1	23.25	Transplant	09		7/27/2015
WARBR1	127.81	Catastrophic	02	11/9/2015	12/1/2014
WARGA1	78.60	Transplant	03	6/18/2015	12/2/2013
WARJA1	2,493.44	Transplant	08	9/1/2015	2/6/2016
WARMA1	3,402.12	Transplant	11	8/16/2016	12/21/2015

WARRO1	103.05	Transplant	06		7/18/2014
WARTY	525.50	Catastrophic	05	10/7/2013	10/3/2013
WASAL1	702.90	Transplant	11		1/31/2013
WASDO1	23.25	Transplant	11		12/4/2015
WASMA1	23.25	Catastrophic	10		2/12/2016
WATCA1	3,117.98	Transplant	04	12/13/2011	prior to 10/1/2011
WATJA1	186.00	Catastrophic	05		prior to 10/1/2011
WATJA2	93.00	Transplant	05	8/19/2014	11/17/2014
WATJA3	331.77	Transplant	11	2/26/2015	10/19/2015
WATSA2	265.77	Transplant	10	11/23/2015	11/21/2014
WEAJO1	313.05	Transplant	03		6/27/2014
WEBRA1	1,056.84	Transplant	02		10/27/2011
WEEWE1	1,101.68	Transplant	03	5/18/2015	prior to 10/1/2011
WEIAN1	595.29	Transplant	06	11/17/2015	9/8/2014
WELJO1	120.30	Transplant	06	6/1/2016	8/18/2014
WELSO1	927.75	Catastrophic	03		12/31/2015
WESJE1	448.23	Catastrophic	05	11/11/2013	4/4/2014
WESKI1	130.60	Transplant	02	7/9/2013	8/15/2013
WESMA1	6,875.76	Catastrophic	02	3/31/2015	12/23/2015
WESNO1	138.28	Transplant	03	7/7/2014	12/15/2015
WEWJE1	581.25	Transplant	11		12/20/2012
WHEJU1	1,901.10	Transplant	04		prior to 10/1/2011
WHESU1	23.25	Catastrophic	03		3/20/2015
WHIAN2	3,129.72	Transplant	11	9/24/2015	8/19/2015
WHIDO2	348.75	Transplant	06		11/12/2014
WHIEU1	279.00	Transplant	03	10/2/2014	5/21/2015
WHIGA1	24.66	Transplant	11	7/16/2015	5/28/2015
WHIHO1	413.85	Transplant	04		3/6/2013
WHIJE1	3,602.61	Transplant	04		12/21/2015
WHIJO1	203.50	Catastrophic	08		prior to 10/1/2011
WHINO1	222.78	Transplant	11	6/23/2015	6/15/2015
WHIRA1	137.73	Transplant	11		10/21/2013
WHIRU	11,762.40	Transplant	10	9/3/2013	12/24/2013
WILAD1	603.93	Catastrophic	11	4/8/2015	prior to 10/1/2011
WILAN2	684.85	Catastrophic	11	11/24/2014	12/31/2014
WILBE1	144.15	Catastrophic	11		1/9/2013
WILCO1	116.25	Transplant	02		3/24/2015
WILDA2	1,028.85	Transplant	06	8/11/2015	6/2/2015
WILDE2	46.50	Transplant	03		1/28/2016
WILDE3	17.12	Transplant	11	5/23/2016	5/18/2016
WILDO2	24.00	Transplant	11		9/24/2015
WILEM1	867.08	Transplant	03	5/18/2015	7/28/2014
WILFO1	99.23	Transplant	02	1/7/2016	10/22/2015
WILGU1	47.25	Transplant	02		11/24/2014
WILHA1	514.50	Transplant	02		2/18/2014
WILJA	179.97	Catastrophic	01	7/31/2016	prior to 10/1/2011
WILJA3	1,585.91	Transplant	05		2/6/2014
WILJO1	132.27	Catastrophic	04	5/18/2015	10/22/2015
WILJU	20,503.66	Transplant	06	11/5/2013	prior to 10/1/2011
WILMA5	170.75	Transplant	05	7/27/2016	7/9/2016
WILMI1	813.00	Transplant	03	3/12/2012	11/2/2012
WILMI3	12.22	CAT Illness	09	7/6/2015	6/18/2015
WILMI4	23.25	CAT Illness	09		6/7/2016
WILPA2	23.25	Transplant	11		9/29/2016

WILRA	1,157.77	Transplant	03		prior to 10/1/2011
WILRI1	46.50	Catastrophic	05		2/18/2015
WILRO1	23.25	Catastrophic	05		7/22/2016
WILSA1	311.30	Transplant	04	9/23/2013	5/26/2016
WILSH1	518.81	Transplant	03	7/16/2015	6/16/2014
WILSH2	6.19	Transplant	03	1/6/2014	12/20/2013
WILST4	23.25	Transplant	11		9/29/2016
WILSU1	3,136.14	Transplant	11		prior to 10/1/2011
WILSU3	838.58	Transplant	11		8/30/2016
WILT11	60.99	Transplant	02	8/18/2014	10/21/2013
WILTO2	1,026.00	Transplant	04		3/16/2016
WILTY1	1,005.00	Transplant	04		prior to 10/1/2011
WILWI1	23.25	Transplant	03		8/19/2015
WINDA2	2,706.24	Transplant	11		prior to 10/1/2011
WINDA3	212.25	Transplant	11		11/1/2012
WINEL1	6,874.55	Transplant	11	9/5/2012	12/28/2012
WINPE1	120.00	Transplant	10		1/15/2015
WIPSA1	384.00	Transplant	06		8/21/2014
WOLSU1	4,639.40	Transplant	10	5/28/2015	5/22/2013
WOMTO	2,291.43	Transplant	02		3/13/2012
WONBI1	562.65	Transplant	02		3/31/2014
WOOCO1	139.50	Transplant	11	9/14/2015	3/4/2016
WOODA	1,363.79	Transplant	03	7/7/2014	8/1/2014
WOOJI1	15,559.92	Transplant	02	12/1/2015	6/15/2015
WOOKE1	21.61	Transplant	05	2/13/2015	2/4/2015
WOOLI1	507.45	Transplant	05		12/5/2013
WOOMI	1,813.74	Transplant	04	11/23/2015	11/23/2015
WORDO1	258.05	Catastrophic	03	12/29/2014	prior to 10/1/2011
WORTO1	117.00	Transplant	03		6/23/2014
WRIAR1	1,945.06	Transplant	04	6/29/2015	1/16/2016
WRIKE1	1,311.00	Transplant	04		10/20/2011
WRIMA	7,330.38	Transplant	04		9/9/2013
WRIRO1	1,441.26	Transplant	11	12/6/2012	11/26/2012
WRISH2	4,992.47	Transplant	06	4/1/2014	7/10/2012
WURDA1	164.88	Transplant	08	10/8/2015	9/16/2013
WYMKE	28,089.64	Transplant	05	3/27/2014	prior to 10/1/2011
WYRDE1	23.25	Transplant	03		2/6/2015
XX266	72.00	Transplant	04		prior to 10/1/2011
XX289	96.00	Transplant	04		5/4/2015
YANMA1	975.55	Catastrophic	03	9/6/2016	7/24/2015
YARTI1	184.95	Transplant	06		5/13/2016
YAUJE	281.51	Transplant	03	6/24/2014	prior to 10/1/2011
YERKA1	124.49	Catastrophic	05	8/18/2014	8/25/2013
YOUDE1	721.50	Transplant	03	6/30/2015	12/31/2015
YSUCH1	1,918.11	Transplant	02		3/15/2016
YUSED1	1,644.64	Transplant	02	8/3/2016	5/29/2015
ZABAN1	64.00	Transplant	11	12/12/2013	9/12/2013
ZAKAD1	1,891.01	Catastrophic	01	11/4/2014	12/14/2015
ZAMDE1	24.00	Transplant	10		7/12/2016
ZAPCH	3,532.24	Transplant	10		prior to 10/1/2011
ZARBR1	15.69	Transplant	11	4/27/2015	12/31/2013
ZAVER1	5,077.04	Transplant	05	10/1/2013	prior to 10/1/2011
ZAYIV1	23.25	Transplant	05		6/17/2016
ZELED1	2,841.57	Transplant	02	5/13/2014	12/27/2012



ZMUNA1	8,208.52	Transplant	07	6/3/2016	12/29/2015
ZMUST1	1,606.47	Transplant	07		prior to 10/1/2011
ZZ073	249.21	CAT Illness	05		2/19/2014
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	2,913,368.66				

## **EXHIBIT G**



**Help Hope Live**

2 Radnor Corporate Center  
100 Matsonford Road, Suite 100  
Radnor, PA 19087

helphopelive.org  
P: 800.642.8399  
F: 610.535.6106

## Terms of Service

We require acknowledgment that you have read, understand, and agree to the terms and conditions as outlined herein (See Application).

**Transparency is important** to us. Help Hope Live maintains "Our Advantage" and status as a trusted 501(c)(3) nonprofit because we adhere to federal guidelines. Here's what you, your fundraising volunteers, and campaign supporters need to know about fundraising for Help Hope Live.

### Fundraising

1. The client and/or client family will work with their community of friends, neighbors, or local volunteers ("Team Members") to conduct the actual fundraising efforts for Help Hope Live.
2. Help Hope Live will advise and serve the client and their volunteer group by providing fundraising guidance, resources, and tools by phone, email, or mail.
3. All fundraising activities and solicitation materials must be approved by a Help Hope Live Client Services Coordinator, as there are certain disclosures that are required for charitable fundraising.
4. IRS prohibits beneficiaries of charitable donations to receive personal gain. As such, it is against our guidelines to grant assistance to individuals for expenses that have been paid by another charitable or non-charitable institution. To do so constitutes fraud. To ensure the integrity of Help Hope Live and our community-based fundraising campaigns, any existing fundraising campaigns for identical expenses must be closed or dissolved.
5. Soliciting corporations and foundations for monetary or in-kind donations requires preapproval by Help Hope Live.
6. Help Hope Live reserves the right to block the use of our services for fundraising for controversial medical treatments.

### Regional Restricted Funds

7. Funds raised for Help Hope Live in honor of the client are held in a Regional Restricted Fund for the region where the client lives, together with other funds raised in that region.
8. Help Hope Live has full discretion and control over all funds raised.
9. Because Help Hope Live maintains discretion over all funds raised, they likely won't jeopardize the client's eligibility for asset-based assistance programs. The client should check with their state Medicaid office to be sure.
10. Donations made in response to solicitations and/or events are restricted by region only and do not obligate Help Hope Live to allocate funds toward a specific individual, as the IRS would deem such donations to be private gifts, which are not tax deductible.
11. All clients receive financial support according to their medical and financial need. Every effort is made to honor the donor's intent.
12. Help Hope Live retains the right to utilize income and capital appreciation earned by Regional Restricted Funds to offset administrative costs, assist clients with uninsured medical needs, and promote organ donor and spinal cord injury awareness.

## Fees

13. Our administrative fee is a low **5%**. We use this nominal fee to maintain our organization and provide the tools, resources, and guidance needed to make fundraising efforts a success. For every \$1 donated by check, 95 cents is available to help cover medical and related expenses.
14. For online donations made by credit card or eCheck, the fee is 7.65%. This fee includes Help Hope Live's 5% admin fee plus the 2.65% fee we pay to use a secure third-party platform to process online donations.
15. Because we are a 501(c)(3) nonprofit, Help Hope Live campaigns are eligible to receive **foundation, trust, donor-advised fund, stock, and employer-matching gifts**. Due to higher administrative costs, the total fee for donations of this kind is 10%.
16. Help Hope Live accepts funds in honor of clients from third-party vendors. Help Hope Live does not endorse any particular vendor and is not responsible for any fees assessed by a vendor for the use of their services or platforms. Help Hope Live will not be liable for any issues arising between a vendor or client, as such relationship is a private contract between third parties (e.g., Help Hope Live is not a party to any such agreements).
17. Expenses associated with returned or stopped payments, failed direct deposits, or disputed credit card fees will be charged to the Regional Restricted Fund.

## Donations and Acknowledgements

18. Check or money orders should be made payable to Help Hope Live with [ in honor of **Client's Name**] in the **memo section**. Donations by check or money order require additional processing time.
19. "Money" must be in U.S. currency and may include check, money order, credit card or eCheck contribution, or other negotiable security donated by an individual or business to the Regional Restricted Fund.
20. All online donations are acknowledged with an **email receipt**.
21. Donations of **\$250 or more** will be acknowledged by Help Hope Live in a letter sent to the contributor.
22. Help Hope Live does not accept fund transfers from crowdfunding sites, like GoFundMe, as such funds may be considered assets to the client.
23. We may accept a donation in honor of the client from a contributor who claims the client as a dependent if the gift is less than or equal to 10% of the total funds raised AND the contributor is one of or less than 10% of the total unique donors.
24. Contributors may **make their name and contact information available to the client**, or they may choose to donate **anonymously**. Clients and their authorized Team Members can access and download a list of contributors to their Help Hope Live campaign online at [www.helphopelive.org](http://www.helphopelive.org) through their Campaign Dashboard.

## Tax Deductibility

25. Usually, contributions to Help Hope Live are tax deductible to the donor. Donors should speak to a tax expert if they have questions regarding tax deductibility.
26. Gifts-in-kind (donations of goods or services) are tax deductible only if given as part of a fundraising event, such as a dinner dance or an auction.
27. Gifts of money or goods and services given directly to the client are not tax deductible.

## Requesting Funds

28. When you fundraise for Help Hope Live, we allocate money from a Regional Restricted Fund to pay eligible medical and related expenses based on financial need. We will work with you to identify a target for your Help Hope Live campaign based on your anticipated uninsured expenses.
  - a. Need is determined based on **objective criteria** that includes multiple aspects of your financial information as provided on the application.
  - b. We will periodically **re-examine financial need**.
29. As a **501(c)(3)** nonprofit, Help Hope Live requires verification of the client's medical condition and related expenses from a medical professional. Our clients consent to this exchange of information (See Medical Verification). If a client's medical professional contact or their medical condition should change, it is the client's responsibility to notify Help Hope Live.
30. Once Help Hope Live has received a completed Application and Medical Verification and fundraising has begun for Help Hope Live, the client is eligible to submit Fund Request Forms to Help Hope Live to cover unmet medical needs from the Regional Restricted Fund.
31. Here's how it works:
  - a. **Fundraise** with your community.
  - b. **Send all funds raised to Help Hope Live**.
  - c. **Request disbursements** from Help Hope Live to cover eligible expenses by submitting a Help Hope Live Fund Request Form with backup documentation (bill/invoice or receipt/proof of payment).
  - d. Help Hope Live **pays direct to vendor or reimburses client** for out-of-pocket medical and related expenses in accordance with our Fund Disbursement Guidelines.
32. Help Hope Live is unable to honor special mail requests requiring express service.
33. All disbursements are made subject to the approval of Help Hope Live and reviewed by the Client Services Committee of the Help Hope Live Board of Directors.
34. Help Hope Live has no obligation to pay more expenses than it has money available in a specified Regional Restricted Fund.

## Inactive or Closed Campaigns

35. In the event of a client's death, their authorized campaign Team Members, as designated by the client, spouse, parent, POA, or legal guardian, can submit Fund Request Forms to Help Hope Live for 12 months. Burial expenses can be submitted. This 12-month time frame can be extended if the family contacts Help Hope Live.
36. Campaigns in which there has been no contact or activity (fundraising or disbursements) for three years are deemed "inactive." After attempts to contact the client or an authorized Team Member have been made, the campaign will be "closed."
37. Funds remaining in closed campaigns are released from campaign-specific restrictions and will be held by Help Hope Live for use in furtherance of Help Hope Live's general charitable purposes.

## Volunteers

38. It is the responsibility of fundraising volunteers and event organizers to obtain insurance coverage and licenses in their name when necessary, as well as to comply with the legal and tax requirements of certain events such as raffles and auctions. Help Hope Live does not give legal or tax advice.

#### Volunteers (contin...)

39. Fundraising costs can be reimbursed upon a client's submission of a Fund Request Form to Help Hope Live. Such costs should be kept to a minimum since the purpose of fundraising is to assist Help Hope Live clients with medical and related expenses. Help Hope Live has no legal or financial responsibility to pay expenses incurred by volunteers.
40. Help Hope Live will not pay for services provided by paid professional fundraisers or for legal services.
41. At no time can any volunteer act as an official representative of Help Hope Live or otherwise bind the organization legally.
42. It is the responsibility of fundraising volunteers to understand how fundraising for Help Hope Live works.

**Still have questions?** Visit [www.helphopelive.org/faq](http://www.helphopelive.org/faq), or contact your Client Services Coordinator.

These terms of service are subject to change at the sole discretion of Help Hope Live, Inc., at which time we will notify the client in writing.

## **EXHIBIT H**

**HELPHOPELIVE, INC.**

**UNANIMOUS CONSENT OF THE BOARD OF TRUSTEES**

Pursuant to the General Corporation Law of the State of Delaware, the Board of Trustees (the "Board") of HelpHOPELive, Inc., a Delaware nonprofit corporation doing business in Pennsylvania as HelpHopeLive ("HHL"), the undersigned, constituting all of the Trustees of the Board, hereby take the following actions and adopt the following resolutions by written consent without a meeting, effective for all purposes as of the [DAY] day of August, 2020, and direct that this Unanimous Written Consent be filed with HHL's minutes:

WHEREAS, HHL currently maintains a total of approximately \$2,900,000 of funds associated with inactive campaigns across the United States that are currently held in honor of individuals by or for whom the campaigns were established (the "Inactive Campaign Funds"), with campaigns being inactive for up to 36 years; and

WHEREAS, the Board has determined that the Inactive Campaign Funds will not, for various reasons, be able to be used for the individuals for whom the campaigns were established; and

WHEREAS, acknowledging the very low likelihood that the Inactive Campaign Funds will ever be utilized for the purposes for which they were initially contributed, and to avoid a wasting of charitable assets, the Board desires to use the Inactive Campaign Funds, net of a three percent (3%) reserve, for charitable purposes, to support its general operations; and

WHEREAS, the Board understands that, because the Inactive Campaign Funds are held within the Commonwealth of Pennsylvania, removal of any restriction on their use is subject to the approval of the Pennsylvania Office of Attorney General, Charitable Trusts and Organizations Section (the "PA Attorney General") and the approval of the Orphans' Court Division of the Court of Common Pleas of Delaware County (the "Orphans' Court"), each of which must affirm that the removal of restrictions is permitted in accordance with Section 7740.3(a) of the Pennsylvania Probate, Estates, and Fiduciaries Code, and will not amount to a diversion of HHL's assets from the charitable purposes for which they were donated, granted, or devised within the meaning of Section 5547(a) of the Pennsylvania Nonprofit Corporation Law of 1988, as amended; and

WHEREAS, the Board desires to file a Petition, substantially in the form attached hereto as **Exhibit A** (the "Petition") to request such approvals by the PA Attorney General and the Orphans' Court.

NOW, THEREFORE, BE IT RESOLVED by the Board as follows:

1. The Petition to request removal of the restrictions on the Inactive Campaign Funds, subject to such changes as may be recommended by counsel, is hereby approved. The Officers of HHL (the "Officers") are authorized to take all actions that are necessary to implement the foregoing Resolution, including, but not limited to, the solicitation of a letter of no objection from the PA Attorney General, and the filing of the Petition.

2. The Officers are hereby authorized to take such other actions as they deem necessary or convenient to undertake and effectuate the foregoing Resolutions.



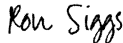
3. HHL hereby ratifies and confirms any and all prior actions taken by or on behalf of HHL consistent with the intent of these Resolutions.


4. The foregoing Resolutions shall take effect immediately.


*[remainder of page intentionally left blank]*


The undersigned, constituting all of the members of the Board, do hereby consent to and approve the adoption of the foregoing resolutions effective as of the date first written above. This Consent may be executed in any number of counterparts, each of which shall be deemed an original and all of which together shall constitute one instrument.

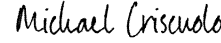
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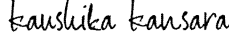
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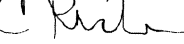
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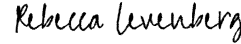
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Nick Ryder, CFA

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Heather K. Moore

**Exhibit A: Petition**

**ORPHANS' COURT DIVISION**  
**COURT OF COMMON PLEAS OF DELAWARE COUNTY**  
**IN RE: HELPHOPELIVE, INC.**

**O. C. No.**

**CHARITABLE GIFT CLEARANCE CERTIFICATE**

Receipt of Notice is acknowledged by the Attorney General of the Commonwealth of Pennsylvania, acting as *parens patriae* in the above-entitled case, of certain gifts to charity as set forth in said Notice.

This is to certify that the Attorney General has no objection to the *cy pres* relief sought by Petitioner, based upon the facts contained in the Notice. In the event of any change of the facts set forth in the Notice, this office should be immediately notified.

JOSH SHAPIRO  
ATTORNEY GENERAL

BY: David Dembe  
David Dembe  
Senior Deputy Attorney General

DATED: September 8, 2020



COMMONWEALTH OF PENNSYLVANIA  
OFFICE OF ATTORNEY GENERAL

JOSH SHAPIRO  
ATTORNEY GENERAL

September 8, 2020

Charitable Trusts and  
Organizations Section  
1600 Arch St., Suite 300  
Philadelphia, PA 19103  
Telephone: (215) 560-3448  
Facsimile: 215-560-2494  
[ddembe@attorneygeneral.gov](mailto:ddembe@attorneygeneral.gov)

Julianna Van Duyne-King  
Laura Solomon & Associates  
121 Sibley /avenue  
Ardmore, PA 19003

Re: HELPHOPELIVE, Inc.

Dear Ms. Van Duyne-King:

Enclosed with this letter you will find an executed Charitable Gift Clearance Certificate in regard to the above captioned matter.

This Certificate certifies that the Attorney General has no objection to the *cy pres* relief sought your client, based on the facts contained in the documents you sent to this office together with your covering letter. Please forward a copy of any orders or adjudications (email attachment preferred) as soon as available so that I can complete my file.

Please be advised that the above review was conducted pursuant to the *parens patriae* role of the Charitable Trusts and Organizations Section, and has no bearing on any tax, antitrust, consumer protection, or other matter unrelated to that function.

In the event of any change of the facts as set forth in the Notice, this office should be immediately notified.

Very truly yours,

*David Dembe*

David Dembe  
Senior Deputy Attorney General

COURT OF COMMON PLEAS OF DELAWARE COUNTY, PENNSYLVANIA  
ORPHANS' COURT DIVISION

NO. \_\_\_\_\_

IN RE: HELPHOPELIVE, INC., A DELAWARE NONPROFIT CORPORATION

**PETITION FOR CY PRES**

TO THE HONORABLE, THE JUDGES OF SAID DIVISION:

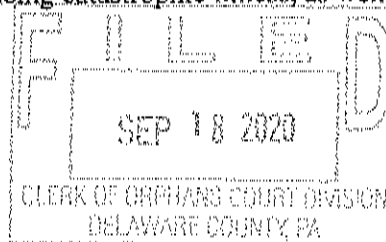
HelpHOPELive, Inc. (the "Petitioner"), doing business in Pennsylvania as HelpHopeLive, hereby petitions this Honorable Court for approval of its Petition for *Cy Pres* pursuant to 20 Pa. C.S.A. §7740.3(a), and in support thereof represents as follows:

**Background**

1. Petitioner is a Delaware nonprofit corporation exempt from tax under Section 501(c)(3) of the Internal Revenue Code of 1986, as amended (the "Code"), with its main offices located at 2 Radnor Corporate Center, 100 Matsonford Road, Radnor, Delaware County, PA 19087. A copy of the Petitioner's determination letter from the Internal Revenue Service ("IRS") is attached as Exhibit A.

2. Petitioner was first incorporated in September 1983 as the National Heart Assist and Transplant Fund, Inc., for the purposes of supporting research and education programs regarding heart and other organ transplants.

3. In 1996, Petitioner broadened its purposes to include the emotional, social, and financial support of individuals in need of organ transplantation, through the establishment of restricted funds for patients in need of financial help. In 1999, Petitioner further added to its purposes the financial support of patients and families experiencing catastrophic illness, as well as support for education and research therefor.



Delaware County Register of Wills and Clerk of Orphans' Court

201 W. Front Street, Media, PA 19063

610-891-4400

OFFICIAL RECEIPT

REGISTER OF WILLS & CLERK OF ORPHANS' COURT

Case Name:	IN RE HELPHOPELIVE, INC.	Receipt Date:	09/18/2020 12:48:20 PM
Case File No:	0361-2020-O	Receipt No.:	007413
Paid By :	LAURA SOLOMON & ASSOCIATES	Collected By:	JM
Payment Remark:		Printed Date:	09/18/2020 12:48:20 PM
		Transaction #:	1021496

**Fee Distribution**

**Fee Description**

Register of Wills / Orphans Court Payment	\$106.00
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<b>Total</b>	<b>\$106.00</b>
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**Payments Received**

Check (2676)	\$106.00
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<b>Change</b>	<b>\$0.00</b>
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\*\* A 3% SURCHARGE WILL ASSESSED IF PAYING BY CREDIT CARD \*\*