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Form 990



Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public

Information about Form 990 and its instructions is at [www.IRS.gov/form990](http://www.irs.gov/form990)

OMB No 1545-0047

2014

Open to Public Inspection

A For the 2014 calendar year, or tax year beginning 07-01-2014, and ending 06-30-2015

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Final return/terminated

☐ Amended return

☐ Application pending

C Name of organization

LIFELINK FOUNDATION INC

Doing business as

Number and street (or P O box if mail is not delivered to street address)

Room/suite

9661 DELANEY CREEK BOULEVARD

City or town, state or province, country, and ZIP or foreign postal code

TAMPA, FL 33619

F Name and address of principal officer

DENNIS F HEINRICHS

9661 DELANEY CREEK BOULEVARD

TAMPA, FL 33619

H(a) Is this a group return for subordinates?

☐ Yes

☒ No

H(b) Are all subordinates included?

☐ Yes

☐ No

If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status

☒ 501(c)(3)

☐ 501(c) () ◀(insert no)

☐ 4947(a)(1) or

☐ 527

J Website: ▶ WWW.LIFELINKFOUND.ORG

K Form of organization

☒ Corporation

☐ Trust

☐ Association

☐ Other ▶

L Year of formation 1982

M State of legal domicile FL

Part I	Summary																											
Activities & Governance	<div>1 Briefly describe the organization's mission or most significant activities</div> <div>ORGAN AND TISSUE PROCUREMENT AND TRANSPLANTATION</div> <div></div> <div></div> <div></div> <div></div>																											
	<div>2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets</div>																											
	<table><tr><td>3</td><td>Number of voting members of the governing body (Part VI, line 1a)</td><td>23</td></tr><tr><td>4</td><td>Number of independent voting members of the governing body (Part VI, line 1b)</td><td>13</td></tr><tr><td>5</td><td>Total number of individuals employed in calendar year 2014 (Part V, line 2a)</td><td>557</td></tr><tr><td>6</td><td>Total number of volunteers (estimate if necessary)</td><td>700</td></tr><tr><td>7a</td><td>Total unrelated business revenue from Part VIII, column (C), line 12</td><td>0</td></tr><tr><td>7b</td><td>Net unrelated business taxable income from Form 990-T, line 34</td><td>0</td></tr></table>	3	Number of voting members of the governing body (Part VI, line 1a)	23	4	Number of independent voting members of the governing body (Part VI, line 1b)	13	5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)	557	6	Total number of volunteers (estimate if necessary)	700	7a	Total unrelated business revenue from Part VIII, column (C), line 12	0	7b	Net unrelated business taxable income from Form 990-T, line 34	0									
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Expenses	<table><tr><th></th><th>Prior Year</th><th>Current Year</th></tr><tr><td>13</td><td>Grants and similar amounts paid (Part IX, column (A), lines 1–3)</td><td>181,443</td></tr><tr><td>14</td><td>Benefits paid to or for members (Part IX, column (A), line 4)</td><td>0</td></tr><tr><td>15</td><td>Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)</td><td>50,273,071</td></tr><tr><td>16a</td><td>Professional fundraising fees (Part IX, column (A), line 11e)</td><td>0</td></tr><tr><td>b</td><td>Total fundraising expenses (Part IX, column (D), line 25) ▶0</td><td></td></tr><tr><td>17</td><td>Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)</td><td>39,407,234</td></tr><tr><td>18</td><td>Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)</td><td>89,861,748</td></tr><tr><td>19</td><td>Revenue less expenses Subtract line 18 from line 12</td><td>10,868,766</td></tr></table>		Prior Year	Current Year	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	181,443	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	50,273,071	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	39,407,234	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	89,861,748	19	Revenue less expenses Subtract line 18 from line 12	10,868,766
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Net Assets or Fund Balances	<table><tr><th></th><th>Beginning of Current Year</th><th>End of Year</th></tr><tr><td>20</td><td>Total assets (Part X, line 16)</td><td>125,908,046</td></tr><tr><td>21</td><td>Total liabilities (Part X, line 26)</td><td>35,680,613</td></tr><tr><td>22</td><td>Net assets or fund balances Subtract line 21 from line 20</td><td>90,227,433</td></tr></table>		Beginning of Current Year	End of Year	20	Total assets (Part X, line 16)	125,908,046	21	Total liabilities (Part X, line 26)	35,680,613	22	Net assets or fund balances Subtract line 21 from line 20	90,227,433															
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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

2016-05-12

Date

Print/Type preparer's name

BETTY ISLER CPA

Preparer's signature

BETTY ISLER CPA

Date

Check ☐ if self-employed

PTIN P00541979

Firm's name ▶ CBIZ MHM LLC

Firm's EIN ▶ 27-3605969

Firm's address ▶ 13577 FEATHER SOUND DR STE 400

CLEARWATER, FL 33762

Phone no (727) 572-1400

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes

☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2014)

Part IIISTatement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

1Briefly 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

2Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

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

3Did the organization cease conducting, or make significant changes in how it conducts, any program services?

If "Yes," describe these changes on Schedule O

4Describe 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 \$ 45,915,016 including grants of \$ 108,429) (Revenue \$ 60,852,590)

ORGAN PROCUREMENT ORGANIZATIONS FLORIDA, GEORGIA, PUERTO RICODONOR FAMILIES TRUST LIFELINK’S ORGAN PROCUREMENT ORGANIZATIONS (OPOS) TO SEE THAT THEIR LOVED ONES’ DECISION TO SAVE LIVES THROUGH ORGAN AND TISSUE DONATION WILL BE HONORED WE WORK TIRELESSLY TO MEET THEIR EXPECTATIONS, AND THE EXPECTATIONS OF WAITING PATIENTS WHO TRUST US TO PROVIDE AS MANY DONATED ORGANS FOR TRANSPLANTATION AS POSSIBLE THIS YEAR, HUNDREDS OF PEOPLE ARE ALIVE TODAY, TO EXPERIENCE BIRTHDAYS, HOLIDAYS AND MEMORIES WITH LOVED ONES, THANKS TO THE GENEROSITY OF DONORS AND THEIR FAMILIES AND THE WORK OF LIFELINK’S THREE OPOS TOGETHER WITH THE HELP OF OUR HOSPITAL PARTNERS, MEDICAL EXAMINERS, CORONERS AND FUNERAL HOME PERSONNEL, AS WELL AS THE UNITED NETWORK OF ORGAN SHARING, LIFELINK FACILITATED SECOND CHANCES FOR PATIENTS IN FLORIDA, GEORGIA AND PUERTO RICO, AND ACROSS THE COUNTRY LIFELINK OF PUERTO RICO HONORED MORE THAN 100 FAMILIES’ DECISIONS TO DONATE, RESULTING IN 304 PEOPLE RECEIVING LIFESAVING TRANSPLANTS THIS IS THE LARGEST NUMBER OF TRANSPLANTED ORGANS IN SIX YEARS CONTRIBUTING TO THIS SUCCESS WERE PARTNERING WITH THE OTHER OPOS TO ENSURE CONSISTENT INTERNAL STANDARDS AND COMPLIANCE WITH EXTERNAL REGULATIONS AS WELL AS PHYSICIAN EDUCATION ROUNDTABLES, ALLOWING PHYSICIANS TO GAIN MORE KNOWLEDGE ABOUT THE ORGAN DONATION PROCESS AS WELL AS PARTNERSHIPS WITH AREA NURSING SCHOOLS LIFELINK OF PUERTO RICO HAS BEEN INCLUDED IN NURSING SCHOOL COURSE CURRICULUM AND HAS CREATED ISLAND-WIDE CAMPAIGNS TO EDUCATE THEIR COMMUNITY ABOUT THE IMPORTANCE OF ORGAN AND TISSUE DONATION WORKING WITH FAMILIES TO SUPPORT THEIR LOVED ONES’ DECISION TO DONATE IS A CORE VALUE OF LIFELINK’S OPOS THE CREATION OF HOSPITAL-SPECIFIC DONOR RESOURCE SPECIALIST PROGRAMS IN THE LIFELINK OF GEORGIA SERVICE AREA HAS HELPED TO FOSTER NURSE ADVOCATES WITHIN PARTNER HOSPITALS DR NICOLE TURGEON AND DR MARTY SELLERS, BOTH TRANSPLANT SURGEONS, ARE NOW ASSOCIATE MEDICAL DIRECTORS FOR LIFELINK OF GEORGIA, BRINGING YEARS OF MEDICAL EXPERIENCE AND TRANSPLANT EXPERTISE TO THE ORGANIZATION TO SERVE OUR DONOR FAMILIES THIS COMMITMENT TO CARE RESULTED IN MORE THAN 250 GEORGIANS CHOOSING TO GIVE THE GIFT OF LIFE, AND SAVED THE LIVES OF MORE THAN 800 PEOPLE LIFELINK OF FLORIDA CONTINUES TO FOCUS ON EDUCATION AND PARTNERSHIP WITH AREA HOSPITALS TO HELP FACILITATE THE LIFE- SAVING GIFT OF ORGAN DONATION DONATION ADVISORY COMMITTEES, A GROUP OF HOSPITAL PROFESSIONALS WORKING TO GROW AND IMPROVE THE DONATION PROCESS, HAVE BEEN ESTABLISHED IN KEY HOSPITALS THROUGHOUT THE SERVICE AREA SUCH COMMITTEES HAVE RESULTED IN NUMEROUS PROCESS IMPROVEMENTS FOR DONATION AND IDEAS TO HONOR AND RECOGNIZE LIFESAVING DONORS ONE EXAMPLE, DONATE LIFE FLAG RAISINGS, OCCUR AT HOSPITALS WHILE DONATION IS BEING FACILITATED HOSPITAL STAFF JOINS LIFELINK STAFF, AND OFTEN DONOR FAMILY MEMBERS, AND RAISE A FLAG IN HONOR OF THE INDIVIDUAL WHO HAS DIED, AND SAVED LIVES AS A DONOR THE FLAG IS LATER PRESENTED TO THE FAMILY IN MEMORY OF THEIR LOVED ONE ALSO, LIFELINK OF FLORIDA HAS GROWN TO INCLUDE TWO SPANISH SPEAKING FAMILY CARE COORDINATORS, SO THAT MORE FAMILIES CAN COMMUNICATE IN THEIR NATIVE LANGUAGE WHILE DISCUSSING THE OPTION OF DONATION THESE EFFORTS HAVE RESULTED IN A NEW RECORD OF 609 ORGANS TRANSPLANTED - AN ADDITIONAL 100 LIVES SAVED ABOVE AND BEYOND PREVIOUS YEARS - THROUGH THE GENEROSITY OF ORGAN DONORS LIFELINK OF FLORIDA, LIFELINK OF GEORGIA AND LIFELINK OF PUERTO RICO ARE THANKFUL FOR ACTIVE ADVISORY BOARDS EACH BOARD MEMBER TAKES A ROLE IN HELPING THE OPOS REALIZE THE MISSION OF LIFELINK FOUNDATION - TO PROVIDE LIFE- SAVING AND LIFE- ENHANCING ORGANS AND TISSUES FOR TRANSPLANTATION THERAPY FISCAL YEAR JULY 1, 2014 TO JUNE 30, 2015ORGANS TRANSPLANTED BY SERVICE AREA LLFL 637LLGA 870LLPR 318TOTAL 1825 ORGAN DONORS BY OPO LLFL - 203LLGA - 267LLPR - 103

4b

(Code) (Expenses \$ 30,107,752 including grants of \$ 73,013) (Revenue \$ 32,310,358)

TISSUE BANK THIS YEAR, IN ORDER TO INCREASE EFFICIENCY AND SERVICE FOR BOTH DONOR FAMILIES, TRANSPLANTING PHYSICIANS AND PATIENTS RECEIVING TISSUE GRAFTS, LIFELINK TISSUE BANK CHANGED ITS ORGANIZATIONAL STRUCTURE TISSUE RECOVERY ACTIVITY IS COORDINATED AND MANAGED BY LIFELINK STAFF ON ONE, COHESIVE TEAM - WHETHER THEY ARE IN GEORGIA, FLORIDA OR PUERTO RICO THIS ALLOWS FOR BETTER COMMUNICATION, PRODUCTIVITY AND, ULTIMATELY, OUTCOMES, FOR THOSE WE SERVE WE ALSO CONTINUE TO IMPLEMENT THE LEAN PROGRAM TO STREAMLINE PROCESSES AND BECOME MORE EFFECTIVE IN ALL AREAS IMPROVEMENTS IN OUR PROCESSING ABILITY HAVE RESULTED IN INCREASED UTILIZATION OF LIFELINK TISSUE AND ALL OF THESE EFFORTS, TOGETHER, ALLOW LIFELINK TISSUE BANK TO MEET GROWING NEEDS FOR TRANSPLANTABLE TISSUE EFFICIENCY WITHIN THE TISSUE BANK IS NOT LIMITED TO TECHNICAL PROCEDURES STAFF IN COMMUNICATIONS, RECOVERY, QUALITY ASSURANCE AND HOSPITAL SERVICES HAVE ALL ESTABLISHED AND MET GOALS TO MAXIMIZE EACH GIFT THAT TISSUE DONORS SELFLESSLY PROVIDE, LIFELINK TISSUE BANK IS NOW CREATING MORE GRAFTS FROM A SINGLE DONOR, MEANING ONE TISSUE DONOR CAN ENHANCE AND IMPROVE MORE LIVES THAN EVER BEFORE LIFELINK TISSUE BANK CONTINUES TO PROVIDE HIGH QUALITY GRAFTS FOR PATIENTS IN NEED OF TISSUE TRANSPLANTATION THERAPY WE ARE ACCREDITED BY THE AMERICAN ASSOCIATION OF TISSUE BANKS AND THE FOOD AND DRUG ADMINISTRATION AND MEET AND EXCEED LOCAL, FEDERAL AND INTERNATIONAL STANDARDS RELATED TO TISSUE BANKING

4c

(Code) (Expenses \$ 5,589,063 including grants of \$) (Revenue \$ 6,269,348)

TRANSPLANTATION IMMUNOLOGY LABORATORY PATIENTS AND DOCTORS RELY ON SERVICES PROVIDED BY LIFELINK TRANSPLANTATION IMMUNOLOGY LABORATORY TO EVALUATE PATIENTS FOR TRANSPLANTATION AND MATCH ORGANS TO WAITING PATIENTS, AS WELL AS MONITOR PATIENTS POST- TRANSPLANT FOR ORGAN HEALTH LAST YEAR, NEARLY 2,000 POTENTIAL TRANSPLANT RECIPIENTS WERE EVALUATED AND AN ADDITIONAL 362 PEOPLE WERE CONSIDERED TO BECOME LIVING DONORS LIFELINK TRANSPLANTATION IMMUNOLOGY LABORATORY CURRENTLY WORKS WITH SEVEN TRANSPLANT CENTERS SUPPORTING 13 ORGAN SPECIFIC TRANSPLANT PROGRAMS THIS PAST YEAR, THE TRANSPLANT CENTERS THAT THE IMMUNOLOGY LABORATORY SERVES EXPERIENCED SIGNIFICANT GROWTH IN THEIR PROGRAMS TO KEEP UP WITH THE DEMAND FOR LABORATORY SERVICES, LIFELINK WELCOMED ADDITIONAL STAFF IN ADDITION TO PROVIDING PRE AND POST- TRANSPLANT TESTING SERVICES, THE LIFELINK TRANSPLANTATION IMMUNOLOGY LABORATORY IS CONDUCTING CLINICAL RESEARCH INTO NON- HLA ANTIBODIES, WHICH PLAY A ROLE IN ORGAN REJECTION THIS RESEARCH WILL HELP THE LABORATORY UNDERSTAND WHY SOME PATIENTS EXPERIENCE CHRONIC OR ACUTE ORGAN REJECTION KIDNEY TRANSPLANTS - 212LIVER TRANSPLANTS - 72KIDNEY AND PANCREAS TRANSPLANTS - 16HEART TRANSPLANTS - 46LUNG TRANSPLANTS - 37TOTAL TRANSPLANTS POSSIBLE - 560

See Additional Data

4d





















Other program services (Describe in Schedule O)

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

4e

Total program service expenses ▶ 81,611,831

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	No
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 	3	No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II 	4 Yes	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III 	5	No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 	6	No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8	No
9 Did the organization report an amount in Part X, line 21 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 	9	No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 	10 Yes	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 	11a Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 	11b	No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 	11c	No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 	11d	No
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 	11e	No
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 	11f	No
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 	12a	No
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 	12b Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, 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 	14b Yes	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV 	15	No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 	16	No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V

Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	378	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c	Yes
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.	2a	557
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).		2b	Yes
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a	No
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.		3b	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a	No
b If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a	No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b	No
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c	
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		6a	No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b	
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		7a	No
b If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c	No
d If "Yes," indicate the number of Forms 8282 filed during the year.		7d	
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e	No
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f	No
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g	
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h	
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			
9a Did the sponsoring organization make any taxable distributions under section 4966?		9a	
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b	
10 Section 501(c)(7) organizations. Enter			
a Initiation fees and capital contributions included on Part VIII, line 12.		10a	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		10b	
11 Section 501(c)(12) organizations. Enter			
a Gross income from members or shareholders.		11a	
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).		11b	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?			
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		12b	
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		13a	
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.		13b	
c Enter the amount of reserves on hand.		13c	
14a Did the organization receive any payments for indoor tanning services during the tax year?		14a	No
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		14b	

Part VI

Governance, Management, and Disclosure

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

Check if Schedule O contains a response or note to any line in this Part VI

Section A. Governing Body and Management

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

Section B. Policies

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

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

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. <input type="checkbox"/> Own website <input checked="" type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> 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, address, and telephone number of the person who possesses the organization's books and records BRYAN C MCDONALD TREASURERCFO	

Part VII

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

Check if Schedule O contains a response or note to any line 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

(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
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			

Part VII

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

(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
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			

1b	Sub-Total	▶			
c	Total from continuation sheets to Part VII, Section A	▶			
d	Total (add lines 1b and 1c)	▶	3,801,010	0	770,717

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization▶56

		Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	4	Yes
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	No

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
RR SIMMONS CONSTRUCTION CORP 13112 TELECOM DR TAMPA, FL 33637	GENERAL CONTRACTOR	4,007,489
AMERICAN FOUNDATION FOR DONATION AND TRA 8154 FOREST HILLS AVE STE 3 RICHMOND, VA 23235	KIDNEY IMPORTING	1,587,193
TRANS LIFE TISSUE BANK 1560 ORANGE AVE STE 450 WINTER PARK, FL 32789	TISSUE RECOVERY SERVICES	1,477,009
AUGUSTA AVIATION 1775 HIGHLAND AVE AUGUSTA, GA 309045302	ORGAN TRANSPORTATION	1,054,078
HOSPITAL AUXILIO MUTUO PO BOX 191227 SAN JUAN 00919-1227 RQ	DONOR LAB TESTING	747,808
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 ▶22	

Part VIII

Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns 1a					
	b	Membership dues 1b					
	c	Fundraising events 1c					
	d	Related organizations 1d					
	e	Government grants (contributions) 1e					
	f	All other contributions, gifts, grants, and similar amounts not included above 1f	16,644				
	g	Noncash contributions included in lines 1a-1f \$					
	h	Total. Add lines 1a-1f	16,644				
Program Service Revenue	2a	ORGAN PLACEMENT	Business Code 621991	60,852,590	60,852,590		
	b	TISSUE PLACEMENT	621991	32,310,358	32,310,358		
	c	IMMUNOLOGY LAB	621511	6,269,348	6,269,348		
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f	99,432,296				
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)	598,272			598,272
4		Income from investment of tax-exempt bond proceeds					
5		Royalties					
6a		Gross rents	(i) Real (ii) Personal				
		b	Less rental expenses				
		c	Rental income or (loss)				
		d	Net rental income or (loss)				
7a		Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
		b	Less cost or other basis and sales expenses				
		c	Gain or (loss)				
		d	Net gain or (loss)	683,302			683,302
8a		Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a				
		b	Less direct expenses b				
		c	Net income or (loss) from fundraising events				
9a		Gross income from gaming activities See Part IV, line 19	a				
		b	Less direct expenses b				
		c	Net income or (loss) from gaming activities				
10a		Gross sales of inventory, less returns and allowances	a				
		b	Less cost of goods sold b				
		c	Net income or (loss) from sales of inventory				
Miscellaneous Revenue		Business Code					
11a							
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d						
12	Total revenue. See Instructions		100,730,514	99,432,296	0	1,281,574	

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 or note to any line in this Part IX

☒

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	181,443	181,443		
2	Grants and other assistance to domestic individuals. See Part IV, line 22.				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4	Benefits paid to or for members.				
5	Compensation of current officers, directors, trustees, and key employees.	3,133,003	1,934,382	1,198,621	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	628,615	300,814	327,801	
7	Other salaries and wages.	32,672,260	29,703,383	2,968,877	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	3,098,006	2,816,495	281,511	
9	Other employee benefits.	8,132,405	7,393,426	738,979	
10	Payroll taxes.	2,608,782	2,352,801	255,981	
11	Fees for services (non-employees):				
a	Management.				
b	Legal.	146,458		146,458	
c	Accounting.	73,375		73,375	
d	Lobbying.	99,327	99,327		
e	Professional fundraising services. See Part IV, line 17.				
f	Investment management fees.	63,393		63,393	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	19,639,554	19,346,551	293,003	
12	Advertising and promotion.	777,466	777,466		
13	Office expenses.	2,434,392	2,254,110	180,282	
14	Information technology.	523,987	507,316	16,671	
15	Royalties.				
16	Occupancy.	2,692,291	2,100,220	592,071	
17	Travel.	1,528,673	1,299,933	228,740	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19	Conferences, conventions, and meetings.	372,532	350,114	22,418	
20	Interest.	192,181	192,181		
21	Payments to affiliates.				
22	Depreciation, depletion, and amortization.	3,569,314	3,528,774	40,540	
23	Insurance.	821,196		821,196	
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	MEDICAL SUPPLIES	6,455,425	6,455,425		
b	DONATED PROPERTY EXP	17,670	17,670		
c					
d					
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e.	89,861,748	81,611,831	8,249,917	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X

Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

				(A)		(B)
				Beginning of year		End of year
Assets	1	Cash—non-interest-bearing		10,442,325	1	10,680,149
	2	Savings and temporary cash investments		649,946	2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		12,365,003	4	14,505,055
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L.			5	
	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.			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		16,580,017	8	15,498,757
	9	Prepaid expenses and deferred charges		177,081	9	190,484
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D.	10a60,883,888			
	b	Less: accumulated depreciation	10b16,465,514	47,260,071	10c	44,418,374
	11	Investments—publicly traded securities		29,419,438	11	39,297,669
	12	Investments—other securities. See Part IV, line 11.			12	
	13	Investments—program-related. See Part IV, line 11.			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11.		1,302,814	15	1,317,558
	16	Total assets. Add lines 1 through 15 (must equal line 34).		118,196,695	16	125,908,046
Liabilities	17	Accounts payable and accrued expenses		22,177,620	17	24,515,428
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities		12,415,016	20	8,340,016
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.			21	
	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.			22	
	23	Secured mortgages and notes payable to unrelated third parties		3,939,146	23	2,825,169
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D.			25	
	26	Total liabilities. Add lines 17 through 25.		38,531,782	26	35,680,613
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets		78,690,367	27	89,308,588
	28	Temporarily restricted net assets		974,546	28	918,845
	29	Permanently restricted net assets			29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		79,664,913	33	90,227,433
	34	Total liabilities and net assets/fund balances		118,196,695	34	125,908,046

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	100,730,514
2	Total expenses (must equal Part IX, column (A), line 25)	2	89,861,748
3	Revenue less expenses Subtract line 2 from line 1	3	10,868,766
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	79,664,913
5	Net unrealized gains (losses) on investments	5	-306,246
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	90,227,433

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line 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		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	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	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?		No
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

Additional Data

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

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

(Code) (Expenses \$	including grants of \$) (Revenue \$)
PUBLIC AFFAIRS TAKING THE DONATION MESSAGE TO THE MASSES IS A KEY COMPONENT OF THE LIFELINK FOUNDATION'S PUBLIC AFFAIRS DEPARTMENT TASKED WITH EDUCATING COMMUNITIES ABOUT ORGAN AND TISSUE DONATION, PUBLIC AFFAIRS CREATES AND PURSUES EDUCATIONAL OPPORTUNITIES AT THE LOCAL, STATE AND NATIONAL LEVEL AN IMPORTANT TARGET AUDIENCE IS DRIVER LICENSE ISSUING AGENCIES IN FLORIDA, GEORGIA AND PUERTO RICO TO EDUCATE EMPLOYEES AND CUSTOMERS ABOUT THE OPTION OF DONATION WHILE THEY ARE GETTING OR RENEWING THEIR DRIVER LICENSE IN FLORIDA, WHERE THIS PROGRAM IS MOST MATURE, DRIVER LICENSE INITIATIVES RESULTED IN MORE THAN 222,000 NEW DONOR DESIGNATIONS THIS YEAR GEORGIA WELCOMED A DRIVER SERVICES COORDINATOR TO THE TEAM SINCE THEN, GEORGIA HAS IMPLEMENTED ELECTRONIC MESSAGING DISPLAYS IN DRIVER LICENSE OFFICES THROUGHOUT THE STATE, WHICH HELPED CONTRIBUTE TO 330,000 DONOR DESIGNATIONS PUERTO RICO HAS ALSO BEEN WORKING CLOSELY WITH THE ISLAND'S DRIVER LICENSE AGENCY AND THE BUREAU OF MOTOR VEHICLES IN THE U S VIRGIN ISLANDS THIS PARTNERSHIP HAS RESULTED IN OPPORTUNITIES FOR SHARED INFORMATION CONCERNING ORGAN AND TISSUE DONOR REGISTRATIONS WITH DRIVER LICENSE CUSTOMERS, LENDING TO APPROXIMATELY 30,000 REGISTRATIONS ADDED TO THEIR ORGAN AND TISSUE DONOR REGISTRY IN ADDITION TO WORKING WITH DRIVER LICENSE AGENCIES, THE PUBLIC AFFAIRS TEAM WORKS WITH THE MEDIA TO PLACE LIFELINK'S MISSION IN FRONT OF AS MANY PEOPLE AS POSSIBLE EACH MESSAGE PROVIDES REINFORCEMENT OF THE IMPORTANCE OF ORGAN AND TISSUE DONATION AND ENCOURAGES INDIVIDUALS TO DESIGNATE THEIR DECISION AS AN ORGAN, EYE AND TISSUE DONOR ON THEIR STATE DONOR REGISTRY EDUCATING MULTICULTURAL COMMUNITIES ABOUT THE IMPORTANCE OF ORGAN AND TISSUE DONATION IS A PRIORITY FOR LIFELINK OF GEORGIA'S MULTICULTURAL DONATION EDUCATION PROGRAM (MDEP) MDEP CREATES OPPORTUNITIES TO EDUCATE, REGISTER AND ENGAGE THE AFRICAN AMERICAN AND HISPANIC COMMUNITIES THIS PAST YEAR, THE DEPARTMENT PARTNERED WITH DONATE LIFE AMERICA TO CREATE THE WISH - A STORY OF HOPE, FAITH AND GENEROSITY A FAITH-BASED FILM ABOUT A BELOVED HIGH SCHOOL TEACHER'S KIDNEY FAILURE AND HER STRUGGLES AS SHE AWAITS THE KIDNEY TRANSPLANT SHE NEEDS TO SAVE HER LIFE COMPETITIONS BETWEEN HISTORICALLY BLACK COLLEGES AND UNIVERSITIES AND POLICE, FIRE AND SHERIFF'S DEPARTMENTS RESULTED IN THOUSANDS OF DONOR REGISTRATIONS THE STRONG SUPPORT OF HISPANIC MEDIA THROUGHOUT GEORGIA HAS RESULTED IN DONATION-RELATED STORIES AND IN NEW DONOR REGISTRATIONS THE ANNUAL DONE VIDA HEALTH FAIR REACHES THOUSANDS OF PEOPLE AND PROVIDES SCREENINGS FREE OF CHARGE TO ATTENDEES LIFELINK VOLUNTEERS HELP SPREAD THE FOUNDATION'S MISSION LAST YEAR, OUR VOLUNTEERS CONTRIBUTED OVER TEN THOUSAND HOURS OF THEIR TIME EDUCATING THEIR COMMUNITIES IN GEORGIA, FLORIDA AND PUERTO RICO THEY ARE PASSIONATE ABOUT SHARING THE LIFE-SAVING GIFT OF ORGAN AND TISSUE DONATION REGISTERED DONORS BY SERVICE AREA (PERCENTAGE OF POPULATION OF THE AGE OF 18)LLFL - 58% LLGA - 61%LLPR - 21% MEDIA OUTREACH WEB ARTICLES 47TELEVISION INTERVIEWS 49PRINT ARTICLES 131RADIO SEGMENTS 246RADIO PUBLIC SERVICE ANNOUNCEMENTS 7000 OUTREACH GROUPS FAITH-BASEDHIGH SCHOOLCOLLEGEMULTICULTURAL WORKPLACE PARTNERSSOCIAL MEDIADRIVER LICENSE OFFICES				
(Code) (Expenses \$	including grants of \$) (Revenue \$)
LIFELINK INFORMATION SYSTEMS THE INFORMATION SYSTEMS DEPARTMENT STRATEGICALLY LEVERAGES TECHNOLOGY IN SUPPORT OF OPERATIONS BY DELIVERING INTEGRATED, STREAMLINED SOLUTIONS THAT CREATE NEW EFFICIENCIES AND ADD VALUE AS PART OF A FOUNDATION-WIDE CYBERSECURITY INITIATIVE AIMED TO SAFEGUARD LIFELINK'S CONFIDENTIAL DATA FROM POTENTIAL SECURITY BREACHES, INFORMATION SYSTEMS WORKED IN CONJUNCTION WITH CORPORATE COMPLIANCE AND SUCCESSFULLY LAUNCHED A COMPREHENSIVE AND EFFECTIVE COMPUTER SECURITY AWARENESS TRAINING PROGRAM ACROSS ALL DIVISIONS IN KEEPING WITH EXPECTATIONS OF SERVICE EXCELLENCE IN ALL AREAS, LIFELINK CONSISTENTLY MAINTAINS A HIGH LEVEL OF SYSTEMS AVAILABILITY, A MARK OF AN EFFICIENT INFORMATION SYSTEMS DEPARTMENT THESE EFFORTS MINIMIZE BUSINESS INTERRUPTIONS AND ENSURE EACH DEPARTMENT IS ABLE TO SECURELY ACCESS ALL ESSENTIAL ELECTRONIC DATA AND SYSTEMS INFORMATION 365 DAYS A YEAR INFORMATION SYSTEMS CONTINUOUSLY ANALYZES THE NEEDS OF EACH DEPARTMENT AND MAINTAINS A MASTER PROJECT PLAN FOR COMPLETING TARGETED DEPARTMENTAL PROJECTS ONE MAJOR PROJECT IS TO BRING LIFELINK TISSUE BANK AND OTHER DIVISIONS WITHIN THE ORGANIZATION TO A PAPERLESS WORKING ENVIRONMENT, WHICH SIGNIFICANTLY ENHANCES OPERATIONAL EFFICIENCIES THROUGHOUT LIFELINK FOUNDATION INFORMATION SYSTEMS IS ALSO WORKING CLOSELY WITH LIFELINK TRANSPLANTATION IMMUNOLOGY LABORATORY AS THEY EXPAND SERVICE TO ADDITIONAL TRANSPLANT CENTERS AND NEED TO INTEGRATE SECURELY AND SEAMLESSLY WITH ELECTRONIC HEALTH RECORDS (EHR) AND LABORATORY COMPUTER SYSTEMS AT OTHER INSTITUTIONS INFORMATION SYSTEMS IS IMPLEMENTING NEW TECHNOLOGY TO MAINTAIN SAFE, SECURE, UNINTERRUPTED COMMUNICATION BETWEEN ORGANIZATIONS LIFELINK FOUNDATION'S COMMUNICATION SERVICES DEPARTMENT IS AVAILABLE 24 HOURS A DAY 7 DAYS A WEEK THE DEPARTMENT IS RESPONSIBLE FOR SCREENING CALLS FROM OUR HOSPITAL PARTNERS AND PROVIDING TRIAGE SERVICES FOR HCA WEST FLORIDA AND TELECONTESTE IN PUERTO RICO COMMUNICATIONS SERVICES ALSO WORKS WITH OUR EYE BANK COLLEAGUES IN FLORIDA AND GEORGIA TO ENSURE THE OPTION OF ORGAN, TISSUE AND EYE DONATION IS AVAILABLE FOR EVERYONE WHO WOULD LIKE TO GIVE THE GIFT OF LIFE THIS YEAR, COMMUNICATIONS SERVICES RECEIVED OVER 75,000 CALLS, ALLOWING LIFELINK OPOS, AND THE ORGANIZATIONS THE DEPARTMENT SERVES, TO HONOR THE WISHES OF THOSE WHO CHOOSE TO DONATE				

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
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DANA L SHIRES MD CHAIRMAN OF THE BOARD	20 00 2 00	X		X				55,485	0	19,770
(1) DENNIS F HEINRICHS BSN MBA PRESIDENT/CEO	40 00 2 00	X		X				577,410	0	55,673
(2) VICTOR D BOWERS MD DIRECTOR & ASSOCIATE MEDICAL DIRECTOR	20 00 2 00	X						49,593	0	22,623
(3) MORRIS J DILLARD DIRECTOR	2 00 0 00	X						2,586	0	0
(4) LARRY F JONES DIRECTOR	2 00 2 00	X						2,250	0	0
(5) WILLIAM M LEFOR DIRECTOR	2 00 2 00	X						4,643	0	0
(6) ROBERT METZGER MD DIRECTOR	2 00 0 00	X						2,936	0	0
(7) WILLIAM J MEURER CPA DIRECTOR	2 00 0 00	X						2,250	0	0
(8) LUIS A MORALES-OTERO MD DIRECTOR & MEDICAL DIRECTOR	20 00 0 00	X						64,680	0	22,192
(9) HAROLD W MULLIS JR ESQ DIRECTOR	3 00 0 00	X						2,507	0	0
(10) GEORGE H OHYE DIRECTOR	2 00 0 00	X						2,583	0	0
(11) THOMAS C PEARSON MD DIRECTOR & ASSOCIATE MEDICAL DIRECTOR	20 00 0 00	X						65,852	0	20,755
(12) NICK READER DIRECTOR	2 00 0 00	X						0	0	0
(13) CHARLES SANDERS JR MD DIRECTOR	2 00 0 00	X						2,197	0	0
(14) JEFFREY L SEAVEY CFP DIRECTOR	2 00 0 00	X						2,586	0	0
(15) MARTY T SELLERS MD DIRECTOR & ASSOCIATE MEDICAL DIRECTOR	20 00 0 00	X						28,743	0	15,270
(16) ESTHER TORRES MD DIRECTOR & ASSOCIATE MEDICAL DIRECTOR	20 00 0 00	X						53,601	0	20,709
(17) JOEL T VANSICKLER MD DIRECTOR	2 00 2 00	X						2,577	0	0
(18) J DAVID VEGA MD DIRECTOR	2 00 0 00	X						2,250	0	0
(19) JOHN D WHELCHER MD DIRECTOR & PRIOR ASSOCIATE MEDICAL DIRECTOR GA	3 00 2 00	X						82,049	0	22,299
(20) DEBORAH WINEGARD JD DIRECTOR	2 00 0 00	X						2,250	0	0
(21) JAMES J WYNN MD DIRECTOR	2 00 0 00	X						5,793	0	0
(22) COLLEEN K STICKELER EMPLOYEE REP/FIN & ACC ADMIN MGR	40 00 0 00	X						81,188	0	16,081
(23) MICHELE M EGGSWARE EMPLOYEE REPRESENTATIVE	40 00 0 00	X						103,562	0	26,708
(24) BRYAN C MCDONALD CPA TREASURER/CFO	40 00 2 00			X				308,681	0	49,824

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
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(26) SAMANTHA D EIDE SECRETARY & MANAGER, CORP ADMIN	40 00 15 00			X				82,158	0	23,744
(1) JEAN DAVIS EXECUTIVE VP/COO	40 00 0 00			X				372,830	0	37,678
(2) DANA L SHIRES III EXECUTIVE VP - TISSUE BANK	40 00 0 00				X			252,200	0	49,067
(3) KATHLEEN T LILLY SR VP/EXEC DIR LLGA-OPO	40 00 0 00				X			241,703	0	54,005
(4) ELIZABETH M LEHR SR VP/EXEC DIR LLFL-OPO	40 00 0 00				X			220,133	0	43,830
(5) CHARLES E WRIGHT MEDICAL DIRECTOR-OPO	40 00 0 00					X		256,871	0	52,553
(6) DANIEL L SCHULTZ MEDICAL DIRECTOR/VP TISSUE BANK	40 00 0 00					X		255,513	0	54,550
(7) MAYRA M LOPEZ-CEPERO SR VP/DIRECTOR IMMUNOLOGY LAB	40 00 0 00					X		212,026	0	82,919
(8) MARIEN SAADE SR VP/EXEC DIR LLPR-OPO	40 00 0 00					X		205,767	0	40,063
(9) MARK P STRONG SR VP/ASSOC EXEC DIR	40 00 0 00					X		193,557	0	40,404

SCHEDULE A
(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization LIFELINK FOUNDATION INC	Employer identification number 59-2193032
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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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g
- a

☐

Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
- b

☐

Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
- c

☐

Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
- d

☐

Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
- e

☐

Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
- f

Enter the number of supported organizations _____
- g

Provide the following information about the supported organization(s)

(i)Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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 VI)						
11 Total support Add lines 7 through 10						
12 Gross receipts from related activities, etc (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						▶

Section C. Computation of Public Support Percentage						
14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))		14				
15 Public support percentage for 2013 Schedule A, Part II, line 14		15				
16a 33 1/3% support test—2014. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization						▶
b 33 1/3% support test—2013. 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 stop here. The organization qualifies as a publicly supported organization						▶
17a 10%-facts-and-circumstances test—2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization						▶
b 10%-facts-and-circumstances test—2013. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization						▶
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions						▶

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

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

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	2,523,621	6,902	998,159	3,070	16,644	3,548,396
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	79,152,038	83,541,388	89,475,739	87,944,323	99,432,296	439,545,784
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	81,675,659	83,548,290	90,473,898	87,947,393	99,448,940	443,094,180
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			998,159			998,159
c Add lines 7a and 7b			998,159			998,159
8 Public support (Subtract line 7c from line 6)						442,096,021

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6	81,675,659	83,548,290	90,473,898	87,947,393	99,448,940	443,094,180
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,083,542	1,196,808	668,550	530,381	598,272	4,077,553
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	1,083,542	1,196,808	668,550	530,381	598,272	4,077,553
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 VI)						
13 Total support. (Add lines 9, 10c, 11, and 12)	82,759,201	84,745,098	91,142,448	88,477,774	100,047,212	447,171,733
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage		
15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))	15	98 860 %
16 Public support percentage from 2013 Schedule A, Part III, line 15	16	98 890 %

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))	17	0 910 %
18 Investment income percentage from 2013 Schedule A, Part III, line 17	18	0 870 %
19a 33 1/3% support tests—2014. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
b 33 1/3% support tests—2013. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶		

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1	
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2	
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a	
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b	
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c	
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a	
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b	
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c	
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a	
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b	
c Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6	
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7	
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990).	8	
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a	
b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b	
c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9c	
10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.	10a	
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).	10b	
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a	
b A family member of a person described in (a) above?	11b	
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c	

Part IV

Supporting Organizations (continued)

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
2 <u>Activities Test</u> Answer (a) and (b) below.			
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
3 <u>Parent of Supported Organizations</u> Answer (a) and (b) below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.			
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.			

Part V – Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI) _____		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2014 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2014			
a From 2009.			
b From 2010.			
c From 2011.			
d From 2012.			
e From 2013.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount			
i Carryover from 2009 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2014 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2015. Add lines 3j and 4c			
8 Breakdown of line 7			
a From 2010.			
b From 2011.			
c From 2012.			
d From 2013.			
e From 2014.			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference

Explanation

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ **Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.**

▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at**

www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

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

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

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

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

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

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

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

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

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

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

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

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

1	Enter the amount directly expended by the filing organization for section 527 exempt function activities	▶ \$
2	Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5	Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV	

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

Part II-A

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

- A
- Check ☒ if the filing organization belongs to an affiliated group (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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		99,327	99,327												
b Total lobbying expenditures to influence a legislative body (direct lobbying)		0	0												
c Total lobbying expenditures (add lines 1a and 1b)		99,327	99,327												
d Other exempt purpose expenditures		89,762,420	90,029,925												
e Total exempt purpose expenditures (add lines 1c and 1d)		89,861,747	90,129,252												
f Lobbying nontaxable amount Enter the amount from the following table in both columns		1,000,000	1,000,000												
<table><tr><td>If the amount on line 1e, column (a) or (b) is:</td><td>The lobbying nontaxable amount is:</td></tr><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000</td></tr></table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
g Grassroots nontaxable amount (enter 25% of line 1f)		250,000	250,000												
h Subtract line 1g from line 1a If zero or less, enter -0-		0	0												
i Subtract line 1f from line 1c If zero or less, enter -0-		0	0												
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>													

4-Year Averaging Period Under section 501(h)

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) Total
2a Lobbying nontaxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
b Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000
c Total lobbying expenditures	137,162	130,375	102,087	99,327	468,951
d Grassroots nontaxable amount	250,000	250,000	250,000	250,000	1,000,000
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000
f Grassroots lobbying expenditures	137,162	130,375	102,087	99,327	468,951

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
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c	Media advertisements?			
d	Mailings to members, legislators, or the public?			
e	Publications, or published or broadcast statements?			
f	Grants to other organizations for lobbying purposes?			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i	Other activities?			
j	Total. Add lines 1c through 1i.			
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b	If "Yes," enter the amount of any tax incurred under section 4912.			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912.			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A

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

1	Were substantially all (90% or more) dues received nondeductible by members?	1	Yes	No
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2		
3	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."

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

Part IV

Supplemental Information

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, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information.

Return Reference	Explanation

[illegible]

TY 2014 Affiliated Group Schedule**Name:** LIFELINK FOUNDATION INC**EIN:** 59-2193032

Affiliated Group Business Name:	LIFELINK LEGACY FUND
Address. Either US or Foreign Type:	9661 DELANEY CREEK BOULEVARD TAMPA, FL 33619
EIN:	59-3040982
Electing Organization Checkbox:	<input checked="" type="checkbox"/>
Total Grassroots Lobbying:	0
Total Direct Lobbying:	0
Total Lobbying Expenditures:	0
Other Exempt Purpose Expenditures:	267,505
Total Exempt Purpose Expenditures:	267,505
Lobbying Nontaxable Amount:	53,501
Grassroots Nontaxable Amount:	13,375
Tot Lobbying Grassroot Minus Non Tx:	0
Tot Lobby Expend Mns Lobbying Non Tx:	0
Share Of Excess Lobbying:	0

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization LIFELINK FOUNDATION INC	Employer identification number 59-2193032
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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 value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds 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? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	

Part II

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

1

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

☐ Preservation of land for public use (e g , recreation or 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
a	Total number of conservation easements
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register

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) Revenue 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

Revenue included in Form 990, Part VIII, line 1

▶ \$ _____

b

Assets included in Form 990, Part X

▶ \$ _____

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Cat No 52283D

Schedule D (Form 990) 2014

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)
- a

☐ Public exhibition

d

☐ Loan or exchange programs

b

☐ Scholarly research

e

☐ Other

c

☐ Preservation for future generations
- 4

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

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	
- 2a

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

☐ 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	b (c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance	974,546	998,508			
b Contributions		3,070	998,508		
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs	55,701	27,032			
f Administrative expenses					
g End of year balance	918,845	974,546	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

3a(i)

Yes

No

(ii) related organizations

3a(ii)

Yes

No

b

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

3b

4

Describe in Part XIII the intended uses of the organization's endowment funds
- Part VI

Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.
- | Description of property | (a) Cost or other basis (investment) | (b)Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|--------------------------------|------------------------------|----------------|
| 1a Land | | 5,182,449 | | 5,182,449 |
| b Buildings | | 45,232,479 | 10,111,362 | 35,121,117 |
| c Leasehold improvements | | | | |
| d Equipment | | 10,468,960 | 6,354,152 | 4,114,808 |
| e Other | | | | |
| Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).) | | | | 44,418,374 |
- Schedule D (Form 990) 2014

Part XI

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a	Net unrealized gains (losses) 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	
3	Subtract line 2e from line 1		3	
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		
c	Add lines 4a and 4b		4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5	

Part XII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	
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		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
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		
c	Add lines 4a and 4b		4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		5	

Part XIII

Supplemental Information

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.

Return Reference	Explanation
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.

[illegible]

SCHEDULE F
(Form 990)

Department of the Treasury
Internal Revenue Service

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.

► Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

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 its grants and other 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 its grants and other assistance outside the United States.
- 3 Activites 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
(1) SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA, ECUADOR,	0	0	PROGRAM SERVICES	SALE OF TISSUE	
(2) NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	0	0	PROGRAM SERVICES	SALE OF TISSUE	30,338
(3) EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA, CAMBODIA,	0	0	PROGRAM SERVICES	SALE OF TISSUE	
(4) EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, AUSTRIA, BELGIUM	0	0	PROGRAM SERVICES	SALE OF TISSUE	
(5)					
3a Sub-total	0	0			30,338
b Total from continuation sheets to Part I	0	0			0
c Totals (add lines 3a and 3b)	0	0			30,338

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									

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 ▶ _____

Part III

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

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

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; do not file with Form 990)*

☐ 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, Information 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; do not file with Form 990)*

☐ Yes

☒ No

Part V

Supplemental Information
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).

990 Schedule F, Supplemental Information

Return Reference	Explanation
PART I, LINE 3	TISSUE IS SOLD TO TISSUE BANKS IN CANADA, ECUADOR, KOREA, SINGAPORE AND THE UNITED KINGDOM ASIDE FROM COMMISSIONS PAID FOR TISSUE PLACEMENT TO A DISTRIBUTOR IN CANADA, THERE ARE N O EXPENDITURES RELATED TO THE SALE OF TISSUE IN THESE REGIONS SEE THE FOUNDATION'S PROGRA M SERVICE ACCOMPLISHMENTS ON FORM 990, PAGE 2, LINE 4B

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As Filed Data -

DLN: 93493137035676

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
LIFELINK FOUNDATION INC

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

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

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public
Inspection

Employer identification number
59-2193032

Part I General Information on Grants and Assistance

1

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No

2

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) TRANSLIFE TISSUE BANK 1560 ORANGE AVE STE 450 WINTER PARK, FL 32789	59-0724459	501(C)(3)	73,013	0	N/A	N/A	HOSPITAL DEVELOPMENT POSITION
(2) LIFELINK LEGACY FUND 9661 DELANEY CREEK BOULEVARD TAMPA, FL 33619	59-3040982	501(C)(3)	29,526	0	N/A	N/A	PROGRAM DEVELOPMENT
(3) TRANSPLANT GAMES OF AMERICA 217 GRANDVILLE AVE SW GRAND RAPIDS, ME 49503	46-1252372	501(C)(3)	25,000	0	N/A	N/A	TRANSPLANT GAMES
(4) TAMPA GENERAL HOSPITAL PO BOX 1289 TAMPA, FL 33601	59-3458145	501(C)(3)	5,000	0	N/A	N/A	SPONSORSHIP
(5) FLORIDA HOSPITAL FOUNDATION 550 E ROLLINS ST 6TH FL ORLANDO, FL 32803	59-2219301	501(C)(3)	5,000	0	N/A	N/A	TRANSPLANT HOUSE
(6) MOSI 4801 E FOWLER AVE TAMPA, FL 33617	59-2657399	501(C)(3)	5,000	0	N/A	N/A	EXHIBIT SPONSOR
(7) ASSOCIATION OF ORGAN PROCUREMENT 8500 LEESBURG PIKE VIENNA, VA 22182	58-1652896	501(C)(3)	5,000	0	N/A	N/A	CONFERENCE SPONSORSHIP
(8) AMAT 18025 MIDLOTHIAN TURNPIKE RICHMOND, VA 23235	30-0868548	501(C)(3)	5,000	0	N/A	N/A	CONFERENCE SPONSORSHIP

2

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

8

3

Enter total number of other organizations listed in the line 1 table

Part III

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

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

Part IV

Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference	Explanation
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

Additional Data

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

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TRANSLIFE TISSUE BANK 1560 ORANGE AVE STE 450 WINTER PARK, FL 32789	59-0724459	501(C)(3)	73,013	0	N/A	N/A	HOSPITAL DEVELOPMENT POSITION
LIFELINK LEGACY FUND 9661 DELANEY CREEK BOULEVARD TAMPA, FL 33619	59-3040982	501(C)(3)	29,526	0	N/A	N/A	PROGRAM DEVELOPMENT
TRANSPLANT GAMES OF AMERICA 217 GRANDVILLE AVE SW GRAND RAPIDS, ME 49503	46-1252372	501(C)(3)	25,000	0	N/A	N/A	TRANSPLANT GAMES

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TAMPA GENERAL HOSPITALPO BOX 1289 TAMPA,FL 33601	59-3458145	501(C)(3)	5,000	0	N/A	N/A	SPONSORSHIP
FLORIDA HOSPITAL FOUNDATION550 E ROLLINS ST 6TH FL ORLANDO,FL 32803	59-2219301	501(C)(3)	5,000	0	N/A	N/A	TRANSPLANT HOUSE
MOSI4801 E FOWLER AVE TAMPA,FL 33617	59-2657399	501(C)(3)	5,000	0	N/A	N/A	EXHIBIT SPONSOR

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ASSOCIATION OF ORGAN PROCUREMENT8500 LEESBURG PIKE VIENNA,VA 22182	58-1652896	501(C)(3)	5,000	0	N/A	N/A	CONFERENCE SPONSORSHIP
AMAT18025 MIDLOTHIAN TURNPIKE RICHMOND,VA 23235	30-0868548	501(C)(3)	5,000	0	N/A	N/A	CONFERENCE SPONSORSHIP

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
LIFELINK FOUNDATION INC

Employer identification number
59-2193032

Part I

Questions Regarding Compensation

	Yes	No
<div><div>1a</div><div>Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</div><div><div><div><input type="checkbox"/> First-class or charter travel</div><div><input checked="" type="checkbox"/> Travel for companions</div><div><input checked="" type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Discretionary spending account</div></div><div><div><input checked="" type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input checked="" type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div></div></div>		
<div><div>b</div><div>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.</div></div>	Yes	
<div><div>2</div><div>Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?</div></div>	Yes	
<div><div>3</div><div>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.</div><div><div><div><input checked="" type="checkbox"/> Compensation committee</div><div><input checked="" type="checkbox"/> Independent compensation consultant</div><div><input checked="" type="checkbox"/> Form 990 of other organizations</div></div><div><div><input checked="" type="checkbox"/> Written employment contract</div><div><input checked="" type="checkbox"/> Compensation survey or study</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div></div></div>		
<div><div>4</div><div>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:</div></div>		
<div><div>a</div><div>Receive a severance payment or change-of-control payment?</div></div>		No
<div><div>b</div><div>Participate in, or receive payment from, a supplemental nonqualified retirement plan?</div></div>	Yes	
<div><div>c</div><div>Participate in, or receive payment from, an equity-based compensation arrangement?</div></div> <div>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</div>		No
<div><div></div><div>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</div></div>		
<div><div>5</div><div>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:</div></div>		
<div><div>a</div><div>The organization?</div></div>		No
<div><div>b</div><div>Any related organization?</div></div> <div>If "Yes," to line 5a or 5b, describe in Part III.</div>		No
<div><div>6</div><div>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:</div></div>		
<div><div>a</div><div>The organization?</div></div>		No
<div><div>b</div><div>Any related organization?</div></div> <div>If "Yes," to line 6a or 6b, describe in Part III.</div>		No
<div><div>7</div><div>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.</div></div>		No
<div><div>8</div><div>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.</div></div>		No
<div><div>9</div><div>If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</div></div>		

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

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

Note. The sum of columns (B)(i)-(iii) 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

(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 in column(B) reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
See Additional Data Table								

Part III Supplemental Information

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.

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 OR FORM 1099. 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. THE FOUNDATION MAY APPROVE TEMPORARY HOUSING ALLOWANCES AS PART OF A RELOCATION PACKAGE. APPROVED RELOCATION COSTS ARE TREATED IN ACCORDANCE WITH IRS PUBLICATION 521.
PART I, LINE 4B	THE FOUNDATION HAS A SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN (SERP) WHICH PROVIDES CERTAIN EXECUTIVES DEFERRED COMPENSATION BENEFITS. BENEFITS TO THE PARTICIPANT UNDER THIS SUPPLEMENTAL PLAN ONLY VEST IN THE EVENT OF NORMAL RETIREMENT, DISABILITY, DEATH OR SERP TERMINATION, AS DEFINED. PARTICIPANTS IN THE SERP AND THEIR DEFERRED COMPENSATION FOR THE YEAR ENDED DECEMBER 31, 2014 ARE: DAN SHIRES - <\$5,977>, JEAN DAVIS - <\$16,594>, BRYAN MCDONALD - <\$4,449>, DANNY HAWKE - \$0, KATHY LILLY <\$4,023>, AND DR. LOPEZ-CEPERO \$39,573.

Additional Data

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 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 in column (B) reported as deferred in prior Form 990
	(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
DENNIS F HEINRICHS BSN MBA, PRESIDENT/CEO	(i) 474,549 (ii) 0	(i) 85,653 (ii) 0	(i) 17,208 (ii) 0	(i) 39,003 (ii) 0	(i) 16,670 (ii) 0	(i) 633,083 (ii) 0	(i) 0 (ii) 0
BRYAN C MCDONALD CPA, TREASURER/CFO	(i) 262,031 (ii) 0	(i) 40,000 (ii) 0	(i) 6,650 (ii) 0	(i) 34,554 (ii) 0	(i) 15,270 (ii) 0	(i) 358,505 (ii) 0	(i) 0 (ii) 0
JEAN DAVIS, EXECUTIVE VP/COO	(i) 316,954 (ii) 0	(i) 47,882 (ii) 0	(i) 7,994 (ii) 0	(i) 22,408 (ii) 0	(i) 15,270 (ii) 0	(i) 410,508 (ii) 0	(i) 0 (ii) 0
DANA L SHIRES III, EXECUTIVE VP - TISSUE BANK	(i) 233,342 (ii) 0	(i) 13,000 (ii) 0	(i) 5,858 (ii) 0	(i) 31,297 (ii) 0	(i) 17,770 (ii) 0	(i) 301,267 (ii) 0	(i) 0 (ii) 0
KATHLEEN T LILLY, SR VP/EXEC DIR LLGA-OPO	(i) 216,604 (ii) 0	(i) 20,000 (ii) 0	(i) 5,099 (ii) 0	(i) 36,235 (ii) 0	(i) 17,770 (ii) 0	(i) 295,708 (ii) 0	(i) 0 (ii) 0
ELIZABETH M LEHR, SR VP/EXEC DIR LLFL-OPO	(i) 198,477 (ii) 0	(i) 17,000 (ii) 0	(i) 4,656 (ii) 0	(i) 28,560 (ii) 0	(i) 15,270 (ii) 0	(i) 263,963 (ii) 0	(i) 0 (ii) 0
CHARLES E WRIGHT, MEDICAL DIRECTOR-OPO	(i) 244,864 (ii) 0	(i) 8,500 (ii) 0	(i) 3,507 (ii) 0	(i) 37,283 (ii) 0	(i) 15,270 (ii) 0	(i) 309,424 (ii) 0	(i) 0 (ii) 0
DANIEL L SCHULTZ, MEDICAL DIRECTOR/VP TISSUE BANK	(i) 242,414 (ii) 0	(i) 7,000 (ii) 0	(i) 6,099 (ii) 0	(i) 36,780 (ii) 0	(i) 17,770 (ii) 0	(i) 310,063 (ii) 0	(i) 0 (ii) 0
MAYRA M LOPEZ-CEPERO, SR VP/DIRECTOR IMMUNOLOGY LAB	(i) 196,927 (ii) 0	(i) 14,500 (ii) 0	(i) 599 (ii) 0	(i) 67,649 (ii) 0	(i) 15,270 (ii) 0	(i) 294,945 (ii) 0	(i) 0 (ii) 0
MARIEN SAADE, SR VP/EXEC DIR LLPR-OPO	(i) 177,217 (ii) 0	(i) 22,935 (ii) 0	(i) 5,615 (ii) 0	(i) 24,793 (ii) 0	(i) 15,270 (ii) 0	(i) 245,830 (ii) 0	(i) 0 (ii) 0
MARK P STRONG, SR VP/ASSOC EXEC DIR	(i) 179,039 (ii) 0	(i) 10,000 (ii) 0	(i) 4,518 (ii) 0	(i) 25,134 (ii) 0	(i) 15,270 (ii) 0	(i) 233,961 (ii) 0	(i) 0 (ii) 0

Schedule K
(Form 990)

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.
▶ Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
LIFELINK FOUNDATION INC

Employer identification number
59-2193032

Part I Bond Issues											
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A HILLSBOROUGH COUNTY INDUSTRIAL DEVELOPMENT AUTHORITY	52-1293512		09-18-2009	26,400,000	REFUNDING OF 1997 & 2008 SERIES BONDS TO FINANCE TISSUE BANK FACILITY		X		X		X

Part II		Proceeds							
		A		B		C		D	
1	Amount of bonds retired	18,059,984							
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	7,900,000							
12	Other unspent proceeds								
13	Year of substantial completion	2010							
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?		X						
15	Were the bonds issued as part of an advance refunding issue?	X							
16	Has the final allocation of proceeds been made?	X							
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X							

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

Part III

Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?		X						
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?								
c	Are there any research agreements that may result in private business use of bond-financed property?		X						
d	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?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government	0 %							
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government	0 %							
6	Total of lines 4 and 5	0 %							
7	Does the bond issue meet the private security or payment test?	X							
8a	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?		X						
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9	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?	X							

Part IV

Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?	X							
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?								
b	Exception to rebate?								
c	No rebate due?								
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?	X							
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X						
b	Name of provider								
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was the hedge terminated?								

Part IV

Arbitrage (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X						
b	Name of provider								
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period?		X						
7	Has the organization established written procedures to monitor the requirements of section 148?		X						

Part V

Procedures To Undertake Corrective Action

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
	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. Provide additional information for responses to questions on Schedule K (see instructions).

Schedule L
(Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

2014

Open to Public Inspection

▶ 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.

▶Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization
LIFELINK FOUNDATION INC

Employer identification number
59-2193032

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) 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?
				YesNo

2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958 ▶ \$

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

Part II

Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-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

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No

Total ▶ \$

Part III Grants or Assistance Benefiting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27.				
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) ART HEINRICHS	BROTHER OF CEO/BOARD MEMBER	210,718	COMPENSATION FOR EMPLOYMENT		No
(2) SHIRLEY HEINRICHS	WIFE OF CEO/BOARD MEMBER	117,082	COMPENSATION FOR EMPLOYMENT		No
(3) BRAD BASSLER	SON-IN-LAW OF BOARD MEMBER	179,948	COMPENSATION FOR EMPLOYMENT		No
(4) TRANSLIFE TISSUE BANK	BOARD MEMBER IS MEDICAL DIRECTOR OF A TISSUE BANK USED BY THE ORGANIZATION	1,308,111	TISSUE DONOR RECOVERY FEES AND HD GRANT		No
(5) DAWN HEINRICHS	DAUGHTER-IN-LAW OF CEO/BOARD MEMBER	71,107	COMPENSATION FOR EMPLOYMENT		No
(6) NATALIE SHIRES	GRANDDAUGHTER OF CHAIRMAN & DAUGHTER OF EXECUTIVE VP OF TISSUE BANK	49,760	COMPENSATION FOR EMPLOYMENT		No

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions)

Return Reference	Explanation
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SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ****Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.****▶ Attach to Form 990 or 990-EZ.****▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at
www.irs.gov/form990.**

OMB No 1545-0047

2014**Open to Public
Inspection**Name of the organization
LIFELINK FOUNDATION INC**Employer identification number**

59-2193032

Return Reference	Explanation
FORM 990, PART III	MESSAGE FROM THE PRESIDENT AND CHAIRMAN OF THE BOARD LIFELINK EXPERIENCED A VERY STRONG YEAR THANKS TO THE SOLID LEADERSHIP THROUGHOUT ALL DIVISIONS, GROWTH WITHIN OUR ORGAN RECOVERY ORGANIZATIONS, TRANSPLANTATION IMMUNOLOGY LABORATORY AND TISSUE BANK OUR RELATIONSHIPS WITH HOSPITAL PARTNERS, MEDICAL EXAMINERS, CORONERS, VOLUNTEERS, DRIVER LICENSE OFFICES, TAX COLLECTORS, BOARD OF GOVERNORS AND ADVISORY BOARDS HAVE BEEN STRENGTHENED YET THE DEMAND AND NEED FOR MORE LIVES SAVED DRIVES US FORWARD TO DO EVEN MORE AS SUCH, WE HOLD OURSELVES TO EXTREMELY HIGH EXPECTATIONS AND DON'T TAKE OUR RESPONSIBILITY TO DONORS AND THEIR FAMILIES, PATIENTS WAITING OR OUR COMMUNITIES LIGHTLY LIFELINK'S THREE ORGAN PROCUREMENT ORGANIZATIONS HAD NEW COMBINED RECORDS SET FOR LIVES SAVED THROUGH ORGAN DONATION LIFELINK TISSUE BANK HAS PROVIDED MORE TISSUE GRAFTS THAN IN YEARS PAST AND OUR IMMUNOLOGY LABORATORY SERVED SEVEN TRANSPLANT CENTERS AND 13 TRANSPLANT PROGRAMS WE ALWAYS HAVE ONE GOAL IN MIND - TO HONOR THE WISH OF A PERSON WHO WANTED TO GIVE OTHERS THE GIFT OF TIME, OF MEMORIES, OF ACCOMPLISHMENTS - OF LIFE WE RESPECTFULLY HONOR THEIR WISHES AND WORK DILIGENTLY TO ENSURE THEIR DECISION TO DONATE WILL SAVE THE LIVES OF AS MANY PEOPLE AS POSSIBLE

Return Reference	Explanation
FORM 990, PART V, LINE 2A	THE ORGANIZATION FILED 480 FORM W-2S FOR 2014 PLUS AN ADDITIONAL 77 ON THE EQUIVALENT PUERTO RICO FORM FOR A TOTAL OF 557 EMPLOYEES FOR THE 2014 CALENDAR YEAR

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

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.

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

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.

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

Return Reference	Explanation
PART VI, SECTION B	<p>LIFELINK'S CORPORATE COMPLIANCE PROGRAM LIFELINK FOUNDATION EXPECTS ETHICAL AND MORAL BEHAVIOR FROM ALL EMPLOYEES IN KEEPING WITH THIS MANDATE, THE CORPORATE COMPLIANCE DEPARTMENT ENSURES ALL EMPLOYEES UNDERSTAND AND FOLLOW THE POLICIES SET FORTH BY THE FOUNDATION THE CORPORATE COMPLIANCE DEPARTMENT EMBODIES DEDICATION TO THE HIGHEST STANDARDS OF ETHICAL BEHAVIOR, EXPRESSED THROUGH CORPORATE CULTURE AND THROUGH ADHERENCE TO THE LAW LIFELINK IS COMMITTED TO DETECTING AND CORRECTING ANY UNINTENTIONAL OR DELIBERATE CONDUCT THAT IS INCONSISTENT WITH THESE PRINCIPLES CORPORATE COMPLIANCE PLACES A STRONG EMPHASIS ON THE PREVENTION OF FRAUD, ABUSE AND WASTE TO ENSURE WE MEET LOFTY GOALS, THEY INITIATE POLICIES AND PROCEDURES FOR EMPLOYEE CONDUCT, PROVIDE OVERSIGHT AND STAFF EDUCATION A CORPORATE COMPLIANCE HOTLINE IS AVAILABLE FOR EMPLOYEE USE TO REPORT ANY SUSPICION OF MISCONDUCT, IN A SIMPLE, EFFECTIVE AND ANONYMOUS WAY ANNUAL POLICY TRAINING ENSURES ALL EMPLOYEES ARE UP-TO-DATE WITH PROCEDURES AND STANDARDS EXPECTED OF THEM IF COMPLIANCE ISSUES ARE IDENTIFIED, CORPORATE COMPLIANCE ENSURES THEY ARE INVESTIGATED THOROUGHLY AND THAT CORRECTIVE ACTIONS ARE TAKEN PROMPTLY IN ADDITION TO INTERNAL MONITORING AND AUDITING, THE CORPORATE COMPLIANCE DEPARTMENT ANNUALLY REVIEWS BEST PRACTICES FROM OUTSIDE RESOURCES TO ENSURE POLICIES AND PROCEDURES ARE UPDATED AS NECESSARY</p>

Return Reference	Explanation
FORM 990, PART IX, LINE 11G	<p>COMMISSIONS PROGRAM SERVICE EXPENSES 1,388,684 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 1,388,684</p> <p>DONOR HOSPITAL COSTS PROGRAM SERVICE EXPENSES 6,931,214 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 6,931,214</p> <p>DONOR RELATED PHYSICIAN FEES PROGRAM SERVICE EXPENSES 3,325,046 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 3,325,046</p> <p>DONOR RELATED TRANSPORTATION PROGRAM SERVICE EXPENSES 2,879,329 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 2,879,329</p> <p>DONOR SEROLOGIES AND LAB TESTS PROGRAM SERVICE EXPENSES 234,718 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 234,718</p> <p>DONOR TISSUE TYPING PROGRAM SERVICE EXPENSES 676,655 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 676,655</p> <p>KIDNEY ACQUISITION COSTS PROGRAM SERVICE EXPENSES 2,344,719 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 2,344,719</p> <p>LAUNDRY SERVICES PROGRAM SERVICE EXPENSES 205,114 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 205,114</p> <p>PROFESSIONAL FEES PROGRAM SERVICE EXPENSES 128,200 MANAGEMENT AND GENERAL EXPENSES 278,201 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 406,401</p> <p>TEMPORARY LABOR PROGRAM SERVICE EXPENSES 74,560 MANAGEMENT AND GENERAL EXPENSES 14,802 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 89,362</p> <p>TISSUE ACQUISITION COSTS PROGRAM SERVICE EXPENSES 1,158,312 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 1,158,312</p>

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
LIFELINK FOUNDATION INC

Related Organizations and Unrelated Partnerships

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

▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

Employer identification number

59-2193032

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.					
(a) Name, address, and EIN (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" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) LIFELINK LEGACY FUND INC 9661 DELANEY CREEK BOULEVARD TAMPA, FL 33619 59-3040982	TO SUPPORT THE LIFELINK FOUNDATION MISSION	FL	501(C)(3)	LINE 11C, III-FI	LIFELINK FOUNDATION INC	Yes	

Part III

Identification of Related Organizations Taxable as a Partnership

Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

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

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust

Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end- of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No

Part V

Transactions With Related Organizations

Complete if the organization answered "Yes" on 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 related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

Schedule R (Form 990) 2014

Part VI **Unrelated Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.
Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization See instructions regarding exclusion for certain investment partnerships

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII

Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference	Explanation
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