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Form 990  Department of the Treasury Internal Revenue Service	Return of Organization Exempt From Income Tax 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	OMB No 1545-0047
		2010
		Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 07-01-2010 and ending 06-30-2011				
B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization LIFELINK FOUNDATION INC		D Employer identification number 59-2193032	
	Doing Business As		E Telephone number (813) 258-6515	
	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		G Gross receipts \$ 92,079,493	
	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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number ▶	
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (Insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				
J Website: ▶ WWW.LIFELINKFOUND.ORG				
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			L Year of formation 1982	M State of legal domicile FL

Part I	Summary
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Activities & Governance	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 net assets		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	20
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	10
	5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	454
6 Total number of volunteers (estimate if necessary)	6	500	
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0	
7b Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	70,676	2,523,621
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	72,948,785	79,152,038
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	182,989	705,089
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	0	535,810
		73,202,450	82,916,558
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	334,154	13,555,176
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	35,795,287	40,475,480
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶0		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	32,003,198	37,778,164
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	68,132,639	91,808,820
	19 Revenue less expenses Subtract line 18 from line 12	5,069,811	-8,892,262
Net Assets or Fund Balances		Beginning of Current Year	End of Year
	20 Total assets (Part X, line 16)	108,171,688	97,910,890
	21 Total liabilities (Part X, line 26)	46,601,454	45,175,957
	22 Net assets or fund balances Subtract line 21 from line 20	61,570,234	52,734,933

Part II	Signature Block
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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.

Sign Here	***** Signature of officer		2012-05-08 Date		
	BRYAN C MCDONALD TREASURER/CFO Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	Firm's name ▶ LEWIS BIRCH & RICARDO LLC				Firm's EIN ▶
	Firm's address ▶ 1401 COURT STREET CLEARWATER, FL 337566146				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

Check if Schedule O contains a response to any question in this Part III

☐

☒

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

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 501(c)(4) organizations and section 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

4a	(Code) (Expenses \$ 51,666,701 including grants of \$ 13,482,163) (Revenue \$ 50,052,581)
ORGAN PROCUREMENT ORGANIZATIONS (OPO) LIFELINK'S ORGAN RECOVERY ORGANIZATIONS ARE COMMITTED TO HONORING THE WISHES OF INDIVIDUALS WHO HAVE DECLARED THEIR INTENTION TO GIVE LIFE THROUGH ORGAN AND TISSUE DONATION, SUPPORTING DONOR FAMILIES THROUGH GRIEVING THE LOSS OF A LOVED ONE AND, IN THE ABSENCE OF A REGISTERED DONOR DESIGNATION, PROVIDING THEM WITH INFORMATION TO MAKE A DONATION DECISION, WHILE SIMULTANEOUSLY PROVIDING LIFE-SAVING ORGANS AND TISSUE FOR TRANSPLANT TO AS MANY WAITING PATIENTS AS POSSIBLE TOGETHER WITH HOSPITAL ADMINISTRATORS, PHYSICIANS, NURSES, MEDICAL ANCILLARY DEPARTMENTS, MEDICAL EXAMINERS, CORONERS AND, MOST IMPORTANT, REGISTERED DONORS AND THEIR FAMILIES, WE ACCOMPLISH OUR MISSION SUCCESSFULLY THE BELOW DATA REPRESENTS LIFELINK'S THREE ORGAN RECOVERY ORGANIZATIONS, LIFELINK OF FLORIDA (LLFL), LIFELINK OF GEORGIA (LLGA) AND LIFELINK OF PUERTO RICO (LLPR) ORGAN DONORS 560TISSUE DONORS 941BY OPO ORGAN - LLFL 189, LLGA 265, LLPR 106TISSUE - LLFL 395*, LLGA 317, LLPR 229*INCLUDES TISSUE DONORS FROM THE LIFELINK OF FLORIDA SERVICE AREA, AS WELL AS TISSUE RECOVERED FROM DONORS IN THE TRANS LIFE ORGAN PROCUREMENT ORGANIZATION SERVICE AREA LIFELINK TISSUE BANK IS CONTRACTED BY TRANS LIFE TO PROCESS TISSUE RECOVERED IN THEIR SERVICE AREA INTO GRAFTS FOR TRANSPLANT ORGANS TRANSPLANTED, BY SERVICE AREA LLFL 583LLGA 816LLPR 303TOTAL 1,702DATA REPRESENTS LIFELINK FISCAL YEAR BEGINNING JULY 1, 2010 AND ENDING JUNE 30, 2011 THE NATIONAL AVERAGE ORGAN DONOR RATE, OR PERCENTAGE OF ACTUAL DONORS PER 100 ELIGIBLE DEATHS, IS 71 3 THE ORGAN DONOR RATE FOR LIFELINK'S SERVICE AREAS IS LLFL 79 9LLGA 71 9LLPR 86 7ORGAN DONOR RATE DATA FROM SCIENTIFIC REGISTRY OF TRANSPLANT RECIPIENTS (SRTR) REPORT RELEASE JULY 12, 2011 AND IS BASED ON THE 2010 CALENDAR YEAR A STANDARD DONOR IS DEFINED AS AN INDIVIDUAL WHO FALLS WITHIN A SPECIFIC SET OF CRITERIA, INCLUDING AN AGE CRITERIA LIFELINK'S ORGAN RECOVERY ORGANIZATIONS BELIEVE OUR MISSION REQUIRES US TO HONOR THE DONATION WISHES OF AS MANY POTENTIAL DONORS AS POSSIBLE, RESULTING IN THE MAXIMUM NUMBER OF LIVES SAVED AS A RESULT, WE MOVE FORWARD WITH ORGAN DONATION IN SITUATIONS WHEN THE POTENTIAL DONOR FALLS OUTSIDE THE STANDARD DONOR CRITERIA, AND IS KNOWN AS AN EXPANDED CRITERIA DONOR EACH ORGAN RECOVERED AND TRANSPLANTED IS ANOTHER LIFE SAVED, AND EVERY SINGLE POTENTIAL DONOR DESERVES THE RIGHT TO SAVE A SINGLE LIFE, OR EIGHT LIVES THE AVERAGE NUMBER OF ORGANS RECOVERED PER DONOR FOR LIFELINK'S SERVICE AREAS INCLUDES ALL STANDARD AND EXPANDED CRITERIA DONORS, AS WELL AS DONORS AFTER CARDIAC DEATH LLFL 3 08LLGA 3 08LLPR 2 86* * TRANSPLANTATION SERVICES AVAILABLE ON THE ISLAND OF PUERTO RICO ARE LIMITED TO KIDNEY, PANCREAS AND HEART TRANSPLANTS DUE TO GEOGRAPHIC LIMITATIONS PRESENTED BY THE PROXIMITY OF PUERTO RICO AND THE U S VIRGIN ISLANDS TO THE MAINLAND UNITED STATES, AND TIME CONSTRAINTS ON THE AMOUNT OF TIME ALLOWABLE BETWEEN RECOVERY AND TRANSPLANTATION OF ORGANS, LIVER AND KIDNEY RECOVERY ARE MOST COMMON FOR THIS SERVICE AREA DATA FOR AVERAGE ORGANS PER DONOR IS FROM THE SCIENTIFIC REGISTRY OF TRANSPLANT RECIPIENTS (SRTR) REPORT RELEASE JULY 12, 2011 AND IS BASED ON THE 2010 CALENDAR YEAR LIFELINK SPECIFIC DATA REPRESENTS LIFELINK FISCAL YEAR BEGINNING JULY 1, 2010 AND ENDING JUNE 30, 2011 THE RESULT OF OUR EFFORTS IS LIVES SAVED PATIENTS IN LIFELINK SERVICE AREAS WHO ARE AWAITING LIFE-SAVING TRANSPLANTS SPEND LESS TIME, ON AVERAGE, THAN PATIENTS WAITING ELSEWHERE THE AVERAGE WAIT TIME, IN MONTHS, FROM WAITLIST TO TRANSPLANT IS NATIONAL - KIDNEY 49, LIVER 11 1, HEART 5 1LLFL - KIDNEY 22 9, LIVER 2 3, HEART 2 3LLGA - KIDNEY 45 7, LIVER 5 4, HEART 3 9LLPR - KIDNEY >72*, LIVER N/A, HEART 2 0*MORE THAN 50% OF PATIENTS WAIT 72 MONTHS OR LONGER DATA FOR AVERAGE MONTHS TO TRANSPLANT IS FROM THE SCIENTIFIC REGISTRY OF TRANSPLANT RECIPIENTS (SRTR) REPORT RELEASE JULY 12, 2011 AND IS BASED ON INFORMATION AVAILABLE AS OF APRIL 30, 2011	

4b	(Code) (Expenses \$ 27,481,200 including grants of \$ 73,013) (Revenue \$ 24,074,641)
LIFELINK TISSUE BANK LIFELINK TISSUE BANK CELEBRATED A FULL YEAR IN OUR NEW 54,000-SQUARE-FOOT FACILITY AND, IN OUR NEW HOME, WE HAVE MADE GREAT STRIDES TOWARDS BREAKTHROUGHS THAT WILL ALLOWS US TO HELP MORE PATIENTS IN THE COMING YEAR ONE OF OUR MOST INNOVATIVE PROJECTS FOCUSES ON NON-EMBRYONIC STEM CELLS, WHICH ARE NATURALLY OCCURRING ON HUMAN BONE TISSUE AND CAN BE PRESERVED THROUGH A PROPRIETARY PROCESS DEVELOPED BY LIFELINK PARTNER, ALLOSOURCE THIS BONE GROWTH SUBSTITUTE CONTAINS DEMINERALIZED CORTICAL BONE TO PROVIDE BONE GROWTH SIGNALS, CANCELLOUS BONE TO PROVIDE A CONDUCTIVE SCAFFOLD AND LIVE CELLS TO ASSIST IN THE FORMATION OF NEW BONE IN THE PATIENT THIS ALLOGRAFT MIMICS AUTOGRAFT BONE WHICH IS CONSIDERED THE GOLD STANDARD FOR BONE REPAIR FOR PATIENTS, A SECOND SURGERY SITE IS ELIMINATED AND THE END RESULT IS QUICKER RECOVERY FROM SURGERY AND GETTING BACK TO ACTIVE LIVES MORE RAPIDLY THAN EVER BIOMET CONTINUES TO BE ONE OF LIFELINK TISSUE BANK'S MOST IMPORTANT DISTRIBUTION PARTNERS OF SPORTS AND SPINAL GRAFTS, ENSURING THAT PATIENTS WITH SPORTS RELATED INJURIES OR THOSE WHO ARE IN NEED OF SPINAL SURGERIES RECEIVE EXCELLENT RESULTS FROM OUR GRAFTS AND, FOR NEARLY TWENTY YEARS, LIFELINK HAS WORKED CLOSELY WITH FELLOW RECOVERY PARTNER TRANS LIFE, TO CREATE ALLOGRAFTS THAT BENEFIT THE CENTRAL FLORIDA COMMUNITY WHO MADE THEM POSSIBLE DURING THE 2010-2011 YEAR, LIFELINK TISSUE BANK PROCESSED NEARLY 30,000 ALLOGRAFTS FOR TRANSPLANTATION INTO WAITING PATIENTS, AND 35,347 ALLOGRAFTS WERE DISTRIBUTED FOR TRANSPLANT	


















4c	(Code) (Expenses \$ 4,607,724 including grants of \$) (Revenue \$ 5,024,816)
TRANSPLANTATION IMMUNOLOGY LABORATORY NINE TRANSPLANT PROGRAMS IN THREE HOSPITALS RELY ON LIFELINK TRANSPLANTATION IMMUNOLOGY LABORATORY TO IDENTIFY SAFE, COMPATIBLE MATCHES FOR THEIR PATIENTS AWAITING THE GIFT OF LIFE THE MARRIAGE OF A DONATED ORGAN AND POTENTIAL RECIPIENT BEGINS WITH OUR MATCHING PROCESS AND, AFTER TRANSPLANT, THAT RELATIONSHIP IS MAINTAINED WITH REGULAR POST-TRANSPLANT MONITORING FOR EARLY SIGNS OF REJECTION WE EVALUATED NEARLY 1,000 PATIENTS WITH PRE-TRANSPLANT TESTING THIS YEAR, TESTED 312 PEOPLE AS POTENTIAL LIVING DONORS AND 303 POTENTIAL DECEASED DONORS LAST YEAR LIFELINK TRANSPLANTATION IMMUNOLOGY LABORATORY MADE 516 TRANSPLANTS POSSIBLE KIDNEY 263**SKP* 22LIVER 108LUNG 66HEART 57***SKP - SIMULTANEOUS KIDNEY AND PANCREAS **KIDNEY DATA INCLUDES TRANSPLANTS FROM LIVING AND DECEASED DONORS RECEIVED AT TAMPA GENERAL HOSPITAL AND FLORIDA GULF COAST MEDICAL CENTER HEART DATA INCLUDES TRANSPLANTS RECEIVED AT TAMPA GENERAL HOSPITAL AND ALL CHILDREN'S HOSPITAL ALL OTHER TRANSPLANTS WERE PERFORMED AT TAMPA GENERAL HOSPITAL	

4d	Other program services (Describe in Schedule O) See also Additional Data for Description
	(Expenses \$ including grants of \$) (Revenue \$)

4e	Total program service expenses\$ 83,755,625
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Part IV

Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)? 	2 Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 	3	No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II 	4 Yes	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	
6 Did the organization maintain any donor advised funds or any similar funds or accounts 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 	6	No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II 	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8	No
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 	9	No
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V 	10	No
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. 	11a Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII. 	11b	No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII. 	11c	No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX. 	11d	No
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. 	11e	No
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X. 	11f	No
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII 	12a	No
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional 	12b Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	14b Yes	
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 U S? If "Yes," complete Schedule F, Parts II and IV	15	No
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 U S? If "Yes," complete Schedule F, Parts III and IV	16	No
17 Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No
20a Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a	No
b If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b	

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
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? <i>If "Yes," answer lines 24b–24d and complete Schedule K. If "No," go to line 25</i>	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
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?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
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? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
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? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35	Yes	
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance			
Check if Schedule O contains a response to any question in this Part V <input checked="" type="checkbox"/>			
		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	1a	535
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes
2a	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	454
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	2b	Yes
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	No
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.	3b	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	No
b	If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	No
d	If "Yes," indicate the number of Forms 8282 filed during the year.	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?	9a	
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	
10	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12.	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b	
11	Section 501(c)(12) organizations. Enter		
a	Gross income from members or shareholders.	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13b	
c	Enter the amount of reserves on hand.	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b	

Part VI

Governance, Management, and Disclosure

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.
Check if Schedule O contains a response to any question in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		
1b	Enter the number of voting members included in line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	Yes	
3	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?		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6	Does the organization have members or stockholders?		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		No
7b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
8a	The governing body?	Yes	
8b	Each committee with authority to act on behalf of the governing body?	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		No

Section B. Policies

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

		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?		No
10b	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?		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	Yes	
11b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	Yes	
12b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
12c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	Yes	
13	Does the organization have a written whistleblower policy?	Yes	
14	Does the organization have a written document retention and destruction policy?	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	The organization's CEO, Executive Director, or top management official	Yes	
15b	Other officers or key employees of the organization	Yes	
15c	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		No
16b	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?		

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. <input type="checkbox"/> Own website <input checked="" type="checkbox"/> Another's website <input checked="" type="checkbox"/> 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 C MCDONALD TREASURERCFO 601 BAYSHORE BLVD 600 TAMPA,FL 336062760 (813) 258-6515

Check if Schedule O contains a response to any question in this Part VII ☐ ☒

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

[illegible]

Part VII

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization: 35

3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>

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
SKANSKA USA BUILDING INC 4030 BOY SCOUT BLVD STE 200 TAMPA, FL 33607	GENERAL CONTRACTOR - CONSTRUCTION SERVIC	2,307,962
AMERICAN FOUNDATION FOR DONATION AND TRA 8154 FOREST HILLS AVE STE 3 RICHMOND, VA 23235	IMPORTING OF KIDNEYS RECOVERED OUTSIDE L	1,240,074
TRANSLIFE TISSUE BANK 1560 ORANGE AVE STE 450 WINTER PARK, FL 32789	TISSUE RECOVERY SERVICES	965,729
SCENDIA MED 1809 E BROADWAY ST 323 OVIEDO, FL 32765	TISSUE BANK DISTRIBUTOR	365,958
REYNOLDS SMITH AND HILLS INC 10748 DEERWOOD PARK BLVD S JACKSONVILLE, FL 32256	ARCHITECT	193,477
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization 19		

Part VIII

Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . .	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d	23,621			
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	2,500,000			
	g	Noncash contributions included in lines 1a-1f \$					
	h	Total. Add lines 1a-1f		2,523,621			
	Program Service Revenue	2a	Business Code				
		ORGAN PLACEMENT	621991	50,052,581	50,052,581		
b		TISSUE PLACEMENT		621991	24,074,641	24,074,641	
c		IMMUNOLOGY LAB		621511	5,024,816	5,024,816	
d							
e							
f		All other program service revenue					
g		Total. Add lines 2a-2f		79,152,038			
Other Revenue		3	Investment income (including dividends, interest and other similar amounts)		547,732		
	4	Income from investment of tax-exempt bond proceeds . .					
	5	Royalties					
	6a	Gross Rents	(i) Real 535,810	(ii) Personal			
	b	Less rental expenses					
	c	Rental income or (loss)	535,810				
	d	Net rental income or (loss)		535,810			535,810
	7a	Gross amount from sales of assets other than inventory	(i) Securities 9,226,272	(ii) Other 94,020			
	b	Less cost or other basis and sales expenses	9,133,164	29,771			
	c	Gain or (loss)	93,108	64,249			
	d	Net gain or (loss)		157,357			157,357
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from fundraising events . .					
	9a	Gross income from gaming activities See Part IV, line 19 .	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from gaming activities . .					
	10a	Gross sales of inventory, less returns and allowances	a				
	b	Less cost of goods sold	b				
	c	Net income or (loss) from sales of inventory . .					
	Miscellaneous Revenue		Business Code				
11a							
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d						
12	Total revenue. See Instructions		82,916,558	79,152,038	0	1,240,899	

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).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	13,555,176	13,555,176		
2	Grants and other assistance to individuals in the U S See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	3,772,650	1,739,282	2,033,368	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	460,967	185,821	275,146	
7	Other salaries and wages	26,560,430	24,344,570	2,215,860	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	2,307,489	2,114,814	192,675	
9	Other employee benefits	5,160,675	4,729,759	430,916	
10	Payroll taxes	2,213,269	1,895,932	317,337	
a	Fees for services (non-employees) Management				
b	Legal	-785,357	-970,000	184,643	
c	Accounting	81,500		81,500	
d	Lobbying	142,891	142,891		
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other	18,968,303	18,745,100	223,203	
12	Advertising and promotion	642,173	642,173		
13	Office expenses	8,327,266	7,959,362	367,904	
14	Information technology	406,051	397,426	8,625	
15	Royalties				
16	Occupancy	3,553,927	3,177,678	376,249	
17	Travel	1,358,555	1,180,828	177,727	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	414,446	404,401	10,045	
20	Interest	500,960	500,515	445	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	3,056,452	2,988,730	67,722	
23	Insurance	1,089,830		1,089,830	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	DONATED PROPERTY EXPENS	21,167	21,167		
b					
c					
d					
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	91,808,820	83,755,625	8,053,195	0
26	Joint costs. Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720) 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
Assets	1	Cash—non-interest-bearing				110,585	1	115,651
	2	Savings and temporary cash investments				11,707,493	2	12,595,870
	3	Pledges and grants receivable, net					3	
	4	Accounts receivable, net				11,575,091	4	12,571,432
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L					5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Schedule L					6	
	7	Notes and loans receivable, net					7	
	8	Inventories for sale or use				19,852,600	8	15,290,877
	9	Prepaid expenses and deferred charges				286,906	9	361,709
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	61,440,845				
	b	Less: accumulated depreciation	10b	17,876,918	45,362,655	10c	43,563,927	
	11	Investments—publicly traded securities			4,205,614	11	12,019,905	
	12	Investments—other securities. See Part IV, line 11				12		
	13	Investments—program-related. See Part IV, line 11				13		
	14	Intangible assets				14		
	15	Other assets. See Part IV, line 11			15,070,744	15	1,391,519	
	16	Total assets. Add lines 1 through 15 (must equal line 34)			108,171,688	16	97,910,890	
Liabilities	17	Accounts payable and accrued expenses			18,428,403	17	19,024,801	
	18	Grants payable				18		
	19	Deferred revenue				19		
	20	Tax-exempt bond liabilities			26,053,914	20	25,352,008	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D				21		
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L				22		
	23	Secured mortgages and notes payable to unrelated third parties			2,119,137	23	799,148	
	24	Unsecured notes and loans payable to unrelated third parties				24		
	25	Other liabilities. Complete Part X of Schedule D				25		
	26	Total liabilities. Add lines 17 through 25			46,601,454	26	45,175,957	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.							
	27	Unrestricted net assets			61,570,234	27	52,734,933	
	28	Temporarily restricted net assets				28		
	29	Permanently restricted net assets				29		
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.							
	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			61,570,234	33	52,734,933	
	34	Total liabilities and net assets/fund balances			108,171,688	34	97,910,890	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	82,916,558
2	Total expenses (must equal Part IX, column (A), line 25)	2	91,808,820
3	Revenue less expenses Subtract line 2 from line 1	3	-8,892,262
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	61,570,234
5	Other changes in net assets or fund balances (explain in Schedule O)	5	56,961
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	52,734,933

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

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

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public
Inspection

Name of the organization LIFELINK FOUNDATION INC	Employer identification number 59-2193032
---	--

Part I

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

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

- 1

☐

A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)
- 3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☐

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9

☒

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 10

☐

An organization organized and operated exclusively to test for public safety See**section 509(a)(4).**
- 11

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more 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

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Other
- e

☐

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

☐

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

☐

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

(i)

a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) 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 supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

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

Part II

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

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

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public Support. Subtract line 5 from line 4						


Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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)						
11 Total support (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (See instructions)					12	
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 ▶						

Section C. Computation of Public Support Percentage						
14 Public Support Percentage for 2010 (line 6 column (f) divided by line 11 column (f))					14	
15 Public Support Percentage for 2009 Schedule A, Part II, line 14					15	
16a 33 1/3% support test—2010. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶						
b 33 1/3% support test—2009. 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 stop here. The organization qualifies as a publicly supported organization ▶						
17a 10%-facts-and-circumstances test—2010. 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 stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶						
b 10%-facts-and-circumstances test—2009. 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 stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶						
18 Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions ▶						


Part IIISupport Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) 	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")		49,169	73,354	70,676	2,523,621	2,716,820
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	72,559,935	78,499,196	70,464,698	72,948,785	79,152,038	373,624,652
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	72,559,935	78,548,365	70,538,052	73,019,461	81,675,659	376,341,472
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0
c Add lines 7a and 7b						0
8 Public Support (Subtract line 7c from line 6)						376,341,472




Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6	72,559,935	78,548,365	70,538,052	73,019,461	81,675,659	376,341,472
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources		497,107	264,769	195,082	1,083,542	2,040,500
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b		497,107	264,769	195,082	1,083,542	2,040,500
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 Total support (Add lines 9, 10c, 11 and 12)	72,559,935	79,045,472	70,802,821	73,214,543	82,759,201	378,381,972
14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section501(c)(3) organization, check this box and stop here 						

Section C. Computation of Public Support Percentage

15 Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	15	99 460 %
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	99 730 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c column (f) divided by line 13 column (f))	17	0 540 %
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	0 270 %
19a 33 1/3% support tests—2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization 		
b 33 1/3% support tests—2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization 		
20 Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions 		

Part IV

Supplemental Information. Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527
▶ **Complete if the organization is described below.**
▶ **Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**

OMB No 1545-0047

2010

Open to Public Inspection

If the organization answered “Yes,” to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered “Yes,” to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered “Yes,” to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35a (Proxy Tax), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization LIFELINK FOUNDATION INC	Employer identification number 59-2193032
---	--

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1	Provide a description of the organization’s direct and indirect political campaign activities in Part IV	
2	Political expenditures	▶ \$ _____
3	Volunteer hours	_____

Part I-B Complete if the organization is exempt under section 501(c)(3).

1	Enter the amount of any excise tax incurred by the organization under section 4955	▶ \$ _____
2	Enter the amount of any excise tax incurred by organization managers under section 4955	▶ \$ _____
3	If the organization incurred a section 4955 tax, did it file Form 4720 for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4a	Was a correction made?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b	If “Yes,” describe in Part IV	

Part I-C Complete if the organization is exempt under section 501(c) except section 501(c)(3).

1	Enter the amount directly expended by the filing organization for section 527 exempt function activities	▶ \$ _____
2	Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt funtion activities	▶ \$ _____
3	Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b	▶ \$ _____
4	Did the filing organization file Form 1120-POL for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5	Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization’s funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV	

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

Part II-A

Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing Organization's Totals	(b) Affiliated Group Totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		142,891	142,891												
b Total lobbying expenditures to influence a legislative body (direct lobbying)															
c Total lobbying expenditures (add lines 1a and 1b)		142,891	142,891												
d Other exempt purpose expenditures		91,665,929	95,027,263												
e Total exempt purpose expenditures (add lines 1c and 1d)		91,808,820	95,170,154												
f Lobbying nontaxable amount Enter the amount from the following table in both columns		1,000,000	1,000,000												
<table><tr><td>If the amount on line 1e, column (a) or (b) is:</td><td>The lobbying nontaxable amount is:</td></tr><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000</td></tr></table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
g Grassroots nontaxable amount (enter 25% of line 1f)		250,000	250,000												
h Subtract line 1g from line 1a If zero or less, enter -0-		0	0												
i Subtract line 1f from line 1c If zero or less, enter -0-		0	0												
j 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?		<div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>													

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 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total
2a Lobbying non-taxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
b Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000
c Total lobbying expenditures	159,503	141,500	150,196	142,891	594,090
d Grassroots non-taxable amount	250,000	250,000	250,000	250,000	1,000,000
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000
f Grassroots lobbying expenditures		141,500	150,196	142,891	434,587

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

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

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

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

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

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

Identifier	Return Reference	Explanation
------------	------------------	-------------

SCHEDULE D

(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.**
▶ **Attach to Form 990. ▶ See separate instructions.**

OMB No 1545-0047

2010

Open to Public
Inspection

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? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
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 for any other purpose conferring impermissible private benefit? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	

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)

☐ Preservation of land for public use (e g , recreation or pleasure)

☐ Preservation of an historically importantly land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ 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

Total acreage restricted by conservation easements

c

Number of conservation easements on a certified historic structure included in (a)

d

Number of conservation easements included in (c) acquired after 8/17/06

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, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

6

Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ▶_____

7

Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____

8

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

☐ Yes ☐ 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

▶ \$ _____

For Privacy Act and Paperwork Reduction Act Notice, see the Intructions for Form 990

Cat No 52283D

Schedule D (Form 990) 2010

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

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

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

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 the arrangement 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				
b	Contributions				
c	Investment earnings or losses				
d	Grants or scholarships				
e	Other expenditures for facilities and programs				
f	Administrative expenses				
g	End of year balance				

2

Provide the estimated percentage of the 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

(i)

unrelated organizations

3a(i)

☐ Yes

☐ No

(ii)

related organizations

3a(ii)

☐ Yes

☐ No

b

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

3b

☐ Yes

☐ No

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.

Description of investment	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		6,735,811		6,735,811
b Buildings		45,388,498	11,948,794	33,439,704
c Leasehold improvements				
d Equipment		9,316,536	5,928,124	3,388,412
e Other				
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶				43,563,927

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)	182,916,558
2	Total expenses (Form 990, Part IX, column (A), line 25)	291,808,820
3	Excess or (deficit) for the year Subtract line 2 from line 1	3-8,892,262
4	Net unrealized gains (losses) on investments	456,961
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	956,961
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10-8,835,301

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return		
1	Total revenue, gains, and other support per audited financial statements	182,828,688
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	
a	Net unrealized gains on investments2a	
b	Donated services and use of facilities2b	
c	Recoveries of prior year grants2c	
d	Other (Describe in Part XIV)2d	
e	Add lines 2a through 2d2e	0
3	Subtract line 2e from line 13	382,828,688
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 7b4a	
b	Other (Describe in Part XIV)4b	
c	Add lines 4a and 4b4c	87,870
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)5	582,916,558

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return		
1	Total expenses and losses per audited financial statements	178,262,408
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	
a	Donated services and use of facilities2a	
b	Prior year adjustments2b	
c	Other losses2c	
d	Other (Describe in Part XIV)2d	
e	Add lines 2a through 2d2e	0
3	Subtract line 2e from line 13	378,262,408
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 7b4a	
b	Other (Describe in Part XIV)4b	
c	Add lines 4a and 4b4c	13,546,412
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)5	591,808,820

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 IV, 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 Also complete this part to provide any additional information		
PART XII, LINE 4B - OTHER ADJUSTMENTS		GAIN ON SALE OF FURNITURE, FIXTURES & EQUIPMENT 64,249 LIFELINK LEGACY FUND TRANSFER OF GENERAL FUNDS FOR PROGRAMS 23,621
PART XIII, LINE 4B - OTHER ADJUSTMENTS		NET ASSET TRANSFER ON FORGIVENESS TO LIFELINK HEALTHCARE INSTITUTE 13,290,108 NET ASSET TRANSFER ON FORGIVENESS TO LIFELINK LEGACY FUND 192,055 GAIN ON SALE OF FURNITURE, FIXTURES & EQUIPMENT 64,249

1

(i) Method of valuation
(book, FMV, appraisal, other)

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 Part V if additional space is needed.

[illegible]

Part IV Foreign Forms

- 1

Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926 (see instructions for Form 926)*

☐

Yes

☒

No
- 2

Did the organization have an interest in a foreign trust during the tax year? *If " Yes," the organization may be required to file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)*

☐

Yes

☒

No
- 3

Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see instructions for Form 5471)*

☐

Yes

☒

No
- 4

Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621)*

☐

Yes

☒

No
- 5

Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see instructions for Form 8865)*

☐

Yes

☒

No
- 6

Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see instructions for Form 5713).*

☐

Yes

☒

No

Part V

Supplemental Information
Complete this part to provide the information (see instructions) required in Part I, line 2, and any additional information.

Identifier	Return Reference	Explanation
OTHER INFORMATION	SCHEDULE F, PART V	PART I, LINE 3 TISSUE IS SOLD TO TISSUE BANKS IN CANADA, KOREA, PERU, AND TURKEY THERE ARE NO EXPENDITURES RELATED TO THE SALE OF TISSUE IN THESE REGIONS SEE THE FOUNDATION'S PROGRAM SERVICE ACCOMPLISHMENTS ON FORM 990, PAGE 2, LINE 4B

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
LIFELINK FOUNDATION INC

Grants and Other Assistance to Organizations,
Governments and Individuals in the United States

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990

OMB No 1545-0047

2010

Open to Public
Inspection

Employer identification number
59-2193032

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" to 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. Part II can be duplicated if additional space is needed. ▶ ☐

1 (a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) LIFELINK LEGACY FUND601 BAYSHORE BLVD STE 600 TAMPA, FL 33606	59-3040982	501(C)(3)	192,055		N/A	N/A	PROGRAM DEVELOPMENT
(2) TRANS LIFE TISSUE BANK1560 ORANGE AVE STE 450 WINTER PARK, FL 32789	59-0724459	501(C)(3)	73,013		N/A	N/A	HOSPITAL DEVELOPMENT POSITION
(3) LIFELINK HEALTHCARE INSTITUTE601 BAYSHORE BLVD STE 600 TAMPA, FL 33606	59-3253621	501(C)(3)	13,290,108		N/A	N/A	FORGIVENESS OF DEBT-SEE PART IV SUPPLEMENTAL INFORMATION

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" to Form 990, Part IV, line 22.
Use Schedule I-1 (Form 990) if additional space is needed.

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance

Part IV

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

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 I, PART II - LIFELINK HEALTHCARE INSTITUTE GRANT PURPOSE		LIFELINK HEALTHCARE INSTITUTE (THE INSTITUTE) A RELATED ENTITY, WAS ESTABLISHED IN 1994 TO FILL AN IMPORTANT VOID - THE LACK OF LOCAL TRANSPLANTATION SERVICES FOR PATIENTS IN NEED LIFELINK FOUNDATION PROVIDED FINANCIAL SUPPORT TO THE INSTITUTE AS IT BUILT THE MEDICAL INFRASTRUCTURE FOR RENAL, LIVER, LUNG AND PANCREAS PATIENTS SUFFERING FROM END STAGE ORGAN DISEASE AND THOSE IN NEED OF TRANSPLANTATION THERAPY SINCE THAT TIME AND THROUGH JULY 2010, THE INSTITUTE SURGEONS PERFORMED - 2,838 KIDNEY TRANSPLANTS - 995 LIVER TRANSPLANTS - 218 PANCREAS TRANSPLANTS - 215 LUNG TRANSPLANTS, AND - 747 HEART TRANSPLANTS THE HEALTHCARE INSTITUTE PHYSICIANS SUCCESSFULLY TREATED SCORES OF PATIENTS WITH RENAL, HEART, LUNG AND LIVER DISEASES AND PROVIDED THE HOPE OF GOOD HEALTH AND LIFE TO THOSE IN NEED THE INSTITUTE BECAME A LEADER IN PROVIDING HEALTH EDUCATION TO PATIENTS, THE PUBLIC AND REFERRING PHYSICIANS, AND SLOWING THE PROGRESSION OF END-STAGE ORGAN DISEASE AND ITS DISTINGUISHED PARTNERSHIP WITH TAMPA GENERAL HOSPITAL (THE HOSPITAL) LED TO THE DEVELOPMENT OF TARGETED THERAPIES TO HELP THOSE WAITING FOR LIFE-SAVING TRANSPLANTS, AND A PROGRAM BOASTING SOME OF THE BEST TRANSPLANT OUTCOMES IN THE COUNTRY EFFECTIVE OCTOBER 1, 2010, THE HOSPITAL WAS IN A POSITION TO ASSUME FULL RESPONSIBILITY FOR TRANSPLANT SERVICES AND TO ENSURE THE CONTINUED GROWTH AND SUCCESS OF THE ADULT TRANSPLANT PROGRAMS IN TAMPA THE FUNCTIONS OF THE INSTITUTE WERE TRANSITIONED TO THE HOSPITAL THE CARE OF THOSE WHO HAVE RECEIVED - AS WELL AS THOSE WAITING FOR - LIFE-SAVING TRANSPLANTS IS NOW PROVIDED IN LARGE PART BY THE SAME PHYSICIANS AND STAFF, BUT UNDER TAMPA GENERAL HOSPITAL'S GOVERNANCE THE TRANSPLANT PROGRAM WILL FLOURISH, AND AS MORE AND MORE PEOPLE RECEIVE THEIR SECOND CHANCE AT LIFE IN TAMPA, FLORIDA, LIFELINK WILL ALWAYS REMAIN PROUD OF OUR VISION AND CONTRIBUTION TO THESE REMARKABLE SUCCESSSES IN SUPPORT OF THIS TRANSITION, LIFELINK FOUNDATION AGREED TO FORGIVE OUTSTANDING RECEIVABLES FROM THE INSTITUTE IN THE AMOUNT OF \$13,290,108

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2010

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization
LIFELINK FOUNDATION INC

Employer identification number
59-2193032

Part I

Questions Regarding Compensation

		Yes	No
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		
	<div><div><input type="checkbox"/> First-class or charter travel</div><div><input checked="" type="checkbox"/> Travel for companions</div><div><input checked="" type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Discretionary spending account</div></div> <div><div><input checked="" type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input checked="" type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div>		
b	If any of the boxes in line 1a are 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	1b	Yes
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?	2	Yes
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		
	<div><div><input checked="" type="checkbox"/> Compensation committee</div><div><input checked="" type="checkbox"/> Independent compensation consultant</div><div><input checked="" type="checkbox"/> Form 990 of other organizations</div></div> <div><div><input checked="" type="checkbox"/> Written employment contract</div><div><input checked="" type="checkbox"/> Compensation survey or study</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div>		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization		
a	Receive a severance payment or change-of-control payment from the organization or a related organization?	4a	No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Yes
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c	No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III		
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.		
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?	5a	No
b	Any related organization?	5b	No
	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?	6a	No
b	Any related organization?	6b	No
	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	7	No
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	8	No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9	

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

For each individual whose compensation must be reported 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) Retirement and other 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 reportable compensation				
See Additional Data Table								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								

Part IIISupplemental 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.

Identifier	Return Reference	Explanation
	PART I, LINE 1A	SPOUSES OCCASIONALLY TRAVEL WITH OFFICERS TO BOARD MEETINGS. ALL COSTS ASSOCIATED WITH SPOUSAL TRAVEL ARE INCLUDED AS INCOME ON THE EMPLOYEE'S W-2. THE ORGANIZATION'S TRAVEL POLICY PERMITS AIRLINE CLUB MEMBERSHIPS FOR EXECUTIVES WHO TRAVEL EXCLUSIVELY ON COMPANY BUSINESS. CLUB MEMBERSHIPS ARE INCLUDED AS INCOME ON THE EMPLOYEE'S W-2. ONE EMPLOYEE RECEIVED A HOUSING ALLOWANCE, GROSSED UP FOR TAXES, AS PART OF HIS RELOCATION PACKAGE TO TAMPA. THE HOUSING ALLOWANCE IS INCLUDED AS INCOME ON THE EMPLOYEE'S W-2.
	PART I, LINE 4B	THE FOUNDATION HAS A SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN (SERP) WHICH PROVIDES CERTAIN EXECUTIVES DEFERRED COMPENSATION BENEFITS. BENEFITS TO THE PARTICIPANT UNDER THIS SUPPLEMENTAL PLAN ONLY VEST IN THE EVENT OF NORMAL RETIREMENT, DISABILITY, DEATH OR SERP TERMINATION, AS DEFINED. PARTICIPANTS IN THE SERP AND THEIR DEFERRED COMPENSATION FOR THE YEAR ENDED DECEMBER 31, 2010 ARE: DAN SHIRES - \$34,019, DENNIS HEINRICHS - \$612,259, JEAN DAVIS - \$11,859, BRYAN MCDONALD - \$0, AND DANNY HAWKE - \$0. ONE PARTICIPANT MET THE RETIREMENT AGE UNDER THE PLAN DOCUMENT AND RECEIVED THE FOLLOWING PAYOUT: DENNIS HEINRICHS \$1,436,407.
SUPPLEMENTAL INFORMATION	PART III	THE AMOUNT REPORTED IN COLUMN (F) FOR DENNIS F. HEINRICHS REPRESENTS THE SERP PAYOUT RECEIVED DURING 2010 THAT WAS REPORTED IN PRIOR YEARS AS DEFERRED COMPENSATION.

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)	487,504	24,000	11,366	37,277	12,268	572,415	0
	(ii)	0	0	0	0	0	0	0
DENNIS F HEINRICHS BSN MBA	(i)	391,812	44,498	1,451,853	38,277	12,267	1,938,707	824,148
	(ii)	0	0	0	0	0	0	0
VICTOR D BOWERS MD	(i)	15,615	500	77	1,957	3,814	21,963	0
	(ii)	372,390	10,000	25,258	28,764	11,453	447,865	0
CHARLES SONNY SANDERS MD	(i)	0	0	0	0	0	0	0
	(ii)	236,602	10,000	25,145	18,639	10,761	301,147	0
WILLIAM F LEFOR PHD	(i)	172,800	0	125,846	20,583	7,156	326,385	0
	(ii)	0	0	0	0	0	0	0
BRYAN C MCDONALD CPA	(i)	194,754	31,732	4,467	28,499	13,567	273,019	0
	(ii)	0	0	0	0	0	0	0
LINDA G D'AGUILA	(i)	116,682	6,500	5,520	14,067	12,268	155,037	0
	(ii)	0	0	0	0	0	0	0
KATHLEEN T LILLY	(i)	151,479	16,000	3,710	22,324	17,268	210,781	0
	(ii)	0	0	0	0	0	0	0
MARIEN SAADE	(i)	131,119	18,183	3,481	17,852	12,267	182,902	0
	(ii)	0	0	0	0	0	0	0
DANA L SHIRES III	(i)	194,969	9,860	5,143	28,823	15,268	254,063	0
	(ii)	0	0	0	0	0	0	0
JEAN DAVIS	(i)	239,117	24,719	6,905	36,080	12,268	319,089	0
	(ii)	0	0	0	0	0	0	0
ELIZABETH M LEHR	(i)	142,677	13,000	3,625	20,419	15,267	194,988	0
	(ii)	0	0	0	0	0	0	0
CHARLES WRIGHT	(i)	227,250	4,657	3,797	34,136	12,267	282,107	0
	(ii)	0	0	0	0	0	0	0
DANIEL L SCHULTZ	(i)	212,355	9,000	6,538	32,030	15,268	275,191	0
	(ii)	0	0	0	0	0	0	0
DANNY HAWKE	(i)	152,189	7,884	3,732	21,189	14,768	199,762	0
	(ii)	0	0	0	0	0	0	0
TIMOTHY A IGNATIUS	(i)	153,495	28,211	6,786	21,400	14,067	223,959	0
	(ii)	0	0	0	0	0	0	0
MAYRA M LOPEZ-CEPERO	(i)	165,730	13,360	1,795	23,138	12,267	216,290	0
	(ii)	0	0	0	0	0	0	0

Schedule K
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
LIFELINK FOUNDATION INC

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990).
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Employer identification number
59-2193032

Part I

Bond Issues

(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		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A HILLSBOROUGH COUNTY INDUSTRIAL DEVELOPMENT AUTHORITY	52-1293512		09-18-2009	26,400,000	REFUNDING OF 1997 & 2008 SERIES BONDS TO FINANCE TISSUE BANK FACILITY		X		X		X

Part II

Proceeds

		A		B		C		D	
1	Amount of bonds retired	1,047,992							
2	Amount of bonds legally defeased								
3	Total proceeds of issue	26,400,000							
4	Gross proceeds in reserve funds								
5	Capitalized interest from proceeds	249,057							
6	Proceeds in refunding escrow								
7	Issuance costs from proceeds	280,499							
8	Credit enhancement from proceeds								
9	Working capital expenditures from proceeds								
10	Capital expenditures from proceeds	25,870,444							
11	Other spent proceeds								
12	Other unspent proceeds								
13	Year of substantial completion	2010							
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?		X						
15	Were the bonds issued as part of an advance refunding issue?	X							
16	Has the final allocation of proceeds been made?	X							
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X							

Part III

Private Business Use

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	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?		X						
2	Are there any lease arrangements that may result in private business use of bond-financed property?		X						

Part IIIPrivate Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use?		X						
b	Are there any research agreements that may result in private business use of bond-financed property?		X						
c	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?	X							
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government	0 %							
5	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 section 501(c)(3) organization, or a state or local government	0 %							
6	Total of lines 4 and 5	0 %							
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X							

Part IVArbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?	X							
2	Is the bond issue a variable rate issue?	X							
3a	Has the organization or the governmental issuer entered into a hedge with respect to the bond issue?		X						
b	Name of provider								
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was a hedge terminated?								
4a	Were gross proceeds invested in a GIC?		X						
b	Name of provider								
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
5	Were any gross proceeds invested beyond an available temporary period?		X						
6	Did the bond issue qualify for an exception to rebate?		X						

Part VSupplemental Information

Complete this part to provide additional information for responses to questions on Schedule K (see instructions)

Identifier	Return Reference	Explanation

Schedule L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ Complete if the organization answered
"Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V lines 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
LIFELINK FOUNDATION INC

Employer identification number
59-2193032

Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 ▶ \$ _____

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$ _____

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c)Original principal amount	(d)Balance due	(e) In default?		(f) Approved by board or committee?		(g)Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
Total ▶ \$ _____										

Part III Grants or Assistance Benefitting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b)Relationship between interested person and the organization	(c)Amount of grant or type of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) ART HEINRICHS	BROTHER OF BOARD MEMBER	159,673	COMPENSATION FOR EMPLOYMENT		No
(2) SHIRLEY HEINRICHS	WIFE OF BOARD MEMBER	115,473	COMPENSATION FOR EMPLOYMENT		No
(3) BRAD BASSLER	SON-IN-LAW OF BOARD MEMBER	185,821	COMPENSATION FOR EMPLOYMENT		No
(4) TRANSLIFE TISSUE BANK	BOARD MEMBER IS MEDICAL DIRECTOR OF A TISSUE BANK USED BY THE ORGANIZATION	1,163,496	TISSUE DONOR RECOVERY FEES AND HD GRANT		No
(5) TRENAM KEMKER SCHARF	BOARD MEMBER IS A PARTNER IN A LAW FIRM USED BY THE ORGANIZATION	160,384	LEGAL FEES		No

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

Identifier	Return Reference	Explanation
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SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ****Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.**
▶ **Attach to Form 990 or 990-EZ.**

OMB No 1545-0047

2010**Open to Public
Inspection****Name of the organization**
LIFELINK FOUNDATION INC**Employer identification number**

59-2193032

Identifier	Return Reference	Explanation
ORGANIZATION MISSION STATEMENT	FORM 990, PART III	MESSAGE FROM THE PRESIDENT AND CHIEF EXECUTIVE OFFICER "ONE PERSON CAN MAKE A DIFFERENCE, AND EVERY ONE SHOULD TRY " THIS SENTIMENT, ATTRIBUTED TO OUR 35TH PRESIDENT OF THE UNITED STATES, JOHN F. KENNEDY, IS THE UNDERPINNING OF THE IMPORTANCE OF ORGAN AND TISSUE DONATION. ONE PERSON, WITH ONE DECISION TO BECOME AN ORGAN AND TISSUE DONOR, CAN MAKE A DIFFERENCE IN THE LIVES OF MANY. EIGHT PEOPLE CAN BE SAVED, DOZENS MORE LIVES ENHANCED BY TISSUE DONATION. BUT THE TRUE MEASURE OF THE IMPACT ONE DONOR CAN MAKE? IF YOU WERE TO ASK THE FAMILY OF A TRANSPLANT PATIENT, THEIR FRIENDS, THEIR EMPLOYEES OR EMPLOYERS, THEIR COMMUNITIES, THEY WOULD SAY THE TRUE IMPACT IS IMMEASURABLE. ONE DECISION. FLORIDIANS AND GEORGIANS HAVE BEEN ENCOURAGED TO MAKE THIS YEAR, MORE THAN EVER BEFORE, IS TO CONSIDER ORGAN AND TISSUE DONATION, MAKE A DECISION ABOUT THEIR WISHES AND SHARE THAT DECISION ON THEIR STATE DONOR REGISTRY. PUERTO RICO RALLIED THROUGHOUT THE YEAR TO ESTABLISH A DONOR REGISTRY, SO THEIR VOICES, THEIR DECISIONS, CAN ALSO SOON BE HEARD. OUR COMMUNITIES HAVE LISTENED, AND IN RESPONSE, LIFELINK WILL PROUDLY CARRY OUT THOSE NOBLE DECISIONS, WHILE SUPPORTING GRIEVING FAMILIES, TO ENSURE THE MOST LIVES ARE SAVED, AND THE GREATEST LEGACY LEFT BEHIND. EVERY LIFELINK EMPLOYEE, EACH BOARD OF GOVERNOR AND ADVISORY BOARD MEMBER, OUR DONOR HOSPITALS AND TRANSPLANT CENTER PARTNERS, MEDICAL EXAMINERS AND OUR VOLUNTEERS, LEAVE A PERSONAL MARK ON THESE EFFORTS TO CARRY OUT THE GIFT OF LIFE. THERE ARE MORE THAN 111,000 WAITING FOR A LIFESAVING TRANSPLANT, AND HUNDREDS OF THOUSAND MORE WHO WILL BENEFIT FROM TISSUE TRANSPLANTATION, SO WE WILL NOT YET REST. LIFELINK FOUNDATION HAS EVOLVED THIS YEAR THROUGH THE TRANSFER OF TRANSPLANT SERVICES BACK TO TAMPA GENERAL HOSPITAL, AND AN OPPORTUNITY TO FOCUS OUR UNDIVIDED ATTENTION ON OUR CORE MISSION OF ORGAN AND TISSUE RECOVERY. WE EXPECT THIS TRANSITION TO BENEFIT ALL - MOST ESPECIALLY PATIENTS AWAITING TRANSPLANT, AND THE DONOR FAMILIES WE ARE COMMITTED TO SERVE. THOUGH EACH OF US IS ONLY ONE WHEN WE STAND ALONE, TOGETHER WE ARE MANY AND WE ARE MIGHTY IN THE FIGHT TO SAVE LIVES THROUGH ORGAN AND TISSUE DONATION.

Identifier	Return Reference	Explanation
	FORM 990, PART V, LINE 2A	THE ORGANIZATION FILED 454 FORM W-2S FOR 2010 PLUS AN ADDITIONAL 61 ON THE EQUIVALENT PUERTO RICO FORM FOR A TOTAL OF 515 EMPLOYEES FOR THE 2010 CALENDAR YEAR

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2		DANA L SHIRES, M D , CHARIMAN/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 B, LINE 11		THE FOUNDATION'S FORM 990 IS PROVIDED TO THE AUDIT COMMITTEE, COO, AND CFO VIA A SECURE WEB PAGE FOR PRELIMINARY REVIEW. THE FORM 990 IS THEN DISTRIBUTED TO THE ENTIRE GOVERNING BOARD USING THE SAME SECURE WEB PAGE PRIOR TO ISSUANCE.

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 12C	ANNUALLY, THE FOUNDATION REQUIRES ALL INTERESTED PERSONS TO ATTEST THAT THEY HAVE RECEIVED, READ AND AGREED TO COMPLY WITH LIFELINK'S CONFLICT OF INTEREST POLICY. THE ANNUAL CERTIFICATION REQUIRES THE DISCLOSURE OF ANY CONFLICTS OF INTEREST THAT MAY EXIST. THE EXECUTIVE COMMITTEE OF THE GOVERNING BOARD REVIEWS POTENTIAL CONFLICTS OF INTEREST 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 CORPORATE 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
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED GAINS ON INVESTMENTS 56,961

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
LIFELINK FOUNDATION INC

Employer identification number
59-2193032

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

(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 (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization	
						Yes	No
(1) LIFELINK HEALTHCARE INSTITUTE INC 601 BAYSHORE BLVD STE 600 TAMPA, FL 33606 59-3253621	MULTI-SPECIALTY MEDICAL CARE	FL	501(C)(3)	LINE 11C, III-FI	LIFELINK FOUNDATION INC		No
(2) LIFELINK LEGACY FUND INC 601 BAYSHORE BLVD STE 600 TAMPA, FL 33606 59-3040982	TO SUPPORT THE LIFELINK FOUNDATION MISSION	FL	501(C)(3)	LINE 11C, III-FI	LIFELINK FOUNDATION INC		No

Part III

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproporionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership

Part V

Yes	No
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- | | | |
|-----------|------------|-----------|
| 1a | | No |
| 1b | Yes | |
| 1c | Yes | |
| 1d | | No |
| 1e | | No |

- | | | |
|----|-----|----|
| 1f | | No |
| 1g | Yes | |
| 1h | | No |
| 1i | | No |
| | | |
| 1j | | No |
| 1k | | No |
| 1l | | No |
| 1m | Yes | |
| 1n | Yes | |
| | | |
| 1o | | No |
| 1p | | No |
| | | |
| 1q | | No |
| 1r | | No |

2

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
1) LIFELINK LEGACY FUND INC	B	192,055	
2) LIFELINK LEGACY FUND INC	C	23,621	
3) LIFELINK HEALTHCARE INSTITUTE	B	13,290,108	
4)			
5)			
6)			

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.

[illegible]

Part VII

Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation
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TY 2010 Affiliated Group Schedule

Name: LIFELINK FOUNDATION INC
EIN: 59-2193032

Affiliated Group Business Name:		LIFELINK HEALTHCARE INSTITUTE INC
Address. Either US or Foreign Type:		601 BAYSHORE BLVD 600 TAMPA, FL 33606
EIN:		59-3253621
Electing Organization Checkbox:		<input checked="" type="checkbox"/>
Total Grassroots Lobbying:	0	
Total Direct Lobbying:	0	
Total Lobbying Expenditures:	0	
Other Exempt Purpose Expenditures:	3,029,959	
Total Exempt Purpose Expenditures:	3,029,959	
Lobbying Nontaxable Amount:	301,498	
Grassroots Nontaxable Amount:	75,375	
Tot Lobbying Grassroot Minus Non Tx:	0	
Tot Lobby Expend Mns Lobbying Non Tx:	0	
Share Of Excess Lobbying:	0	

Affiliated Group Business Name:		LIFELINK LEGACY FUND
Address. Either US or Foreign Type:		601 BAYSHORE BLVD 600 TAMPA, FL 33606
EIN:		59-3040982
Electing Organization Checkbox:		<input checked="" type="checkbox"/>
Total Grassroots Lobbying:	0	
Total Direct Lobbying:	0	
Total Lobbying Expenditures:	0	
Other Exempt Purpose Expenditures:	331,375	
Total Exempt Purpose Expenditures:	331,375	
Lobbying Nontaxable Amount:	66,275	
Grassroots Nontaxable Amount:	16,569	
Tot Lobbying Grassroot Minus Non Tx:	0	
Tot Lobby Expend Mns Lobbying Non Tx:	0	
Share Of Excess Lobbying:	0	

Additional Data

Software ID:

Software Version:

EIN: 59-2193032

Name: LIFELINK FOUNDATION INC

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DANA L SHIRES MD CHAIRMAN/CEO	40 00	X		X				522,870	0	49,545
DENNIS F HEINRICHS BSN MBA PRESIDENT/COO	40 00	X		X				1,888,163	0	50,544
VICTOR D BOWERS MD DIRECTOR	2 00	X						16,192	407,648	45,988
CHARLES SONNY SANDERS MD DIRECTOR	2 00	X						0	271,747	29,400
JOHN D WHELCHER MD DIRECTOR & ASSOCIATE MEDIC	20 00	X						72,397	0	20,283
ESTHER TORRES MD DIRECTOR	40 00	X						42,620	0	16,721
THOMAS C PEARSON MD DIRECTOR & ASSOCIATE MEDIC	20 00	X						56,715	0	16,993
WILLIAM F LEFOR PHD DIRECTOR & EXECUTIVE VP	40 00	X		X				298,646	0	27,739
WILLIAM J MEURER DIRECTOR	2 00	X						1,500	0	0
JOHN VEGA DIRECTOR	2 00	X						750	0	0
LUIS A MORALES-OTERO MD DIRECTOR & ASSOCIATE MEDIC	20 00	X						54,255	0	18,357
HAROLD W MULLIS JR DIRECTOR	2 00	X						1,500	0	0
DEBORAH WINEGARD JD DIRECTOR	2 00	X						1,500	0	0
JAMES J WYNN MD DIRECTOR	2 00	X						4,000	0	0
NICK READER DIRECTOR	2 00	X						0	0	0
LARRY JONES DIRECTOR	2 00	X						0	0	0
WADE MITCHELL DIRECTOR	2 00	X						1,500	0	0
MORRIS DILLARD DIRECTOR	2 00	X						1,500	0	0
JOEL T VANSICKLER MD DIRECTOR	2 00	X						1,500	0	0
ROBERT METZGER MD DIRECTOR	2 00	X						1,500	0	0
JEFFREY SEAVEY DIRECTOR	2 00	X						750	0	0
GEORGE OHYE DIRECTOR	2 00	X						0	0	0
BRYAN C MCDONALD CPA TREASURER/CFO	40 00			X				230,953	0	42,066
LINDA G D'AGUILA SECRETARY/VP CORPORATE AFF	40 00			X				128,702	0	26,335
KATHLEEN T LILLY SR VP/EXEC DIR LLGA-OPO	40 00				X			171,189	0	39,592

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MARIEN SAADE SR VP/EXEC DIR LLPR-OPO	40 00				X			152,783	0	30,119
DANA L SHIRES III EXECUTIVE VP - TISSUE BANK	40 00				X			209,972	0	44,091
JEAN DAVIS EXECUTIVE VP - ORGAN RECOV	40 00				X			270,741	0	48,348
ELIZABETH M LEHR SR VP/EXEC DIR LLFL-OPO	40 00				X			159,302	0	35,686
CHARLES WRIGHT MEDICAL DIRECTOR	40 00					X		235,704	0	46,403
DANIEL L SCHULTZ MEDICAL DIRECTOR	40 00					X		227,893	0	47,298
DANNY HAWKE SR VICE PRESIDENT	40 00					X		163,805	0	35,957
TIMOTHY A IGNATIUS VP SALES & MARKETING	40 00					X		188,492	0	35,467
MAYRA M LOPEZ-CEPERO SR VICE PRESIDENT	40 00					X		180,885	0	35,405

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services			
(Code)	(Expenses \$	including grants of \$	(Revenue \$)
<p>COMMUNITY EDUCATION LIFELINK'S PUBLIC EDUCATION INITIATIVES FOCUS ON POSITIVELY IMPACTING LIFE- SAVING ORGAN AND TISSUE DONATION THROUGHOUT OUR SERVICE AREAS BY INCREASING DONOR DESIGNATIONS, OR THE NUMBER OF INDIVIDUALS WHO HAVE MADE A REGISTERED DECISION TO BECOME AN ORGAN AND TISSUE DONOR - ALSO KNOWN AS FIRST PERSON AUTHORIZATION WITH THE ASSISTANCE OF ACTIVE VOLUNTEER GROUPS, LIFELINK'S PUBLIC AFFAIRS DEPARTMENT AND MINORITY DONATION EDUCATION PROGRAM (MDEP) PROVIDE OUTREACH FOR A VARIETY OF AUDIENCES INCLUDING FAITH COMMUNITIES, HIGH SCHOOL AND COLLEGE STUDENTS, WORKPLACES, HOSPITALS, MINORITY COMMUNITIES AND THE GENERAL PUBLIC FLORIDA AND GEORGIA EACH HAVE ONLINE REGISTRIES, AND PUERTO RICO IS SOON TO FOLLOW WITH A REGISTRY OF ITS OWN THE PUBLIC CAN ENROLL ON THESE REGISTRIES FROM ANY LOCATION WITH INTERNET ACCESS, BUT THE MOST POPULAR ENTRY POINT FOR NEW REGISTRANTS IS THROUGH OFFICES THAT ISSUE DRIVER LICENSES AND STATE IDENTIFICATION CARDS IN FLORIDA, GEORGIA AND PUERTO RICO, EVERY CUSTOMER RECEIVING A DRIVER LICENSE OR STATE IDENTIFICATION CARD IS ASKED IF THEY WISH TO DESIGNATE THEIR DONATION DECISION AND, ACCORDING TO NATIONAL STATISTICS, MORE THAN 97% OF NEW REGISTRANTS COME THROUGH THIS AVENUE AS A RESULT, LIFELINK PARTNERS WITH STATE AND LOCAL DRIVER LICENSE OFFICES IN FLORIDA, GEORGIA AND PUERTO RICO TO EDUCATE STAFF, SUPPORT THEM IN THEIR EFFORT TO INCREASE DONATION AND THANK THEM FOR THE IMPACT THEY MAKE ON OUR LIFESAVING MISSION WHAT IS FIRST PERSON CONSENT? FLORIDA, GEORGIA AND PUERTO RICO EACH HAVE LEGISLATION THAT ALLOWS INDIVIDUALS TO MAKE LEGALLY BINDING DECISIONS ON THEIR END OF LIFE WISHES REGARDING ORGAN AND TISSUE DONATION IN THE EVENT ORGAN DONATION IS POSSIBLE AFTER THE DEATH OF A REGISTERED DONOR, THE RECOVERY ORGANIZATION WILL ACCESS THAT INDIVIDUALS REGISTERED WISHES AND CARRY THEM OUT THIS TAKES THE BURDEN OF A DONATION DECISION OFF FAMILY MEMBERS, AND GIVES THEM THE PEACE OF MIND OF KNOWING THEIR LOVED ONES DIRECTIVES ARE BEING FOLLOWED DONOR FAMILIES ARE A VITAL PART OF THE DONATION PROCESS, REGARDLESS OF DONOR DESIGNATION FAMILIES ARE THE KEY TO CARRYING OUT THE WISHES OF THEIR LOVED ONES BY PROVIDING A VITAL MEDICAL HISTORY TO ASSIST IN THE DONATION PROCESS, AND OUR RELATIONSHIP WITH FAMILIES AFTER THE DONATION PROCESS IS MORE IMPORTANT THAN EVER THE ACTIONABLE DONOR DESIGNATION (ADD) RATE IS THE PERCENTAGE OF POPULATION OVER THE AGE OF EIGHTEEN WHICH HAS DESIGNATED A DONATION DECISION NATIONALLY, OUR GOAL IS A 50% ACTIONABLE DONOR DESIGNATION RATE LLFL* 47%LLGA 52% LLPR** N/ANATIONAL AVERAGE 40 3% *LIFELINK OF FLORIDA SERVICES A 15 COUNTY AREA OF FLORIDA, AND IS ONE OF FOUR ORGAN RECOVERY ORGANIZATIONS WITHIN THE STATE OF FLORIDA THE ADD RATE SHOWN INDICATES THE RATE FOR THE LLFL PORTION OF THE STATE OF FLORIDA ONLY THE OVERALL STATE ADD RATE FOR FLORIDA IS 39% ** DUE TO THE LIMITATIONS OF THEIR CURRENT DONOR REGISTRY, PUERTO RICO IS UNABLE TO MEASURE THEIR ADD AT THIS TIME HOWEVER, A NEW REGISTRY WILL LAUNCH IN THE COMING MONTHS, MAKING IT POSSIBLE TO CALCULATE THIS DATA DATA TAKEN FROM DONATE LIFE AMERICA NATIONAL DONOR DESIGNATION REPORT CARD RELEASED APRIL 2011 AND LIFELINK OF FLORIDA CALCULATIONS FLORIDA'S ORGAN AND TISSUE DONOR REGISTRY CAN BE ACCESSED AT WWW.DONATELIFEFLORIDA.ORG GEORGIA'S ORGAN AND TISSUE DONOR REGISTRY CAN BE ACCESSED AT WWW.DONATELIFEGEORGIA.ORG COMING SOON! PUERTO RICO WILL BE LAUNCHING AN ORGAN AND TISSUE DONOR REGISTRY AT WWW.DONEVIDAPUERTORICO.ORG</p>			
(Code)	(Expenses \$	including grants of \$	(Revenue \$)
<p>INFORMATION SYSTEMS LIFELINK FOUNDATION INFORMATION SYSTEMS (IS) EXPERIENCED A YEAR OF TRANSITION FINALIZING THE MIGRATION OF LIFELINK HEALTHCARE INSTITUTE SYSTEMS TO TAMPA GENERAL MEDICAL GROUP, A DIVISION OF TAMPA GENERAL HOSPITAL CONTINUITY OF PATIENT CARE WAS OUR TOP PRIORITY DURING THIS PROCESS, AND THANKS TO THE HARD WORK OF OUR STAFF, TOGETHER WITH TAMPA GENERAL HOSPITAL, THE TRANSITION WAS SEAMLESS AND OUR TECHNOLOGICAL INFRASTRUCTURE CONTINUED TO SUPPORT THE NEEDS OF THE TRANSPLANT PROGRAM AND CLINICAL PRACTICE THE STAGE WAS SET FOR THE COMING YEAR OF NEW TECHNOLOGY, IN WHICH WE WILL IMPLEMENT NUMEROUS PROJECTS AND MOVE FORWARD IN OUR ONGOING PLAN FOR A PAPERLESS SYSTEM THIS INITIATIVE INCLUDES ELECTRONIC CHARTING FOR OUR ORGAN PROCUREMENT ORGANIZATIONS, AN ADVANCEMENT TO KEEP US IN LINE WITH THE MAJOR HOSPITAL SYSTEMS WITH WHOM WE WORK WE ALSO WILL UPDATE NETWORKING SYSTEMS THROUGHOUT THE FOUNDATION, RETOOL OUR OPERATING SYSTEM AND RETRAIN STAFF TO BEST BENEFIT FROM THESE RESOURCES INFORMATION SYSTEMS' COMMUNICATION SERVICES TEAM IS COMPRISED OF HIGHLY TRAINED PROFESSIONALS WHO TRIAGE CALLS FOR DIVISIONS WITHIN THE FOUNDATION THROUGHOUT FLORIDA, GEORGIA AND PUERTO RICO COMMUNICATIONS SERVICES EMPLOYEES ALSO PROVIDE BASIC SCREENING ON ALL POTENTIAL DONORS WITHIN THE LIFELINK OF FLORIDA AND LIFELINK OF GEORGIA SERVICE AREAS AND PROVIDE TRAINING FOR THE AGENCY THAT SERVES PUERTO RICO AND THE U S VIRGIN ISLANDS EACH YEAR, LIFELINK'S COMMUNICATION SERVICES TEAM FIELDS THOUSANDS OF CALLS FROM OUR FLORIDA AND GEORGIA SERVICE AREAS, MOST OF WHICH ARE REFERRALS FOR POTENTIAL ORGAN OR TISSUE DONATION FISCAL YEAR 2010-2011 REFERRALS FOR POTENTIAL ORGAN AND TISSUE DONATION 5,189REFERRALS FOR POTENTIAL TISSUE DONATION* 49,579IMPORT REFERRALS** 1,986 *INCLUDES TISSUE REFERRALS FOR TRANS LIFE **LIFELINK ASSISTS OUR LOCAL TRANSPLANT CENTERS IN IMPORTING ORGANS FOR TRANSPLANT FROM OTHER ORGAN RECOVERY ORGANIZATIONS AROUND THE COUNTRY</p>			