



See a Social Security Number? Say Something!  
Report Privacy Problems to <https://public.resource.org/privacy>  
Or call the IRS Identity Theft Hotline at 1-800-908-4490



2011

Open to Public  
Inspection

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

## A For the 2011 calendar year, or tax year beginning 07-01-2011 and ending 06-30-2012

B Check if applicable	C Name of organization LIFELINK FOUNDATION INC	D Employer identification number 59-2193032
<input checked="" type="checkbox"/> Address change	Doing Business As	E Telephone number (813) 258-6515
<input type="checkbox"/> Name change	Number and street (or P O box if mail is not delivered to street address)	F Gross receipts \$ 105,995,856
<input type="checkbox"/> Initial return	531 SOUTH US HIGHWAY 301	
<input type="checkbox"/> Terminated		
<input type="checkbox"/> Amended return	City or town, state or country, and ZIP + 4	
<input type="checkbox"/> Application pending	TAMPA, FL 33619	
	F Name and address of principal officer DR DANA L SHIRES 531 SOUTH US HIGHWAY 301 TAMPA, FL 33619	G(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		G(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)
		G(c) Group exemption number ►

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

J Website: ► WWW.LIFELINKFOUND.ORG

K Form of organization  Corporation  Trust  Association  Other ► L Year of formation 1982 M State of legal domicile FL

## Part I Summary

1 Briefly describe the organization's mission or most significant activities ORGAN AND TISSUE PROCUREMENT AND TRANSPLANTATION		
2 Check this box ► if the organization discontinued its operations or disposed of more than 25% of its net assets		
3 Number of voting members of the governing body (Part VI, line 1a) . . . . .	3	20
4 Number of independent voting members of the governing body (Part VI, line 1b) . . . . .	4	15
5 Total number of individuals employed in calendar year 2011 (Part V, line 2a) . . . . .	5	427
6 Total number of volunteers (estimate if necessary) . . . . .	6	500
7a Total unrelated business revenue from Part VIII, column (C), line 12 . . . . .	7a	0
b Net unrelated business taxable income from Form 990-T, line 34 . . . . .	7b	0

8 Contributions and grants (Part VIII, line 1h) . . . . .	Prior Year	Current Year
9 Program service revenue (Part VIII, line 2g) . . . . .	2,523,621	6,902
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . . .	79,152,038	83,541,388
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	705,089	9,528,409
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . . .	535,810	623,920
	82,916,558	93,700,619

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . . . . .	Prior Year	Current Year
14 Benefits paid to or for members (Part IX, column (A), line 4) . . . . .	13,555,176	206,117
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0	0
16a Professional fundraising fees (Part IX, column (A), line 11e) . . . . .	40,475,480	41,511,224
b Total fundraising expenses (Part IX, column (D), line 25) ►0	0	0
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . . . . .	37,778,164	38,324,273
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	91,808,820	80,041,614
19 Revenue less expenses Subtract line 18 from line 12 . . . . .	-8,892,262	13,659,005

20 Total assets (Part X, line 16) . . . . .	Beginning of Current Year	End of Year
21 Total liabilities (Part X, line 26) . . . . .	97,910,890	103,350,844
22 Net assets or fund balances Subtract line 21 from line 20 . . . . .	45,175,957	36,856,554
	52,734,933	66,494,290

## 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	***** Signature of officer BRYAN C MCDONALD TREASURER/CFO Type or print name and title	2013-03-26 Date
-----------	---	--------------------

Paid Preparer's Use Only	Preparer's signature ► BETTY ISLER CPA	Date	Check if self-employed ► <input type="checkbox"/>	Preparer's taxpayer identification number (see instructions) P00541979
	Firm's name (or yours if self-employed), address, and ZIP + 4 ► LEWIS BIRCH & RICARDO LLC 1401 COURT STREET CLEARWATER, FL 337566146			EIN ► 32-0000304
				Phone no ► (727) 446-3058

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

**Part III Statement of Program Service Accomplishments**Check if Schedule O contains a response to any question in this Part III **1 Briefly describe the organization's mission**

LIFELINK FOUNDATION IS A NON-PROFIT COMMUNITY SERVICE ORGANIZATION DEDICATED TO THE RECOVERY OF LIFE-SAVING AND LIFE-ENHANCING ORGANS AND TISSUE FOR TRANSPLANTATION THERAPY. THE FOUNDATION WORKS IN A SENSITIVE, DILIGENT, AND COMPASSIONATE MANNER TO FACILITATE THE DONATION OF DESPERATELY NEEDED ORGANS AND TISSUES FOR WAITING PATIENTS, SUPPORTS RESEARCH EFFORTS TO ENHANCE THE AVAILABLE SUPPLY OF ORGANS AND TISSUE FOR TRANSPLANT PATIENTS, IMPROVES CLINICAL OUTCOMES OF PATIENTS POST TRANSPLANTATION, AND WORKS CLOSELY WITH THE UNITED NETWORK FOR ORGAN SHARING (UNOS) TO SUPPORT ITS GOALS.

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

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

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

If "Yes," describe these changes on Schedule O

**4 Describe the 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 \$ 40,193,154 including grants of \$ 133,104 ) (Revenue \$ 50,006,903 )

ORGAN PROCUREMENT ORGANIZATIONS (OPO) THE LIFELINK ORGAN PROCUREMENT ORGANIZATIONS (OPOS) ARE COMMITTED TO THE RECOVERY OF ORGANS AND TISSUE, AND TO HONORING DONOR DESIGNATIONS OF THOSE WHO SIGNED UP TO SAVE LIVES ON STATE DONOR REGISTRIES LAST YEAR IN FLORIDA, 30 PERCENT OF ORGAN DONORS HAD REGISTERED THEIR WISHES, IN GEORGIA, 41 PERCENT WERE REGISTERED DONORS AND IN PUERTO RICO, WHERE A DONOR REGISTRY LAUNCHED JUST LAST YEAR, EIGHT PERCENT WERE ON THE NEW REGISTRY HONORING AN INDIVIDUAL'S DONOR DESIGNATION FALLS IN LINE WITH OUR MISSION-TO WORK IN A SENSITIVE, DILIGENT, AND COMPASSIONATE MANNER TO FACILITATE THE DONATION OF DESPERATELY NEEDED ORGANS AND TISSUES FOR WAITING PATIENTS. LIFELINK'S OPOS PROVIDE PROFESSIONAL EDUCATION FOR HOSPITAL PARTNERS, INCLUDING COLLABORATIVES AND WORKSHOPS TO EDUCATE MEDICAL PROFESSIONALS ABOUT THE PROCESS OF DONATION. THESE EFFORTS, COMBINED WITH THE HARD WORK OF OUR HOSPITAL PARTNERS, RESULTED IN 21 MEDALS OF HONOR AWARDED BY THE U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES TO HOSPITALS WITHIN LIFELINK'S SERVICE AREAS. THIS YEAR THOSE HOSPITALS REACHED NATIONAL GOALS-IMPROVED DONATION RATES, INCREASED THE NUMBER OF ORGANS TRANSPLANTED PER INDIVIDUAL DONOR AND EXPANDED CLINICAL PROCESS FOR ORGAN RECOVERY WITH A CONTINUAL FOCUS ON PROCESS IMPROVEMENT. LIFELINK OF FLORIDA, LIFELINK OF GEORGIA AND LIFELINK OF PUERTO RICO ARE ACTIVE MEMBERS OF NATIONAL ORGANIZATIONS, WITH STAFF INVOLVED WITH THE UNITED NETWORK FOR ORGAN SHARING, THE ASSOCIATION FOR MULTICULTURAL AFFAIRS IN TRANSPLANTATION AND THE ASSOCIATION OF ORGAN PROCUREMENT ORGANIZATIONS IN GEORGIA. MEMBERS OF THE ADVISORY BOARD HAVE ATTENDED THREE ALLIANCE SUMMITS TO SHARE BEST PRACTICES THIS PAST YEAR AND IMPLEMENTED IDEAS GLEANED FROM THESE MEETINGS IN THEIR INSTITUTIONS. LIFELINK OF FLORIDA INITIATED COMMUNICATION PROCESSES TO INCLUDE ALL APPLICABLE STAFF IN IMPORTANT UPDATES ON POTENTIAL DONOR CASES TO ENSURE EVERY OPPORTUNITY IS REALIZED BY BOTH HOSPITAL DEVELOPMENT AND OUR CLINICAL RECOVERY TEAM AND RECENTLY FILLED A POSITION FOR A TRIAGE COORDINATOR TO EXPEDITE THE REFERRAL PROCESS FOR OUR PARTNER HOSPITALS AND DONOR FAMILIES. ALSO, A STATE OF THE ART TISSUE RECOVERY FACILITY WAS CONSTRUCTED IN PUERTO RICO, LOCATED CLOSE TO THE MAIN OFFICE, WHICH WILL BETTER ALLOW FOR THE EFFICIENT AND STERILE RECOVERY OF TISSUE ORGANS TRANSPLANTED BY SERVICE AREA LLFL 515LLGA 654LLPR 261TOTAL 1,430DATA REPRESENTS LIFELINK FISCAL YEAR BEGINNING JULY 1, 2011 AND ENDING JUNE 30, 2012 ORGAN DONOR RATE (NUMBER OF DONORS PER 100 ELIGIBLE DEATHS) THE NATIONAL AVERAGE ORGAN DONOR RATE IS 72.9 PER 100 ELIGIBLE DEATHS. THE ORGAN DONOR RATE FOR LIFELINK'S SERVICE AREAS IS LLFL 89 1LLGA 73 8LLPR 72 ORGAN DONOR RATE DATA FROM SCIENTIFIC REGISTRY OF TRANSPLANT RECIPIENTS (SRTR) REPORT RELEASED JULY 13, 2012 AND IS BASED ON THE 2011 CALENDAR YEAR WAIT TIME (MEDIAN TIME TO TRANSPLANT FOR THE GIVEN ORGANS IN MONTHS) NATIONAL KIDNEY 53, LIVER 12.5, HEART 5 6LLFL KIDNEY 24.4, LIVER 2.2, HEART 5 6LLGA KIDNEY 53.6, LIVER 4.0, HEART 3 5LLPR KIDNEY >72\*, LIVER N/A, HEART 1.6\*MORE THAN 50% OF PATIENTS WAIT 72 MONTHS OR LONGER DATA FOR AVERAGE MONTHS TO TRANSPLANT IS FROM THE SCIENTIFIC REGISTRY OF TRANSPLANT RECIPIENTS (SRTR) REPORT RELEASED JULY 13, 2012 AND IS BASED ON THE 2010 CALENDAR YEAR

**4b** (Code ) (Expenses \$ 28,021,789 including grants of \$ 73,013 ) (Revenue \$ 28,810,390 )

LIFELINK TISSUE BANK EACH YEAR, THOUSANDS OF PEOPLE ARE HELPED THROUGH THE GIFT OF TISSUE DONATION. LIFELINK TISSUE BANK IS RESPONSIBLE FOR RECEIVING THOSE DONATIONS TO CREATE ALLOGRAFTS FOR PEOPLE WAITING ON THE LIFE ENHANCING GIFT OF TISSUE TRANSPLANTATION INCLUDING BONE, HEART VALVES, SOFT TISSUE AND SKIN. THE TISSUE BANK'S COMMITMENT TO PATIENT CARE AND PROVIDING QUALITY TISSUE IS A CORE VALUE. RECENTLY, THE LIFELINK TISSUE BANK BEGAN TERMINAL STERILIZATION-USING LOW DOSE RADIATION TO STERILIZE TISSUE IN RESPONSE TO FDA REGULATIONS. THIS LOW DOSE RADIATION PROCESS INCREASES SAFETY AND AVAILABILITY OF TISSUE FOR THOSE IN NEED. LIFELINK TISSUE BANK ALSO PARTNERED WITH GLOBUS MEDICAL, A SPINAL IMPLANT COMPANY, TO PRODUCE TISSUE GRAFTS FOR SPINAL FUSION, CERVICAL, THORACIC AND LUMBAR SURGERIES. BONE TISSUE FROM A DONOR SUPPLEMENTS THE BODY'S NATURAL BONE GROWTH PROCESSES TO FUSE VERTEBRAE TOGETHER AND ELIMINATE PAIN BY IMMOBILIZING THE FAULTY VERTEBRAE. SPINAL FUSION OFTEN TREATS DEGENERATIVE CONDITIONS, AS WELL AS SPINAL DEFORMITIES SUCH AS SCOLIOSIS AND KYPHOSIS. LIFELINK'S INVESTMENT IN UPGRADING THE TISSUE BANK TO ITS CURRENT 54,000 SQUARE FOOT FACILITY ALLOWS FOR AN INCREASED NUMBER OF TISSUE GRAFTS AVAILABLE FOR PATIENTS IN NEED. LAST YEAR, 861 GENEROUS TISSUE DONORS RESULTED IN 38,452 TISSUE GRAFTS THAT WERE AVAILABLE FOR TRANSPLANT.

**4c** (Code ) (Expenses \$ 4,300,024 including grants of \$ ) (Revenue \$ 4,724,095 )

TRANSPLANTATION IMMUNOLOGY LABORATORY LIFELINK TRANSPLANTATION IMMUNOLOGY LABORATORY IS THE CONNECTOR BETWEEN ORGAN DONORS AND TRANSPLANT RECIPIENTS. INFORMATION OBTAINED ABOUT THE DONOR BY THE LIFELINK TRANSPLANTATION IMMUNOLOGY LABORATORY IS SHARED WITH THE UNITED NETWORK FOR ORGAN SHARING TO IDENTIFY A RECIPIENT MATCH. THIS PROCESS IS VITAL IN DETERMINING WHICH RECIPIENT IS THE BEST MATCH FOR EACH DONOR. POST-TRANSPLANT, THE LABORATORY MONITORS PATIENTS FOR POTENTIAL EARLY SIGNS OF REJECTION. LAST YEAR, LIFELINK TRANSPLANTATION IMMUNOLOGY LABORATORY MADE 463 TRANSPLANTS POSSIBLE AND FACILITATED FOUR PAIRED KIDNEY EXCHANGES IN THE NATIONAL KIDNEY REGISTRY (NKR). IN A PAIRED KIDNEY EXCHANGE, ALSO KNOWN AS A KIDNEY SWAP, TWO POTENTIAL KIDNEY RECIPIENTS ESSENTIALLY "SWAP" WILLING LIVING DONORS. WHILE MEDICALLY ELIGIBLE TO DONATE, EACH DONOR HAS AN INCOMPATIBLE BLOOD TYPE OR ANTIGENS TO HIS OR HER INTENDED RECIPIENT. BY AGREEING TO EXCHANGE RECIPIENTS-GIVING A KIDNEY TO AN UNKNOWN, BUT COMPATIBLE INDIVIDUAL-THE DONORS CAN PROVIDE TWO PATIENTS WITH HEALTHY KIDNEYS. WHERE PREVIOUSLY NO TRANSPLANT WAS POSSIBLE, THE LIFELINK TRANSPLANTATION IMMUNOLOGY LABORATORY IS WORKING IN COLLABORATION WITH TAMPA GENERAL HOSPITAL TO CREATE A KIDNEY EXCHANGE PROGRAM FOR KIDNEY TRANSPLANT CANDIDATES IN THE TAMPA BAY AREA. THE LIFELINK TRANSPLANTATION IMMUNOLOGY LABORATORY'S FOCUSED EFFORTS RESULTED IN MORE THAN 1,000 PATIENTS EVALUATED FOR TRANSPLANT AND 470 ORGAN TRANSPLANTS, INCLUDING 238 LIVING DONOR TRANSPLANTS. LAST YEAR, TRANSPLANT CENTERS WE SERVE INCLUDE TAMPA GENERAL HOSPITAL, ALL CHILDREN'S HOSPITAL, GULF COAST MEDICAL CENTER, JOE DIMAGGIO CHILDREN'S HOSPITAL AND CLEVELAND CLINIC FLORIDA. THE LIFELINK TRANSPLANTATION IMMUNOLOGY LABORATORY IS COMMITTED TO SHARING INFORMATION AND EDUCATING OTHERS ABOUT THEIR ROLE IN ORGAN DONATION AND TRANSPLANTATION. THIS YEAR, OUR LABORATORY STAFF PUBLISHED ARTICLES IN TWO PEER REVIEWED SCIENTIFIC JOURNALS AND PROVIDED PRESENTATIONS AND WORKSHOPS AT NATIONAL MEETINGS.

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

COMMUNITY EDUCATION THE LIFELINK PUBLIC AFFAIRS DEPARTMENT EDUCATES COMMUNITIES ABOUT ORGAN AND TISSUE DONATION AND THE IMPORTANCE OF INDIVIDUALS DOCUMENTING A DONATION DECISION ON THEIR STATE DONOR REGISTRY. AMONG THE BIGGEST AND MOST EXCITING CHANGES OF THE RECENT FISCAL YEAR CAME FOR LIFELINK OF PUERTO RICO. AFTER YEARS OF WORKING WITH LEGISLATORS, PUERTO RICO'S ORGAN DONOR REGISTRY WAS LAUNCHED ON NOVEMBER 11, 2011. SINCE THEN, MORE THAN 400,000 PUERTO RICANS HAVE JOINED THE REGISTRY. IN FLORIDA, GEORGIA AND PUERTO RICO, AGENCIES RESPONSIBLE FOR THE ISSUANCE OF DRIVER LICENSES AND STATE IDENTIFICATION CARDS ARE PROMINENT COMMUNITY PARTNERS. MORE THAN 95 PERCENT OF PEOPLE REGISTER THEIR DECISION TO BECOME A DONOR WHEN GETTING OR RENEWING THEIR DRIVER LICENSE OR STATE IDENTIFICATION CARD. THE PUBLIC AFFAIRS TEAM PROVIDES EDUCATION TO CUSTOMERS AND IN-SERVICES TO STAFF RESPONSIBLE FOR FACILITATING DONOR DESIGNATIONS ABOUT THEIR IMPORTANT, STATE-MANDATED ROLE OF ASKING THE QUESTION "DO YOU WANT TO BE AN ORGAN DONOR?" RACK CARDS, CLIPBOARDS AND POSTERS ARE DISPLAYED PROMINENTLY THROUGHOUT THE DRIVER LICENSE OFFICES TO DEBUNK MYTHS AND PROVIDE GENERAL INFORMATION ABOUT ORGAN AND TISSUE DONATION. ACTIONABLE DONOR DESIGNATION RATE THE ACTIONABLE DONOR DESIGNATION (ADD) RATE IS THE PERCENTAGE OF POPULATION OVER THE AGE OF EIGHTEEN WHICH HAS DESIGNATED A DONATION DECISION. NATIONALLY, OUR GOAL IS A 50% ACTIONABLE DONOR DESIGNATION RATE. LLFL 48% LLGA 57% LLPR \*\* 8.8% NATIONAL AVERAGE 43%. OUR MULTICULTURAL DONATION EDUCATION PROGRAM FOCUSES ON OUTREACH WITH AFRICAN AMERICAN AND HISPANIC POPULATIONS. CREATING AND IMPLEMENTING LARGE SCALE COMMUNITY EVENTS SUCH AS GOSPEL CONCERTS, COLLEGE CAMPUS CHALLENGES AND COMMUNITY HEALTH FAIRS, AS WELL AS ONGOING CAMPAIGNS TARGETING THE FAITH COMMUNITY AND SERVICE ORGANIZATIONS, ALLEVIATES MISCONCEPTIONS ASSOCIATED WITH ORGAN AND TISSUE DONATION. RESULTING IN DONOR DESIGNATIONS PASSION FOR ADVOCACY COMES NATURALLY FOR LIFELINK'S VOLUNTEERS. OUR VOLUNTEER PROGRAMS ARE COMPRISED OF DONOR FAMILIES AND TRANSPLANT RECIPIENTS, AND REACH PEOPLE ON AN EMOTIONAL LEVEL, SHARING THEIR LOVED ONES' DONATION STORY OR RELIVING THE JOY OF TRANSPLANTATION THAT GAVE THEM RENEWED LIFE, RESPECTIVELY. LAST YEAR, LIFELINK VOLUNTEERS CONTRIBUTED 5,473 HOURS TO DONATION EDUCATION. NUMBER OF MEDIA STORIES TV 45RADIO 141PRINT 152WEB 605.

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

INFORMATION SYSTEMS USING TECHNICAL INNOVATION AND CREATIVITY, THE LIFELINK INFORMATION SYSTEMS (IS) DEPARTMENT CONTINUES TO PLAN, DEVELOP AND IMPLEMENT IS SOLUTIONS DEDICATED TO ADVANCING AND SUPPORTING THE VISION AND MISSION OF LIFELINK. WORKING COLLABORATIVELY WITH THE OPO DIVISIONS AND FINANCE AND ACCOUNTING, THE IS DEPARTMENT COMPLETED AN EXTENSIVE SOFTWARE VENDOR SELECTION PROCESS FOR A NEW WEB BASED SOFTWARE PLATFORM BEING IMPLEMENTED TO SUPPORT THE ELECTRONIC DONOR CHART REQUIREMENTS. THIS SOFTWARE IS A REAL-TIME, SECURE, ONLINE SYSTEM THAT WILL STREAMLINE WORKFLOW. THE LIFELINK TISSUE BANK DONOR MANAGEMENT SYSTEM WAS EXPANDED WITH ADDITIONAL SOFTWARE MODULES TO ADD ELECTRONIC CHARTING AND DOCUMENT MANAGEMENT CAPABILITIES. NEW TISSUE BANK REPORTS ARE BEING DEVELOPED WHICH SERVE AS DECISION SUPPORT AND BUSINESS INTELLIGENCE TOOLS. INFORMATION SYSTEMS' COMMUNICATION SERVICES TEAM TRIAGES CALLS FOR DIVISIONS WITHIN THE FOUNDATION THROUGHOUT FLORIDA, GEORGIA AND PUERTO RICO. THEY ALSO PROVIDE BASIC SCREENING ON ALL POTENTIAL DONORS WITHIN LIFELINK OF FLORIDA AND LIFELINK OF GEORGIA SERVICE AREAS AND PROVIDE TRAINING FOR THE AGENCY THAT SERVES PUERTO RICO AND THE U.S. VIRGIN ISLANDS. CALL CENTER DATA EACH YEAR, LIFELINK'S COMMUNICATION SERVICES TEAM FIELDS THOUSANDS OF CALLS FROM OUR FLORIDA AND GEORGIA SERVICE AREAS, MOST OF WHICH ARE REFERRALS FOR POTENTIAL ORGAN OR TISSUE DONATION. LIFELINK ALSO ASSISTS OUR LOCAL TRANSPLANT CENTERS IN IMPORTING ORGANS FOR TRANSPLANT FROM OTHER ORGAN RECOVERY ORGANIZATIONS AROUND THE COUNTRY. FISCAL YEAR 2011-2012 TOTAL CALLS 116,000+ REFERRALS FOR POTENTIAL ORGAN DONATION 7,599 REFERRALS FOR POTENTIAL TISSUE DONATION\* 14,732 IMPORT REFERRALS 1,169\* INCLUDES TISSUE REFERRALS FOR TRANSPLANT.

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

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

**4e Total program service expenses** \$ 72,514,967

**Part IV Checklist of Required Schedules**

	<b>Yes</b>	<b>No</b>
<b>1</b> 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	
<b>2</b> Is the organization required to complete Schedule B, <i>Schedule of Contributors</i> (see instructions)?	2 Yes	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I.	3	No
<b>4</b> <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II.	4 Yes	
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III.	5	No
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I.	6	No
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II.	7	No
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.	8	No
<b>9</b> 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
<b>10</b> 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
<b>11</b> If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a Yes	
<b>b</b> Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b	No
<b>c</b> Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c	No
<b>d</b> Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d	No
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e	No
<b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f	No
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII.	12a	No
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional.	12b Yes	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Part I.	14b Yes	
<b>15</b> 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
<b>16</b> 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
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	No
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	No
<b>19</b> 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
<b>20a</b> Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a	No
<b>b</b> If "Yes" to line 20a, did the organization attach its audited financial statement to this return? <b>Note.</b> 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	<input checked="" type="checkbox"/>	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	<input checked="" type="checkbox"/>	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	<input checked="" type="checkbox"/>	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	<input checked="" type="checkbox"/>	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		24b	No	
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		24c	No	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		24d	No	
25a	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	<input checked="" type="checkbox"/>	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	<input checked="" type="checkbox"/>	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	<input checked="" type="checkbox"/>	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	<input checked="" type="checkbox"/>	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)		28a	No	
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	<input checked="" type="checkbox"/>	28b	Yes	
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	<input checked="" type="checkbox"/>	28c	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV	<input checked="" type="checkbox"/>	29	No	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		30	No	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		31	No	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		32	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		33	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	<input checked="" type="checkbox"/>	34	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	<input checked="" type="checkbox"/>	35a	Yes	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?		35b	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	<input checked="" type="checkbox"/>	36	No	
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	<input checked="" type="checkbox"/>	37	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	<input checked="" type="checkbox"/>	38	Yes	
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O				

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

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	<b>1a</b>	475
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	<b>1b</b>	0
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	<b>1c</b>	Yes
<b>2a</b>	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return	<b>2a</b>	427
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	<b>2b</b>	Yes
<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>	No
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	<b>3b</b>	
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account or securities account)?	<b>4a</b>	No
<b>b</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		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>	No
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>	No
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>	
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	<b>6a</b>	No
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>	
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>	<b>7a</b>	No
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	<b>7b</b>	
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7c</b>	No
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7d</b>	
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year	<b>7e</b>	No
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7f</b>	No
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7g</b>	
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7h</b>	
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>8</b>	
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	<b>9a</b>	
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>	<b>9b</b>	
<b>a</b>	Did the organization make any taxable distributions under section 4966?		
<b>b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter	<b>10a</b>	
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	<b>10b</b>	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter	<b>11a</b>	
<b>a</b>	Gross income from members or shareholders	<b>11b</b>	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>	
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>	<b>13a</b>	
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> 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	<b>13b</b>	
<b>b</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	<b>13c</b>	
<b>c</b>	Enter the aggregate amount of reserves on hand		
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>	No
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	<b>14b</b>	

**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

1a Enter the number of voting members of the governing body at the end of the tax year . . . . . **1a** 20

b Enter the number of voting members included in line 1a, above, who are independent . . . . . **1b** 15

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? . . . . .

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? . . . . .

4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .

5 Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .

6 Did the organization have members or stockholders? . . . . .

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? . . . . .

b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . .

8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following

a The governing body? . . . . .

b Each committee with authority to act on behalf of the governing body? . . . . .

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 . . . . .

	Yes	No
1a	20	
1b	15	
2	Yes	
3		No
4		No
5		No
6		No
7a		No
7b		No
8a	Yes	
8b	Yes	
9		No

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

10a Did the organization have local chapters, branches, or affiliates? . . . . .

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? . . . . .

11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . . . .

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 . . . . .

b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .

c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done . . . . .

13 Did the organization have a written whistleblower policy? . . . . .

14 Did the organization have a written document retention and destruction policy? . . . . .

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 . . . . .

b Other officers or key employees of the organization . . . . .

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? . . . . .

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? . . . . .

	Yes	No
10a		No
10b		
11a	Yes	
12a	Yes	
12b	Yes	
12c	Yes	
13	Yes	
14	Yes	
15a	Yes	
15b	Yes	
16a		No
16b		

### Section C. Disclosure

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

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you 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   
 BRYAN C MCDONALD TREASURERCFO  
 531 SOUTH US HIGHWAY 301  
 TAMPA, FL 33619  
 (813) 258-6515

## **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 VI

**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, compensation of \$100,000 or more in the current year

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.

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

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 ►34

	Yes	No
3 Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such person</i>	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
AMERICAN FOUNDATION FOR DONATION AND TRA 8154 FOREST HILLS AVE STE 3 RICHMOND, VA 23235	IMPORTING OF KIDNEYS RECOVERED OUTSIDE L	2,387,068
TRANSLIFE TISSUE BANK 1560 ORANGE AVE STE 450 WINTER PARK, FL 32789	TISSUE RECOVERY SERVICES	1,102,068
VT INDUSTRIES 227 SE 8TH ST OCALA, FL 34471	TISSUE BANK DISTRIBUTOR	238,764
SCENDIA MED 1809 E BROADWAY ST 323 OVIEDO, FL 32765	TISSUE BANK DISTRIBUTOR	210,692
TRENAM KEMKER SCHARF 2700 BANK OF AMERICA PLAZA 101 E K TAMPA, FL 33602	ATTORNEY	195,143

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 ►12

**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		
<b>Contributions, gifts, grants and other similar amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>					
	<b>b</b> Membership dues . . . . .	<b>1b</b>					
	<b>c</b> Fundraising events . . . . .	<b>1c</b>					
	<b>d</b> Related organizations . . . . .	<b>1d</b>	6,902				
	<b>e</b> Government grants (contributions)	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>					
	<b>g</b> Noncash contributions included in lines 1a-1f \$						
	<b>h</b> <b>Total.</b> Add lines 1a-1f . . . . .		6,902				
<b>Program Service Revenue</b>	Business Code						
			<b>2a</b> ORGAN PLACEMENT	621991	50,006,903	50,006,903	
			<b>b</b> TISSUE PLACEMENT	621991	28,810,390	28,810,390	
			<b>c</b> IMMUNOLOGY LAB	621511	4,724,095	4,724,095	
			<b>d</b>				
			<b>e</b>				
	<b>f</b> All other program service revenue						
	<b>g</b> <b>Total.</b> Add lines 2a-2f . . . . .		83,541,388				
<b>Other Revenue</b>	623,920						
			<b>3</b> Investment income (including dividends, interest and other similar amounts) . . . . .		572,888		572,888
			<b>4</b> Income from investment of tax-exempt bond proceeds				
			<b>5</b> Royalties . . . . .				
	<b>6a</b> Gross rents	(i) Real	(ii) Personal				
	<b>b</b> Less rental expenses	623,920					
	<b>c</b> Rental income or (loss)	0					
	<b>d</b> Net rental income or (loss) . . . . .	623,920				623,920	
<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other					
<b>b</b> Less cost or other basis and sales expenses	4,401,277	16,849,481					
<b>c</b> Gain or (loss)	4,387,476	7,907,761					
<b>d</b> Net gain or (loss) . . . . .	13,801	8,941,720			8,955,521		
<b>8a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . .							
<b>b</b> Less direct expenses . . . . .	<b>b</b>						
<b>c</b> Net income or (loss) from fundraising events . . . . .							
<b>9a</b> Gross income from gaming activities See Part IV, line 19 . . . . .							
<b>b</b> Less direct expenses . . . . .	<b>b</b>						
<b>c</b> Net income or (loss) from gaming activities . . . . .							
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .							
<b>b</b> Less cost of goods sold . . . . .	<b>b</b>						
<b>c</b> Net income or (loss) from sales of inventory . . . . .							
<b>Miscellaneous Revenue</b>		Business Code					
<b>11a</b>							
<b>b</b>							
<b>c</b>							
<b>d</b> All other revenue . . . . .							
<b>e</b> <b>Total.</b> Add lines 11a-11d . . . . .							
<b>12</b> <b>Total revenue.</b> See Instructions . . . . .		93,700,619	83,541,388	0	10,152,329		

**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	206,117	206,117		
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 . . . . .	3,458,548	1,874,185	1,584,363	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	488,523	218,312	270,211	
7 Other salaries and wages	26,923,077	24,606,608	2,316,469	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . . .	2,470,288	2,257,744	212,544	
9 Other employee benefits . . . . .	5,911,259	5,402,653	508,606	
10 Payroll taxes . . . . .	2,259,529	1,895,697	363,832	
11 Fees for services (non-employees)				
a Management . . . . .				
b Legal . . . . .	155,311	-150,000	305,311	
c Accounting . . . . .	79,750		79,750	
d Lobbying . . . . .	137,162	137,162		
e Professional fundraising See Part IV, line 17 . . . . .				
f Investment management fees . . . . .				
g Other . . . . .	19,092,331	18,942,162	150,169	
12 Advertising and promotion . . . . .	645,640	645,640		
13 Office expenses . . . . .	8,289,561	8,038,069	251,492	
14 Information technology . . . . .	536,127	521,631	14,496	
15 Royalties . . . . .				
16 Occupancy . . . . .	3,369,454	2,980,819	388,635	
17 Travel . . . . .	1,605,363	1,435,200	170,163	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
19 Conferences, conventions, and meetings . . . . .	340,946	326,106	14,840	
20 Interest . . . . .	413,583	413,583		
21 Payments to affiliates . . . . .				
22 Depreciation, depletion, and amortization . . . . .	2,787,605	2,749,860	37,745	
23 Insurance . . . . .	858,021		858,021	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O )				
a DONATED PROPERTY EXPENS	13,419	13,419		
b				
c				
d				
e				
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	80,041,614	72,514,967	7,526,647	0
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

**Part X Balance Sheet**

		<b>(A)</b> Beginning of year	<b>(B)</b> End of year
Assets	1 Cash—non-interest-bearing . . . . .	115,651	1 8,790,808
	2 Savings and temporary cash investments . . . . .	12,595,870	2 15,125,960
	3 Pledges and grants receivable, net . . . . .	3	
	4 Accounts receivable, net . . . . .	12,571,432	4 13,114,737
	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 . . . . .	7	
	8 Inventories for sale or use . . . . .	15,290,877	8 13,284,239
	9 Prepaid expenses and deferred charges . . . . .	361,709	9 990,743
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 50,279,265	
	b Less accumulated depreciation . . . . .	10b 16,145,773	43,563,927 10c 34,133,492
	11 Investments—publicly traded securities . . . . .	12,019,905	11 15,599,310
	12 Investments—other securities See Part IV, line 11 . . . . .	12	
	13 Investments—program-related See Part IV, line 11 . . . . .	13	
	14 Intangible assets . . . . .	14	
	15 Other assets See Part IV, line 11 . . . . .	1,391,519	15 2,311,555
	16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	97,910,890	16 103,350,844
Liabilities	17 Accounts payable and accrued expenses . . . . .	19,024,801	17 17,752,863
	18 Grants payable . . . . .	18	
	19 Deferred revenue . . . . .	19	
	20 Tax-exempt bond liabilities . . . . .	25,352,008	20 17,640,008
	21 Escrow or custodial account liability Complete Part IV of Schedule D . . . . .	21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . . . . .	22	
	23 Secured mortgages and notes payable to unrelated third parties . . . . .	799,148	23 1,463,683
	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 <b>Total liabilities.</b> Add lines 17 through 25 . . . . .	45,175,957	26 36,856,554
Net Assets or Fund Balances	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>		
	27 Unrestricted net assets . . . . .	52,734,933	27 66,494,290
	28 Temporarily restricted net assets . . . . .	28	
	29 Permanently restricted net assets . . . . .	29	
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.</b>		
	30 Capital stock or trust principal, or current funds . . . . .	30	
	31 Paid-in or capital surplus, or land, building or equipment fund . . . . .	31	
	32 Retained earnings, endowment, accumulated income, or other funds . . . . .	32	
	33 Total net assets or fund balances . . . . .	52,734,933	33 66,494,290
	34 Total liabilities and net assets/fund balances . . . . .	97,910,890	34 103,350,844

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response to any question in this Part XI 

1	Total revenue (must equal Part VIII, column (A), line 12)	1	93,700,619
2	Total expenses (must equal Part IX, column (A), line 25)	2	80,041,614
3	Revenue less expenses Subtract line 2 from line 1	3	13,659,005
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	52,734,933
5	Other changes in net assets or fund balances (explain in Schedule O)	5	100,352
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	66,494,290

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response to any question in this Part XII 

	Yes	No
1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? <input type="checkbox"/>	2a	No
2b Were the organization's financial statements audited by an independent accountant? <input type="checkbox"/>	2b	Yes
2c 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 <input type="checkbox"/>	2c	Yes
2d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated basis		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? <input type="checkbox"/>	3a	No
3b 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 <input type="checkbox"/>	3b	

2011

Open to Public  
Inspection**SCHEDULE A**  
(Form 990 or 990EZ)**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.

Department of the Treasury  
Internal Revenue Service  
Name of the organization  
LIFELINK FOUNDATION INC

Employer identification number

59-2193032

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

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

1  A church, convention of churches, or association of churches **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

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

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

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

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

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

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

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

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

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

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I 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 <b>Total.</b> 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 <b>Public Support.</b> 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 <b>Total support</b> (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (See instructions)					12	
13 <b>First Five Years</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and <b>stop here</b>						►

**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 <b>33 1/3% support test—2011.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization	►
b <b>33 1/3% support test—2010.</b> If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization	►
17a <b>10%-facts-and-circumstances test—2011.</b> If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and <b>stop here</b> . Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization	►
b <b>10%-facts-and-circumstances test—2010.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and <b>stop here</b> . Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization	►
18 <b>Private Foundation</b> If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions	►

**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")	49,169	73,354	70,676	2,523,621	6,902	2,723,722
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	78,499,196	70,464,698	72,948,785	79,152,038	83,541,388	384,606,105
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 <b>Total.</b> Add lines 1 through 5	78,548,365	70,538,052	73,019,461	81,675,659	83,548,290	387,329,827
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 <b>Public Support</b> (Subtract line 7c from line 6 )						387,329,827

**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	78,548,365	70,538,052	73,019,461	81,675,659	83,548,290	387,329,827
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	497,107	264,769	195,082	1,083,542	1,196,808	3,237,308
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	497,107	264,769	195,082	1,083,542	1,196,808	3,237,308
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV )						
13 <b>Total support</b> (Add lines 9, 10c, 11 and 12 )	79,045,472	70,802,821	73,214,543	82,759,201	84,745,098	390,567,135
14 <b>First Five Years</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and <b>stop here</b>						

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

15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15	99 170 %
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	99 460 %

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

17 Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))	17	0 830 %
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	0 540 %
19a <b>33 1/3% support tests—2011.</b> If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization		
b <b>33 1/3% support tests—2010.</b> If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization		
20 <b>Private Foundation</b> If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions		

**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**

---

---

---

---

**SCHEDULE C**  
(Form 990 or 990-EZ)**Political Campaign and Lobbying Activities****2011****For Organizations Exempt From Income Tax Under section 501(c) and section 527**

► Complete if the organization is described below.  
► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

**Open to Public  
Inspection**

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

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

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

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

If the organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line 35c (Proxy Tax), then

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

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

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

- 1 Provide a description of the organization's direct and indirect political campaign activities on behalf of or in opposition to candidates for public office in Part IV
- 2 Political expenditures ► \$ \_\_\_\_\_
- 3 Volunteer hours

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

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ► \$ \_\_\_\_\_
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ► \$ \_\_\_\_\_
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?  Yes  No
- 4a Was a correction made?  Yes  No
- 4b If "Yes," describe in Part IV

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

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

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

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

**A** Check  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

**B** Check  if the filing organization checked box A and "limited control" provisions apply

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		<b>(a) Filing Organization's Totals</b>	<b>(b) Affiliated Group Totals</b>
<b>1a</b> Total lobbying expenditures to influence public opinion (grass roots lobbying)		137,162	137,162
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying)			
<b>c</b> Total lobbying expenditures (add lines 1a and 1b)		137,162	137,162
<b>d</b> Other exempt purpose expenditures		79,904,452	80,104,689
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d)		80,041,614	80,241,851
<b>f</b> Lobbying nontaxable amount Enter the amount from the following table in both columns		1,000,000	1,000,000
<b>If the amount on line 1e, column (a) or (b) is:</b>	<b>The lobbying nontaxable amount is:</b>		
Not over \$500,000	20% of the amount on line 1e		
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
Over \$17,000,000	\$1,000,000		
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f)		250,000	250,000
<b>h</b> Subtract line 1g from line 1a If zero or less, enter -0-		0	0
<b>i</b> Subtract line 1f from line 1c If zero or less, enter -0-		0	0
<b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No	

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

**(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)**

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
<b>Calendar year (or fiscal year beginning in)</b>	<b>(a) 2008</b>	<b>(b) 2009</b>	<b>(c) 2010</b>	<b>(d) 2011</b>	<b>(e) Total</b>
<b>2a</b> Lobbying non-taxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000
<b>c</b> Total lobbying expenditures	141,500	150,196	142,891	137,162	571,749
<b>d</b> Grassroots non-taxable amount	250,000	250,000	250,000	250,000	1,000,000
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000
<b>f</b> Grassroots lobbying expenditures	141,500	150,196	142,891	137,162	571,749

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

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

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

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

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

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

**Part IV Supplemental Information**

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 11. Also, complete this part for any additional information

Identifier	Return Reference	Explanation

2011

Open to Public  
Inspection**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.

**Name of the organization**

LIFELINK FOUNDATION INC

**Employer identification number**

59-2193032

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?  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
2a	
2b	
2c	
2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ► \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ► \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, 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)

<b>a</b> <input type="checkbox"/> Public exhibition	<b>d</b> <input type="checkbox"/> Loan or exchange programs
<b>b</b> <input type="checkbox"/> Scholarly research	<b>e</b> <input type="checkbox"/> Other
<b>c</b> <input type="checkbox"/> Preservation for future generations	

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

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV 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

	<b>Amount</b>
<b>1c</b>	
<b>1d</b>	
<b>1e</b>	
<b>1f</b>	

**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.

	<b>(a) Current Year</b>	<b>(b) Prior Year</b>	<b>(c) Two Years Back</b>	<b>(d) Three Years Back</b>	<b>(e) Four Years Back</b>
<b>1a</b> Beginning of year balance . . . . .					
<b>b</b> Contributions . . . . .					
<b>c</b> Investment earnings or losses . . . . .					
<b>d</b> Grants or scholarships . . . . .					
<b>e</b> Other expenditures for facilities and programs . . . . .					
<b>f</b> Administrative expenses . . . . .					
<b>g</b> End of year balance . . . . .					

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

**a** Board designated or quasi-endowment ►

**b** Permanent endowment ►

**c** Term endowment ►

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

<b>(i)</b> unrelated organizations . . . . .	<b>Yes</b>	<b>No</b>
--	------------	-----------

<b>(ii)</b> related organizations . . . . .	<b>Yes</b>	<b>No</b>
---	------------	-----------

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

<b>3a(i)</b>	<b>Yes</b>	<b>No</b>
<b>3a(ii)</b>		
<b>3b</b>		

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.

	<b>Description of property</b>	<b>(a) Cost or other basis (investment)</b>	<b>(b) Cost or other basis (other)</b>	<b>(c) Accumulated depreciation</b>	<b>(d) Book value</b>
<b>1a</b> Land . . . . .		5,529,802			5,529,802
<b>b</b> Buildings . . . . .		35,566,380	10,244,208		25,322,172
<b>c</b> Leasehold improvements . . . . .					
<b>d</b> Equipment . . . . .		9,183,083	5,901,565		3,281,518
<b>e</b> Other . . . . .					
<b>Total.</b> Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) . . . . .					34,133,492

**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		
Other		
<b>Total.</b> (Column (b) should equal Form 990, Part X, col (B) line 12.) ►		

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

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

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

(a) Description	(b) Book value
<b>Total.</b> (Column (b) should equal Form 990, Part X, col (B) line 15.) ►	

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

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

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	93,700,619
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	80,041,614
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	13,659,005
4	Net unrealized gains (losses) on investments	4	100,352
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	100,352
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	13,759,357

**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	84,751,997
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	84,751,997
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	8,948,622
c	Add lines 4a and 4b . . . . .	4c	8,948,622
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12 ) . . . . .	5	93,700,619

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

1	Total expenses and losses per audited financial statements . . . . .	1	79,883,765
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	79,883,765
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	157,849
c	Add lines 4a and 4b . . . . .	4c	157,849
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18 ) . . . . .	5	80,041,614

**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
PART XII, LINE 4B - OTHER ADJUSTMENTS		GAIN ON SALE OF BUILDING 8,885,340 GAIN ON SALE OF FURNITURE, FIXTURES & EQUIPMENT 56,380 LIFELINK LEGACY FUND TRANSFER OF GENERAL FUNDS FOR PROGRAMS 6,902
PART XIII, LINE 4B - OTHER ADJUSTMENTS		NET ASSET TRANSFER ON FORGIVENESS TO LIFELINK LEGACY FUND 101,469 GAIN ON SALE OF FURNITURE, FIXTURES & EQUIPMENT 56,380

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

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

OMB No 1545-0047

2011

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

- Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.
  - Attach to Form 990. ► See separate instructions.

► Attach to Form 990. ► See separate instructions.

**Employer identification number**

59-2193032

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

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

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

3 Activities per Region. (Use Part V if additional space is needed.)

3 Activities per Region. (Use Part V if additional space is needed.)

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

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

**Part IV Foreign Forms**

1 Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926 (see instructions for Form 926)*  Yes  No

2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)*  Yes  No

3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see instructions for Form 5471)*  Yes  No

4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621)*  Yes  No

5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see instructions for Form 8865)*  Yes  No

6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see instructions for Form 5713).*  Yes  No

**Part V Supplemental Information**

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

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

## Schedule I (Form 990)

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

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

► Attach to Form 990

2011

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
**LIFELINK FOUNDATION INC**

**Employer identification number**

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

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

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

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

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

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

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

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	PART I, LINE 2	SCHEDULE I, PART I, LINE 2 PAYMENTS FOR APPROVED GRANTS ARE BASED ON INCURRED EXPENSES THAT MEET THE REQUIREMENTS OF THE GRANT AND SUPPORT THE OVERALL MISSION OF THE FOUNDATION. ALL GRANTS ARE REVIEWED AND APPROVED BY MANAGEMENT AT LEAST ANNUALLY

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

OMB No 1545-0047

**2011**Department of the Treasury  
Internal Revenue Service

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.**

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

59-2193032

**Part I Questions Regarding Compensation**

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

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

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

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

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

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

**4** During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization

**a** Receive a severance payment or change-of-control payment?

**b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?

**c** Participate in, or receive payment from, an equity-based compensation arrangement?

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

**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?

**b** Any related organization?

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

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

**a** The organization?

**b** Any related organization?

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

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

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

**9** If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
<b>1b</b>	Yes	
<b>2</b>	Yes	
<b>4a</b>		No
<b>4b</b>	Yes	
<b>4c</b>		No
<b>5a</b>		No
<b>5b</b>		No
<b>6a</b>		No
<b>6b</b>		No
<b>7</b>		No
<b>8</b>		No
<b>9</b>		

**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) DANA L SHIRES MD	(i) 502,550 (ii) 0	50,000 0	939 0	37,277 0	12,744 0	603,510 0	0 0
(2) DENNIS F HEINRICH BSN MBA	(i) 406,369 (ii) 0	50,000 0	15,831 0	37,277 0	14,094 0	523,571 0	0 0
(3) BRYAN C MCDONALD CPA	(i) 223,500 (ii) 0	20,000 0	7,533 0	33,737 0	14,244 0	299,014 0	0 0
(4) KATHLEEN T LILLY	(i) 181,356 (ii) 0	12,000 0	4,348 0	25,815 0	16,244 0	239,763 0	0 0
(5) MARIEN SAADE	(i) 156,981 (ii) 0	10,753 0	5,117 0	20,881 0	12,744 0	206,476 0	0 0
(6) DANA L SHIRES III	(i) 203,500 (ii) 0	14,782 0	1,776 0	49,998 0	15,744 0	285,800 0	0 0
(7) JEAN DAVIS	(i) 270,231 (ii) 0	21,971 0	9,248 0	80,491 0	12,744 0	394,685 0	0 0
(8) ELIZABETH M LEHR	(i) 169,231 (ii) 0	10,000 0	4,084 0	23,580 0	15,744 0	222,639 0	0 0
(9) CHARLES WRIGHT	(i) 232,950 (ii) 0	4,000 0	515 0	35,145 0	12,744 0	285,354 0	0 0
(10) DANIEL L SCHULTZ	(i) 219,375 (ii) 0	6,000 0	4,922 0	33,273 0	15,744 0	279,314 0	0 0
(11) DANNY HAWKE	(i) 156,120 (ii) 0	4,500 0	6,888 0	21,900 0	14,744 0	204,152 0	0 0
(12) TIMOTHY A IGNATIUS	(i) 158,635 (ii) 0	0 0	5,176 0	22,152 0	13,654 0	199,617 0	0 0
(13) MAYRA M LOPEZ-CEPERO	(i) 173,000 (ii) 0	10,000 0	539 0	24,533 0	12,744 0	220,816 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
	PART I, LINE 1A	SPOUSES OCCASIONALLY TRAVEL WITH OFFICERS TO BOARD MEETINGS. ALL COSTS ASSOCIATED WITH SPOUSAL TRAVEL ARE INCLUDED AS INCOME ON THE EMPLOYEE'S W-2. THE ORGANIZATION'S TRAVEL POLICY PERMITS AIRLINE CLUB MEMBERSHIPS FOR EXECUTIVES WHO TRAVEL EXCLUSIVELY ON COMPANY BUSINESS. CLUB MEMBERSHIPS ARE INCLUDED AS INCOME ON THE EMPLOYEE'S W-2. ONE EMPLOYEE RECEIVED A HOUSING ALLOWANCE, GROSSED UP FOR TAXES, AS PART OF HIS RELOCATION PACKAGE TO TAMPA. THE HOUSING ALLOWANCE IS INCLUDED AS INCOME ON THE EMPLOYEE'S W-2.
	PART I, LINE 4B	THE FOUNDATION HAS A SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN (SERP) WHICH PROVIDES CERTAIN EXECUTIVES DEFERRED COMPENSATION BENEFITS TO THE PARTICIPANT UNDER THIS SUPPLEMENTAL PLAN ONLY VEST IN THE EVENT OF NORMAL RETIREMENT, DISABILITY, DEATH OR SERP TERMINATION, AS DEFINED. PARTICIPANTS IN THE SERP AND THEIR DEFERRED COMPENSATION FOR THE YEAR ENDED DECEMBER 31, 2011 ARE DAN SHIRES - \$34,019, JEAN DAVIS - \$11,859, BRYAN MCDONALD - \$0, AND DANNY HAWKE - \$0.

**Schedule K  
(Form 990)****2011****Open to Public  
Inspection****Supplemental Information on Tax Exempt Bonds**

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

► Attach to Form 990. ► See separate instructions.

Department of the Treasury  
Internal Revenue ServiceName of the organization  
LIFELINK FOUNDATION INCEmployer identification number  
59-2193032**Part I Bond Issues**

(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased		(h) On Behalf of Issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A HILLSBOROUGH COUNTY INDUSTRIAL DEVELOPMENT AUTHORITY	52-1293512		09-18-2009	26,400,000	REFUNDING OF 1997 & 2008 SERIES BONDS TO FINANCE TISSUE BANK FACILITY		X		X		X

**Part II Proceeds**

1	Amount of bonds retired	A		B		C		D	
		1,047,992							
2	Amount of bonds defeased								
3	Total proceeds of issue		26,400,000						
4	Gross proceeds in reserve funds								
5	Capitalized interest from proceeds		249,057						
6	Proceeds in refunding escrow								
7	Issuance costs from proceeds		280,499						
8	Credit enhancement from proceeds								
9	Working capital expenditures from proceeds								
10	Capital expenditures from proceeds		17,970,444						
11	Other spent proceeds								
12	Other unspent proceeds								
13	Year of substantial completion	2010							

14	Were the bonds issued as part of a current refunding issue?	A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
15	Were the bonds issued as part of an advance refunding issue?		X						
16	Has the final allocation of proceeds been made?	X							
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X							

**Part III Private Business Use**

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

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

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>3a</b> Are there any management or service contracts that may result in private business use?		X						
<b>b</b> If 'Yes' to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
<b>c</b> Are there any research agreements that may result in private business use of bond-financed property?		X						
<b>d</b> If 'Yes' to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
<b>4</b> Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ►	0 %							
<b>5</b> Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ►	0 %							
<b>6</b> Total of lines 4 and 5	0 %							
<b>7</b> Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X							

**Part IV Arbitrage**

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

**Part V Procedures To Undertake Corrective Action**

Check the box if the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations

Yes  No

**Part VI Supplemental Information**

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

Identifier	Return Reference	Explanation

## Schedule L

## Transactions with Interested Persons

OMB No 1545-0047

2011

Department of the Treasury  
Internal Revenue Service

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

**Open to Public  
Inspection**

**Name of the organization**  
LIFELINK FOUNDATION INC

**Employer identification number**

59-219303

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

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

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

**Part II      Loans to and/or From Interested Persons.**

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

### **Part III Grants or Assistance Benefitting Interested Persons.**

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

**Part IV Business Transactions Involving Interested Persons.**

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) ART HEINRICH	BROTHER OF COO/BOARD MEMBER	157,300	COMPENSATION FOR EMPLOYMENT		No
(2) SHIRLEY HEINRICH	WIFE OF COO/BOARD MEMBER	112,911	COMPENSATION FOR EMPLOYMENT		No
(3) BRAD BASSLER	SON-IN-LAW OF BOARD MEMBER	159,722	COMPENSATION FOR EMPLOYMENT		No
(4) TRANSLIFE TISSUE BANK	BOARD MEMBER IS MEDICAL DIRECTOR OF A TISSUE BANK USED BY THE ORGANIZATION	1,354,276	TISSUE DONOR RECOVERY FEES AND HD GRANT		No
(5) TRENAM KEMKER SCHARF	BOARD MEMBER IS A PARTNER IN A LAW FIRM USED BY THE ORGANIZATION	151,636	LEGAL FEES		No
(6) DAWN HEINRICH	DAUGHTER-IN-LAW OF COO/BOARD MEMBER	58,590	COMPENSATION FOR EMPLOYMENT		No

**Part V Supplemental Information**

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

Identifier	Return Reference	Explanation

**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.

**2011****Open to Public  
Inspection**Name of the organization  
LIFELINK FOUNDATION INC**Employer identification number**  
59-2193032

Identifier	Return Reference	Explanation
ORGANIZATION MISSION STATEMENT	FORM 990, PART III	MESSAGE FROM THE CHAIRMAN OF THE BOARD AND CHIEF EXECUTIVE OFFICER DR SHIRES AND I WOULD LIKE EVERY ONE TO KNOW THAT LIFELINK REMAINS COMMITTED TO ITS MISSION TO WORK COMPASSIONATELY WITH DONOR FAMILIES TO MEET THE GROWING LOCAL AND NATIONAL DEMAND FOR LIFESAVING ORGAN TRANSPLANTATION TODAY, MORE THAN 115,000 PEOPLE ARE WAITING FOR A DONOR TO BE FOUND WHO CAN PROVIDE THESE PRECIOUS GIFTS SADLY ANOTHER PERSON IS ADDED TO THE TRANSPLANT WAITING LIST EVERY ELEVEN MINUTES AND, WORSE, PATIENTS CONTINUE TO DIE BEFORE A SUITABLE DONOR CAN BE FOUND FORTUNATELY, ONE ORGAN DONOR CAN SAVE THE LIVES OF EIGHT PEOPLE AND A TISSUE DONOR CAN ENHANCE THE LIVES OF UP TO 60 IN NEED MOREOVER, THE SELFLESS DECISION MADE BY DONORS IMPACTS MORE THAN TRANSPLANT RECIPIENTS, IT ALSO IMPACTS THEIR FAMILY, FRIENDS AND COMMUNITY LIFELINK HAS MADE MANY SIGNIFICANT STRIDES THIS YEAR OUR THREE ORGAN PROCUREMENT ORGANIZATIONS RECOVERED MORE THAN 1,400 ORGANS THAT WERE TRANSPLANTED INTO WAITING RECIPIENTS BY PROVIDING MORE THAN 35,000 ALLOGRAFTS FOR PATIENT CARE, OUR NEW TISSUE BANK FACILITY EXCEEDED OUR EXPECTATIONS AND HAS ASSISTED IN DEVELOPING NEW GRAFTS TO HELP PATIENTS IN NEED OF SPINAL FUSION OUR TRANSPLANT IMMUNOLOGY LAB IS IN THE FOREFRONT OF CLINICAL TRANSPLANTATION, TAKING NEW STRIDES IN RESEARCH, PUBLISHING IN JOURNALS AND IS FULLY ENGAGED IN THE NEW NATIONAL KIDNEY PAIRING PROGRAM OUR PARTNER HOSPITALS AND THEIR STAFF, VOLUNTEERS, EMPLOYEES, BOARD MEMBERS, MEDICAL EXAMINERS AND TRANSPLANT CENTERS EACH PLAY A SIGNIFICANT ROLE IN THE DONATION PROCESS TOGETHER WITH THESE PARTNERS, LIFELINK HONORS THOSE WHO HAVE CHOSEN TO GIVE THE GIFT OF LIFE BY ENSURING WE CARRY OUT THEIR WISHES AND BY MAINTAINING OPEN LINES OF COMMUNICATION WITH THEIR FAMILIES LONG AFTER THE DONATION PROCESS IS COMPLETE AS WE GO FORWARD, WE WILL DO OUR BEST TO CARRY FORTH THE SPIRIT OF THAT STATEMENT, ONE RENEWED LIFE AT A TIME WE ARE COMMITTED TO WORK TO DO MORE, TO HELP MORE AND TO DECREASE THE NUMBER OF THOSE WHO DIE WAITING DANA L SHIRES, JR , M D , F A C P CHAIRMAN OF THE BOARD DENNIS F HEINRICH, B S N , M B A PRESIDENT/CHIEF EXECUTIVE OFFICER
	FORM 990, PART V, LINE 2A	THE ORGANIZATION FILED 427 FORM W-2S FOR 2011 PLUS AN ADDITIONAL 62 ON THE EQUIVALENT PUERTO RICO FORM FOR A TOTAL OF 489 EMPLOYEES FOR THE 2011 CALENDAR YEAR
	FORM 990, PART VI, SECTION A, LINE 2	DANA L SHIRES, M D , CHARIMAN/CEO, AND DANA L SHIRES III, EXECUTIVE VP OF TISSUE BANK SERVICES, ARE FATHER AND SON
	FORM 990, PART VI, SECTION B, LINE 11	THE FOUNDATION'S FORM 990 IS PROVIDED TO THE AUDIT COMMITTEE, COO, AND CFO VIA A SECURE WEB PAGE FOR PRELIMINARY REVIEW THE FORM 990 IS THEN DISTRIBUTED TO THE ENTIRE GOVERNING BOARD USING THE SAME SECURE WEB PAGE PRIOR TO ISSUANCE
	FORM 990, PART VI, SECTION B, LINE 12C	ANNUALLY, THE FOUNDATION REQUIRES ALL INTERESTED PERSONS TO ATTEST THAT THEY HAVE RECEIVED, READ AND AGREED TO COMPLY WITH LIFELINK'S CONFLICT OF INTEREST POLICY THE ANNUAL CERTIFICATION REQUIRES THE DISCLOSURE OF ANY CONFLICTS OF INTEREST THAT MAY EXIST THE EXECUTIVE COMMITTEE OF THE GOVERNING BOARD REVIEWS POTENTIAL CONFLICTS OF INTEREST AND DETERMINES WHAT ACTION, IF ANY, IS NECESSARY ON AN ONGOING BASIS, CONFLICTS OF INTEREST ARE MONITORED BASED ON PERIODIC REVIEWS PERFORMED BY THE FOUNDATION'S INTERNAL CORPORATE COMPLIANCE DEPARTMENT
	FORM 990, PART VI, SECTION B, LINE 15	AN INDEPENDENT COMPENSATION COMMITTEE, ACTING ON BEHALF OF THE GOVERNING BOARD, IS RESPONSIBLE FOR REVIEWING AND APPROVING THE TOTAL COMPENSATION OF ALL OFFICERS, DIRECTORS, KEY EMPLOYEES AND ANY RELATED FAMILY MEMBERS AT LEAST ANNUALLY THIS REVIEW INCLUDES A DETAILED ANALYSIS OF COMPARABLE DATA FROM INDUSTRY SURVEYS, FORM 990S AND STUDIES FROM THIRD PARTY CONSULTANTS
	FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION DOES NOT MAKE ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, OR FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC AS THEY ARE NOT REQUIRED TO BY LAW
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED GAINS ON INVESTMENTS 100,352

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

## Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2011

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

**Name of the organization**

## LIFELINK FOUNDATION INC

**Employer identification number**

59-2193032

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

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

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

**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.)

**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.)

**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**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

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

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

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

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1)	LIFELINK LEGACY FUND INC	B	101,469	SHARED COSTS FORGIVEN
(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.

**Part VII Supplemental Information**

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

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

## TY 2011 Affiliated Group Schedule

**Name:** LIFELINK FOUNDATION INC**EIN:** 59-2193032**Affiliated Group Business Name:** LIFELINK LEGACY FUND**Address. Either US or Foreign** 409 BAYSHORE BLVD**Type:** TAMPA, FL 33606**EIN:** 59-3040982**Electing Organization Checkbox:** **Total Grassroots Lobbying:** 0**Total Direct Lobbying:** 0**Total Lobbying Expenditures:** 0**Other Exempt Purpose** 200,237**Expenditures:****Total Exempt Purpose** 200,237**Expenditures:****Lobbying Nontaxable Amount:** 40,047**Grassroots Nontaxable Amount:** 10,012**Tot Lobbying Grassroot Minus Non** 0**Tx:****Tot Lobby Expend Mns Lobbying** 0**Non Tx:****Share Of Excess Lobbying:** 0

## Additional Data

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

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

#### 4d. Other program services

(Code	(Expenses \$	including grants of \$	(Revenue \$	)
COMMUNITY EDUCATION THE LIFELINK PUBLIC AFFAIRS DEPARTMENT EDUCATES COMMUNITIES ABOUT ORGAN AND TISSUE DONATION AND THE IMPORTANCE OF INDIVIDUALS DOCUMENTING A DONATION DECISION ON THEIR STATE DONOR REGISTRY AMONG THE BIGGEST AND MOST EXCITING CHANGES OF THE RECENT FISCAL YEAR CAME FOR LIFELINK OF PUERTO RICO AFTER YEARS OF WORKING WITH LEGISLATORS, PUERTO RICO'S ORGAN DONOR REGISTRY WAS LAUNCHED ON NOVEMBER 11, 2011, SINCE THEN, MORE THAN 400,000 PUERTO RICANS HAVE JOINED THE REGISTRY IN FLORIDA, GEORGIA AND PUERTO RICO, AGENCIES RESPONSIBLE FOR THE ISSUANCE OF DRIVER LICENSES AND STATE IDENTIFICATION CARDS ARE PROMINENT COMMUNITY PARTNERS MORE THAN 95 PERCENT OF PEOPLE REGISTER THEIR DECISION TO BECOME A DONOR WHEN GETTING OR RENEWING THEIR DRIVER LICENSE OR STATE IDENTIFICATION CARD THE PUBLIC AFFAIRS TEAM PROVIDES EDUCATION TO CUSTOMERS AND IN-SERVICES TO STAFF RESPONSIBLE FOR FACILITATING DONOR DESIGNATIONS ABOUT THEIR IMPORTANT, STATE-MANDATED ROLE OF ASKING THE QUESTION "DO YOU WANT TO BE AN ORGAN DONOR?" RACK CARDS, CLIPBOARDS AND POSTERS ARE DISPLAYED PROMINENTLY THROUGHOUT THE DRIVER LICENSE OFFICES TO DEBUNK MYTHS AND PROVIDE GENERAL INFORMATION ABOUT ORGAN AND TISSUE DONATION ACTIONABLE DONOR DESIGNATION RATE THE ACTIONABLE DONOR DESIGNATION (ADD) RATE IS THE PERCENTAGE OF POPULATION OVER THE AGE OF EIGHTEEN WHICH HAS DESIGNATED A DONATION DECISION NATIONALLY, OUR GOAL IS A 50% ACTIONABLE DONOR DESIGNATION RATE LLFL 48%LLGA 57%LLPR** 8 8%NATIONAL AVERAGE 43%OUR MULTICULTURAL DONATION EDUCATION PROGRAM FOCUSES ON OUTREACH WITH AFRICAN AMERICAN AND HISPANIC POPULATIONS CREATING AND IMPLEMENTING LARGE SCALE COMMUNITY EVENTS SUCH AS GOSPEL CONCERTS, COLLEGE CAMPUS CHALLENGES AND COMMUNITY HEALTH FAIRS, AS WELL AS ONGOING CAMPAIGNS TARGETING THE FAITH COMMUNITY AND SERVICE ORGANIZATIONS, ALLEVIATES MISCONCEPTIONS ASSOCIATED WITH ORGAN AND TISSUE DONATION RESULTING IN DONOR DESIGNATIONS PASSION FOR ADVOCACY COMES NATURALLY FOR LIFELINK'S VOLUNTEERS OUR VOLUNTEER PROGRAMS ARE COMPRISED OF DONOR FAMILIES AND TRANSPLANT RECIPIENTS, AND REACH PEOPLE ON AN EMOTIONAL LEVEL, SHARING THEIR LOVED ONES' DONATION STORY OR RELIVING THE JOY OF TRANSPLANTATION THAT GAVE THEM RENEWED LIFE, RESPECTIVELY LAST YEAR, LIFELINK VOLUNTEERS CONTRIBUTED 5,473 HOURS TO DONATION EDUCATION NUMBER OF MEDIA STORIES TV 45RADIO 141PRINT 152WEB 605				
INFORMATION SYSTEMS USING TECHNICAL INNOVATION AND CREATIVITY, THE LIFELINK INFORMATION SYSTEMS (IS) DEPARTMENT CONTINUES TO PLAN, DEVELOP AND IMPLEMENT IS SOLUTIONS DEDICATED TO ADVANCING AND SUPPORTING THE VISION AND MISSION OF LIFELINK WORKING COLLABORATIVELY WITH THE OPO DIVISIONS AND FINANCE AND ACCOUNTING, THE IS DEPARTMENT COMPLETED AN EXTENSIVE SOFTWARE VENDOR SELECTION PROCESS FOR A NEW WEB BASED SOFTWARE PLATFORM BEING IMPLEMENTED TO SUPPORT THE ELECTRONIC DONOR CHART REQUIREMENTS THIS SOFTWARE IS A REAL-TIME, SECURE, ONLINE SYSTEM THAT WILL STREAMLINE WORKFLOW THE LIFELINK TISSUE BANK DONOR MANAGEMENT SYSTEM WAS EXPANDED WITH ADDITIONAL SOFTWARE MODULES TO ADD ELECTRONIC CHARTING AND DOCUMENT MANAGEMENT CAPABILITIES NEW TISSUE BANK REPORTS ARE BEING DEVELOPED WHICH SERVE AS DECISION SUPPORT AND BUSINESS INTELLIGENCE TOOLS INFORMATION SYSTEMS' COMMUNICATION SERVICES TEAM TRIAGES CALLS FOR DIVISIONS WITHIN THE FOUNDATION THROUGHOUT FLORIDA, GEORGIA AND PUERTO RICO THEY ALSO PROVIDE BASIC SCREENING ON ALL POTENTIAL DONORS WITHIN LIFELINK OF FLORIDA AND LIFELINK OF GEORGIA SERVICE AREAS AND PROVIDE TRAINING FOR THE AGENCY THAT SERVES PUERTO RICO AND THE U S VIRGIN ISLANDS CALL CENTER DATA EACH YEAR, LIFELINK'S COMMUNICATION SERVICES TEAM FIELDS THOUSANDS OF CALLS FROM OUR FLORIDA AND GEORGIA SERVICE AREAS, MOST OF WHICH ARE REFERRALS FOR POTENTIAL ORGAN OR TISSUE DONATION LIFELINK ALSO ASSISTS OUR LOCAL TRANSPLANT CENTERS IN IMPORTING ORGANS FOR TRANSPLANT FROM OTHER ORGAN RECOVERY ORGANIZATIONS AROUND THE COUNTRY FISCAL YEAR 2011-2012TOTAL CALLS 116,000+REFERRALS FOR POTENTIAL ORGAN DONATION 7,599REFERRALS FOR POTENTIAL TISSUE DONATION* 14,732IMPORT REFERRALS 1,169*INCLUDES TISSUE REFERRALS FOR TRANSLIFE				

**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	Official	Key employee endorsee	Highest compensated employee			
DANA L SHIRES MD CHAIRMAN/CEO	40 00	X		X			553,489	0	50,021
DENNIS F HEINRICH BSN MBA PRESIDENT/COO	40 00	X		X			472,200	0	51,371
VICTOR D BOWERS MD DIRECTOR & ASSOCIATE MEDICAL DIR	20 00	X					43,935	0	18,016
JOHN D WHELCHL MD DIRECTOR & ASSOCIATE MEDICAL DIR	20 00	X					75,053	0	21,005
ESTHER TORRES MD DIRECTOR	20 00	X					45,095	0	17,370
THOMAS C PEARSON MD DIRECTOR & ASSOCIATE MEDICAL DIR	20 00	X					61,535	0	17,616
LUIS A MORALES-OTERO MD DIRECTOR & ASSOCIATE MEDICAL DIR	20 00	X					56,265	0	19,014
MORRIS J DILLARD DIRECTOR	2 00	X					2,975	0	0
LARRY JONES DIRECTOR	2 00	X					1,500	0	0
WILLIAM M LEFOR PHD DIRECTOR	2 00	X					5,795	0	0
ROBERT METZGER MD DIRECTOR	2 00	X					4,294	0	0
WILLIAM J MEURER CPA DIRECTOR	2 00	X					1,500	0	0
WADE MITCHELL DIRECTOR	2 00	X					3,000	0	0
HAROLD W MULLIS JR ESQ DIRECTOR	2 00	X					3,620	0	0
GEORGE H OHYE DIRECTOR	2 00	X					1,500	0	0
NICK READER DIRECTOR	2 00	X					750	0	0
CHARLES SANDERS JR MD DIRECTOR	2 00	X					1,500	0	0
JEFFREY L SEAVEY CFP DIRECTOR	2 00	X					3,512	0	0
JOEL T VANSICKLER MD DIRECTOR	2 00	X					3,376	0	0
J DAVID VEGA MD DIRECTOR	2 00	X					3,824	0	0
DEBORAH WINEGARD JD DIRECTOR	2 00	X					3,000	0	0
JAMES J WYNN MD DIRECTOR	2 00	X					4,500	0	0
BRYAN C MCDONALD CPA TREASURER/CFO	40 00			X			251,033	0	47,981
LINDA G D'AGUILA SECRETARY/VP CORPORATE AFF	32 00			X			110,757	0	25,422
KATHLEEN T LILLY SR VP/EXEC DIR LLGA-OPO	40 00			X			197,704	0	42,059

**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	Office	Key employee	Highest compensated employee			
MARIEN SAADE SR VP/EXEC DIR LLPR-OPO	40 00			X			172,851	0	33,625
DANA L SHIRES III EXECUTIVE VP - TISSUE BANK	40 00			X			220,058	0	65,742
JEAN DAVIS EXECUTIVE VP - ORGAN RECOV	40 00			X			301,450	0	93,235
ELIZABETH M LEHR SR VP/EXEC DIR LLFL-OPO	40 00			X			183,315	0	39,324
CHARLES WRIGHT MEDICAL DIRECTOR	40 00				X		237,465	0	47,889
DANIEL L SCHULTZ MEDICAL DIRECTOR	40 00				X		230,297	0	49,017
DANNY HAWKE SR VICE PRESIDENT	40 00				X		167,508	0	36,644
TIMOTHY A IGNATIUS VP SALES & MARKETING	40 00				X		163,811	0	35,806
MAYRA M LOPEZ-CEPERO SR VICE PRESIDENT	40 00				X		183,539	0	37,277