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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

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 01-01-2011 and ending 12-31-2011

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
MID-AMERICA TRANSPLANT SERVICES

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
1110 HIGHLANDS PLAZA DR EAST NO 100

City or town, state or country, and ZIP + 4
ST LOUIS, MO 63110

D Employer identification number
23-7426306

E Telephone number
(314) 735-8200

G Gross receipts $ 51,466,932

F Name and address of principal officer
DEAN KAPPEL
1110 HIGHLANDS PLAZA DR EAST NO 100
ST LOUIS, MO 63110

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

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

H(c) Group exemption number ▶

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

J Website: ▶ WWW MTS-STL ORG

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1974

M State of legal domicile MO

Part I Summary

1 Briefly describe the organization's mission or most significant activities
MID-AMERICA TRANSPLANT SERVICES HAS BEEN ONE OF THE NATIONS LEADING ORGAN PROCUREMENT ORGANIZATIONS MTS HAS BEEN THE BRIDGE BETWEEN THE PUBLIC, HOSPITALS AND TRANSPLANT CENTERS LOCATED IN ITS SERVICE AREA OF EASTERN MISSOURI, SOUTHERN ILLINOIS AND NORTHEASTERN ARKANSAS

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

Activities & Governance

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	25
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	22
5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	**5**	140
6	Total number of volunteers (estimate if necessary)	**6**	134
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	65,907
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	63,463

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	117,689	1,311,704
9	Program service revenue (Part VIII, line 2g)	37,272,855	36,718,748
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,177,587	1,942,987
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	0
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	39,568,131	39,973,439
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	66,600	0
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)	10,116,444	10,659,887
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–24e)	18,976,370	18,755,127
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	29,159,414	29,415,014
19	Revenue less expenses Subtract line 18 from line 12	10,408,717	10,558,425

Revenue

Expenses

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	69,817,164	74,288,385
21	Total liabilities (Part X, line 26)	4,839,168	4,052,609
22	Net assets or fund balances Subtract line 21 from line 20	64,977,996	70,235,776

Net Assets or Fund Balances

Part II Signature Block

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

Sign Here

****** | 2012-11-14
Signature of officer | Date

DEAN KAPPEL PRESIDENT/CEO
Type or print name and title

Paid Preparer's Use Only

Preparer's signature: BRENT E MCCLURE CPA	Date 2012-11-14	Check if self-employed ☐	Preparer's taxpayer identification number (see instructions) P00234013
Firm's name (or yours if self-employed), address, and ZIP + 4: KERBER ECK & BRAECKEL LLP, ONE MEMORIAL DRIVE STE 950, ST LOUIS, MO 63102			EIN ▶ 43-0352985; Phone no ▶ (314) 231-6232

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

SEE SCHEDULE O

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

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

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

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations 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 $ 26,996,563 including grants of $) (Revenue $ 36,718,748)

SEE SCHEDULE O

4b (Code) (Expenses $ including grants of $) (Revenue $)

4c (Code) (Expenses $ including grants of $) (Revenue $)

4d Other program services (Describe in Schedule O)

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

4e **Total program service expenses** ▶ $ 26,996,563

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 instructions)?	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		No
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		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *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 temporarily restricted endowments, permanent endowments, 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, line10? *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	Yes	
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	Yes	
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	Yes	
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	Yes	
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		No
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, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Part I*	14b		No
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, Part 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, Part 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*	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.** All Form 990 filers that operated one or more hospitals must attach audited financial statements	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? *If "Yes," complete Schedule I, Parts I and II*	**21**		No
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? *If "Yes," complete Schedule I, Parts I and III*	**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? *If "Yes," complete Schedule J*	**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? *If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25*	**24a**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
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**		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**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? *If "Yes," complete Schedule L, Part 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? *If "Yes," complete Schedule L, Part II*	**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? *If "Yes," complete Schedule L, Part III*	**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? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
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 owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		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? *If "Yes," complete Schedule R, Part I*	**33**	Yes	
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	**34**	Yes	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	**35a**		No
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**		No
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		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? *If "Yes," complete Schedule R, Part VI*	**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 . . . . . .

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	**1a**	105		
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, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	**2a**	140			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			**2b**	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)					
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?			**3a**	Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*			**3b**	Yes	
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 or securities 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.** All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state			**13a**		
b	Enter the aggregate 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 aggregate 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	1a	25		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	22		
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?		2	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? .		3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .		5		No
6	Did the organization have members or stockholders?		6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?		8a	Yes	
b	Each committee with authority to act on behalf of the governing body?		8b	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		9		No

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	Yes	
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	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?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	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?	16a	Yes	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	Yes	

Section C. Disclosure

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

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 made these available Check all that apply

☐ Own website ☐ Another's website ☑ Upon request

19 Describe in Schedule O whether (and if so, how), the organization made 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 ▶

DEAN F KAPPEL
1110 HIGHLANDS PLAZA DRIVE E
ST LOUIS, MO 63110
(314) 735-8200

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, 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, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b **Sub-Total** . . . . . ▶										
c **Total from continuation sheets to Part VII, Section A** . . . . ▶										
d **Total (add lines 1b and 1c)** . . . . . ▶								1,871,068	0	304,647

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 14

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
ESSENTIAL PHARMACEUTICALS LLC PO BOX 125 BERNARDSVILLE, NJ 07924	ORGAN RECOVERY SOLUTIONS	206,776
WILLIAM A STACK DBA BATTLEFIELD BONDED C 4403 WEST WESTWOOD DR BATTLEFIELD, MO 65619	COURIER	139,562

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

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				
	e	Government grants (contributions) 1e				
	f	All other contributions, gifts, grants, and similar amounts not included above 1f 1,311,704				
	g	Noncash contributions included in lines 1a-1f $				
	h	**Total.** Add lines 1a-1f . . . . . ▶	1,311,704			
Program Service Revenue		Business Code				
	2a	ORGAN PROCUREMENT REVE	900099	33,993,375	33,993,375	
	b	REVENUE FROM AFFILIATE	900099	2,725,373	2,725,373	
	c					
	d					
	e					
	f	All other program service revenue				
	g	**Total.** Add lines 2a–2f . . . . . ▶	36,718,748			
	3	Investment income (including dividends, interest and other similar amounts) . . . . . ▶	928,695			928,695
	4	Income from investment of tax-exempt bond proceeds . . ▶				
	5	Royalties . . . . . ▶				
		(i) Real / (ii) Personal				
	6a	Gross rents				
	b	Less rental expenses				
	c	Rental income or (loss)				
	d	Net rental income or (loss) . . . . . ▶			65,907	-65,907
		(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory: 12,504,785 / 3,000				
	b	Less cost or other basis and sales expenses: 11,492,492 / 1,001				
	c	Gain or (loss): 1,012,293 / 1,999				
	d	Net gain or (loss) . . . . . ▶	1,014,292			1,014,292
Other Revenue	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 . . . ▶	39,973,439	36,718,748	65,907	1,877,080

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)
Check if Schedule O contains a response to any question in this Part IX . . . . . ☑

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21				
2	Grants and other assistance to individuals in the United States See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	1,411,058	1,246,365	164,693	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	6,951,386	5,888,201	1,063,185	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	732,046	610,215	121,831	
9	Other employee benefits	1,038,560	912,282	126,278	
10	Payroll taxes	526,837	458,838	67,999	
11	Fees for services (non-employees)				
a	Management				
b	Legal	62,057		62,057	
c	Accounting	82,607		82,607	
d	Lobbying				
e	Professional fundraising *See Part IV, line 17* . .				
f	Investment management fees				
g	Other	374,566	349,560	25,006	
12	Advertising and promotion	282,019	282,019		
13	Office expenses	437,941	403,134	34,807	
14	Information technology	461,899	420,677	41,222	
15	Royalties . .				
16	Occupancy	1,217,410	1,071,321	146,089	
17	Travel	95,900	95,659	241	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	324,388	79,405	244,983	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	980,943	875,452	105,491	
23	Insurance	302,225	294,854	7,371	
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	FEDERAL & STATE TAX	2,701		2,701	
b	IMPORTED ORGAN PROCUREM	4,442,140	4,442,140		
c	SEROLOGIES	1,461,784	1,461,784		
d	ORGAN PRESERVATION	1,334,983	1,334,983		
e					
f	All other expenses	6,891,564	6,769,674	121,890	
25	**Total functional expenses.** Add lines 1 through 24f	29,415,014	26,996,563	2,418,451	0
26	**Joint costs.** Check here ▶ ☐ 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) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing			1	
	2	Savings and temporary cash investments		2,717,427	2	4,329,498
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		5,267,782	4	3,780,956
	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)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net		345,241	7	285,790
	8	Inventories for sale or use		268,894	8	281,425
	9	Prepaid expenses and deferred charges		653,114	9	510,920
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 12,658,314			
	b	Less accumulated depreciation	10b 4,314,068	8,459,616	10c	8,344,246
	11	Investments—publicly traded securities			11	
	12	Investments—other securities See Part IV, line 11		38,337,068	12	40,486,934
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		13,768,022	15	16,268,616
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		69,817,164	16	74,288,385
Liabilities	17	Accounts payable and accrued expenses		4,839,168	17	4,052,609
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	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			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D			25	
	26	**Total liabilities.** Add lines 17 through 25		4,839,168	26	4,052,609
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		64,977,996	27	70,235,776
	28	Temporarily restricted net assets			28	
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117, check here ▶ ☐ 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		64,977,996	33	70,235,776
	34	Total liabilities and net assets/fund balances		69,817,164	34	74,288,385

Part XI Reconcilliation 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	39,973,439
2	Total expenses (must equal Part IX, column (A), line 25)	2	29,415,014
3	Revenue less expenses Subtract line 2 from line 1	3	10,558,425
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	64,977,996
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-5,300,645
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	70,235,776

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 ☐ Cash ☑ Accrual ☐ 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?	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	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	2c	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 ☑ Separate basis ☐ Consolidated basis ☐ 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?	3a		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	3b		

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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

2011

Open to Public Inspection

Name of the organization
MID-AMERICA TRANSPLANT SERVICES

Employer identification number
23-7426306

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 **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?

	Yes	No
(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? **11g(i)**		
(ii) a family member of a person described in (i) above? **11g(ii)**		
(iii) a 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)**		

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

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

Part II **Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
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 2011 (line 6 column (f) divided by line 11 column (f)) **14**

15 Public Support Percentage for 2010 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2011.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

b **33 1/3% support test—2010.** 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—2011.** If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "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—2010.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "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 III Support Schedule for Organizations Described in IRC 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")		188,626	121,667	117,689	1,311,704	1,739,686
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	28,793,712	34,046,457	36,954,813	37,272,855	36,718,748	173,786,585
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	28,793,712	34,235,083	37,076,480	37,390,544	38,030,452	175,526,271
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)						175,526,271

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6	28,793,712	34,235,083	37,076,480	37,390,544	38,030,452	175,526,271
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	821,046	766,216	625,485	976,437	928,695	4,117,879
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	821,046	766,216	625,485	976,437	928,695	4,117,879
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on		11,464	32,918	25,035	65,907	135,324
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)		69,000	64,529			133,529
13 **Total support** (Add lines 9, 10c, 11 and 12)	29,614,758	35,081,763	37,799,412	38,392,016	39,025,054	179,913,003

14 **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

15	Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15	97 560 %
16	Public support percentage from 2010 Schedule A, Part III, line 15	16	97 670 %

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2011** (line 10c column (f) divided by line 13 column (f))	17	2 290 %
18	Investment income percentage from **2010** Schedule A, Part III, line 17	18	2 210 %

19a **33 1/3% support tests—2011.** 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—2010.** 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 explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

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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, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
MID-AMERICA TRANSPLANT SERVICES

Employer identification number
23-7426306

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? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit ☐ Yes ☐ No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)
☐ 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

		Held at the End of the Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06	2d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, 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 ▶ $ _____

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
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	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	6,299,289	4,966,789			
b Contributions	0	729,000	4,599,784		
c Investment earnings or losses	-458,149	770,579	397,818		
d Grants or scholarships					
e Other expenditures for facilities and programs	273,746	167,079	30,813		
f Administrative expenses					
g End of year balance	5,567,394	6,299,289	4,966,789		

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

- a Board designated or quasi-endowment ▶ 100 000 %
- b Permanent endowment ▶
- c Term endowment ▶

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

		Yes	No
(i) unrelated organizations	3a(i)		No
(ii) related organizations	3a(ii)		No
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		5,708,416	956,606	4,751,810
d Equipment		5,949,898	3,357,462	2,592,436
e Other		1,000,000		1,000,000
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				8,344,246

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) MUTUAL FUNDS	16,701,326	F
(B) CERTIFICATES OF DEPOSIT	19,720	F
(C) CORPORATE BONDS	11,027,713	F
(D) EQUITIES	12,738,175	F
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶	40,486,934	

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

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

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

(a) Description	(b) Book value
(1) INVESTMENT IN RELATED ORGANIZATIONS	16,268,616
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	16,268,616

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

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	
See Additional Data Table	
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	

2. Fin 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC740)

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	39,973,439
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	29,415,014
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	10,558,425
4	Net unrealized gains (losses) on investments	4	-5,300,645
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	-5,300,645
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	5,257,780

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

1	Total revenue, gains, and other support per audited financial statements			1	39,973,439
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	0
3	Subtract line **2e** from line **1**			3	39,973,439
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	0
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	39,973,439

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

1	Total expenses and losses per audited financial statements			1	29,415,014
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	0
3	Subtract line **2e** from line **1**			3	29,415,014
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	0
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	29,415,014

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

Identifier	Return Reference	Explanation
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	THE ENDOWMENT IS CONSIDERED A GENERAL ENDOWMENT FUND TO SUPPORT THE MISSION OF THE CENTER FOR LIFE THE INTENTION IS TO UTILIZE THE PRINCIPAL AND EARNINGS ON THE PRINCIPAL TO MEET THE NEEDS OF THE CENTER FOR LIFE MTS HAS ADOPTED A FORMAL SPENDING POLICY THAT WILL ALLOW FOR A SUFFICIENT APPROPRIATION FROM THE ASSETS TO FULLY FUND THE OPERATIONS OF THE CENTER FOR LIFE
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	MTS IS A NOT-FOR-PROFIT ORGANIZATION UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND IS EXEMPT FROM INCOME TAXES ON RELATED INCOME UNDER SECTION 501(A) OF THE CODE HOWEVER, INCOME FROM CERTAIN ACTIVITIES NOT DIRECTLY RELATED TO THE ORGANIZATION'S TAX-EXEMPT PURPOSE IS SUBJECT TO TAXATION AS UNRELATED BUSINESS INCOME THE FINANCIAL ACCOUNTING STANDARDS BOARD (FASB) ISSUED ASC SECTION 740-10 (FORMERLY KNOWN AS FASB INTERPRETATION NO 48), ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES --- AN INTERPRETATION OF FASB NO 109 THIS INTERPRETATION CLARIFIES THE ACCOUNTING FOR INCOME TAXES BY PRESCRIBING THE MINIMUM STANDARD A TAX POSITION IS REQUIRED TO MEET BEFORE BEING RECOGNIZED IN THE FINANCIAL STATEMENTS THE ORGANIZATION HAS NOT TAKEN ANY UNCERTAIN TAX POSITION THAT SHOULD BE ACCOUNTED FOR UNDER ASC SECTION 740-10 THE ORGANIZATION CONTINUALLY EVALUATES THE EFFECTS OF ALL TAX POSITIONS TAKEN INCLUDING EXPIRING STATUTES OF LIMITATIONS, TAX EXAMINATIONS, UNRELATED BUSINESS INCOME AND NEW AUTHORITATIVE RULINGS THE ORGANIZATION FILES FEDERAL INFORMATION RETURNS AND INCOME TAX RETURNS IN CONNECTION WITH UNRELATED BUSINESS INCOME THE STATUTES OF LIMITATIONS FOR THESE RETURNS FILED FOR THE YEARS ENDED DECEMBER 31, 2008 THROUGH 2011 HAVE NOT EXPIRED AND THEREFORE ARE SUBJECT TO EXAMINATION

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
MID-AMERICA TRANSPLANT SERVICES

Employer identification number
23-7426306

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate 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 ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☑ Travel for companions ☐ Payments for business use of personal residence ☐ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision 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 ☑ Compensation committee ☑ Written employment contract ☑ Independent compensation consultant ☑ Compensation survey or study ☑ Form 990 of other organizations ☑ Approval by the board or compensation committee			
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?	**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 accured 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 Schedule J-1 if additional space needed.

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

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, columns (D) and (E) for that individual

(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				
(1) DEAN KAPPEL	(i)	301,423	43,884	457,126	58,646	27,413	888,492	346,738
	(ii)	0	0	0	0	0	0	0
(2) DIANE BROCKMEIER	(i)	196,743	28,588	10,036	39,139	38,875	313,381	0
	(ii)	0	0	0	0	0	0	0
(3) LINDA MARTIN	(i)	122,214	9,020	10,980	21,690	18,592	182,496	0
	(ii)	0	0	0	0	0	0	0
(4) STEVE HUCKSTEP	(i)	110,762	8,164	3,471	18,111	17,760	158,268	0
	(ii)	0	0	0	0	0	0	0

Part III Supplemental Information

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

Identifier	Return Reference	Explanation
SUPPLEMENTAL INFORMATION	PART III	SCHEDULE J, PART II, COLUMN (B)(III) - OTHER REPORTABLE COMPENSATION LISTED FOR DEAN KAPPEL INCLUDES $346,738 OF DEFERRED BENEFITS FROM A SECTION 457(F) PLAN IN WHICH THE SUBSTANTIAL RISK OF FORFEITURE HAS LAPSED THE AMOUNT OF DEFERRED BENEFITS IS INCLUDED IN THE GROSS INCOME OF THE PARTICIPANT IN THE FIRST YEAR THAT THE DEFERRAL AMOUNT IS NOT SUBJECT TO SUBSTANTIAL RISK OF FORFEITURE THE REPORTABLE COMPENSATION LISTED FOR DEAN KAPPEL ALSO INCLUDES $100,094 PAID TO OFFSET THE AMOUNT THAT DEAN IS NOT ABLE TO RECEIVE OF COMPANY MATCHING FUNDS AND DISCRETIONARY CONTRIBUTIONS TO THE 401K PLAN, DUE TO IRS LIMITATIONS

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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

2011

Open to Public Inspection

Name of the organization
MID-AMERICA TRANSPLANT SERVICES

Employer identification number
23-7426306

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 2	BOARD MEMBERS ROBERT VIETH AND MARY VIETH ARE SPOUSES

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 11	THE 990 WILL BE AVAILABLE TO ALL BOARD MEMBERS PRIOR TO FILING ON THE BOARD MEMBER INTERNET PORTAL THE FORM 990 IS PREPARED BY THE INDEPENDENT CPA FIRM THAT ALSO CONDUCTS THE ANNUAL AUDIT THE CEO AND COO PERFORM AN INDEPTH REVIEW OF THE 990 AS WELL AS RESPOND TO ALL QUESTIONS AND COMMENTS REGARDING THE 990 BY THE BOARD

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 12C	ALL OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES ARE COVERED UNDER THE CONFLICT OF INTEREST POLICY AND MUST ANNUALLY REVIEW THE CONFLICT OF INTEREST POLICY AND DISCLOSE ANY CONFLICTS OF INTEREST THE CONFLICT OF INTEREST POLICY CONTAINS PROCEDURES FOR DETERMINATION OF WHETHER A CONFLICT EXISTS, FOR ADDRESSING OF CONFLICTS AND FOR DEALING WITH POTENTIAL VIOLATIONS OF THE POLICY COMPLIANCE WITH THE POLICY IS MONITORED BY MANAGEMENT

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15	A POLICY IS IN PLACE THAT INCLUDES ANNUAL REVIEW AND APPROVAL BY THE COMPENSATION COMMITTEE OF MTS THE COMPENSATION COMMITTEE IS COMPRISED OF INDIVIDUALS WITHOUT CONFLICTS OF INTEREST WITH RESPECT TO COMPENSATION REVIEW AND APPROVAL AN INDEPENDENT EXTERNAL FIRM PROVIDES MARKET COMPETITIVE COMPENSATION DATA FROM COMPARABLE, TAX EXEMPT ORGANIZATIONS AND PUBLISHED SURVEYS AND CONDUCTS A COMPETITIVENESS ASSESSMENT OF MTS OFFICERS AND KEY EMPLOYEES TO THE MARKET THERE IS CONTEMPORANEOUS DOCUMENTATION AND RECORDKEEPING WITH RESPECT TO THE DELIBERATIONS AND DECISIONS REGARDING THE COMPENSATION ARRANGEMENTS

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON WRITTEN REQUEST

Identifier	Return Reference	Explanation
ALL OTHER FUNCTIONAL EXPENSES	FORM 990, PART X, LINE 24E	FLIGHT EXPENSES PROGRAM SERVICE EXPENSES 1,301,992 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 1,301,992 ORGAN TRANSPORTATION PROGRAM SERVICE EXPENSES 1,118,492 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 1,118,492 OPERATING ROOM PROGRAM SERVICE EXPENSES 563,763 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 563,763 SURGEON FEES PROGRAM SERVICE EXPENSES 499,023 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 499,023 EDUCATION PROGRAM SERVICE EXPENSES 396,670 MANAGEMENT AND GENERAL EXPENSES 47,640 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 444,310 HOSPITAL LABORATORY PROGRAM SERVICE EXPENSES 430,189 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 430,189 SPECIAL PROCEDURES PROGRAM SERVICE EXPENSES 338,660 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 338,660 EVALUATION COSTS PROGRAM SERVICE EXPENSES 301,987 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 301,987 COMPUTER REGISTRY PROGRAM SERVICE EXPENSES 300,081 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 300,081 INTENSIVE CARE UNIT PROGRAM SERVICE EXPENSES 276,453 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 276,453 TISSUE TYPING PROGRAM SERVICE EXPENSES 207,235 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 207,235 INSTRUMENTS PROGRAM SERVICE EXPENSES 207,090 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 207,090 MISCELLANEOUS PROGRAM SERVICE EXPENSES 193,666 MANAGEMENT AND GENERAL EXPENSES -55,890 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 137,776 PROFESSIONAL DUES PROGRAM SERVICE EXPENSES 101,589 MANAGEMENT AND GENERAL EXPENSES 14,350 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 115,939 OTHER HOSPITAL COSTS PROGRAM SERVICE EXPENSES 114,073 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 114,073 DONATIONS PROGRAM SERVICE EXPENSES 0 MANAGEMENT AND GENERAL EXPENSES 107,063 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 107,063 RESTORATION TISSUE PROGRAM SERVICE EXPENSES 100,434 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 100,434 RESPIRATORY THERAPY PROGRAM SERVICE EXPENSES 99,820 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 99,820 CONSULTS PROGRAM SERVICE EXPENSES 95,266 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 95,266 REPAIR AND MAINTENANCE PROGRAM SERVICE EXPENSES 64,000 MANAGEMENT AND GENERAL EXPENSES 8,727 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 72,727 OTHER ACQUISITION COSTS PROGRAM SERVICE EXPENSES 31,323 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 31,323 ANESTHESIOLOGY PROGRAM SERVICE EXPENSES 27,868 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 27,868

Identifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED LOSSES ON INVESTMENTS -5,300,645

Identifier	Return Reference	Explanation
	FORM 990 PART III, LINE 1, PART III, LINE 4A	SINCE ITS INCEPTION IN 1986, MID-AMERICA TRANSPLANT SERVICES HAS BEEN ONE OF THE NATION'S LEADING ORGAN PROCUREMENT ORGANIZATIONS MTS HAS BEEN THE BRIDGE BETWEEN THE PUBLIC, HOSPI TAL'S AND TRANSPLANT CENTERS LOCATED IN ITS SERVICE AREA OF EASTERN MISSOURI, SOUTHERN ILL INOIS AND NORTHEASTERN ARKANSAS MTS IS FEDERALLY DESIGNATED BY THE CENTERS FOR MEDICARE A ND MEDICAID SERVICES UNDER THE US DEPARTMENT OF HEALTH AND HUMAN SERVICES AS THE NOT FOR-P ROFIT ORGAN PROCUREMENT ORGANIZATION WITHIN ITS SERVICE AREA WE ARE ACCREDITED BY THE ASS OCIATION OF ORGAN PROCUREMENT ORGANIZATIONS, THE AMERICAN ASSOCIATION OF TISSUE BANKS AND THE EYE BANK ASSOCIATION OF AMERICA WE ARE CERTIFIED THROUGH THE CLINICAL LABORATORY IMPR OVEMENT AMENDMENTS PROGRAM WE ARE A MEMBER IN GOOD STANDING OF THE UNITED NETWORK FOR ORG AN SHARING AND DONATE LIFE AMERICA PROGRAM SERVICE ACCOMPLISHMENTS AND RELATIONSHIPS OF A CTIVITIES TO ACCOMPLISHMENT OF EXEMPT PURPOSE ARE AS FOLLOWS COMMUNICATION CENTER, PROCUR EMENT AND DONOR FAMILY SERVICES-THESE STAFF MEMBERS ARE WORKING 24 HOURS, 7 DAYS A WEEK TO FACILITATE THE DONATION PROCESS COMMUNICATION CENTER - MTS COMMUNICATION CENTER IS OPERA TING 24 HOURS AROUND THE CLOCK EVERY DAY OF THE WEEK AND FIELDED NEARLY 35,000 CALLS IN 20 11, INCLUDING MORE THAN 19,500 CALLS IDENTIFY ING POTENTIAL ORGAN AND TISSUE DONOR PATIENTS PROCUREMENT - MTS' ORGAN AND TISSUE RECOVERY DEPARTMENTS MAXIMIZED THE AVAILABILITY OF H IGH QUALITY ORGANS AND TISSUES FOR TRANSPLANTATION BY PROVIDING SERVICES OF EXPRESSED VALU E TO DONOR FAMILIES AND DONOR HOSPITALS THERE WERE 1409 TISSUE DONATIONS IN OUR SERVICE A REA IN 2011 THESE DONATIONS INCLUDE 838 BONE, 165 HEART VALVES, 127 SAPHENOUS VEINS, AND 1073 SKIN IN ADDITION, THERE WERE 603 TRANSPLANTABLE CORNEAS CORNEAS FROM OUTSIDE OUR LO CAL AREA WERE ALSO TRANSPLANTED MTS HAD 156 ORGAN DONORS IN 2011 WHICH ALLOWED FOR THE LI FE-SAVING TRANSPLANTATION OF 553 ORGANS IN ADDITION, 185 MORE LIVES WERE SAVED THROUGH OR GANS BROUGHT IN FROM OUTSIDE THE SERVICE AREA NUMEROUS TISSUES WERE USED FOR RESEARCH PUR POSES WITH A SERVICE AREA OF OVER 4 2 MILLION PEOPLE, THROUGH MTS' NUMEROUS ACTIVITIES DU RING THE YEAR FOR BOTH THE PROFESSIONAL COMMUNITY AND THE GENERAL PUBLIC, MTS REACHES COUN TLESS INDIVIDUALS TO SPREAD THE MESSAGE AND EDUCATE REGARDING ORGAN AND TISSUE DONATION D ONOR FAMILY SUPPORT SERVICES - STAFF WORK WITH FAMILIES WHO MAKE THE DIFFICULT AND SELFLES S DECISIONS TO DONATE LIFE SO THAT OTHERS MAY LIVE. MTS DONOR FAMILY SUPPORT SERVICE COORD INATORS WORK WITH FAMILIES AT THE TIME OF THEIR LOVED ONE'S DEATH, OFFERING EDUCATION, INF ORMATION AND SUPPORT DURING THEIR DECISION-MAKING PROCESS FOLLOWING THE DONATION, STAFF M EMBERS PROVIDE ONGOING INFORMATION TO THOUSANDS OF FAMILIES ABOUT THEIR DONATIONS AND RECI PIENTS, AND OFFER SUPPORT THROUGH REMEMBRANCE CEREMONIES AND COMMUNITY EVENTS THEY FACILI TATE COMMUNICATIONS BETWEEN FAMILIES OF DONORS AND RECIPIENTS OF THEIR LOVED ONE'S GIFTS PROFESSIONAL EDUCATION SERVICES WORK TO ENSURE A POSITIVE PRESENCE IN THE HEALTHCARE COMMU NITY SERVICES PROVIDED INCLUDE THE FOLLOWING PROFESSIONAL E-NEWSLETTERS - EMAIL NEWSLETT ERS ARE DISTRIBUTED TO HEALTHCARE PROFESSIONALS THROUGHOUT MTS'S SERVICE REGION, AND CONTA INS BOTH CLINICAL AND GENERAL INFORMATION ABOUT ORGAN AND TISSUE DONATION AND TRANSPLANTAT ION, AS WELL AS COMMUNITY AWARENESS AND EDUCATION CAMPAIGN INFORMATION EDUCATION - MTS PR OVIDES TRAINED STAFF MEMBERS TO HOSPITALS AND MEDICAL GROUPS THROUGHOUT ITS SERVICE AREA O F SOUTHEASTERN MISSOURI, SOUTHERN ILLINOIS AND NORTHEAST ARKANSAS FOR EDUCATION IN-SERVICE S THESE IN-SERVICES CAN BE GEARED TOWARD ANY TOPIC RELATED TO THE ORGAN DONATION PROCESS THAT IS REQUESTED AND SERVE AS A USEFUL TOOL FOR HOSPITAL STAFF AND MEDICAL GROUPS TO UNDE RSTAND AND SUPPORT THE PROCESS OF DONATION IN THEIR COMMUNITY HOSPITALS MTS COORDINATORS LAY THE GROUNDWORK BY ASSISTING HOSPITALS WITH COMPLIANCE WITH STATE AND FEDERAL REGULATIO NS, DONATION POLICIES WITHIN THEIR INSTITUTIONS AND ANALYSIS OF QUANTITATIVE AND QUALITATI VE CONATION DATA THEIR EFFORTS TO EDUCATE HOSPITAL STAFFS ENSURE THAT APPROPRIATE STEPS A RE TAKEN WHEN A DEATH IS IMMINENT AND THAT ALL ELIGIBLE FAMILIES RECEIVE THE OPTION TO DON ATE NATIONAL DONATE LIFE MONTH (NDLM) - IN HONOR OF NDLM, MTS SET UP SEVERAL DISPLAYS IN AREA HOSPITALS SIGNING PEOPLE UP ON THE MISSOURI AND ILLINOIS ORGAN DONOR REGISTRIES AND R EACHES COUNTLESS INDIVIDUALS IN SPREADING AWARENESS REGARDING ORGAN AND TISSUE DONATION M TS PROVIDED SCREENSAVERS TO AREA HOSPITALS AND ASSISTED WITH DONATE LIFE FLAG RAISING CERE MONIES WORKSHOPS - MTS TRAINED ALMOST 400 MEDICAL PROFESSIONALS TO MAKE REQUESTS FOR TISS UE DONATION AND TO ASSIST IN APPROACHING FAMILIES FOR ORGAN DONATION THAT BRINGS OUR TOTA L TO OVER 3600 TRAINED TO DATE. THE CARING QUESTION WORKSHOPS ARE DESIGNED TO TEACH MEDICA L PROFESSIONALS ABOUT THE PROCESS OF DONATION, TO TRAIN ON SPECIFIC SKILLS TO ENABLE HOSPI TAL STAFF TO APPROACH FOR TISSUE AND EYE DONATION

Identifier	Return Reference	Explanation
	FORM 990 PART III, LINE 1, PART III, LINE 4A	AND TECHNIQUES TO HELP FAMILIES UNDERSTAND THE DONATION PROCESS AND WORK THROUGH THE GRIEF PROCESS HOSPITAL DEVELOPMENT CONTACTS - STAFF MEMBERS VISIT HOSPITAL PERSONNEL REGULARLY TO DISCUSS EDUCATIONAL NEEDS, ANSWER QUESTIONS REGARDING THE DONATION PROCESS AND PROVIDE INFORMATION OVER 120 HOSPITALS IN OUR SERVICE AREA ARE PROVIDED THESE SERVICES ON A REGU LAR BASIS CASE REVIEW - STAFF MEMBERS ROUTINELY FOLLOW UP ON ALL TISSUE DONATIONS TO DEBR IEF WITH HOSPITAL STAFF THAT DEALT WITH THESE DIFFICULT CASES THIS MAY INCLUDE PHY SICIANS , PASTORAL CARE STAFF, ICU AND OR NURSES AND AIDS COMMUNITY EDUCATION SERVICES INCLUDE M ID-AMERICA TRANSPLANT SERVICES PROVIDES INFORMATION, BROCHURES AND LOGO DRIVEN PROMOTIONAL ITEMS IN ADDITION TO SUPPLIES FOR DONOR REGISTRY DRIVES UPON REQUEST THIS INFORMATION SU MMARIZES CRITICAL TOPICS AND CLEARLY IDENTIFIES MTS'S ROLE AS A PROCUREMENT ORGANIZATION A ND ASSISTS WITH GETTING THE MESSAGE OF ORGAN AND TISSUE DONATION TO STUDENT POPULATIONS T HESE MATERIALS ARE ALSO USED TO SPREAD AWARENESS SURROUNDING DONATION TO THE GENERAL PUBLI C MTS HOSTED OR ASSISTED IN DONOR REGISTRY DRIVES AT NUMEROUS PUBLIC LOCATIONS AND DONOR FAMILY EVENTS IN 2011 THIS ACTIVITY SERVES TO ENSURE THAT THOSE WISHING TO DONATE ARE ENR OLLED IN THE STATE ORGAN AND TISSUE DONOR REGISTRY IT ALSO PROVIDES ANOTHER MECHANISM FOR PUBLIC AWARENESS OF DONATION SOLACE NEWSLETTER IS PRODUCED THREE TIMES PER YEAR IT IS M AILED TO APPROXIMATELY 5000 ORGAN AND TISSUE DONOR FAMILIES IN OUR SERVICE AREA THE NEWSL ETTER SERVES AS A GENERAL GRIEF RESOURCE, AS WELL AS, INFORMATION ON UPCOMING EVENTS SPEC IAL EVENTS - MTS PARTICIPATED IN THE ST LOUIS SCIENCE CENTER HEALTHFEST HELD AT THE ST L OUIS SCIENCE CENTER, WHICH INCLUDED ACTIVITIES TO TEACH CHILDREN ABOUT THE ORGANS THAT CAN BE DONATED AND THEIR LOCATION AND FUNCTION IN THE BODY MTS HOSTED ITS ANNUAL DONOR SABBA TH CEREMONY FOR DONOR FAMILIES IN SPRINGFIELD IN MAY IN AUGUST, MTS REBRANDED ITS ST LOU IS EVENT TO A CANDLELIGHT MEMORIAL CEREMONY THE CEREMONIES MEMORIALIZE ORGAN AND TISSUE D ONORS AND PAYS TRIBUTE TO THEIR DECISION TO DONATE LIFE PHOTOS OF DONORS ARE DISPLAY ED TH ROUGHOUT THE EVENT THROUGH A DVD PRESENTATION MORE THAN 900 PEOPLE IN TOTAL ATTEND THESE MOVING CEREMONIES

Identifier	Return Reference	Explanation
		EDUCATIONAL PRESENTATIONS - THROUGHOUT THE YEAR, THE MTS COMMUNITY EDUCATION DEPARTMENT PRESENTS PROGRAMS ON ORGAN AND TISSUE DONATION AT SCHOOLS TO STUDENTS WITHIN THE MTS SERVICE AREA A PRIMARY FOCUS OF THE YEAR WAS EDUCATING STUDENTS ABOUT THE PROCESSES OF DONATION AND TRANSPLANTATION WITH AGE APPROPRIATE INFORMATION PRESENTED TO STUDENTS FROM 5TH GRADE THRU POST-SECONDARY IN 2011 OVER 5,000 STUDENTS WERE REACHED THROUGH PRESENTATIONS, REPRESENTING ACROSS THE MTS SERVICE AREA WEBSITE - MTS CONTINUES TO UPDATE AND IMPROVE ITS WEB SITE WITH UPDATED TECHNOLOGY AND INFORMATION RELATED TO ORGAN AND TISSUE DONATION PROMOTED AS AN EDUCATIONAL RESOURCE ON ORGAN AND TISSUE DONATION FOR THE PUBLIC, THE WEB SITE IS DEDICATED TO HIGHLIGHTING THE IMPORTANCE OF DONATION BY SHARING THE HUMAN EXPERIENCE OF BOTH DONOR FAMILIES AND RECIPIENTS, AND IT ALSO SERVES AS AN EDUCATIONAL RESOURCE FOR MEDICAL PROFESSIONALS ADDITIONALLY, THE WEB SITE PROVIDES A LINK TO REGISTRY ENROLLMENT FOR THE 3 STATES IN THE MTS SERVICE AREA AND INFORMATION ON HOW TO SUPPORT DONATION VOLUNTEERS - MTS MAINTAINS A HIGH-QUALITY VOLUNTEER PROGRAM TRAINING INDIVIDUALS TO SERVE AS AMBASSADORS TO THE CAUSE BY ENGAGING THEM IN VARIOUS PUBLIC AWARENESS, CLERICAL ASSISTANCE AND EDUCATION OPPORTUNITIES IN 2007 WE DEVELOPED THE "PASSION PANEL", A SPECIFIC GROUP OF VOLUNTEERS WHO GO OUT INTO THE COMMUNITY WITH MTS TO TELL THEIR PERSONAL STORY TO OTHERS AND ENCOURAGE THE LIFE SAVING GIFT OF DONATION IN 2011 THERE WERE 134 MEMBERS IN THIS GROUP ADVERTISING - COLLABORATING WITH THE DEPARTMENT OF HEALTH AND SENIOR SERVICES, THE DEPARTMENT OF REVENUE, HEARTLAND LIONS EYE BANKS, AND MIDWEST TRANSPLANT NETWORK, MTS ENCOURAGED MISSOURIANS TO JOIN OR REJOIN THE NEW REGISTRY THROUGH COMPREHENSIVE STRATEGIC COMMUNICATIONS ACROSS THE STATE OF MISSOURI AND SEVERAL COMMUNITY REGISTRY DRIVES MTS ALSO ADMINISTERS THE DONATE LIFE MISSOURI FACEBOOK PAGE TO PROMOTE DONATION

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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

2011

Open to Public Inspection

Name of the organization
MID-AMERICA TRANSPLANT SERVICES

Employer identification number
23-7426306

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
(1) LIFE LOGISTICS LLC 1110 HIGHLANDS PLAZA DRIVE EAST 100 ST LOUIS, MO 63110 68-0585432	TRANSPORTATION OF HUMAN ORGANS FOR TRANSPLANTATION	MO	1,648,859	922,823	MID-AMERICA TRANSPLANT SERVICES

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

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) Disproportionate allocations? Yes	(h) No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1) MTS PARTNERS LLC 318 WAVERLY PLACE CT CHESTERFIELD, MO 63017 26-1306437	INVESTMENT	MO	MID-AMERICA TRANSPLANT SERVICES	EXCLUDED	-17,366	281,937		No		Yes		46 880 %
(2) HIGHLANDS PLAZA THREE LLC 1001 HIGHLANDS PLAZA DRIVE WEST STE SAINT LOUIS, MO 63110 20-8014357	INVESTMENT	MO	MID-AMERICA TRANSPLANT SERVICES	EXCLUDED	120,095	670,738		No			No	55 990 %

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 Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, 35A, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III or IV

		Yes	No
1	During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a	Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties **(iv)** rent from a controlled entity	1a	No
b	Gift, grant, or capital contribution to related organization(s)	1b	No
c	Gift, grant, or capital contribution from related organization(s)	1c	No
d	Loans or loan guarantees to or for related organization(s)	1d	No
e	Loans or loan guarantees by related organization(s)	1e	No
f	Sale of assets to related organization(s)	1f	No
g	Purchase of assets from related organization(s)	1g	No
h	Exchange of assets with related organization(s)	1h	No
i	Lease of facilities, equipment, or other assets to related organization(s)	1i	No
j	Lease of facilities, equipment, or other assets from related organization(s)	1j	No
k	Performance of services or membership or fundraising solicitations for related organization(s)	1k	No
l	Performance of services or membership or fundraising solicitations by related organization(s)	1l	No
m	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1m	No
n	Sharing of paid employees with related organization(s)	1n	No
o	Reimbursement paid to related organization(s) for expenses	1o	No
p	Reimbursement paid by related organization(s) for expenses	1p	No
q	Other transfer of cash or property to related organization(s)	1q	No
r	Other transfer of cash or property from related organization(s)	1r	No

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

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate 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		Yes	No	

Schedule R (Form 990) 2011

Part VII Supplemental Information

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

Identifier	Return Reference	Explanation	

Additional Data

Software ID:
Software Version:
EIN: 23-7426306
Name: MID-AMERICA TRANSPLANT SERVICES

Form 990, Special Condition Description:

Special Condition Description

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			
DEAN KAPPEL PRESIDENT/CEO	37 50	X		X				802,433	0	86,059
RICHARD ELLERBRAKE CHAIRMAN OF THE BOARD	3 00	X		X				5,267	0	0
ROBERT SAYLOR MD VICE-CHAIRMAN	3 00	X		X				0	0	0
BOB VIETH SECRETARY AND TREASURER	3 00	X		X				3,900	0	0
MICHAEL GRAHAM MD BOARD MEMBER	3 00	X						1,184	0	0
NICHOLAS KOUCHOUKOS MD BOARD MEMBER	3 00	X						1,967	0	0
MARY VIETH BOARD MEMBER	3 00	X						1,500	0	0
SR PATRICIA TALONE PHD BOARD MEMBER	3 00	X						3,300	0	0
WILL ROSS MD BOARD MEMBER	3 00	X						4,667	0	0
CHRISTOPHER VEREMAKIS MD BOARD MEMBER	3 00	X						3,303	0	0
THOMAS BRIGGS MD BOARD MEMBER	3 00	X						1,467	0	0
MICHAEL DIRINGER MD BOARD MEMBER	3 00	X						2,000	0	0
ROBERT BEZANSON BOARD MEMBER	3 00	X						0	0	0
MARIANNE BLAKE BOARD MEMBER	3 00	X						3,000	0	0
GERALD ORTBALS BOARD MEMBER	3 00	X						1,800	0	0
RICHARD BUCHOLZ MD BOARD MEMBER	3 00	X						0	0	0
HARVEY SOLOMON MD BOARD MEMBER/MEDICAL DIRECTOR	3 00	X						57,933	0	0
ROBERT MURPHY BOARD MEMBER	3 00	X						1,976	0	0
JEANNETTE FADLER BOARD MEMBER	3 00	X						0	0	0
WILL CHAPMAN MD BOARD MEMBER	3 00	X						500	0	0
LEE FETTER BOARD MEMBER	3 00	X						2,209	0	0
KEITH HRUSKA MD BOARD MEMBER/MEDICAL DIRECTOR	3 00	X						111,245	0	0
DAVID JACQUES MD BOARD MEMBER	3 00	X						0	0	0
DENNY COLEMAN BOARD MEMBER	3 00	X						1,967	0	0
GRETCHEN GARRISON BOARD MEMBER	3 00	X						0	0	0

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			
DIANE BROCKMEIER CHIEF OPERATING OFFICER	37 50			X				235,367	0	78,014
LINDA MARTIN DIRECTOR OF TISSUE WORK SYSTEM	37 50					X		142,214	0	40,282
JOHN LEMEN PERDIEM TISSUE AND SURGICAL TECHNICIAN	37 50					X		133,325	0	0
STEVE HUCKSTEP DIRECTOR OF DONOR PROGRAM SERVICES	37 50					X		122,397	0	35,871
ALLAN DAVIS FAMILY SPECIALIST II	37 50					X		115,999	0	33,487
JASON COLEMAN DIRECTOR OF ORGAN PROCUREMENT	37 50					X		110,148	0	30,934