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Form 990

## Return of Organization Exempt From Income Tax

2012

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

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

Open to Public Inspection

## A For the 2012 calendar year, or tax year beginning 07-01-2012, 2012, and ending 06-30-2013

B Check if applicable	C Name of organization LIFELINK FOUNDATION INC		D Employer identification number 59-2193032
<input type="checkbox"/> Address change	Doing Business As		
<input type="checkbox"/> Name change			
<input type="checkbox"/> Initial return	Number and street (or P O box if mail is not delivered to street address)	Room/suite	E Telephone number (813) 258-6515
<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		G Gross receipts \$ 125,346,973
F Name and address of principal officer DR DANA L SHIRES 531 SOUTH US HIGHWAY 301 TAMPA, FL 33619		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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)	4 Number of independent voting members of the governing body (Part VI, line 1b)	5 Total number of individuals employed in calendar year 2012 (Part V, line 2a)	6 Total number of volunteers (estimate if necessary)	7a Total unrelated business revenue from Part VIII, column (C), line 12	7b Net unrelated business taxable income from Form 990-T, line 34	3 23
						4 16
						5 524
						6 700
						7a 0
						7b 0

Revenue	8 Contributions and grants (Part VIII, line 1h)	9 Program service revenue (Part VIII, line 2g)	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	Prior Year	Current Year
						3	23
						4 998,159	
						5 83,541,388	89,475,739
						6 9,528,409	917,312
						7 623,920	0
						8 93,700,619	91,391,210

Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	14 Benefits paid to or for members (Part IX, column (A), line 4)	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	16a Professional fundraising fees (Part IX, column (A), line 11e)	17 Total fundraising expenses (Part IX, column (D), line 25)	Prior Year	Current Year
						3	23
						4 206,117	107,657
						5 0	0
						6 41,511,224	43,989,514
						7 0	0
						8 38,324,273	39,567,735
						9 80,041,614	83,664,906
						10 13,659,005	7,726,304

Net Assets or Fund Balances	Beginning of Current Year		End of Year
	20 Total assets (Part X, line 16)	21 Total liabilities (Part X, line 26)	22 Net assets or fund balances Subtract line 21 from line 20
	103,350,844	36,856,554	66,494,290
	113,756,629	39,749,554	74,007,075

## 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	2014-05-12 Date
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Paid Preparer Use Only	Print/Type preparer's name BETTY ISLER CPA	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN P00541979
	Firm's name ► CBIZ MHM LLC		Firm's EIN ► 27-3605969		
	Firm's address ► 1401 COURT STREET CLEARWATER, FL 337566146		Phone no (727) 446-3058		

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

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

LIFELINK FOUNDATION IS A NON-PROFIT COMMUNITY SERVICE ORGANIZATION DEDICATED TO THE RECOVERY OF LIFE-SAVING AND LIFE-ENHANCING ORGANS AND TISSUE FOR TRANSPLANTATION THERAPY. THE FOUNDATION WORKS IN A SENSITIVE, DILIGENT, AND COMPASSIONATE MANNER TO FACILITATE THE DONATION OF DESPERATELY NEEDED ORGANS AND TISSUES FOR WAITING PATIENTS, 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 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 \$ 43,376,610 including grants of \$ 34,644 ) (Revenue \$ 54,464,080 )**

ORGAN PROCUREMENT ORGANIZATIONS FLORIDA, GEORGIA, PUERTO RICOORGAN AND TISSUE DONORS SAVE LIVES, THEIR GIFTS ENABLE PEOPLE TO SPEND MORE TIME WITH FAMILY, AND PROVIDE INCREASED QUALITY OF LIFE BECAUSE OF THE IMPORTANCE OF THIS GIFT, LIFELINK ORGAN PROCUREMENT ORGANIZATIONS (OPOS) WORK DILIGENTLY TO ENSURE THE WISHES OF EACH DONOR ARE CARRIED OUT, BOTH HONORING THE DONOR'S DECISION TO HELP OTHERS AND OUR OBLIGATION TO HELP WAITING PATIENTS IN NEED. LIFELINK OF PUERTO RICO HAS PARTNERED WITH AREA HOSPITALS TO EDUCATE STAFF ABOUT THE DONATION PROCESS, AND HAS CREATED A NEW POSITION FOCUSED SOLELY ON THE ISLAND'S TRAUMA CENTER TO ENSURE THAT IMPROVED PROCESSES OPTIMIZE THE DONATION OPPORTUNITY TO SAVE THE LIVES OF THOSE WAITING. PUERTO RICO HAS ALSO IMPLEMENTED WORKSHOPS FOR HOSPITALS IN THEIR SERVICE AREA THAT PROVIDE HOSPITAL STAFF WITH A "TOOLBOX" ABOUT THE ORGAN AND TISSUE DONATION PROCESS. THESE EDUCATIONAL SESSIONS RESULTED IN STRONGER RELATIONSHIPS AND COMMUNICATION WITH OUR PARTNERS. THE PARTNERSHIPS AND RELATIONSHIPS THAT LIFELINK OF GEORGIA HAS CULTIVATED RESULTED IN A RECORD YEAR OF ORGANS RECOVERED FOR TRANSPLANT. OUR DEDICATED, DESIGNATED REQUESTORS AND TRANSPLANT COORDINATORS DILIGENTLY WORKED WITH FAMILIES AND HOSPITAL STAFFS TO MAXIMIZE THE GIFTS OF LIFE FOR THOSE IN NEED. HOSPITAL DEVELOPMENT HAS ACTIVELY CREATED DONATION ADVISORY COMMITTEES IN LARGE HOSPITALS THROUGHOUT THE STATE, RESULTING IN ACCOUNTABILITY FROM BOTH THE HOSPITAL AND THE OPO TO ENSURE THAT PATIENT'S WISHES ARE CARRIED OUT. THE TISSUE TEAM HAS REINFORCED ITS RELATIONSHIP WITH MEDICAL EXAMINERS AND REENGAGED WITH CORONERS TO HIGHLIGHT THEIR ROLES IN THE DONATION PROCESS. THESE COLLABORATIONS RESULTED IN THE RECORD YEAR AND MANY LIVES SAVED. LIFELINK OF FLORIDA FOCUSED ON MAINTAINING THE PROCESSES THAT HAVE SERVED THEIR COMMUNITY. THE FLORIDA OPO IS COMPRISED OF LONG TERM EMPLOYEES COMMITTED TO HONORING THE WISHES OF ORGAN DONORS. BECAUSE OF THE EMPHASIS ON PROCESSES, LIFELINK OF FLORIDA SAW AN INCREASE IN DONATION AFTER CIRCULATORY DEATH (DCD). THIS INCREASE PROVIDED THE LIFE-SAVING GIFT OF ORGAN DONATION TO 46 PEOPLE. HOSPITAL DEVELOPMENT HAS IMPLEMENTED DCD POLICIES IN ALL HOSPITALS ALLOWING FOR ACCOUNTABILITY BY THE OPO AND THE HOSPITALS. WITH A CONTINUED EMPHASIS ON PROCESS IMPROVEMENT, LIFELINK OF FLORIDA, LIFELINK OF GEORGIA AND LIFELINK OF PUERTO RICO SUCCESSFULLY IMPLEMENTED ELECTRONIC PROCESSES RELATED TO ORGAN DONATION, INCLUDING THE REVISION OF POLICIES, PROCEDURES AND PRACTICED FOR ITRANSPLANT. THE NEW DATA MANAGEMENT SYSTEM ITRANSPLANT WILL ENABLE THE OPOS TO REVIEW DATA IN REAL TIME, AND STREAMLINE PROCESSES THAT WILL BENEFIT DONOR FAMILIES AND THE PATIENTS WAITING FOR THEIR GIFT OF LIFE. LIFELINK'S OPOS ALSO CONTRIBUTED TO THE NATIONAL DONATION COMMUNITY BY SERVING AS ACTIVE MEMBERS IN THE ASSOCIATION OF ORGAN PROCUREMENT ORGANIZATIONS, THE ASSOCIATION FOR MULTICULTURAL AFFAIRS IN TRANSPLANTATION, DONATION AND TRANSPLANTATION COMMUNITY OF PRACTICE AND DONATE LIFE AMERICA. ORGANS TRANSPLANTED BY SERVICE AREA (JULY 1, 2012 - JUNE 30, 2013) LLFL 517LLGA 902LLPR 319TOTAL 1,738

**4b (Code ) (Expenses \$ 28,555,869 including grants of \$ 73,013 ) (Revenue \$ 29,888,820 )**

TISSUE BANK TISSUE DONORS CAN ENHANCE THE LIVES OF UP TO 60 PEOPLE AND AT LIFELINK TISSUE BANK, WE UNDERSTAND THAT FACILITATING A GIFT THAT TOUCHES SO MANY PEOPLE, WE NEED TO STAY AHEAD OF THE CURVE. AS A RESULT OF OUR EFFORTS, AND THE GENEROSITY OF DONORS AND THEIR FAMILIES, MORE THAN 43,000 GRAFTS WERE PLACED WITH PATIENTS IN NEED LAST YEAR. IN ORDER TO BE THE BEST STEWARD OF THE GIFTS ENTRUSTED TO US BY DONORS AND THEIR FAMILIES, AND TO HELP THE MOST NUMBER OF PATIENTS POSSIBLE, LIFELINK TISSUE BANK HAS INSTITUTED THE LEAN PROGRAM, ALLOWING THE TISSUE BANK TO SET NEW STANDARDS AND BECOME MORE EFFICIENT BY SUCCINCTLY AND EXPERTLY MEETING THE NEEDS OF SURGEONS WHO TRANSPLANT TISSUE AND WAITING RECIPIENTS. THIS PROGRAM HELPS STAFF EVALUATE AND IMPROVE PROCESSES TO PROVIDE TISSUE GRAFTS TO DOCTORS IN A TIMELY MANNER SO THAT, ULTIMATELY, THE RECIPIENT WILL RECEIVE A HIGH QUALITY ALLOGRAFT AS QUICKLY AS POSSIBLE. LIFELINK TISSUE BANK, IN PARTNERSHIP WITH GLOBUS MEDICAL, RECENTLY COMPLETED THE DEVELOPMENT OF A GRAFT FOR SPINAL FUSION SURGERIES AS A TREATMENT OPTION FOR PATIENTS WITH A DEGENERATIVE CONDITION OR SPINAL DEFORMITIES, USING CUTTING EDGE COMPUTER NUMERICAL CONTROL (CNC) TECHNOLOGY. CNC TECHNOLOGY ALLOWS FOR PRECISELY-SIZED ALLOGRAFTS THEREBY ENSURING THE DONATED GIFT OF TISSUE IS AVAILABLE TO MORE PEOPLE IN NEED. IN FACT, LIFELINK TISSUE BANK HAS INSTITUTED AN INCREASED FOCUS ON RESEARCH OPPORTUNITIES WITH THE HOPE THAT NEW ALLOGRAFTS MAY BE DEVELOPED TO ADDRESS SPECIFIC PATIENT NEEDS, AND THAT NEW USES FOR ALLOGRAFTS MAY BE DISCOVERED AS WELL. THIS WILL ALLOW US TO PROVIDE IMPROVED QUALITY OF LIFE TO EVEN MORE PATIENTS, AND BUILD NEW RELATIONSHIPS WITH WELL-REGARDED COMPANIES THAT ARE SIMILARLY INNOVATIVE IN THE FIELD OF TISSUE BANKING. AT LIFELINK TISSUE BANK HEADQUARTERS IN TAMPA, FLORIDA, A NEW STATE-OF-THE-ART RECOVERY ROOM WAS RECENTLY COMPLETED TO ALLOW FOR THE RECOVERY AND PROCESSING OF TISSUE IN A SPECIALY-EQUIPPED ENVIRONMENT ENSURING AN EFFICIENT PROCESS WHICH MAXIMIZES THE GIFT OF TISSUE DONATION.

**4c (Code ) (Expenses \$ 4,884,874 including grants of \$ ) (Revenue \$ 5,122,839 )**

TRANSPLANTATION IMMUNOLOGY LABORATORY FOR OVER 40 YEARS, THE LIFELINK TRANSPLANTATION IMMUNOLOGY LABORATORY HAS MATCHED ORGAN DONORS TO RECIPIENTS IN NEED OF LIFESAVING TRANSPLANTS. LIFELINK TRANSPLANTATION IMMUNOLOGY LABORATORY PROVIDES HLA TISSUE TYPING, BLOOD TYPE AND INFECTIOUS DISEASE SEROLOGICAL TESTING FOR LOCAL DONORS IN THE LIFELINK OF FLORIDA DONOR SERVICE AREA. THE IMMUNOLOGY LAB ALSO PROVIDES IMMUNOLOGICAL TESTING FOR PATIENTS AWAITING AN ORGAN TRANSPLANT IN SIX TRANSPLANT CENTERS AROUND FLORIDA, TWO OF WHICH, FLORIDA CLEVELAND CLINIC AND MEMORIAL HOSPITAL BROWARD COUNTY, WERE ADDED DURING THE PAST YEAR. IN ADDITION TO CLINICAL ANALYSIS OF TRANSPLANT PATIENTS AND POTENTIAL ORGAN DONORS, THE IMMUNOLOGY LABORATORY GAINED INSIGHT INTO THE BODY'S RESPONSE TO TRANSPLANTED ORGANS THROUGH RESEARCH OF IMMUNE RESPONSES IN PATIENTS WITH ORGAN REJECTION. THIS RESEARCH, FUNDED BY THE LIFELINK LEGACY FUND, WILL ALLOW SCIENTISTS TO CREATE A CLEAVER PICTURE OF HOW TO STAVE OFF REJECTION IN THE FUTURE, BOTH EXTENDING AND IMPROVING THE QUALITY OF THE LIVES OF TRANSPLANT PATIENTS. THE IMMUNOLOGY LABORATORY SHARED ITS FINDINGS AT NATIONAL AND GLOBAL CONFERENCES FOCUSED ON TRANSPLANTATION AND THE CONTROL OF ACUTE REJECTION. LIFELINK TRANSPLANTATION IMMUNOLOGY LABORATORY PERFORMS CLINICAL FUNCTIONS, PROMOTES RESEARCH AND SHARES INFORMATION GAINED ALL WHILE FOCUSING ON THE END RESULT - SUCCESSFUL ORGAN TRANSPLANTS. THE IMMUNOLOGY LABORATORY PROVIDED SERVICES THAT RESULTED IN 457 TRANSPLANTS BETWEEN JULY 1, 2012 AND JUNE 30, 2013, AVERAGING MORE THAN ONE ORGAN TRANSPLANT PER DAY.

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

INFORMATION SYSTEMS INFORMATION SYSTEMS IS THE CENTRAL NERVOUS SYSTEM OF LIFELINK FOUNDATION. PROTECTING SECURE COMMUNICATION AND DONOR INFORMATION, RESEARCHING AND IMPLEMENTING NEW TECHNOLOGY, STAFFING THE DONOR REFERRAL LINE THAT ALLOWS FOR COMMUNICATION WITH HOSPITAL PARTNERS AND COMMUNITY, AND OVERSEEING INTERDEPARTMENTAL COMMUNICATION MAKES INFORMATION SYSTEMS AN INTEGRAL PART OF OPERATION. THIS YEAR, AS PART OF THE FOUNDATION'S COMPANY-WIDE PAPERLESS INITIATIVES, INFORMATION SYSTEMS WORKED WITH A MULTI-DISCIPLINARY PROJECT TEAM THAT INCLUDED STAFFS FROM THE OPOS, TISSUE BANK, IMMUNOLOGY LABORATORY AND COMMUNICATION SERVICES TO INTRODUCE ITRANSPLANT, A NEW CENTRALIZED CLOUD BASED ELECTRONIC DONOR CHARTING, REPORTING AND MONITORING SYSTEM. HAVING A SINGLE CENTRALIZED WEB-BASED APPLICATION AND DATABASE ENABLES LIFELINK TO DEVELOP ENHANCED REPORTING ANALYTICS WHILE MAINTAINING THE HIGHEST LEVEL OF DATA INTEGRITY. ITRANSPLANT IS UTILIZED BY NEARLY ALL DEPARTMENTS AND IS AN INTEGRAL SYSTEM THAT SUPPORTS THE GROWTH OF LIFELINK FOUNDATION. ITRANSPLANT IMPROVES CONNECTIVITY WITH THE UNOS ONLINE DATABASE SYSTEM UNETSM, FOR THE COLLECTION, STORAGE AND ANALYSIS OF DATA PERTAINING TO THE PATIENT WAITING LIST. EACH YEAR, THOUSANDS OF REFERRALS THAT MAY RESULT IN SAVING OR CHANGING LIVES THROUGH TRANSPLANTATION ARE HANDLED BY LIFELINK COMMUNICATIONS SERVICES STAFF, WHICH IS RESPONSIBLE FOR MAINTAINING THE LINE OF COMMUNICATION BETWEEN LIFELINK, HOSPITALS AND THE DONOR FAMILIES THAT WE SERVE. AVAILABLE 24 HOURS A DAY, COMMUNICATIONS SERVICES RESPONDED TO MORE THAN 74,156 REFERRALS LAST YEAR FROM HOSPITALS THROUGHOUT FLORIDA, AND GEORGIA AND WORKED CLOSELY WITH THE ANSWERING SERVICE TELECONTESTE IN PUERTO RICO. EVERY ASPECT OF LIFELINK'S COMMUNICATION SYSTEMS IS INTENDED TO MAKE EACH ORGAN DONOR'S GIFT MORE ACCESSIBLE TO WAITING RECIPIENTS BY CREATING STREAMLINED PROCESSES FOR EMPLOYEES TO USE CALL CENTER DATA (JULY 1, 2012 - JUNE 30, 2013). EACH YEAR, LIFELINK'S COMMUNICATION SERVICES TEAM FIELDS THOUSANDS OF CALLS FROM OUR FLORIDA AND GEORGIA SERVICES AREAS, MOST OF WHICH ARE REFERRALS FOR POTENTIAL ORGAN OR TISSUE DONATION. TOTAL CALLS 74,000+ REFERRALS FOR POTENTIAL ORGAN DONATION 8,679 REFERRALS FOR POTENTIAL TISSUE DONATION 18,044

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

PUBLIC AFFAIRS LIFELINK FOUNDATION'S PUBLIC AFFAIRS TEAM FOCUSED ON EDUCATING COMMUNITIES ABOUT THE IMPORTANCE OF ORGAN AND TISSUE DONATION AND ENCOURAGING PEOPLE TO DESIGNATE THEIR DECISION. THE PUBLIC AFFAIRS TEAM IS COMMITTED TO ADVOCACY. FIFTY-TWO PERCENT OF CITIZENS IN LIFELINK OF FLORIDA'S DONATION SERVICE AREA 18+ YEARS OF AGE ARE REGISTERED DONORS, 59% OF GEORGIANS AND 11% OF PUERTO RICANS REGISTERED THEIR DONATION DECISION. DRIVER LICENSE AGENCIES ARE AN IMPORTANT PARTNER IN COMMUNITY OUTREACH, AND THE PUBLIC AFFAIRS TEAM WORKS COLLABORATIVELY WITH THOSE AGENCIES THROUGHOUT FLORIDA, GEORGIA AND PUERTO RICO TO EDUCATE THEIR STAFFS ABOUT THEIR ROLE WITH ORGAN DONATION. WHEN CUSTOMERS OBTAIN OR RENEW THEIR LICENSE BECAUSE OF THEIR EFFORTS, SEVEN MILLION PEOPLE HAVE BECOME DESIGNATED ORGAN DONORS. DESIGNATIONS PLAY A CRUCIAL ROLE IN THE DONATION PROCESS, WITH A RECORDED DONOR DESIGNATION A POTENTIAL DONOR'S WISHES WILL BE HONORED UPON DEATH. DONOR REGISTRIES IN OUR SERVICE AREAS ARE RELIABLE RESOURCES FOR DETERMINING A PERSON'S EXACT DONATION DECISION. LIFELINK VOLUNTEERS ARE THE BACKBONE OF THE PUBLIC AFFAIRS DEPARTMENT. THEY REACH MANY COMMUNITIES AND ARE INSTRUMENTAL IN CREATING AN ENVIRONMENT OF ACCEPTANCE FOR ORGAN DONATION BY SHARING THEIR DONATION AND/OR TRANSPLANT EXPERIENCES. LIFELINK VOLUNTEERS CONTRIBUTED 5,998 HOURS VOLUNTEERING AT SPEAKING EVENTS, HEALTH FAIRS AND WITH MEDIA STORIES. A LARGE PERCENTAGE OF THE TRANSPLANT WAITING LIST CONSISTS OF MINORITIES, AND SPECIAL ATTENTION IS PROVIDED TO MINORITY EDUCATION AND OUTREACH. NATIONAL MINORITY DONOR AWARENESS WEEK IN AUGUST, BLACK HISTORY MONTH AND HISPANIC HERITAGE MONTH ARE EXTRA OPPORTUNITIES TO HIGHLIGHT ORGAN AND TISSUE DONATION WITH MULTICULTURAL COMMUNITIES. LIFELINK'S MULTICULTURAL DONATION EDUCATION PROGRAM WORKS TO SHARE THE FACTS ABOUT ORGAN AND TISSUE DONATION WITH AFRICAN AMERICAN AND HISPANIC GEORGIANS THROUGH SPEAKING ENGAGEMENTS, HEALTH FAIRS, SPECIAL EVENTS AND PARTNERSHIPS. PUBLIC AFFAIRS STAFF IS ALSO INVOLVED WITH THE NATIONAL DONATION AND TRANSPLANTATION COMMUNITY. THE DEPARTMENT HAS MEMBERS ACTIVELY SERVING IN DONATE LIFE AMERICA, THE ASSOCIATION FOR ORGAN PROCUREMENT ORGANIZATIONS AND THE ASSOCIATION FOR MULTICULTURAL AFFAIRS IN TRANSPLANTATION. THESE ORGANIZATIONS PLAY A KEY ROLE IN GUIDING THE NATIONAL CONVERSATION ABOUT ORGAN AND TISSUE DONATION. DONOR DESIGNATION SHARE IS DESIGNATED DONORS AS A PERCENTAGE OF STATE POPULATION AGE 18 AND OVER. LLFL 52% LLGA 59% LLPR 11% NATIONAL 46% NUMBER OF MEDIA STORIES (JULY 1, 2012 - JUNE 30, 2013) TV 111RADIO 131PRINT 191WEB 72

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

CORPORATE COMPLIANCE LIFELINK IS COMMITTED TO PREVENTING, DETECTING AND CORRECTING ANY UNINTENTIONAL OR DELIBERATE CONDUCT THAT IS INCONSISTENT WITH THE PRINCIPLES OF COMPLIANCE, AND THE CORPORATE COMPLIANCE DEPARTMENT ENSURES THE RECOGNITION OF THE DUTY, AND A COMMITMENT OF RESOURCES, TO MEET THOSE STANDARDS. CORPORATE COMPLIANCE'S PRIMARY RESPONSIBILITY IS TO MANAGE AND MONITOR THE LIFELINK FOUNDATION COMPLIANCE EFFORT, COMPLIANCE EXPECTATIONS, PRACTICES, AND IDENTIFY RISK ISSUES. ADDITIONALLY, THE CORPORATE COMPLIANCE OFFICER MEETS WITH THE AUDIT COMMITTEE, A SUBCOMMITTEE OF THE BOARD OF GOVERNORS, TWICE A YEAR AND REPORTS ALL INTERNAL FINANCIAL AUDITS THAT OCCURRED DURING THE FISCAL YEAR. THE RESULTS AND ANY RECOMMENDATIONS MADE ARE ALSO PRESENTED FOR THE AUDIT COMMITTEE'S REVIEW. THE CORPORATE COMPLIANCE PROGRAM'S OPERATIONAL AND ADMINISTRATIVE ACTIONS INCLUDE FEDERAL AND STATE REGULATIONS RELATING TO HEALTHCARE PROFESSIONALS. THE PROGRAM IS INVOLVED IN OVERSEEING, MANAGING AND OPERATING ALL COMPONENTS OF LIFELINK DIVISIONS. THE PROGRAM IS ALSO CHARGED WITH ENSURING THE CODE OF CONDUCT IS FOLLOWED THROUGHOUT THE ORGANIZATION WHICH COVERS A WIDE RANGE OF BUSINESS PRACTICES AND PROCEDURES, AND SETS OUT BASIC PRINCIPLES TO GUIDE ALL EMPLOYEES. ONGOING TRAINING PROGRAMS THAT ENHANCE AND MAINTAIN AWARENESS OF LIFELINK FOUNDATION POLICIES ARE ANNUALLY PROVIDED TO ALL EMPLOYEES AND REFLECT THE MOST UP-TO-DATE INFORMATION. DURING THE LAST FISCAL YEAR, THE CORPORATE COMPLIANCE DEPARTMENT HEIGHTENED AWARENESS WITH ITS QUARTERLY NEWSLETTER, TRAINING SESSION AND SPECIAL ACTIVITIES DURING THE ANNUAL CORPORATE COMPLIANCE WEEK IN MAY.

**4d Other program services (Describe in Schedule O ) (Expenses \$ including grants of \$ ) (Revenue \$ )**

**4e Total program service expenses  76,817,353**

**Part IV Checklist of Required Schedules**

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

2 Is the organization required to complete Schedule B, *Schedule of Contributors* (see instructions)?

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

4 **Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II

5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III

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

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

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

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

10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V

11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI

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

c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII

d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX

e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X

f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part XI

12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII

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 and XII is optional

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

14a Did the organization maintain an office, employees, or agents outside of the United States?

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, Parts I and IV

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

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

17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)

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

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

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

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

	Yes	No
1	Yes	
2	Yes	
3		No
4	Yes	
5		No
6		No
7		No
8		No
9		No
10	Yes	
11a	Yes	
11b		No
11c		No
11d		No
11e		No
11f		No
12a		No
12b	Yes	
13		No
14a		No
14b	Yes	
15		No
16		No
17		No
18		No
19		No
20a		No
20b		

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

21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization 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, line 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 lines 24b through 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, highest 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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? 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)				
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	<input checked="" type="checkbox"/>	28a	No	
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"/>	28b	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	<input checked="" type="checkbox"/>	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		29	No	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		30	No	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		31	No	
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		32	No	
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	<input checked="" type="checkbox"/>	33	No	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	<input checked="" type="checkbox"/>	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		35a	Yes	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	<input checked="" type="checkbox"/>	35b	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"/>	36	No	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	<input checked="" type="checkbox"/>	37	No	
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O		38	Yes	

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

		Yes	No
<b>1a</b> Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	<b>1a</b> 473		
<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, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	<b>2a</b> 524		
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		<b>2b</b> Yes	
<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, securities account, or other financial 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 as charitable contributions?		<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 Organizations that may receive deductible contributions under section 170(c).</b>			
<b>a</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		<b>7a</b>	No
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided?		<b>7b</b>	
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		<b>7c</b>	No
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year	<b>7d</b>		
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		<b>7e</b>	No
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		<b>7f</b>	No
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		<b>7g</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>7h</b>	
<b>8 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>9 Sponsoring organizations maintaining donor advised funds.</b>			
<b>a</b> Did the organization make any taxable distributions under section 4966?		<b>9a</b>	
<b>b</b> Did the organization make a distribution to a donor, donor advisor, or related person?		<b>9b</b>	
<b>10 Section 501(c)(7) organizations.</b> Enter			
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>		
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>		
<b>11 Section 501(c)(12) organizations.</b> Enter			
<b>a</b> Gross income from members or shareholders	<b>11a</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>11b</b>		
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?			
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>		
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>			
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O		<b>13a</b>	
<b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	<b>13b</b>		
<b>c</b> Enter the amount of reserves on hand	<b>13c</b>		
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year?			
<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>	No

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

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

### Section A. Governing Body and Management

			Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year	<b>1a</b>	23		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O				
<b>b</b> Enter the number of voting members included in line 1a, above, who are independent	<b>1b</b>	16		
<b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	<b>2</b>	Yes		
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	<b>3</b>	No		
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	<b>4</b>	No		
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?	<b>5</b>	No		
<b>6</b> Did the organization have members or stockholders?	<b>6</b>	No		
<b>7a</b> Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	<b>7a</b>	No		
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	<b>7b</b>	No		
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following	<b>8a</b>	Yes		
<b>a</b> The governing body?	<b>8b</b>	Yes		
<b>b</b> Each committee with authority to act on behalf of the governing body?	<b>9</b>	No		
<b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O				

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

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

### Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed  FL
- 18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply  
 Own website  Another's website  Upon request  Other (explain in Schedule O)
- 19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization  
 BRYAN C MCDONALD TREASURER CFO 531 SOUTH US HIGHWAY 301 TAMPA, FL (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 VII

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

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

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

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

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

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

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

## **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 U.S.	2,028,074
TRANSLIFE TISSUE BANK 1560 ORANGE AVE STE 450 WINTER PARK FL 32789	TISSUE RECOVERY SERVICES	1,519,503
AUGUSTA AVIATION 1775 HIGHLAND AVE AUGUSTA GA 30904	ORGAN TRANSPORTATION	958,323
SKANSKA USA BUILDING INC 350 FIFTH AVE 32ND FL NEW YORK NY 10118	GENERAL CONTRACTOR	934,463
HOSPITAL AUXILIO MUTUO PONCE DE LEON AVE BUS STOP 37 1/2 HATO REY PR 00919	LAB TESTING	557,998
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. <u>21</u>		

**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 ►21

**Part VIII Statement of Revenue**

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 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>			
	<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>	998,159		
	<b>g</b> Noncash contributions included in lines 1a-1f \$				
	<b>h</b> <b>Total.</b> Add lines 1a-1f . . . . .		998,159		
<b>Program Service Revenue</b>	<b>2a</b> ORGAN PLACEMENT	Business Code 621991	54,464,080	54,464,080	
	<b>b</b> TISSUE PLACEMENT	621991	29,888,820	29,888,820	
	<b>c</b> IMMUNOLOGY LAB	621511	5,122,839	5,122,839	
	<b>d</b>				
	<b>e</b>				
	<b>f</b> All other program service revenue				
	<b>g</b> <b>Total.</b> Add lines 2a-2f . . . . .		89,475,739		
	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .		668,550		668,550
<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					
<b>c</b> Rental income or (loss)					
<b>d</b> Net rental income or (loss) . . . . .					
<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	34,178,025	26,500			
<b>c</b> Gain or (loss)	33,498,953	456,810			
<b>d</b> Net gain or (loss) . . . . .	679,072	-430,310			
<b>8a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . .		248,762		248,762	
<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>a</b>				
<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>a</b>				
<b>b</b> Less cost of goods sold . . . . .	<b>b</b>				
<b>c</b> Net income or (loss) from sales of inventory . . . . .					
<b>Miscellaneous Revenue</b>		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 . . . . .		91,391,210	89,475,739	0	917,312

**Part IX Statement of Functional Expenses**

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

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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States See Part IV, line 21	107,657	107,657		
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	3,677,956	2,200,453	1,477,503	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	566,959	275,497	291,462	
7 Other salaries and wages	28,111,351	26,009,909	2,101,442	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	2,611,508	2,415,909	195,599	
9 Other employee benefits	6,686,990	6,186,142	500,848	
10 Payroll taxes	2,334,750	2,107,657	227,093	
11 Fees for services (non-employees)				
a Management				
b Legal	102,845		102,845	
c Accounting	92,400		92,400	
d Lobbying	130,375	130,375		
e Professional fundraising services See Part IV, line 17				
f Investment management fees	65,814		65,814	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	20,855,869	20,741,742	114,127	
12 Advertising and promotion	661,085	661,085		
13 Office expenses	8,593,961	8,374,824	219,137	
14 Information technology	496,194	486,901	9,293	
15 Royalties				
16 Occupancy	2,867,771	2,468,310	399,461	
17 Travel	1,636,492	1,430,300	206,192	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	362,278	351,060	11,218	
20 Interest	302,357	302,357		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	2,590,335	2,554,501	35,834	
23 Insurance	797,285		797,285	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a DONATED PROPERTY EXP	12,674	12,674		
b				
c				
d				
e All other expenses				
<b>25 Total functional expenses.</b> Add lines 1 through 24e	83,664,906	76,817,353	6,847,553	0
<b>26 Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**Check if Schedule O contains a response to any question in this Part X 

		<b>(A)</b> Beginning of year	<b>(B)</b> End of year		
<b>Assets</b>					
1	Cash—non-interest-bearing	8,790,808	<b>1</b>	5,147,542	
2	Savings and temporary cash investments	15,125,960	<b>2</b>	7,602,172	
3	Pledges and grants receivable, net		<b>3</b>		
4	Accounts receivable, net	13,114,737	<b>4</b>	12,267,745	
5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		<b>5</b>		
6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		<b>6</b>		
7	Notes and loans receivable, net		<b>7</b>		
8	Inventories for sale or use	13,284,239	<b>8</b>	14,453,685	
9	Prepaid expenses and deferred charges	990,743	<b>9</b>	740,641	
10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	<b>10a</b>	52,498,596		
b	Less accumulated depreciation	<b>10b</b>	18,571,701	34,133,492	
			<b>10c</b>	33,926,895	
11	Investments—publicly traded securities		15,599,310	<b>11</b>	35,640,333
12	Investments—other securities See Part IV, line 11			<b>12</b>	
13	Investments—program-related See Part IV, line 11			<b>13</b>	
14	Intangible assets			<b>14</b>	
15	Other assets See Part IV, line 11	2,311,555	<b>15</b>	3,977,616	
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	103,350,844	<b>16</b>	113,756,629	
<b>Liabilities</b>					
17	Accounts payable and accrued expenses	17,752,863	<b>17</b>	22,156,490	
18	Grants payable		<b>18</b>		
19	Deferred revenue		<b>19</b>		
20	Tax-exempt bond liabilities	17,640,008	<b>20</b>	15,415,014	
21	Escrow or custodial account liability Complete Part IV of Schedule D		<b>21</b>		
22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		<b>22</b>		
23	Secured mortgages and notes payable to unrelated third parties	1,463,683	<b>23</b>	2,178,050	
24	Unsecured notes and loans payable to unrelated third parties		<b>24</b>		
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		<b>25</b>		
26	<b>Total liabilities.</b> Add lines 17 through 25	36,856,554	<b>26</b>	39,749,554	
<b>Net Assets or Fund Balances</b>					
	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>				
27	Unrestricted net assets	66,494,290	<b>27</b>	73,008,567	
28	Temporarily restricted net assets		<b>28</b>	998,508	
29	Permanently restricted net assets		<b>29</b>		
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>				
30	Capital stock or trust principal, or current funds		<b>30</b>		
31	Paid-in or capital surplus, or land, building or equipment fund		<b>31</b>		
32	Retained earnings, endowment, accumulated income, or other funds		<b>32</b>		
33	Total net assets or fund balances	66,494,290	<b>33</b>	74,007,075	
34	<b>Total liabilities and net assets/fund balances</b>	103,350,844	<b>34</b>	113,756,629	

**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	91,391,210
2	Total expenses (must equal Part IX, column (A), line 25)	2	83,664,906
3	Revenue less expenses Subtract line 2 from line 1	3	7,726,304
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	66,494,290
5	Net unrealized gains (losses) on investments	5	-213,519
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	74,007,075

**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? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2a	No
2b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2b	Yes
2c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes
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? 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	3a	No
	3b	

## Additional Data

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations	
		Or director	Individual trustee	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former		
DANA L SHIRES MD CHAIRMAN	40 00 2 00	X		X					366,395	0 36,854
DENNIS F HEINRICH BSN MBA PRESIDENT/CEO	40 00 2 00	X		X					505,249	0 52,841
VICTOR D BOWERS MD DIRECTOR & ASSOCIATE MEDIC	20 00 2 00	X							45,275	0 20,233
JOHN D WHELCHL MD DIRECTOR & ASSOCIATE MEDIC	20 00 2 00	X							84,129	0 22,250
ESTHER TORRES MD DIRECTOR	20 00 0 00	X							47,614	0 18,513
THOMAS C PEARSON MD DIRECTOR & ASSOCIATE MEDIC	20 00 0 00	X							64,283	0 18,773
LUIS A MORALES-OTERO MD DIRECTOR & ASSOCIATE MEDIC	20 00 0 00	X							59,039	0 20,189
MORRIS J DILLARD DIRECTOR	2 00 0 00	X							2,520	0 0
LARRY JONES DIRECTOR	2 00 2 00	X							2,250	0 0
WILLIAM M LEFOR PHD DIRECTOR	2 00 2 00	X							5,500	0 0
ROBERT METZGER MD DIRECTOR	2 00 0 00	X							1,783	0 0
WILLIAM J MEURER CPA DIRECTOR	2 00 0 00	X							1,500	0 0
WADE MITCHELL DIRECTOR	2 00 0 00	X							2,402	0 0
HAROLD W MULLIS JR ESQ DIRECTOR	2 00 0 00	X							750	0 0
GEORGE H OHYE DIRECTOR	2 00 0 00	X							750	0 0
NICK READER DIRECTOR	2 00 0 00	X							1,500	0 0
CHARLES SANDERS JR MD DIRECTOR	2 00 0 00	X							2,250	0 0
JEFFREY L SEAVEY CFP DIRECTOR	2 00 0 00	X							1,652	0 0
MARTY SELLERS MD DIRECTOR	2 00 0 00	X							0	0 0
JOEL T VANSICKLER MD DIRECTOR	2 00 2 00	X							2,839	0 0
J DAVID VEGA MD DIRECTOR	2 00 0 00	X							1,770	0 0
DEBORAH WINEGARD JD DIRECTOR	2 00 0 00	X							2,250	0 0
JAMES J WYNN MD DIRECTOR	2 00 0 00	X							6,283	0 0
BRYAN C MCDONALD CPA TREASURER/CFO	40 00 2 00			X					270,635	0 61,821
LINDA G D'AGUILA PRIOR SECRETARY/VP CORPORATE AFFAIRS	32 00 15 00			X					127,045	0 20,015

**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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Or director	Individual trustee	Institutional Trustee	Officer	Key employee			
JEAN DAVIS EXECUTIVE VP/COO	40 00 0 00			X			336,854	0	142,558
SAMANTHA EIDE SECRETARY/VP CORPORATE AFFAIRS	40 00 15 00			X			66,392	0	20,946
KATHLEEN T LILLY SR VP/EXEC DIR LLGA-OPO	40 00 0 00				X		213,896	0	130,872
MARIEN SAADE SR VP/EXEC DIR LLPR-OPO	40 00 0 00				X		188,044	0	36,708
DANA L SHIRES III EXECUTIVE VP - TISSUE BANK	40 00 0 00				X		230,494	0	111,392
ELIZABETH M LEHR SR VP/EXEC DIR LLFL-OPO	40 00 0 00				X		202,879	0	39,609
CHARLES WRIGHT MEDICAL DIRECTOR	40 00 0 00					X	254,365	0	49,899
DANIEL L SCHULTZ MEDICAL DIRECTOR	40 00 0 00					X	241,932	0	51,261
DANNY HAWKE SR VICE PRESIDENT	40 00 0 00					X	176,321	0	38,708
TIMOTHY A IGNATIUS VP SALES & MARKETING	40 00 0 00					X	173,924	0	37,462
MAYRA M LOPEZ-CEPERO SR VICE PRESIDENT	40 00 0 00					X	192,729	0	39,491

**SCHEDULE A**  
(Form 990 or 990EZ)**Public Charity Status and Public Support****2012****Open to Public  
Inspection**

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 described in **section 170(b)(1)(A)(i)**.

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

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

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

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

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

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

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

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

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

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

e  a  Type I  b  Type II  c  Type III - Functionally integrated  d  Type III - Non-functionally integrated

f  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)

g  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

h  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 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?

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

	<b>Yes</b>	<b>No</b>
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 monetary support
Total						

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add 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)						
<b>6 Public support.</b> Subtract line 5 from line 4						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
<b>11 Total support</b> (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (see instructions)					<b>12</b>	
<b>13 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 2012 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	
15 Public support percentage for 2011 Schedule A, Part II, line 14	<b>15</b>	
<b>16a 33 1/3% support test—2012.</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—2011.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization		►
<b>17a 10%-facts-and-circumstances test—2012.</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—2011.</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		►
<b>18 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 Section 509(a)(2)**

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	73,354	70,676	2,523,621	6,902	998,159	3,672,712
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	70,464,698	72,948,785	79,152,038	83,541,388	89,475,739	395,582,648
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	70,538,052	73,019,461	81,675,659	83,548,290	90,473,898	399,255,360
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 )						399,255,360

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6	70,538,052	73,019,461	81,675,659	83,548,290	90,473,898	399,255,360
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	264,769	195,082	1,083,542	1,196,808	668,550	3,408,751
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	264,769	195,082	1,083,542	1,196,808	668,550	3,408,751
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 )	70,802,821	73,214,543	82,759,201	84,745,098	91,142,448	402,664,111
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 2012 (line 8, column (f) divided by line 13, column (f))	15	99 150 %
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	99 170 %

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

17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	0 850 %
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18	0 830 %
19a <b>33 1/3% support tests—2012.</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—2011.</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.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

**Facts And Circumstances Test**

**Explanation**

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**SCHEDULE C**  
(Form 990 or 990-EZ)**Political Campaign and Lobbying Activities****2012****Open to Public  
Inspection****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.

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

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

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

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

**If the organization answered "Yes" to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, Part V, line 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
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**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV
- 2 Political expenditures ► \$ \_\_\_\_\_
- 3 Volunteer hours \_\_\_\_\_

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

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

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

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ► \$ \_\_\_\_\_
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt 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)	130,375	130,375												
<b>b</b>	Total lobbying expenditures to influence a legislative body (direct lobbying)														
<b>c</b>	Total lobbying expenditures (add lines 1a and 1b)	130,375	130,375												
<b>d</b>	Other exempt purpose expenditures	83,534,531	83,591,665												
<b>e</b>	Total exempt purpose expenditures (add lines 1c and 1d)	83,664,906	83,722,040												
<b>f</b>	Lobbying nontaxable amount Enter the amount from the following table in both columns	1,000,000	1,000,000												
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
<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>					
Calendar year (or fiscal year beginning in)	<b>(a) 2009</b>	<b>(b) 2010</b>	<b>(c) 2011</b>	<b>(d) 2012</b>	<b>(e) Total</b>
<b>2a</b> Lobbying nontaxable 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	150,196	142,891	137,162	130,375	560,624
<b>d</b> Grassroots nontaxable 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	150,196	142,891	137,162	130,375	560,624

**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)).**

For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

	(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?				
<b>j</b> Total Add 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 carry over 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) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) 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) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	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, Part II-A (affiliated group list), Part II-A, line 2, and Part II-B, line 1. Also, complete this part for any additional information

Identifier	Return Reference	Explanation
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**SCHEDULE D**  
(Form 990)**Supplemental Financial Statements****2012****Open to Public  
Inspection**

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

Department of the Treasury  
Internal Revenue Service

**Name of the organization**  
LIFELINK FOUNDATION INC

**Employer identification number**  
59-2193032

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

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

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?  Yes  No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?  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 education)  Preservation of an historically important land area

Protection of natural habitat  Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Year
2a	
2b	
2c	
2d	

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?  Yes  No

6 Staff and volunteer hours devoted to monitoring, inspecting, 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 section 170(h)(4)(B)(ii)?  Yes  No

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

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**  
Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

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

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

(i) 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 (ASC 958) 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 acquisition, 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 XIII

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

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" 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 XIII 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 XIII. Check here if the explanation has been provided in Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance . . . . .					
<b>b</b> Contributions . . . . .	998,508				
<b>c</b> Net investment earnings, gains, and 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 . . . . .	998,508				

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

**a** Board designated or quasi-endowment

**b** Permanent endowment

**c** Temporarily restricted endowment  100 000 %

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

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

**(i)** unrelated organizations . . . . .

<b>3a(i)</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>3a(ii)</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>3b</b>	<input type="checkbox"/>	<input type="checkbox"/>

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

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

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

	Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land . . . . .		5,529,802			5,529,802
<b>b</b> Buildings . . . . .		37,033,838	11,981,211		25,052,627
<b>c</b> Leasehold improvements . . . . .					
<b>d</b> Equipment . . . . .		9,934,956	6,590,490		3,344,466
<b>e</b> Other . . . . .					
<b>Total.</b> Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . . .					33,926,895

**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) must 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) must 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) must 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) Book value	
1 Federal income taxes		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25.) ►		

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

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

1	Total revenue, gains, and other support per audited financial statements	1	91,821,520
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 XIII )	2d	
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	91,821,520
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 XIII )	4b	-430,310
c	Add lines 4a and 4b	4c	-430,310
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12 )	5	91,391,210

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

1	Total expenses and losses per audited financial statements	1	84,090,822
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 XIII )	2d	430,310
e	Add lines 2a through 2d	2e	430,310
3	Subtract line 2e from line 1	3	83,660,512
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 XIII )	4b	4,394
c	Add lines 4a and 4b	4c	4,394
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 )	5	83,664,906

**Part XIII 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, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	TEMPORARILY RESTRICTED NET ASSETS ARE COMPRISED OF CONTRIBUTIONS SUBJECT TO DONOR-IMPOSED STIPULATIONS THAT CAN BE FULFILLED BY ACTIONS OF THE FOUNDATION PURSUANT TO THOSE STIPULATIONS OR THAT EXPIRE BY THE PASSAGE OF TIME AS RESTRICTIONS ARE FULFILLED, THE TEMPORARILY RESTRICTED NET ASSETS ARE TRANSFERRED TO UNRESTRICTED NET ASSETS
PART XI, LINE 4B - OTHER ADJUSTMENTS		LOSS ON SALE OF FURNITURE, FIXTURES & EQUIPMENT - 430,310
PART XII, LINE 2D - OTHER ADJUSTMENTS		LOSS ON SALE OF FURNITURE, FIXTURES & EQUIPMENT 430,310
PART XII, LINE 4B - OTHER ADJUSTMENTS		NET ASSET TRANSFER ON FORGIVENESS TO LIFELINK LEGACY FUND 4,394

2012

Open to Public  
InspectionSCHEDULE F  
(Form 990)

## Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990,

Part IV, line 14b, 15, or 16.

► Attach to Form 990. ► See separate instructions.

Department of the Treasury  
Internal Revenue Service

Name of the organization

LIFELINK FOUNDATION INC

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
SOUTH AMERICA	0	0	PROGRAM SERVICES	SALE OF TISSUE	
NORTH AMERICA	0	0	PROGRAM SERVICES	SALE OF TISSUE	
EAST ASIA AND THE PACIFIC	0	0	PROGRAM SERVICES	SALE OF TISSUE	
<b>3a Sub-total</b>	0	0			0
<b>b Total from continuation sheets to Part I</b>	0	0			0
<b>c Totals</b> (add lines 3a and 3b)	0	0			0

**Part II Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Schedule F (Form 990) 2012

Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

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

3 Enter total number of other organizations or entities:

## **Schedule F (Form 990) 2012**

### **Part III Grants and (**

Part III can be duplicated 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, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)*  Yes  No

2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)*  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 required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).



a) Type of grant or assistance

(b) Number of recipients

Amount of cash grant

(d) Amount of non-cash assistance

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

**(f) Description of non-cash assistance**

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**Part IV Supplements Information.**  
Part IV is used to provide the information required in Part I line 2, Part III column (b), and any other additional information.

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS	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

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.**

**2012****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 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 of 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 filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III

<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 Regulations 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 duplicate copies if additional space is needed.

each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (1) and from related organizations, described in the instructions on row (1). Do not list any individuals that are not listed on Form 990 Part VII.

**te.** 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, applicable column (D) and (E) amounts for that individual. If any individuals that are not listed on Form 990, Part VII, Section A, line 1a, are listed on Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual are not listed on Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title	(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 as deferred in prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
See Additional Data Table							

See Additional Data Table

**Part III Supplemental Information**

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II  
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 ON COMPANY BUSINESS CLUB MEMBERSHIPS ARE 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, 2012 ARE DAN SHIRES - \$62,671, JEAN DAVIS - \$91,217, BRYAN MCDONALD - \$10,954, DANNY HAWKE - \$0, AND KATHY LILLY \$85,590

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

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

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
DANA L SHIRES MD	(i) 293,700 (ii) 0	60,000 0	12,695 0	23,139 0	13,715 0	403,249 0	0
DENNIS F HEINRICH BSN MBA	(i) 425,940 (ii) 0	60,000 0	19,309 0	37,626 0	15,215 0	558,090 0	0
BRYAN C McDONALD CPA	(i) 232,196 (ii) 0	30,000 0	8,439 0	46,606 0	15,215 0	332,456 0	0
JEAN DAVIS	(i) 283,501 (ii) 0	45,298 0	8,055 0	128,843 0	13,715 0	479,412 0	0
KATHLEEN T LILLY	(i) 193,318 (ii) 0	16,000 0	4,578 0	114,157 0	16,715 0	344,768 0	0
MARIEN SAADE	(i) 164,827 (ii) 0	18,982 0	4,235 0	22,993 0	13,715 0	224,752 0	0
DANA L SHIRES III	(i) 212,750 (ii) 0	12,000 0	5,744 0	94,677 0	16,715 0	341,886 0	0
ELIZABETH M LEHR	(i) 181,220 (ii) 0	15,000 0	6,659 0	25,894 0	13,715 0	242,488 0	0
CHARLES WRIGHT	(i) 239,355 (ii) 0	7,000 0	8,010 0	36,184 0	13,715 0	304,264 0	0
DANIEL L SCHULTZ	(i) 227,100 (ii) 0	8,000 0	6,832 0	34,546 0	16,715 0	293,193 0	0
DANNY HAWKE	(i) 162,827 (ii) 0	5,500 0	7,994 0	22,993 0	15,715 0	215,029 0	0
TIMOTHY A IGNATIUS	(i) 162,482 (ii) 0	8,000 0	3,442 0	22,847 0	14,615 0	211,386 0	0
MAYRA M LOPEZ-CEPERO	(i) 180,550 (ii) 0	12,000 0	179 0	25,776 0	13,715 0	232,220 0	0

**Schedule K  
(Form 990)****2012****Open to Public  
Inspection**Department of the Treasury  
Internal Revenue Service**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 Part VI.  
 ► Attach to Form 990. ► See separate instructions.

Name 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**

							A		B		C		D	
							1	2	3	4	5	6	7	8
1	Amount of bonds retired						1,047,992							
2	Amount of bonds legally defeased													
3	Total proceeds of issue						26,400,000							
4	Gross proceeds in reserve funds													
5	Capitalized interest from proceeds						249,057							
6	Proceeds in refunding escrows													
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?							Yes	No	Yes	No	Yes	No	Yes
15	Were the bonds issued as part of an advance refunding issue?								X					
16	Has the final allocation of proceeds been made?							X						
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?							X						

**Part III Private Business Use**

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

**Part 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 of bond-financed property?								
<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?								
<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 			0 000 000 %					
<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 			0 000 000 %					
<b>6</b> Total of lines 4 and 5			0 000 000 %					
<b>7</b> Does the bond issue meet the private security or payment test?								
<b>8a</b> Has there been a sale or disposition of any of the bond financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?								
<b>b</b> If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of			%					
<b>c</b> If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?								
<b>9</b> Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?								

**Part IV Arbitrage**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b> Has the issuer filed Form 8038-T?								
<b>2</b> If "No" to line 1, did the following apply?								
<b>a</b> Rebate not due yet?								
<b>b</b> Exception to rebate?								
<b>c</b> No rebate due?								
<b>d</b> If you checked "No rebate due" in line 2 c, provide in Part VI the date the rebate computation was performed								
<b>3</b> Is the bond issue a variable rate issue?								
<b>4a</b> Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?								
<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?								

**Part IV Arbitrage (Continued)**

		Part IV Arbitrage (Continued)			
		A	B	C	D
Yes	No	Yes	No	Yes	No
<b>5a</b> Were gross proceeds invested in a guaranteed investment contract (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>6</b> Were any gross proceeds invested beyond an available temporary period?		X			
<b>7</b> Has the organization established written procedures to monitor the requirements of section 148?		X			

**Part V Procedures To Undertake Corrective Action**

	Part V Procedures To Undertake Corrective Action				
	A	B	C	D	
Yes	No	Yes	No	Yes	No
<b>1</b> Has 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?		X			

**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

► 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, line 38a or 40b.

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

OMB No 1545-0047

2012

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

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

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction		(d) Corrected?	
			Yes	No	Yes	No

2 Enter the amount of tax incurred by 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-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

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

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

<b>(a) Name of interested person</b>	<b>(b) Relationship between interested person and the organization</b>	<b>(c) Amount of assistance</b>	<b>(d) Type of assistance</b>	<b>(e) Purpose of assistance</b>

**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
See Additional Data Table					

**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 L (Form 990 or 990-EZ) 2012

## Additional Data

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

### Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons

(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 HEINRICHES	BROTHER OF CEO/BOARD MEMBER	178,617	COMPENSATION FOR EMPLOYMENT		No
(2) SHIRLEY HEINRICHES	WIFE OF CEO/BOARD MEMBER	112,845	COMPENSATION FOR EMPLOYMENT		No
(3) BRAD BASSLER	SON-IN-LAW OF BOARD MEMBER	168,509	COMPENSATION FOR EMPLOYMENT		No
(4) TRANSLIFE TISSUE BANK	BOARD MEMBER IS MEDICAL DIRECTOR OF A TISSUE BANK USED BY THE ORGANIZATION	1,570,866	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	25,382	LEGAL FEES		No
(6) DAWN HEINRICHES	DAUGHTER-IN-LAW OF CEO/BOARD MEMBER	66,331	COMPENSATION FOR EMPLOYMENT		No
(7) NATALIE SHIRES	GRANDAUGHTER OF CHAIRMAN & DAUGHTER OF EXEXUTIVE VP OF TISSUE BANK	40,658	COMPENSATION FOR EMPLOYMENT		No

**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.

**2012****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 "WITHOUT THE ORGAN DONOR, THERE IS NO STORY, NO HOPE, NO TRANSPLANT BUT WHEN THERE IS AN ORGAN DONOR, LIFE SPRINGS FROM DEATH, SORROW TURNS TO HOPE AND A TERRIBLE LOSS BECOMES A GIFT " THIS SENTIMENT, EXPRESSED BY THE UNITED NETWORK FOR ORGAN SHARING, SUCCINCTLY STATES THE DONATION PROCESS. LIFELINK UNDERSTANDS THIS PROCESS INTIMATELY. WE SEE THE STRENGTH OF DONOR FAMILIES AS THEY SAY GOODBYE TO THEIR LOVED ONES AND TAKE HONOR AND COMFORT IN KNOWING THAT ANOTHER PERSON'S LIFE HAS BEEN SAVED BECAUSE OF A GIFT FREELY GIVEN BY THEIR FRIEND OR FAMILY MEMBER. AN ORGAN DONOR'S GIFT REACHES FAR BEYOND THE 60 LIVES DIRECTLY AFFECTED BY THEIR DONATION. A DONOR'S GIFT IMPACTS FAMILIES, COMMUNITIES AND LEGACIES. TO FACILITATE THIS GIFT, LIFELINK RELIES ON THE COOPERATION OF MANY EMPLOYEES, VOLUNTEERS, BOARD MEMBERS, HOSPITALS, MEDICAL EXAMINERS AND MANY MORE PLAY A ROLE IN MAKING DONATION POSSIBLE. EACH PARTICIPANT USES THEIR TALENTS TO REALIZE THE WISHES OF EVERY DONOR. WE ENCOUNTER LIFELINK IS COMMITTED TO SERVING OUR DONOR FAMILIES. THIS PAST YEAR, WE CONTRIBUTED TO THE DONATION AND TRANSPLANTATION COMMUNITY AT LARGE, WITH EMPLOYEES SERVING ON BOARDS AND COMMITTEES OF STATE, NATIONAL AND INTERNATIONAL ORGANIZATIONS. OUR TISSUE BANK CONTINUES TO GROW AND RECOVER LIFE-ENHANCING TISSUE. LIFELINK LEGACY FUND PROVIDED A GRANT TO THE LIFELINK TRANSPLANTATION IMMUNOLOGY LABORATORY TO RESEARCH ACUTE REJECTION AND OUR ORGAN PROCUREMENT ORGANIZATIONS (OPOS) CONTINUE TO WORK WITH DONOR FAMILIES TO RECOVER ORGANS AND TISSUES FOR TRANSPLANTATION THERAPY. WITH EACH DONOR, SORROW TURNS TO HOPE AND BECOMES A GIFT. WE ARE PROUD TO HELP PROVIDE THAT GIFT AND HONOR THE MEN AND WOMEN WHO CHOOSE TO GIVE IT. 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

Identifier	Return Reference	Explanation
	FORM 990, PART V, LINE 2A	THE ORGANIZATION FILED 455 FORM W-2S FOR 2012 PLUS AN ADDITIONAL 69 ON THE EQUIVALENT PUERTO RICO FORM FOR A TOTAL OF 524 EMPLOYEES FOR THE 2012 CALENDAR YEAR

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 2	DANA L SHIRES, M D , CHAIRMAN, AND DANA L SHIRES III, EXECUTIVE VP OF TISSUE BANK SERVICES, ARE FATHER AND SON

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

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 12C	ANNUALLY, THE FOUNDATION REQUIRES ALL INTERESTED PERSONS TO ATTEST THAT THEY HAVE RECEIVED, READ AND AGREED TO COMPLY WITH LIFELINK'S CONFLICT OF INTEREST POLICY. THE ANNUAL CERTIFICATION REQUIRES THE DISCLOSURE OF ANY CONFLICTS OF INTEREST THAT MAY EXIST. THE EXECUTIVE COMMITTEE OF THE GOVERNING BOARD REVIEWS POTENTIAL CONFLICTS OF INTEREST AND DETERMINES WHAT ACTION, IF ANY, IS NECESSARY. ON AN ONGOING BASIS, CONFLICTS OF INTEREST ARE MONITORED BASED ON PERIODIC REVIEWS PERFORMED BY THE FOUNDATION'S INTERNAL CORPORATE COMPLIANCE DEPARTMENT

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15	AN INDEPENDENT COMPENSATION COMMITTEE, ACTING ON BEHALF OF THE GOVERNING BOARD, IS RESPONSIBLE FOR REVIEWING AND APPROVING THE TOTAL COMPENSATION OF ALL OFFICERS, DIRECTORS, KEY EMPLOYEES AND ANY RELATED FAMILY MEMBERS AT LEAST ANNUALLY. THIS REVIEW INCLUDES A DETAILED ANALYSIS OF COMPARABLE DATA FROM INDUSTRY SURVEYS, FORM 990S AND STUDIES FROM THIRD PARTY CONSULTANTS

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION DOES NOT MAKE ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, OR FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC AS THEY ARE NOT REQUIRED TO BY LAW

Identifier	Return Reference	Explanation
	PART VI, SECTION B	<p>LIFELINK'S CORPORATE COMPLIANCE PROGRAM LIFELINK HAS ESTABLISHED A CORPORATE COMPLIANCE PROGRAM DESIGNED TO PREVENT NONCOMPLIANCE WITH LAWS, REGULATIONS, OR POLICY, TO DETECT SUCH NONCOMPLIANCE, TO DISCIPLINE THOSE INVOLVED IN NONCOMPLIANT BEHAVIOR, AND TO REMEDY THE EFFECTS OF NON-COMPLIANCE. THE KEY ELEMENTS OF THE PROGRAM ARE AS FOLLOWS:</p> <ol style="list-style-type: none"> <li>1. CODE OF CONDUCT: LIFELINK'S CODE OF CONDUCT COVERS A WIDE RANGE OF BUSINESS PRACTICES AND PROCEDURE AND SETS OUT BASIC PRINCIPLES TO GUIDE ALL EMPLOYEES AND BOARD MEMBERS.</li> <li>2. COMPLIANCE COMMITTEE AND LIAISONS: LIFELINK'S COMPLIANCE PROGRAM IS GUIDED BY A COMMITTEE MADE UP OF THE CEO, COO, CFO AND CORPORATE COMPLIANCE OFFICER AND IS SUPPORTED BY A DEDICATED COMPLIANCE SPECIALIST AND COMPLIANCE LIAISONS REPRESENTING ALL MAJOR DEPARTMENTS IN THE FIELD WHO WORK TO INSTILL COMPLIANCE VALUES AT THE GRASSROOTS LEVEL.</li> <li>3. EDUCATION AND TRAINING: A SYSTEMATIC AND ONGOING TRAINING PROGRAM HAS BEEN DEVELOPED THAT ENHANCES AND MAINTAINS AWARENESS OF THE COMPLIANCE PROGRAM, AND ALL TRAINING PRESENTATIONS ARE REVIEWED ANNUALLY TO ENSURE THE MOST UP-TO-DATE INFORMATION IS REFLECTED.</li> <li>4. POLICIES AND ANNUAL WORK PLAN: THE COMPLIANCE COMMITTEE'S ACTIVITIES ARE GOVERNED BY A DETAILED SET OF POLICIES AND PROCEDURES THAT ARE UPDATED ANNUALLY TO ADDRESS CHANGES IN THE OPERATING ENVIRONMENT AND TO ADAPT TO THE LATEST BEST PRACTICES IN THE FIELD OF COMPLIANCE. ADDITIONALLY, THE COMMITTEE'S PLANNED ACTIVITIES ARE REFLECTED IN AN ANNUAL WORK PLAN.</li> <li>5. AUDITING: THE CORPORATE COMPLIANCE COMMITTEE IS RESPONSIBLE FOR PREPARING A SCHEDULE OF INTERNAL AUDITS TO BE COMPLETED, AND THE COMPLIANCE AUDIT PLAN IS RE-EVALUATED ANNUALLY TO REFLECT A CONSIDERATION OF CHANGING AREAS OF RISK.</li> <li>6. INDEPENDENT HOTLINE: LIFELINK HAS ENGAGED THE SERVICES OF AN INDEPENDENT COMPLIANCE HOT LINE MANAGEMENT AND REPORTING SERVICE THAT PROVIDES ANONYMITY WHEN COMPLAINTS ARE MADE. THE COMPLAINT NUMBER IS MADE AVAILABLE TO ALL EMPLOYEES AND BOARD MEMBERS AND IS POSTED OPENLY IN CONSPICUOUS AREAS. THE HOT LINE OPERATOR REPORTS COMPLAINT CALLS TO COMMITTEE MEMBERS VIA PHONE AND E-MAIL, AND EVERY QUARTER THE CEO, COO, CFO AND COMPLIANCE OFFICER MUST SIGN A REPORT FROM THE HOT LINE OPERATOR TO ENSURE THAT NO ONE MEMBER CAN OVERRIDE THE REPORTING PROCESS.</li> <li>7. ADDITIONALLY, POLICY DICTATES THAT EACH COMPLAINT IS RESPONDED TO WITHIN A SPECIFIED TIME PERIOD, AND RESPONSES MAY REQUIRE AUDITS AND THE USE OF OUTSIDE EXPERTS.</li> <li>8. TRANSPARENCY AND BOARD REPORTING: IN SUPPORT OF THE BOARD'S OVERSIGHT RESPONSIBILITIES, THE AUDIT COMMITTEE REVIEWS THE ORGANIZATION'S PROCESS FOR MONITORING COMPLIANCE WITH IRS LAWS, REGULATIONS, AND FOR IDENTIFYING AND ADDRESSING CONFLICTS OF INTEREST. THE COMPLIANCE OFFICER HAS DIRECT ACCESS TO THE CHAIRMAN OF THE AUDIT COMMITTEE, AND THE AUDIT COMMITTEE IS MADE AWARE OF ALL COMPLIANCE COMPLAINTS OF A MATERIAL FINANCIAL NATURE AND RECEIVES A FORMAL REPORT FROM THE COMPLIANCE OFFICER CONCERNING COMPLIANCE ACTIVITIES.</li> </ol>

Identifier	Return Reference	Explanation
OTHER FEES	FORM 990, PART IX, LINE 11G	TEMPORARY LABOR PROGRAM SERVICE EXPENSES 494,245 MANAGEMENT AND GENERAL EXPENSES 25,331 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 519,576 DONOR HOSPITAL COSTS PROGRAM SERVICE EXPENSES 7,173,032 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 7,173,032 DONOR RELATED TRANSPORTATION PROGRAM SERVICE EXPENSES 3,079,031 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 3,079,031 DONOR RELATED PHYSICIAN FEES PROGRAM SERVICE EXPENSES 3,167,657 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 3,167,657 DONOR TISSUE TYPING PROGRAM SERVICE EXPENSES 706,400 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 706,400 TISSUE ACQUISITION COSTS PROGRAM SERVICE EXPENSES 1,569,261 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 1,569,261 KIDNEY AQUISITION COSTS PROGRAM SERVICE EXPENSES 2,125,802 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 2,125,802 DONOR SEROLOGIES AND LAB TESTS PROGRAM SERVICE EXPENSES 289,658 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 289,658 LAUNDRY SERVICES PROGRAM SERVICE EXPENSES 210,858 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 210,858 COMMISSIONS PROGRAM SERVICE EXPENSES 1,327,177 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 1,327,177 PROFESSIONAL FEES PROGRAM SERVICE EXPENSES 598,621 MANAGEMENT AND GENERAL EXPENSES 88,796 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 687,417

# **SCHEDULE R (Form 990)**

## Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2012

**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" to Form 990, Part IV, line 33.)

(a) Name, address, and EIN (if applicable) 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" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

**Identification of Related Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" to Form 990, Part IV, line 1 because it had one or more related organizations treated as a partnership during the tax year.)

### Part III

**Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered "Yes" to 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 IV

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

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

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 or **(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** Dividends from related organization(s)
- g** Sale of assets to related organization(s)
- h** Purchase of assets from related organization(s)
- i** Exchange of assets with related organization(s)
- j** Lease of facilities, equipment, or other assets to related organization(s)
  
- k** Lease of facilities, equipment, or other assets from related organization(s)
- l** Performance of services or membership or fundraising solicitations for related organization(s)
- m** Performance of services or membership or fundraising solicitations by related organization(s)
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- o** Sharing of paid employees with related organization(s)
  
- p** Reimbursement paid to related organization(s) for expenses
- q** Reimbursement paid by related organization(s) for expenses
  
- r** Other transfer of cash or property to related organization(s)
- s** Other transfer of cash or property from related organization(s)

	Yes	No
1a		No
1b	Yes	
1c		No
1d		No
1e		No
1f		No
1g		No
1h		No
1i		No
1j		No
1k		No
1l		No
1m		No
1n	Yes	
1o	Yes	
1p		No
1q		No
1r		No
1s		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-s)	(c) Amount involved	(d) Method of determining amount involved

Part VI

Partnership (Complete if the organization answered "Yes" to 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.

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

**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 2012 Affiliated Group Schedule

**Name:** LIFELINK FOUNDATION INC**EIN:** 59-2193032**Affiliated Group Business Name:** LIFELINK LEGACY FUND**Address. Either US or Foreign** 531 SOUTH US HIGHWAY 301**Type:** TAMPA, FL 33619**EIN:** 59-3040982**Electing Organization Checkbox:** **Total Grassroots Lobbying:** 0**Total Direct Lobbying:** 0**Total Lobbying Expenditures:** 0**Other Exempt Purpose** 57,134**Expenditures:****Total Exempt Purpose** 57,134**Expenditures:****Lobbying Nontaxable Amount:** 11,427**Grassroots Nontaxable Amount:** 2,857**Tot Lobbying Grassroot Minus Non** 0**Tx:****Tot Lobby Expend Mns Lobbying** 0**Non Tx:****Share Of Excess Lobbying:** 0