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Form 990

## Return of Organization Exempt From Income Tax

2008

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

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

Open to Public Inspection

## A For the 2008 calendar year, or tax year beginning 07-01-2008 and ending 06-30-2009

B Check if applicable

Address change

Name change

Initial return

Termination

Amended return

Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization  
LIFELINK FOUNDATION INC

Doing Business As

Number and street (or P O box if mail is not delivered to street address)  
601 BAYSHORE BLVD No 600

Room/suite

City or town, state or country, and ZIP + 4  
TAMPA, FL 336062760

D Employer identification number

59-2193032

E Telephone number

(813) 258-6515

G Gross receipts \$ 89,458,404

F Name and address of Principal Officer  
DR DANA L SHIRES  
601 BAYSHORE BLVD No 600  
TAMPA, FL 336062760

H(a) Is this a group return for affiliates?  
 Yes  No

H(b) Are all affiliates included?  
 Yes  No  
(If "No," attach a list. See instructions.)

H(c) Group Exemption Number ►

I Tax-exempt status  501(c) ( 3 ) ► (insert no )  4947(a)(1) or  527

J Web site: ► WWW.LIFELINKFOUND.ORG

K Type of organization  Corporation  trust  association  other ►

L Year of Formation 1982

M State of legal domicile FL

## Part I Summary

1	Briefly describe the organization's mission or most significant activities ORGAN AND TISSUE PROCUREMENT AND TRANSPLANTATION	
2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets	
3	Number of voting members of the governing body (Part VI, line 1a)	3 19
4	Number of independent voting members of the governing body (Part VI, line 1b)	4 10
5	Total number of employees (Part V, line 2a)	5 545
6	Total number of volunteers (estimate if necessary)	6 500
7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a 0
b	Net unrelated business taxable income from Form 990-T, line 34	7b 0
Revenue	8 Contributions and grants (Part VIII, line 1h)	49,169 73,354
	9 Program service revenue (Part VIII, line 2g)	78,499,196 70,464,698
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	661,013 -143,872
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	79,209,378 70,394,180
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	753,150 839,015
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	32,703,213 32,357,307
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0
	b (Total fundraising expenses, Part IX, column (D), line 25 0)	0
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	38,932,843 32,335,372
	18 Total expenses—add lines 13-17 (must equal Part IX, line 25, column (A))	72,389,206 65,531,694
Net Assets or Fund Balances	19 Revenue less expenses Subtract line 18 from line 12	6,820,172 4,862,486
20	Beginning of Year	End of Year
	21 Total assets (Part X, line 16)	77,944,049 102,383,684
	22 Total liabilities (Part X, line 26)	26,512,489 45,982,320
		51,431,560 56,401,364

## Part II Signature Block

Please Sign Here

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

\*\*\*\*\*  
Signature of officer  
BRYAN MCDONALD CFO  
Type or print name and title

2010-04-19  
Date

Paid Preparer's Use Only

Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's PTIN (See Gen Inst )
Firm's name (or yours if self-employed), address, and ZIP + 4 Lewis Birch & Ricardo LLC 1401 Court Street Clearwater, FL 337566146			EIN <input type="checkbox"/>
			Phone no ► (727) 446-3058

May the IRS discuss this return with the preparer shown above? (See instructions) . . . . .  Yes  No

**Part III Statement of Program Service Accomplishments** (See the instructions.)**1** Briefly describe the organization's mission  
See Additional Data Table**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 exempt purpose achievements for each of the organization's three largest program services by expenses  
Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

<b>4a</b>	(Code ) (Expenses \$ 36,427,912 including grants of \$ 435,156 ) (Revenue \$ 44,728,826 )
RECOVERY SERVICES -LIFELINK FOUNDATION THROUGH ITS ORGAN RECOVERY SERVICES IN GEORGIA, FLORIDA AND PUERTO RICO WORKS IN A SENSITIVE, DILIGENT AND COMPASSIONATE MANNER TO FACILITATE THE DONATION OF DESPERATELY NEEDED LIFE-SAVING ORGANS FOR TRANSPLANTATION THROUGH THE GENEROSITY OF DONORS AND THEIR FAMILIES, DURING 2009, 515 ORGAN DONORS PROVIDED MORE THAN 1,700 ORGANS FOR TRANSPLANT THESE RESULTS WERE IMPACTED BY THE SUCCESS OF PROGAMS SUCH AS OUR MOST EFFECTIVE REQUESTOR PROGRAM FOR INTERACTIONS WITH POTENTIAL DONOR FAMILIES AND THE UTILIZATION OF BEST PRACTICES SET FORTH BY THE NATIONAL ORGAN DONATION BREAKTHROUGH COLLABORATIVE FOR COMMUNICATION AND EDUCATION ACTIVITIES WITHIN OUR INDIVIDUAL DONOR HOSPITALS	

<b>4b</b>	(Code ) (Expenses \$ 17,114,979 including grants of \$ 403,859 ) (Revenue \$ 21,376,379 )
TISSUE BANK - LIFELINK'S TISSUE BANK EFFORTS INCLUDE RECOVERING TISSUE TO RESTORE THE LIVES OF THOSE WHO SUFFERED TRAUMA ONE TISSUE DONOR HAS THE POTENTIAL TO HELP AS MANY AS 60 PEOPLE, NOT INCLUDING THOSE WHO ENJOY TIME SPENT WITH RECIPIENTS ONCE THEIR HEALTH AND QUALITY OF LIFE HAS IMPROVED DONATED TISSUE TRULY PERFORMS MIRACLES, IT CAN PERMIT SOMEONE TO WALK WITHOUT PAIN, RETURN THE ABILITY TO WORK AND LIVE LIFE TO THE FULLEST IN 2009, LIFELINK TISSUE BANK WAS OVERWHELMED BY THE GENEROSITY OF MORE THAN 1200 TISSUE DONORS THESE GIFTS TRANSLATED TO A SIGNIFICANT INCREASE IN THE NUMBER OF TRANSPLANTS, MORE THAN 35,000 AVAILABLE TO THE EVER-WIDENING CIRCLE OF THOSE IN NEED	

<b>4c</b>	(Code ) (Expenses \$ 4,052,685 including grants of \$ ) (Revenue \$ 4,359,493 )
Transplantation Immunology Laboratory BEHIND-THE-SCENES THE TRANSPLANTATION IMMUNIOLOGY LABORATORY works twenty-four hours a day, seven days a week, performing vital testing to ensure as close to perfect a match as possible for donor organs and transplant recipients Successful results for transplant patients rely on a two-pronged process identifying the best match prior to transplant and carefully observing regular laboratory results of transplant recipients Both factors are intimately linked with survival rates, and in Tampa, survival rates consistently rank higher than national average 2009 saw our advanced methods of virtual cross matching allow us to risk stratify donors for our potential recipients Flow cytometry technology and antigen specific beads provided us the ability to more accurately determine the risk of rejection - not only immediately after a patient receives a new organ, but also throughout the patient's life span The importance of these tests cannot be overstated - correct cross match predictions result in the most successful transplant outcome possible It can also substantially reduce the average wait time to transplant and is vital to developing effective, individualized immunosuppression protocols Such protocols made our transplant program a stand-out in 2009, as we have been able to avoid the "cookbook cocktail" approach toward post- transplant anti-rejection medications	

<b>4d</b>	Other program services (Describe in Schedule O ) (Expenses \$ including grants of \$ ) (Revenue \$ )
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<b>4e</b>	Total program service expenses \$ 57,595,576 Must equal Part IX, Line 25, column (B).
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**Part IV Checklist of Required Schedules**

1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A

2 Is the organization required to complete Schedule B, Schedule of Contributors?

3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

4 Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II

5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III

6 Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I

7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II

8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III

9 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV

10 Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V

11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable

12 Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII

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

14a Did the organization maintain an office, employees, or agents outside of the U.S.?
 

- b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I

15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II

16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III

17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I

18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II

19 Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III

20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H

21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

22 Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III

23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J

24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25
 

- b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?
- c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?
- d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?

25a Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I

25b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I

26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II

27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III

	Yes	No
1	Yes	
2	Yes	
3		No
4	Yes	
5		
6		No
7		No
8		No
9		No
10		No
11	Yes	
12		No
13		No
14a		No
14b	Yes	
15		No
16		No
17		No
18		No
19		No
20		No
21	Yes	
22		No
23	Yes	
24a	Yes	
24b		No
24c		No
24d		No
25a		No
25b		No
26		No
27		No

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

**28** During the tax year, did any person who is a current or former officer, director, trustee, or key employee

- a** Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV
- b** Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV
- c** Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV

**29** Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M

**30** Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M

**31** Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I

**32** Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II

**33** Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I

**34** Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1

**35** Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2

**36** 501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2

**37** Did the organization conduct more than 5 percent of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

	Yes	No
<b>28a</b>		No
<b>28b</b>	Yes	
<b>28c</b>		No
<b>29</b>		No
<b>30</b>		No
<b>31</b>		No
<b>32</b>		No
<b>33</b>		No
<b>34</b>	Yes	
<b>35</b>	Yes	
<b>36</b>		No
<b>37</b>		No

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable	1a 530	
<b>1b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0	
<b>1c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	Yes	
<b>2a</b>	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return	2a 545	
<b>2b</b>	If at least one is reported in 2a, did the organization file all required federal employment tax returns? <i>Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return.</i>	Yes	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		
<b>3b</b>	If "Yes," has it filed a Form 990-T for this year? <i>If "No," provide an explanation in Schedule O</i>		
<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>4b</b>	If "Yes," enter the name of the foreign country _____ See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts</b> .		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a No	
<b>5b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b No	
<b>5c</b>	If "Yes," to 5a or 5b, did the organization file Form 8886-T, <i>Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction</i> ?		
<b>6a</b>	Did the organization solicit any contributions that were not tax deductible?	6a No	
<b>6b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<i>Organizations that may receive deductible contributions under section 170(c).</i>		
<b>7a</b>	Did the organization provide goods or services in exchange for any quid pro quo contribution of \$75 or more?	7a No	
<b>7b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
<b>7c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c No	
<b>7d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
<b>7e</b>	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
<b>7f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
<b>7g</b>	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
<b>7h</b>	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
<b>8</b>	<i>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</i> Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8 No	
<b>9</b>	<i>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.</i>		
<b>9a</b>	Did the organization make any taxable distributions under section 4966?		
<b>9b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<i>Section 501(c)(7) organizations.</i> Enter		
<b>10a</b>	Initiation fees and capital contributions included on Part VIII, line 12	10a No	
<b>10b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b No	
<b>11</b>	<i>Section 501(c)(12) organizations</i> Enter		
<b>11a</b>	Gross income from members or shareholders	11a No	
<b>11b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b No	
<b>12a</b>	<i>Section 4947(a)(1) non-exempt charitable trusts.</i> Is the organization filing Form 990 in lieu of Form 1041?	12a No	
<b>12b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b No	

**Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)**
**Section A. Governing Body and Management**

	Yes	No
For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.		
<b>1a</b> Enter the number of voting members of the governing body . . .	<b>1a</b>	19
<b>b</b> Enter the number of voting members that are independent . . .	<b>1b</b>	10
<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? . . . . .	<b>2</b>	Yes
<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? . . . . .	<b>3</b>	No
<b>4</b> Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? . . . . .	<b>4</b>	No
<b>5</b> Did the organization become aware during the year of a material diversion of the organization's assets? . . . . .	<b>5</b>	No
<b>6</b> Does the organization have members or stockholders? . . . . .	<b>6</b>	No
<b>7a</b> Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? . . . . .	<b>7a</b>	No
<b>b</b> Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . . . . .	<b>7b</b>	No
<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? . . . . .	<b>8a</b>	Yes
<b>b</b> each committee with authority to act on behalf of the governing body? . . . . .	<b>8b</b>	Yes
<b>9a</b> Does the organization have local chapters, branches, or affiliates? . . . . .	<b>9a</b>	No
<b>b</b> If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? . . . . .	<b>9b</b>	
<b>10</b> Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990 . . . . .	<b>10</b>	Yes
<b>11</b> Is there any officer, director or 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 . . . . .	<b>11</b>	No

**Section B. Policies**

	Yes	No
<b>12a</b> Does the organization have a written conflict of interest policy? If "No", go to line 13 . . . . .	<b>12a</b>	Yes
<b>b</b> Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	<b>12b</b>	Yes
<b>c</b> Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done . . . . .	<b>12c</b>	Yes
<b>13</b> Does the organization have a written whistleblower policy? . . . . .	<b>13</b>	Yes
<b>14</b> Does the organization have a written document retention and destruction policy? . . . . .	<b>14</b>	Yes
<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? . . . . .	<b>15a</b>	Yes
<b>b</b> Other officers or key employees of the organization? . . . . .	<b>15b</b>	Yes
Describe the process in Schedule O		
<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? . . . . .	<b>16a</b>	No
<b>b</b> If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? . . . . .	<b>16b</b>	

**Section C. Disclosure**

**17** List the States with which a copy of this Form 990 is required to be filed FL

**18** Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply  
 own website  another's website  upon request

**19** Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table

**20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization  
 BRYAN MCDONALD TREASURER  
 601 BAYSHORE BLVD 600  
 TAMPA, FL 336062760  
 (813) 258-6515

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

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

**1a** Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

\* List all of the organization's **current** officers, directors, trustees (whether individuals or organizations) and key employees regardless of amount of compensation, and current key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid

\* 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, or 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 the organization did not compensate any officer, director, trustee or key employee.

## Part VII Continued

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ►32

	<b>Yes</b>	<b>No</b>
<b>3</b> Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	<b>3</b>	No
<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? <i>If "Yes," complete Schedule J for such individual</i>	<b>4</b>	Yes
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	<b>5</b>	No

## **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

(A)	Name and business address	(B)	Description of services	(C)	Compensation
AMERICAN FOUNDATION FOR DONATION AND TRA	8154 FOREST HILLS AVE STE 3	RICHMOND, VA 23235	IMPORTING OF KIDNEYS	RECOVERED OUTSIDE L	2,093,764
SKANSKA USA BUILDING INC	4030 BOY SCOUT BLVD STE 200	TAMPA, FL 33607	GENERAL CONTRACTOR -	CONSTRUCTION SERVIC	1,679,363
REYNOLDS SMITH AND HILLS INC	10748 DEERWOOD PARK BLVD S	JACKSONVILLE, FL 32256	ARCHITECT	954,662	
TRANSLIFE TISSUE BANK	1560 ORANGE AVE STE 450	WINTER PARK, FL 32789	TISSUE RECOVERY SERVICES	579,439	
AMBRI INC	1160 INDUSTRIAL ST	REDDING, CA 96002	HOSPITAL BILL REVIEW	291,214	
2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation	from the organization				10

Part  
VIII

## Statement of Revenue

		(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
Contributions, gifts, grants and other similar amounts	<b>1a</b> Federated campaigns . . . <b>1a</b> _____				
	<b>b</b> Membership dues . . . . <b>1b</b> _____				
	<b>c</b> Fundraising events . . . . <b>1c</b> _____				
	<b>d</b> Related organizations . . . <b>1d</b> 73,354				
	<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> _____				
	<b>g</b> Noncash contributions included in lines 1a-1f \$ _____				
	<b>h</b> <b>Total (Add lines 1a-1f)</b> . . . . . <b>1f</b> 73,354				
Program Service Revenue	<b>2a</b> ORGAN PLACEMENT	Business Code 621,110	44,728,826	44,728,826	
	<b>b</b> TISSUE PLACEMENT	621,110	21,376,379	21,376,379	
	<b>c</b> IMMUNOLOGY LAB	621,500	4,359,493	4,359,493	
	<b>d</b> _____				
	<b>e</b> _____				
	<b>f</b> All other program service revenue				
	<b>g</b> <b>Total. Add lines 2a-2f</b> . . . . . <b>2f</b> \$ 70,464,698				
	<b>3</b> Investment income (including dividends, interest other similar amounts) . . . . . <b>3</b> 264,769				264,769
<b>4</b> Income from investment of tax-exempt bond proceeds . . . . . <b>4</b>					
<b>5</b> Royalties . . . . .					
	(i) Real	(ii) Personal			
<b>6a</b> Gross Rents					
<b>b</b> Less rental expenses					
<b>c</b> Rental income or (loss)					
<b>d</b> Net rental income or (loss) . . . . . <b>6d</b>					
<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities 18,639,011	(ii) Other 16,572			
<b>b</b> Less cost or other basis and sales expenses	19,064,224				
<b>c</b> Gain or (loss)	-425,213	16,572			
<b>d</b> Net gain or (loss) . . . . . <b>7d</b>					-408,641
<b>8a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 Attach Schedule G if total exceeds \$15,000 . . . . . <b>a</b>					
<b>b</b> Less direct expenses . . . <b>b</b>					
<b>c</b> Net income or (loss) from fundraising events . . . . . <b>c</b>					
<b>9a</b> Gross income from gaming activities See part IV, line 19 Complete Schedule G if total exceeds \$15,000					
<b>a</b>					
<b>b</b> Less direct expenses . . . <b>b</b>					
<b>c</b> Net income or (loss) from gaming activities . . . . . <b>c</b>					
<b>10a</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>c</b>					
Miscellaneous Revenue	Business Code				
<b>11a</b> _____					
<b>b</b> _____					
<b>c</b> _____					
<b>d</b> All other revenue _____					
<b>e</b> <b>Total. Add lines 11a-11d</b> . . . . . <b>11d</b> \$					
<b>12</b> <b>Total Revenue.</b> Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e . . . . . <b>12</b>	70,394,180	70,464,698	0	-143,872	

**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) but are not required to complete columns (B), (C), and (D).**

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	<b>(A) Total expenses</b>	<b>(B) Program service expenses</b>	<b>(C) Management and general expenses</b>	<b>(D) Fundraising expenses</b>
<b>1</b> Grants and other assistance to governments and organizations in the U S See Part IV, line 21	839,015	839,015		
<b>2</b> Grants and other assistance to individuals in the U S See Part IV, line 22				
<b>3</b> Grants and other assistance to governments, organizations and individuals outside the U S See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .	3,628,937	1,832,957	1,795,980	
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	311,286	149,849	161,437	
<b>7</b> Other salaries and wages	19,611,927	17,560,583	161,437	
<b>8</b> Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . . .	2,024,202	1,704,471	319,731	
<b>9</b> Other employee benefits . . . . .	5,144,022	4,342,784	801,238	
<b>10</b> Payroll taxes . . . . .	1,636,933	1,389,090	247,843	
<b>11</b> Fees for services (non-employees)				
<b>a</b> Management . . . . .				
<b>b</b> Legal . . . . .	216,611		216,611	
<b>c</b> Accounting . . . . .	100,773		100,773	
<b>d</b> Lobbying . . . . .	145,434	145,434		
<b>e</b> Professional fundraising See Part IV, line 17 . . . . .				
<b>f</b> Investment management fees . . . . .				
<b>g</b> Other . . . . .	16,414,575	16,221,504	193,071	
<b>12</b> Advertising and promotion . . . . .	890,307	890,133	174	
<b>13</b> Office expenses . . . . .	7,140,662	6,859,215	281,447	
<b>14</b> Information technology . . . . .	502,465	490,559	11,906	
<b>15</b> Royalties . . . . .				
<b>16</b> Occupancy . . . . .	1,680,131	1,024,850	655,281	
<b>17</b> Travel . . . . .	1,395,368	1,301,025	94,343	
<b>18</b> Payments of travel or entertainment expenses for any Federal, state or local public officials . . . . .				
<b>19</b> Conferences, conventions and meetings . . . . .	454,878	440,465	14,413	
<b>20</b> Interest . . . . .	303,520	303,520		
<b>21</b> Payments to affiliates . . . . .				
<b>22</b> Depreciation, depletion, and amortization . . . . .	2,014,154	1,950,122	64,032	
<b>23</b> Insurance . . . . .	926,494		926,494	
<b>24</b> Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below )				
<b>a</b> CONTINGENCY RESERVE	150,000	150,000		
<b>b</b>				
<b>c</b>				
<b>d</b>				
<b>e</b>				
<b>f</b> All other expenses				
<b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24f	65,531,694	57,595,576	7,936,118	0
<b>26</b> <b>Joint Costs.</b> Check <input type="checkbox"/> if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

**Part X Balance Sheet**

		(A)	(B)
		Beginning of year	End of year
1	Cash—non-interest-bearing . . . . .	1,336,074	1,755,072
2	Savings and temporary cash investments . . . . .	5,046,907	6,065,194
3	Pledges and grants receivable, net . . . . .		3
4	Accounts receivable, net . . . . .	14,269,596	11,483,541
5	Receivables from current and former officers, directors, trustees, key employees or other related parties <i>Complete Part II of Schedule L</i> . . . . .		5
6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) <i>Complete Part II of Schedule L</i> . . . . .		6
7	Notes and loans receivable, net . . . . .		7
8	Inventories for sale or use . . . . .	12,555,388	18,193,541
9	Prepaid expenses and deferred charges . . . . .	236,933	363,090
10a	Land, buildings, and equipment cost basis	<b>10a</b>	37,438,929
b	Less accumulated depreciation <i>Complete Part VI of Schedule D</i> . . . . .	<b>10b</b>	14,465,565
			24,640,394
10c		<b>10c</b>	22,973,364
11	Investments—publicly traded securities . . . . .		6,655,702
12	Investments—other securities See Part IV, line 11 <i>Complete Part VII of Schedule D</i> . . . . .		11
			12
13	Investments—program-related See Part IV, line 11 <i>Complete Part VIII of Schedule D</i> . . . . .		13
14	Intangible assets . . . . .		14
15	Other assets See Part IV, line 11 <i>Complete Part IX of Schedule D</i> . . . . .		13,203,055
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34)		77,944,049
17	Accounts payable and accrued expenses . . . . .		16
18	Grants payable . . . . .		16,650,604
19	Deferred revenue . . . . .		17
20	Tax-exempt bond liabilities . . . . .		18
21	Escrow account liability <i>Complete Part IV of Schedule D</i> . . . . .		19
22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons <i>Complete Part II of Schedule L</i> . . . . .		20
			21
			22
23	Secured mortgages and notes payable to unrelated third parties . . . . .		1,461,885
24	Unsecured notes and loans payable . . . . .		23
			1,675,304
25	Other liabilities <i>Complete Part X of Schedule D</i> . . . . .		24
26	<b>Total liabilities.</b> Add lines 17 through 25 . . . . .		25
			26
			26,512,489
			45,982,320
<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
27	Unrestricted net assets . . . . .		27
28	Temporarily restricted net assets . . . . .		28
29	Permanently restricted net assets . . . . .		29
<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
30	Capital stock or trust principal, or current funds . . . . .		30
31	Paid-in or capital surplus, or land, building or equipment fund . . . . .		31
32	Retained earnings, endowment, accumulated income, or other funds . . . . .		32
33	Total net assets or fund balances . . . . .		32
34	Total liabilities and net assets/fund balances . . . . .		33
			51,431,560
			56,401,364
			77,944,049
			34
			102,383,684

**Part XI Financial Statements and Reporting**

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> cash <input checked="" type="checkbox"/> accrual <input type="checkbox"/> other		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? . . . . .	2a	No
b	Were the organization's financial statements audited by an independent accountant? . . . . .	2b	No
c	If "Yes" to lines 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? . . . . .	2c	
3a	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? . . . . .	3a	No
b	If "Yes," did the organization undergo the required audit or audits? . . . . .	3b	

**SCHEDULE A**  
(Form 990 or 990EZ)**Public Charity Status and Public Support****2008**Department of the Treasury  
Internal Revenue Service**To be completed by all section 501(c)(3) organizations and section 4947(a)(1)  
nonexempt charitable trusts.****Attach to Form 990 or Form 990-EZ. See separate instructions.****Open to Public  
Inspection****Name of the organization**  
LIFELINK FOUNDATION INC**Employer identification number**

59-2193032

**Part I Reason for Public Charity Status** (to be completed by all organizations) (See Instructions)

The organization is not a private foundation because it is (Please check only one organization)

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 )

3  A hospital or a cooperative hospital service organization described in **Section 170(b)(1)(A)(iii)**. (Attach Schedule H )

4  A medical research organization operated in conjunction with a hospital described in **Section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state

5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **Section 170(b)(1)(A)(iv)**. (Complete Part II )

6  A federal, state, or local government or governmental unit described in **Section 170(b)(1)(A)(v)**.

7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **Section 170(b)(1)(A)(vi)** (Complete Part II )

8  A community trust described in **Section 170(b)(1)(A)(vi)** (Complete Part II )

9  An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **Section 509(a)(2)**. (Complete Part III )

10  An organization organized and operated exclusively to test for public safety See **Section 509(a)(4)**. (See instructions )

11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **Section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h

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

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

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

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

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

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

h  Provide the following information about the organizations the organization supports

	<b>Yes</b>	<b>No</b>
<b>11g(i)</b>		
<b>11g(ii)</b>		
<b>11g(iii)</b>		

<b>(i) Name of Supported Organization</b>	<b>(ii) EIN</b>	<b>(iii) Type of organization (described on lines 1- 9 above or IRC section (See Instructions))</b>	<b>(iv) Is the organization in col (i) listed in your governing document?</b>		<b>(v) Did you notify the organization in col (i) of your support?</b>		<b>(vi) Is the organization in col (i) organized in the U S ?</b>		<b>(vii) Amount of support?</b>
			<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	
<b>Total</b>									

**Part II Support Schedule for Organizations Described in IRC 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.)
**Public Support**

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
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						
<b>4 Total.</b> Add line 1-3						
5 The portion of total contribution by each person (other than a government unit or publicly supported organization) included on line 1 that exceed 2% of the amount shown on line 11, column (f)						
<b>6 Public Support</b> subtract line 5 from line 4						

**Total Support**

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
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 IV )						
<b>11 Total Support</b> (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (See instructions )					<b>12</b>	

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

**Computation of Public Support Percentage**

14 Public Support Percentage for 2008 (line 6 column (f) divided by line 11 column (f))	<b>14</b>	
15 Public Support Percentage for 2007 Schedule A, Part IV-A, line 26f	<b>15</b>	
<b>16a 33 1/3% Test - 2008.</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 type="checkbox"/>
<b>b 33 1/3% Test - 2007.</b> If the organization did not check the 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"/>
<b>17a 10% Facts and Circumstances Test - 2008.</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 IV 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 - 2007.</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 IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
<b>18 Private Foundation.</b> If the organization did not check the box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions		<input type="checkbox"/>

**Part III Support Schedule for Organizations Described in IRC 509(a)(2)**  
 (Complete only if you checked the box on line 9 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	85,919			49,169	73,354	208,442
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	55,376,681	62,132,719	72,559,935	78,499,196	70,464,698	339,033,229
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total</b> Add lines 1-5	<b>55,462,600</b>	<b>62,132,719</b>	<b>72,559,935</b>	<b>78,548,365</b>	<b>70,538,052</b>	<b>339,241,671</b>
<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 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
<b>c</b> Total of lines 7a and 7b						
<b>8 Public Support</b> (Subtract line 7c from line 6)						<b>339,241,671</b>

**Total Support**

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>9</b> Amounts from line 6	<b>55,462,600</b>	<b>62,132,719</b>	<b>72,559,935</b>	<b>78,548,365</b>	<b>70,538,052</b>	<b>339,241,671</b>
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources				497,107	264,769	761,876
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975						
<b>c</b> Add lines 10a and 10b				497,107	264,769	761,876
<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 IV.)	15,594					15,594
<b>13 Total Support</b> (Add lines 9, 10c, 11 and 12)						<b>340,019,141</b>
<b>14 First Five Years</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and <b>stop here</b>						

**Computation of Public Support Percentage**

15 Public Support Percentage for 2008 (line 8 column (f) divided by line 13 column (f))	<b>15</b>	99 770 %
16 Public Support Percentage for 2007 Schedule A, Part IV-A, line 27g	<b>16</b>	

**Computation of Investment Income Percentage**

17 Investment Income Percentage for 2008 (line 10c column (f) divided by line 13 column (f))	<b>17</b>	0 220 %
18 Investment Income Percentage from 2007 Schedule A, Part IV-A, line 27h	<b>18</b>	
19a <b>33 1/3% Tests - 2008.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
<b>b</b> <b>33 1/3% Tests - 2007.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization		<input type="checkbox"/>
20 <b>Private Foundation</b> If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions		<input type="checkbox"/>

**Part IV** **Supplemental Information.** Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide any other additional information. (see instructions)

**Facts and Circumstances Test**

**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 59-2193032  
**Name:** LIFELINK FOUNDATION INC

**Form 990, Part VII - Section Aaa**

<b>(A)</b> Name and Title	<b>(B)</b> Average hours per week	<b>(C)</b> Position (check all that apply)						<b>(D)</b> Reportable compensation from the organization (W- 2/1099MISC)	<b>(E)</b> Reportable compensation from related organizations (W- 2/1099- MISC)	<b>(F)</b> Estimated amount of other compensation from the organization and related organizations
		Individual Trustee or Director	Individual Trustee	Institutional Trustee	Officer	Key employee	Highest compensated employee			
DANA L SHIRES MD , CHAIRMAN/CEO	40 00	X		X				530,498	0	47,627
DENNIS HEINRICH S BSN M , PRESIDENT/COO	40 00	X		X				492,699	0	109,816
VICTOR D BOWERS MD , DIRECTOR	2 00	X						0	364,375	60,843
ANA CRESPO , DIRECTOR	2 00	X						1,520	0	0
MORRIS J DILLIARD , DIRECTOR	2 00	X						1,403	0	0
THE HONORABLE PAT FRANK , DIRECTOR	2 00	X						0	0	0
H JAMES FREE MD , DIRECTOR	2 00	X						1,703	0	0
WILLIAM F LEFOR PHD , DIRECTOR & EXECUTIVE VP	40 00	X			X			305,007	0	47,627
WILLIAM J MEURER , DIRECTOR	2 00	X						1,633	0	0
WADE MITCHELL , DIRECTOR	2 00	X						1,212	0	0
LUIS A MORALES-OTERO M , DIRECTOR & ASSOCIATE MED	20 00	X						54,284	0	18,214
HAROLD W MULLIS JR , DIRECTOR	2 00	X						1,212	0	0
THOMAS C PEARSON MD , DIRECTOR & ASSOCIATE MED	20 00	X						58,112	0	16,822
CHARLES SONNY SANDERS , DIRECTOR	2 00	X						0	285,630	47,627
JEFFREY L SEAVEY , DIRECTOR	2 00	X						0	0	0
ESTHER TORRES MD , DIRECTOR	40 00	X						41,313	0	16,495
JOEL T VANSICKLER MD , DIRECTOR	2 00	X						0	0	0
J DAVID VEGA MD , DIRECTOR	2 00	X						1,212	0	0
JOHN D WHELCHL MD , DIRECTOR & ASSOCIATE MED	20 00	X						71,936	0	20,113
DEBORAH WINEGARD JD , DIRECTOR	2 00	X						1,174	0	0
JAMES J WYNN MD , DIRECTOR	2 00	X						6,424	0	0
BRYAN C MCDONALD CPA , TREASURER/CFO	40 00			X				201,433	0	36,148
LINDA G D'AGUILA , SECRETARY/VP CORPORATE A	40 00			X				147,297	0	27,585
JOHN E STOCKMAN , TREASURER & SR VP	40 00				X			142,428	0	22,509
JEAN DAVIS , EXECUTIVE VP - ORGAN REC	40 00				X			291,124	0	46,656
ELIZABETH M LEHR , SR VP/EXEC DIR LLFL-OPO	40 00				X			156,126	0	30,351
KATHLEEN T LILLY , SR VP/EXEC DIR LLGA-OPO	40 00				X			170,281	0	32,034
MARIEN SAADE , SR VP/EXEC DIR LLPR-OPO	40 00				X			163,600	0	36,148
DANA L SHIRES III , EXECUTIVE VP - TISSUE BA	40 00				X			233,815	0	59,369
CHARLES WRIGHT , MEDICAL DIRECTOR	40 00				X			254,090	0	46,281

## Form 990, Part VII - Section Aaa

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)					(D) Reportable compensation from the organization (W- 2/1099MISC)	(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			
DANIEL L SCHULTZ , MEDICAL DIRECTOR	40 00				X		209,988	0	41,680
DANNY HAWKE , SR VICE PRESIDENT	40 00				X		181,771	0	33,305
VERNON L Langley , VICE PRESIDENT	40 00				X		152,587	0	28,649
MAYRA M LOPEZ-CEPERO , SR VICE PRESIDENT	40 00				X		149,867	0	31,226

**Form 990, Part III, Line 1 - Briefly describe the organization's mission:**

LifeLink Foundation is a non-profit community service organization dedicated to the recovery of life-saving and life-enhancing organs and tissue for transplantation therapy. The Foundation works in a sensitive, diligent, and compassionate manner to facilitate the donation of desperately needed organs and tissues for waiting patients, support research efforts to enhance the available supply of organs and tissue for transplant patients, improve clinical outcomes of patients post transplantation and works closely with the United Network For Organ Sharing (UNOS) to support its goals.



**Part II-A To be completed by organizations exempt under section 501(c)(3) that filed Form 5768 (election under section 501(h)).** (See the instructions for Schedule C for details.)

**A** Check  if the filing organization belongs to an affiliated group   
**B** Check  if the filing organization checked box A and "limited control" provisions apply

<b>Limits on Lobbying Expenditures—</b> (The term "expenditures" means amounts paid or incurred.)		<b>(a) Filing Organization's Totals</b>	<b>(b) Affiliated Group Totals</b>
<b>1a</b> Total lobbying expenditures to influence public opinion (grass roots lobbying)		141,500	141,500
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying)		0	0
<b>c</b> Total lobbying expenditures (add lines 1a and 1b)		141,500	141,500
<b>d</b> Other exempt purpose expenditures		65,390,194	79,400,173
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d)		65,531,694	79,541,673
<b>f</b> Lobbying nontaxable amount Enter the amount from the following table in both columns—		1,000,000	1,000,000
<b>If the amount on line 1e, column (a) or (b) is:</b>	<b>The lobbying nontaxable amount is:</b>		
Not over \$500,000	20% of the amount on line 1e		
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
Over \$17,000,000	\$1,000,000		
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f)		250,000	250,000
<b>h</b> Subtract line 1g from line 1a Enter -0- if line g is more than line a		0	0
<b>i</b> Subtract line 1f from line 1c Enter -0- if line f is more than line c		0	0
<b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?			<input type="checkbox"/> Yes <input type="checkbox"/> No

**4-Year Averaging Period Under Section 501(h)**

**(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 1a through 1f of the instructions.)**

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
<b>Calendar year (or fiscal year beginning in)</b>	<b>(a) 2005</b>	<b>(b) 2006</b>	<b>(c) 2007</b>	<b>(d) 2008</b>	<b>(e) Total</b>
<b>2a</b> Lobbying non-taxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000
<b>c</b> Total lobbying expenditures	76,279	106,107	159,503	141,500	483,389
<b>d</b> Grassroots non-taxable amount	250,000	250,000	250,000	250,000	1,000,000
<b>e</b> Grassroots ceiling amount (150% of line d, column (e))					1,500,000
<b>f</b> Grassroots lobbying expenditures				141,500	141,500

**Part II-B To be completed by organizations exempt under section 501(c)(3) that have NOT filed Form 5768 (election under section 501(h)).** (See the instructions for Schedule C for details.)

	(a)		(b)	
	Yes	No	Amount	
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of				
<b>a</b> Volunteers?				
<b>b</b> Paid staff or management (include compensation in expenses reported on lines c through i)?				
<b>c</b> Media advertisements?				
<b>d</b> Mailings to members, legislators, or the public?				
<b>e</b> Publications, or published or broadcast statements?				
<b>f</b> Grants to other organizations for lobbying purposes?				
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?				
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?				
<b>i</b> Other activities If "Yes," describe in Part IV				
<b>j</b> Total lines 1c through 1i				
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
<b>b</b> If "Yes" enter the amount of any tax incurred under section 4912				
<b>c</b> If "Yes" enter the amount of any tax incurred by organization managers under section 4912				
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				

**Part III-A To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).** (See the instructions for Schedule C for details.)

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

**Part III-B To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" OR if Part III-A, question 3 is answered "Yes."** (See the instructions for Schedule C for details.)

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

**Part IV Supplemental Information**

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1. Also, complete this part for any additional information

Identifier	Return Reference	Explanation

## **Part IV      Supplemental Information**

2008

Open to Public  
Inspection**SCHEDULE D**  
(Form 990)**Supplemental Financial Statements**

► Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Department of the Treasury  
Internal Revenue Service**Name of the organization**  
LIFELINK FOUNDATION INC**Employer identification number**

59-2193032

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate Contributions to (during year)		
3 Aggregate 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 may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)	<input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure) <input type="checkbox"/> Preservation of an historically important land area
	<input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of certified historic structure
	<input type="checkbox"/> Preservation of open space
2 Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year	
a Total number of conservation easements	<b>Held at the End of the Year</b>
b Total acreage restricted by conservation easements	2a
c Number of conservation easements on a certified historic structure included in (a)	2b
d Number of conservation easements included in (c) acquired after 8/17/06	2c
	2d
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable 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, violations, and enforcement of the conservation easements it holds?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Staff or volunteer hours devoted to monitoring, inspecting and enforcing easements during the year ►	
7 Amount of expenses incurred in monitoring, inspecting, and enforcing 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 170(h)(4)(B)(ii)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9 In Part XIV, 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" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items	
b If the organization elected, as permitted under SFAS 116, 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) Revenues included in 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 relating to these items	
a Revenues included in Form 990, Part VIII, line 1	► \$
b Assets included in Form 990, Part X	► \$

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

3 Using the organization's 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 XIV

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 Trust, Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" to 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 why in Part XIV and complete the following table

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21?  Yes  No

b If "Yes," explain the arrangement in Part XIV

**Part V Endowment Funds.** Complete if the organization answered "Yes" to 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 . . . . .					
1b Contributions . . . . .					
1c Investment earnings or losses . . . . .					
1d Grants or scholarships . . . . .					
1e Other expenditures for facilities and programs . . . . .					
1f Administrative expenses . . . . .					
1g End of year balance . . . . .					

## 2 Provide the estimated percentage of the year end balance held as

a Board designated or quasi-endowment ►

b Permanent endowment ►

c Term endowment ►

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

	Yes	No
3a(i) unrelated organizations . . . . .		
3a(ii) related organizations . . . . .		

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

## 4 Describe in Part XIV the intended uses of the organization's endowment funds

**Part VI Investments—Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land . . . . .	6,735,811			6,735,811
1b Buildings . . . . .	22,064,878	8,827,610		13,237,268
1c Leasehold improvements . . . . .				
1d Equipment . . . . .	8,638,240	5,637,955		3,000,285
1e Other . . . . .				
<b>Total.</b> Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) . . . . . ►				22,973,364

**Part VII Investments—Other Securities.** 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
Financial derivatives and other financial products		
Closely-held equity interests		
Other		
<b>Total.</b> (Column (b) should equal Form 990, Part X, col (B) line 12.) ►		

**Part VIII Investments—Program Related.** See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
<b>Total.</b> (Column (b) should equal Form 990, Part X, col (B) line 13.) ►		

**Part IX Other Assets.** See Form 990, Part X, line 15.

(a) Description	(b) Book value
INTERCOMPANY RECEIVABLE	12,076,623
UNAMORTIZED BOND COSTS	372,150
DEPOSITS	46,727
ASSETS HELD BY TRUSTEE UNDER BOARD-DESIGNATED SERP	1,348,148
ARBITRAGE REBATE FUND	53,529
CONSTRUCTION IN PROGRESS	15,201,710
SOFTWARE, NET OF AMORTIZATION	333,601
OTHER INTANGIBLE	197,083
<b>Total.</b> (Column (b) should equal Form 990, Part X, col.(B) line 15.)	29,629,571

**Part X Other Liabilities.** See Form 990, Part X, line 25.

(a) Description of Liability	(b) Amount
Federal Income Taxes	
<b>Total.</b> (Column (b) should equal Form 990, Part X, col (B) line 25.) ►	

In Part XIV, 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

**Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements**

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	70,394,180
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	65,531,694
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	4,862,486
4	Net unrealized gains (losses) on investments	4	107,318
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	107,318
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	4,969,804

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

1	Total revenue, gains, and other support per audited financial statements	1	70,304,254
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	70,304,254
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	89,926
c	Add lines 4a and 4b	4c	89,926
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	70,394,180

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

1	Total expenses and losses per audited financial statements	1	65,173,970
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Losses reported on Form 990, Part IX, line 25	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	65,173,970
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	357,724
c	Add lines 4a and 4b	4c	357,724
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	65,531,694

**Part XIV Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part XIV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

Identifier	Return Reference	Explanation
Part XII, Line 4b - Other Adjustments		GAIN ON SALE OF FURNITURE, FIXTURES & EQUIPMENT 16572 LIFELINK LEGACY FUND TRANSFER OF GENERAL FUNDS FOR PROGRAMS 73354
Part XIII, Line 4b - Other Adjustments		GAIN ON SALE OF FURNITURE, FIXTURES & EQUIPMENT 16572 NET ASSET TRANSFER ON FORGIVENESS TO LIFELINK LEGACY FUND 341152

**SCHEDULE F**  
**(Form 990)**

## **Statement of Activities Outside the United States**

OMB No 1545-0047

2008

## Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

► **Attach to Form 990. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.**

**Employer identification number**

59-2193032

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

1 **For grantmakers.** 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 **For grantmakers.** Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States

3 Activities per Region (Use Schedule F-1 (Form 990) if additional space is needed )

<b>(a)</b> Region	<b>(b)</b> Number of offices in the region	<b>(c)</b> Number of employees or agents in region	<b>(d)</b> Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	<b>(e)</b> If activity listed in (d) is a program service, describe specific type of service(s) in region	<b>(f)</b> Total expenditures in region
EUROPE	0	0	PROGRAM SERVICES	SALE OF TISSUE	0
NORTH AMERICA	0	0	PROGRAM SERVICES	SALE OF TISSUE	0
EAST ASIA	0	0	PROGRAM SERVICES	SALE OF TISSUE	0

**Part II Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000 . . . . . ►  Use Schedule F-1 if additional space is needed.

2 Enter total number of organizations that are recognized as charities by the foreign country or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . .

3 Enter total number of other organizations or entities . . . . .

**Part III Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Schedule F-1 (Form 990) if additional space is needed.

Part IV Supplemental Information

Complete this part to provide the information required in Part I, line 2, and any other additional information.

**Software ID:**

**Software Version:**

**EIN:** 59-2193032

**Name:** LIFELINK FOUNDATION INC

**Form 990 Schedule F Part II - Grants and Other Assistance to Organizations or Entities Outside The United States**

(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
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**Schedule I  
(Form 990)**

## **Grants and Other Assistance to Organizations, Governments and Individuals in the U.S.**

Department of the Treasury  
Internal Revenue Service

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

**Open to Public  
Inspection**

**Open to Public  
Inspection**

Name of the organization  
**LIFELINK FOUNDATION INC**

**Employer identification number**

**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 Governments and Organizations in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 if additional space is needed.

2 Enter total number of section 501(c)(3) and government organizations . . . . .

**3 Enter total number of other organizations .**

**Part III Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

**Part IV** **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

See Additional Data Table

Identifier	Return Reference	Explanation
Procedure for Monitoring Grants in the U S	Part I, Line 2	Schedule I, Part I, Line 2 PAYMENTS FOR APPROVED GRANTS ARE BASED ON INCURRED EXPENSES THAT MEET THE REQUIREMENTS OF THE GRANT AND SUPPORT THE OVERALL MISSION OF THE FOUNDATION ALL GRANTS ARE REVIEWED AND APPROVED BY MANAGEMENT AT LEAST ANNUALLY

**Schedule J**  
(Form 990)**Compensation Information**

OMB No 1545-0047

**2008****Open to Public  
Inspection**Department of the Treasury  
Internal Revenue Service

**For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**  
**► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.**

**Name of the organization**

LIFELINK FOUNDATION INC

**Employer identification number**

59-2193032

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items

<input type="checkbox"/> First class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use
<input checked="" type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence
<input type="checkbox"/> Tax indemnification and gross-up payments	<input checked="" type="checkbox"/> Health or social club dues or initiation fees
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)

**b** If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

**3** Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply

<input checked="" type="checkbox"/> Compensation committee	<input checked="" type="checkbox"/> Written employment contract
<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study
<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee

**4** During the year, did any person listed in Form 990, Part VII, Section A, line 1a

**a** Receive a severance payment or change of control payment?  
**b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?  
**c** Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

**501(c)(3) and 501(c)(4) organizations only must complete lines 5-8.**

**5** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of

**a** The organization?

**b** Any related organization?

If "Yes," to line 5a or 5b, describe in Part III

**6** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of

**a** The organization?

**b** Any related organization?

If "Yes," to line 6a or 6b, describe in Part III

**7** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

**8** Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III

	Yes	No
<b>1b</b>	Yes	
<b>2</b>	Yes	
<b>4a</b>		No
<b>4b</b>	Yes	
<b>4c</b>		No
<b>5a</b>		No
<b>5b</b>		No
<b>6a</b>		No
<b>6b</b>		No
<b>7</b>		No
<b>8</b>		No

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use Schedule J-1 if additional space needed.

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

**Note.** The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
See Additional Data Table	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						

Part III Supplemental Information

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

**Software ID:**  
**Software Version:**  
**EIN:** 59-2193032  
**Name:** LIFELINK FOUNDATION INC

**Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
DANA L SHIRES MD	(i) 461,375 (II)	55,000	14,123	35,433	12,194	578,125	286,292
DENNIS HEINRICH BSN MBA	(i) 371,450 (II)	55,000	66,249	97,622	12,194	602,515	359,787
VICTOR D BOWERS MD	(i) 337,769 (II)	26,271	335	48,649	12,194	425,218	199,158
WILLIAM F LEFOR PHD	(i) 275,400 (II)	29,000	607	35,433	12,194	352,634	327,658
CHARLES SONNY SANDERS MD	(i) 263,885 (II)	20,041	1,704	35,433	12,194	333,257	154,195
BRYAN C MCDONALD CPA	(i) 163,950 (II)	31,500	5,983	23,954	12,194	237,581	116,576
LINDA G D'AGUILA	(i) 116,600 (II)	16,000	14,697	15,391	12,194	174,882	90,719
JOHN E STOCKMAN	(i) 99,313 (II)	7,500	35,615	10,315	12,194	164,937	81,522
JEAN DAVIS	(i) 223,200 (II)	43,000	24,924	34,462	12,194	337,780	174,204
ELIZABETH M LEHR	(i) 132,500 (II)	18,000	5,626	18,157	12,194	186,477	88,774
KATHLEEN T LILLY	(i) 141,850 (II)	23,000	5,431	19,840	12,194	202,315	96,771
MARIEN SAADE	(i) 123,000 (II)	24,000	16,600	23,954	12,194	199,748	98,151
DANA L SHIRES III	(i) 185,750 (II)	25,000	23,065	47,175	12,194	293,184	160,619
CHARLES WRIGHT	(i) 244,385 (II)	5,000	4,705	34,087	12,194	300,371	146,549
DANIEL L SCHULTZ	(i) 194,000 (II)	10,000	5,988	29,486	12,194	251,668	125,283
DANNY HAWKE	(i) 149,000 (II)	14,000	18,771	21,111	12,194	215,076	111,081
VERNON L LANGLEY	(i) 123,100 (II)	17,000	12,487	16,455	12,194	181,236	94,107
MAYRA M LOPEZ-CEPERO	(i) 135,100 (II)	14,500	267	19,032	12,194	181,093	80,626

**Schedule K  
(Form 990)**

OMB No 1545-0047

**Supplemental Information on Tax Exempt Bonds****2008**Department of the Treasury  
Internal Revenue Service**To be completed by organizations that answered "Yes" to Form 990, Part IV, line 24a.  
Provide descriptions, explanations, and any additional information in Schedule O.****Open to Public  
Inspection**Name of the organization  
LIFELINK FOUNDATION INCEmployer identification number  
59-2193032**Part I Bond Issues (Required for 2008)**

	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased		(h) On Behalf of Issuer	
							Yes	No	Yes	No
A	HILLSBOROUGH COUNTY INDUSTRIAL DEVELOPMENT AUTHORITY	52-1293512	43232PAE4	11-25-2008	18,500,000	CONSTRUCTION OF NEW TB BUILDING		X		X

**Part II Proceeds (Optional for 2008)**

		A		B		C		D		E	
		Yes	No								
1	Total Proceeds of Issue										
2	Gross Proceeds in Reserve Funds										
3	Proceeds in Refunding or Defeasance Escrows										
4	Other Unspent Proceeds										
5	Issuance Costs from Proceeds										
6	Working Capital Expenditures from Proceeds										
7	Capital Expenditures from Proceeds										
8	Year of Substantial Completion										
9	Were the bonds issued as part of a current refunding issue?										
10	Were the bonds issued as part of an advance refunding issue?										
11	Has the final allocation of proceeds been made?										
12	Does the organization maintain adequate books and records to support the final allocation of proceeds?										

**Part III Private Business Use (Optional for 2008)**

		A		B		C		D		E	
		Yes	No								
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?										
2	Are there any lease arrangements with respect to the financed property which may result in private business use?										

**Part III Private Business Use (Continued)**

	A		B		C		D		E	
	Yes	No								
<b>3a</b> Are there any management or service contracts with respect to the financed property which may result in private business use?										
<b>3b</b> Are there any research agreements with respect to the financed property which may result in private business use?										
<b>3c</b> Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?										
<b>4</b> Enter the percentage of financed property used in a private business use by entities other than a 501(c)(3) organization or a state or local government										
<b>5</b> Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another 501(c)(3) organization, or a state or local government										
<b>6</b> Total of lines 4 and 5										
<b>7</b> Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?										

**Part IV Arbitrage (Optional for 2008)**

	A		B		C		D		E	
	Yes	No								
<b>1</b> Has a Form 8038-T been filed with respect to the bond issue?										
<b>2</b> Is the bond issue a variable rate issue?										
<b>3a</b> Has the organization or the government issuer identified a hedge with respect to the bond issue on its books and records?										
<b>b</b> Name of provider										
<b>c</b> Term of hedge										
<b>4a</b> Were gross proceeds invested in a GIC?										
<b>b</b> Name of provider										
<b>c</b> Term of GIC										
<b>d</b> Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?										
<b>5</b> Were any gross proceeds invested beyond an available temporary period?										
<b>6</b> Did the bond issue qualify for an exception to rebate?										



**SCHEDULE O**  
**(Form 990)****Supplemental Information to Form 990****2008****Open to Public  
Inspection**Department of the Treasury  
Internal Revenue Service**► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.****Name of the organization**  
LIFELINK FOUNDATION INC**Employer identification number**

59-2193032

Identifier	Return Reference	Explanation
Form 990, Part III, line 4d	Other Program Services	<p>In the words of a mother who decided to donate her 10-year-old son's organs after he died in an accident, "It was amazing to find such joy in the middle of such grief." Every day, lives are being changed and saved through organ donation. And every year, as LifeLink Foundation looks back at our accomplishments, we are grateful for the miracles we've been able to help make possible. The Gift of Life comes to fruition through the cooperation of many individuals - professionals working with donor families, hospitals and the public. Together, with consultative input from community members, we work to provide flourishing health to those in need. We are pleased to share details about our accomplishments over the last year. Making Organ Recovery a Reality. LifeLink's organ recovery organizations consider donor family advocacy integral to the organ donation process. We strive to develop programs which lighten the darkest hours. Our Most Effective Requestor Program, which aims to pair specific LifeLink employees with potential donor families based on each donor family's unique needs, has proven extraordinarily successful. We also utilize Best Practices set forth by the National Organ Donation Breakthrough Collaborative, including Donor Advisory Committees and After Action Reviews. Donor Advisory Committees help us customize our activities to accommodate each hospital's culture. These meetings highlight the importance of hospital involvement, without which the Gift of Life would not be possible. After Action Reviews consist of comprehensive and immediate evaluations of each referral, which allow LifeLink of Florida, LifeLink of Georgia and LifeLink of Puerto Rico to glean important insight regarding our successes and challenges. Advice Aimed at Saving Lives. LifeLink's organ and tissue recovery organizations are each served by an Advisory Board, made up of members of the medical community, donor families and recipients, to ensure we receive guidance and feedback from those we serve. Advisory Boards are split into committees which oversee aspects such as professional education, ethics, clinical practice and public education. Advisory Boards meet regularly throughout the year in their committees and annually as a group. By keeping in touch with thoughts, opinions and medical advancements from the extended community, LifeLink can evaluate our processes, improve practices and implement new programs to benefit those awaiting life-saving transplantation, families of individuals who have given the gift of life and medical professionals who rely on us to exceed the gold standard in organ and tissue recovery. As in Georgia last year, this year Florida legislators successfully passed the revised Uniform Anatomical Gift Act which was subsequently signed into law. This bill more clearly defines how an individual's donation wishes may be declared or revoked, and also specifies how those wishes will be carried out by recovery organizations. This advancement brings Florida in line with states across the nation, which has already put such legislation in place. Puerto Rico will soon be following in the footsteps of both Florida and Georgia, with the help of the key government, community and political leadership we are working towards an organ and tissue donor registry with an online component for the residents of Puerto Rico. News like this provides a strong platform upon which LifeLink's Public Affairs department can make the call to donor designation action. This mission has never been more crucial, national polls indicate more than 90% of Americans are aware of the need for organ and tissue donation, but only 30% know the essential steps to take in order to become a donor. Public Education Initiatives. The Public Affairs department utilized numerous channels to address the community last year - and as in the past, in each interaction, we never neglected to mention those who make organ and tissue donation possible. We are committed to honoring the donor families and sharing the legacy of the donors themselves, creating donor quilts which commemorate the lives of those who gave, the Tree of Life - an artistic representation of organ donation with the names of donors updated annually. We also offer ceremonies such as the Service of Remembrance to recognize these gifts. The 2008 - 2009 fiscal year saw our dedicated volunteers log more than 3,500 hours in community outreach efforts. The college based "Get Carded program", high school "Decision Donation" educational program and the professional Workplace Partnership for Life all contributed to our participation in the National Donor Designation Collaborative, which aims to register 100 million organ and tissue donors throughout the United States. LifeLink Foundation, along with our Donate Life Florida and Donate Life Georgia partners, meticulously prepared for the launch of online registries while also solidifying relationships with the Department of Highway Safety and Motor Vehicles, as well as Tax Collector offices in Florida and the Division of Driver Services in Georgia. These relationships will always remain integral, as office representatives who facilitate driver license issuance and renewals are tasked with the first step in designation - asking the public about organ donation. 2008 - 2009 Outreach: 698 Presentations, 114,476 Reached, 32,387 Donor Designations. Calculated 2008 - 2009 Media Programs: 505 television, print, radio and web stories, 8,000 + public service announcements. For our Tissue Bank, such important work demands a specialized environment and each day in 2009 brought us closer to moving to our new tissue processing facility in Brandon. The site was cleared, the concrete foundation laid and the walls rose. We consider this project not only the construction of a building, but also helping to build a brighter future for the thousands of those who wait.</p>

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 2		Certain officers/directors also serve as officers/directors of LifeLink Healthcare Institute, Inc and LifeLink Legacy Fund. These officers/directors are considered to have business relationships due to their common membership in the identified organizations. Common officers/directors by entity are as follows: LifeLink Healthcare Institute, Inc: Dana Shires, Bryan McDonald, Victor Bowers, Dennis Heinrichs, William LeFor, Thomas Pearson, Charles Sanders, LINDA D'AQUILA. LifeLink Legacy Fund: Bryan McDonald, James Free, LINDA D'AQUILA. Dana L. Shires, M.D., Chairman/CEO, and Dana L. Shires III, Executive VP of Tissue Bank Services, are father and son.

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 10		The Foundation has established an Audit Committee that is composed of at least four Board members who are independent of the Foundation's management. The Audit Committee provides assistance to the Board in fulfilling its oversight responsibility to the users of the Foundation's financial statements and regulatory filings. The Foundation's Form 990 is provided to and reviewed via a special meeting of the Audit Committee prior to issuance.

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 12c		The Foundation requires all Interested Persons to attest at least annually that they have received, read and agreed to comply with LifeLink's Conflict of Interest Policy. This certification also requires the disclosure of any conflicts of interest that may exist. The Executive Committee of the Governing Board reviews all conflict of interest statements and determines what action, if any is necessary. On an ongoing basis, conflicts of interest are monitored based on periodic reviews performed by the Foundation's internal compliance department.

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 15		An independent Compensation Committee, acting on behalf of the Governing Board, is responsible for reviewing and approving the total compensation of all officers, directors, key employees and any related family members at least annually. This review includes a detailed analysis of comparable data from industry surveys, Form 990s and studies from third party consultants.

Identifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 19		The organization does not make its governing documents, conflict of interest policy, or financial statements available to the public as they are not required to by law.

Identifier	Return Reference	Explanation
FORM 990, PART IV, LINE 12 AND PART XI, LINES 2B & 2C		The organization's financial statements were audited by an independent accountant on a consolidated basis. The consolidated financials include the activity of Lifelink Healthcare Institute, Inc and Lifelink Legacy Fund. The organization's audit committee is composed of at least four Board members who are independent of the Foundation's management. The audit committee provides assistance to the Board in fulfilling its oversight responsibility to the users of the Foundation's financial statements. Among the audit committee's responsibilities is the responsibility to ensure that the Foundation undergoes an annual financial statement audit and to select, evaluate, and, if necessary, replace the independent auditor performing the audit. On an annual basis, the results of the financial statement audit are presented to the full Board.

Identifier	Return Reference	Explanation
FORM 990, PART V, LINE 2A		The organization filed 488 Form W-2s for 2008 plus an additional 57 on the equivalent Puerto Rico Form for a total of 545 employees for the 2008 calendar year.

Identifier	Return Reference	Explanation
FORM 990, PART V, LINES 7G & 7H		Forms 8899 and 1098-C were not required to be filed for 2008 as the organization did not receive any contributions of qualified intellectual property, cars, boats, airplanes, or other vehicles. Had such contributions been received, the organization would have filed Forms 8899 and 1098-C as required.

**SCHEDULE R**  
**(Form 990)**

## Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2008

**Open to Public  
Inspection**

► **Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37.**  
► **See separate instructions.**

► **See separate instructions**

Department of the Treasury  
Internal Revenue Service

**Name of the organization**

## LIFELINK FOUNDATION INC

**Employer identification number**

59-2193032

## **Part I Identification of Disregarded Entities**

(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity

## **Part II Identification of Related Tax-Exempt Organizations**

<b>(A)</b> Name, address, and EIN of related organization	<b>(B)</b> Primary activity	<b>(C)</b> Legal domicile (state or foreign country)	<b>(D)</b> Exempt Code section	<b>(E)</b> Public charity status (if section 501(c)(3))	<b>(F)</b> Direct controlling entity
LIFELINK HEALTHCARE INSTITUTE INC  601 BAYSHORE BLVD STE 600 TAMPA, FL33606 59-3253621	MULTI-SPECIALTY MEDICAL CARE	FL	501(C)(3)	11C	LIFELINK FOUNDATION INC
LIFELINK LEGACY FUND  601 BAYSHORE BLVD STE 600 TAMPA, FL33606 59-3040982	TO SUPPORT THE LIFELINK FOUNDATION MISSION	FL	501(C)(3)	11C	LIFELINK FOUNDATION INC

### **Part III Identification of Related Organizations Taxable as a Partnership**

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust**

**Part V Transactions with Related Organizations****Note.** Complete line 1 if any entity is listed in Parts II, III or IV**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a** Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity
- b** Gift, grant, or capital contribution to other organization(s)
- c** Gift, grant, or capital contribution from other organization(s)
- d** Loans or loan guarantees to or for other organization(s)
- e** Loans or loan guarantees by other organization(s)
- f** Sale of assets to other organization(s)
- g** Purchase of assets from other organization(s)
- h** Exchange of assets
- i** Lease of facilities, equipment, or other assets to other organization(s)
- j** Lease of facilities, equipment, or other assets from other organization(s)
- k** Performance of services or membership or fundraising solicitations for other organization(s)
- l** Performance of services or membership or fundraising solicitations by other organization(s)
- m** Sharing of facilities, equipment, mailing lists, or other assets
- n** Sharing of paid employees
- o** Reimbursement paid to other organization for expenses
- p** Reimbursement paid by other organization for expenses
- q** Other transfer of cash or property to other organization(s)
- r** Other transfer of cash or property from other organization(s)

	<b>Yes</b>	<b>No</b>
1a		No
1b	Yes	
1c	Yes	
1d		No
1e		No
1f		No
1g		No
1h		No
1i		No
1j		No
1k		No
1l		No
1m		No
1n		No
1o		No
1p		No
1q		No
1r		No

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

	<b>(A)</b> Name of other organization(s)	<b>(B)</b> Transaction type(a-r)	<b>(C)</b> Amount Involved
(1)	LIFELINK LEGACY FUND	B	341,152
(2)	LIFELINK HEALTHCARE INSTITUTE INC	B	389,670
(3)	LIFELINK LEGACY FUND	C	73,354
(4)			
(5)			
(6)			

## Part VI Unrelated Organizations Taxable as a Partnership

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

## TY 2008 Affiliated Group Schedule

**Name:** LIFELINK FOUNDATION INC**EIN:** 59-2193032**Affiliated Group Business Name:** LIFELINK HEALTHCARE INSTITUTE INC**Address. Either US or Foreign** 601 BAYSHORE BLVD 600**Type:** TAMPA, FL 33606**EIN:** 59-3253621**Electing Organization Checkbox:** **Total Grassroots Lobbying:** 0**Total Direct Lobbying:** 0**Total Lobbying Expenditures:** 0**Other Exempt Purpose  
Expenditures:** 13,563,964**Total Exempt Purpose  
Expenditures:** 13,563,964**Lobbying Nontaxable Amount:** 828,198**Grassroots Nontaxable Amount:** 207,050**Tot Lobbying Grassroot Minus Non  
Tx:** 0**Tot Lobby Expend Mns Lobbying  
Non Tx:** 0**Share Of Excess Lobbying:** 0

## TY 2008 Affiliated Group Schedule

**Name:** LIFELINK FOUNDATION INC**EIN:** 59-2193032

<b>Affiliated Group Business Name:</b>	LIFELINK LEGACY FUND
<b>Address. Either US or Foreign</b>	601 BAYSHORE BLVD 600
<b>Type:</b>	TAMPA, FL 33606
<b>EIN:</b>	59-3040982
<b>Electing Organization Checkbox:</b>	<input checked="" type="checkbox"/>
<b>Total Grassroots Lobbying:</b>	0
<b>Total Direct Lobbying:</b>	0
<b>Total Lobbying Expenditures:</b>	0
<b>Other Exempt Purpose Expenditures:</b>	446,015
<b>Total Exempt Purpose Expenditures:</b>	446,015
<b>Lobbying Nontaxable Amount:</b>	89,203
<b>Grassroots Nontaxable Amount:</b>	22,301
<b>Tot Lobbying Grassroot Minus Non Tx:</b>	0
<b>Tot Lobby Expend Mns Lobbying Non Tx:</b>	0
<b>Share Of Excess Lobbying:</b>	0