Form 990

** PUBLIC DISCLOSURE COPY ** **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.

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990 for instructions and the latest information.



Amended return pending HOUSTON, TX 77054 H(a) Is this a group return for subordinates? Applica- tion pending F Name and address of principal officer: KEVIN MYER SAME AS C ABOVE H(a) Is this a group return for subordinates? I Tax-exempt status: \$\Status: \$\Status: \$\Status: \$\Status: J Website: WWW.LIFEGIFF.ORG H(b) Are all subordinates included? Yes K Form of organization: \$\Status: Corporation Trust Association Other L Year of formation; 1987 M State of legal domicile: T Part I Summary I Briefly describe the organization's mission or most significant activities: THE ORGANIZATION IS A MEDICARE CERTIFIED CORPORATION RESPONSIBLE FOR THE RECOVERY OF HUMAN ORGANS 2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of independent voting members of the governing body (Part VI, line 1a) 4 4 Number of individuals employed in calendar year 2022 (Part V, line 2a) 5 4 6 7 7a 7a 7a 7a 4 Number of individuals employed in calendar year 2022 (Part V, line 2a) 5 4	and ending
Hange Hange Hange Heard Filter Diag business as Doing business as Number and street (or P.0. box if mail is not delivered to street address) Room/suite E Telephone number 713-523-4438 Provide Hubbrid Hubbrid Application Application Application Pending F Name and street (or P.0. box if mail is not delivered to street address) Room/suite E Telephone number 713-523-4438 I ave seempt status: X 77054 F Name and address of principal officer: KEVIN MYER SAME AS C ABOVE G cross receipts \$ 100,851,87 I ax-exempt status: X 501(c)(3) 501(c)((insert no.) 4947(a)(1) or F Name and address of principal officer: KEVIN MYER SAME AS C ABOVE H(b) Are all subordinates; (included? Yes N J Website: WWW.LIFEGIFT.ORG H(c) Group exemption number H(c) Group exemption number H(c) Group exemption number I Briefly describe the organization's mission or most significant activities: THE ORGANIZATION IS A MEDICARE CRETIFIED CORPORATION RESPONSIBLE FOR THE RECOVERY OF HUMAN ORGANS 2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 3 Number of voting members of the governing body (Part VI, line 1a) 3 4 4 Number of individuals employed in calendar year 2022 (Part V, line 2a) 5 4 5 Total number of volumeers (estimate if neces	D Employer identification number
Change Initial Preading Final Amended Appending Doing business as Number and street (or P.0. box if mail is not delivered to street address) 2510 WESTRIDER STREET Room/suite E Telephone number 713-523-4438 City or town, state or province, country, and ZIP or foreign postal code Appending G cross receipts \$ 100,851,87 HOUSTON, TX 77054 F Name and address of principal officer; KEVIN MYER SAME AS C ABOVE G cross receipts \$ 100,851,87 I Tax-exempt status; X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527 H(a) Is this a group return for subordinates included? Yes N J Website: WW, LIFEGIFT.ORG H(b) Are all subordinates included? Yes X K Form of organization; X Corporation Trust Association Other L Year of formation; 1987 M State of legal domicile; T Part I Summary I Briefly describe the organization's mission or most significant activities: CERTIFIED CORPORATION RESPONSIBLE FOR THE RECOVERY OF HUMAN ORGANS THE ORGANIZATION IS A MEDICARE 2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 4 3 Number of volumeers (estimate if necessary) 6 7 7 a Total number of volunteers (estimate if necessary) 6 7 7 a Total number of volunteers (estimate if necessary) 6 7 8 Contributions and	
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10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 1,484,583. 1,493,36	81,197,109. 92,513,359.
	1,484,583. 1,493,362.
L1 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0.	nd 11e) 0. 0.
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 82,767,277. 94,078,17	olumn (A), line 12)
	,
14 Benefits paid to or for members (Part IX, column (A), line 4)	0. 0.
g 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 35,944,424. 40,785,55	mn (A), lines 5-10)
16a Professional fundraising fees (Part IX, column (A), line 11e)	0. 0.
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 33, 541, 424. 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 (D), line 11e) 48, 534, 10	0.
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Beginning of Current Year End of Year	
学員 22 Net assets or fund balances. Subtract line 21 from line 20	

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	Signature of off	icer			Date			
Here	PATRICIA A.							
	Type or print name and title							
	Print/Type prepa	arer's name	Preparer's signature	Date	Check	PTIN		
Paid	SARA BURKHART Que Bulhart 11/14/23							
Preparer	rer Firm's name WEAVER AND TIDWELL, LLP Firm'S EIN 7							
Use Only	Firm's address	2300 N. FIELD ST., STE. 10	000					
		DALLAS, TX 75201			Phone no.972.49	0.1970		
May the I	RS discuss this	return with the preparer shown above	ve? See instructions			X Yes	No	

LHA For Paperwork Reduction Act Notice, see the separate instructions. 232001 12-13-22 SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form 990 (2022)

Form	990 (2022) LIFEGIFT ORGAN DONATION CENTER	76-0231238	Page 2
	rt III Statement of Program Service Accomplishments		<u></u>
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission:		
	THE MISSION OF LIFEGIFT IS TO PROVIDE COMMUNITY BENEFIT BY ETHICALLY,		
	EFFECTIVELY AND EFFICIENTLY RECOVERING APPROPRIATELY TRANSPLANTABLE		
	ORGANS AND TISSUE TO GIVE THE GIFT OF LIFE. LIFEGIFT ALSO PROVIDES		
	PUBLIC AND PROFESSIONAL EDUCATION TO INCREASE AWARENESS OF THE NEED		
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	Yes	XNo
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	XNo
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as me	easured 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, a	nd
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$69,393,805. including grants of \$75,000.) (Revenue)	\$92,47	5,443.)
	PROCUREMENT:		
	AS AN ORGAN PROCUREMENT ORGANIZATION (OPO), LIFEGIFT STAFF ARE		
	AVAILABLE 24 HOURS A DAY TO RECEIVE REFERRALS FROM HOSPITAL PERSONNEL		
	WHO IDENTIFY POTENTIAL ORGAN AND/OR TISSUE DONORS. THE ORGANIZATION IS		
	RESPONSIBLE FOR SERVICING A FEDERALLY DESIGNATED SERVICE AREA, WHICH		
	INCLUDES 109 COUNTIES IN HOUSTON, FORT WORTH, LUBBOCK AND AMARILLO AND		
	WORKS WITH APPROXIMATELY 200 HOSPITALS. DURING 2022, 1,462 ORGANS WERE		
	RECOVERED FROM 441 DONORS FOR TRANSPLANT, A RATE OF RECOVERY THAT IS		
	HIGHER THAN MOST OTHER OPOS IN THE COUNTRY. LIFEGIFT WORKS WITH		
	TRANSPLANT CENTERS AND UNITED NETWORK FOR ORGAN SHARING (UNOS) TO		
	FACILITATE THE MATCHING OF DONOR ORGANS TO RECIPIENTS. LIFEGIFT STAFF		
	FOLLOW THE POLICIES DICTATED BY THE ORGAN PROCUREMENT TRANSPLANT		
4b	(Code:) (Expenses \$3, 372, 109. including grants of \$) (Revenue	\$)
	PROFESSIONAL EDUCATION:		
	LIFEGIFT FACILITATES ORGAN AND TISSUE DONATION AT OVER 200 HOSPITALS		
	ACROSS TEXAS, WORKING WITH HOSPITAL PARTNERS TO EMPLOY DATA, EDUCATION,		
	AND STRATEGIC PLANS TO BUILD SUCCESSFUL DONATION PROGRAMS AND OPTIMIZE		
	DONATION AT EACH INSTITUTION. THE HOSPITAL'S UNDERSTANDING OF ITS ROLE		
	AND RESPONSIBILITIES IN FACILITATING DONATION IS VITAL TO ENSURING THAT		
	ALL POTENTIAL DONORS ARE IDENTIFIED, DONOR FAMILIES ARE SUPPORTED		
	APPROPRIATELY, AND THAT THE DONATION PROCESS OCCURS EFFICIENTLY AND		
	EFFECTIVELY, ULTIMATELY INCREASING DONATION RATES. LIFEGIFT'S DONATION		
	SYSTEMS TEAM SERVES AS LIAISONS BETWEEN LIFEGIFT AND THE HOSPITALS,		
	ENSURING A CONSISTENT PRESENCE AT THE HOSPITALS TO DRIVE ENGAGEMENT AND		
	ACCOUNTABILITY FOR DONATION OUTCOMES. THESE RESPONSIBILITIES INCLUDE		
4c	(Code:) (Expenses \$1, 223, 976. including grants of \$) (Revenue	\$3	7,916.)
	PUBLIC EDUCATION:		
	PUBLIC EDUCATION AND OUTREACH ARE VITAL COMPONENTS OF LIFEGIFT'S		
	MISSION. IN ITS WORK TO INCREASE ORGAN AND TISSUE DONATION, LIFEGIFT		
	EDUCATES THE COMMUNITY ABOUT DONATION AND ENCOURAGES TEXANS TO JOIN THE		
	DONATE LIFE TEXAS REGISTRY TO DESIGNATE THEMSELVES AN ORGAN AND TISSUE		
	DONOR. LIFEGIFT SEEKS TO CREATE A CULTURE OF DONATION WITH A PARTICULAR		
	EMPHASIS ON BUILDING TRUST AND RELATIONSHIPS WITH MULTICULTURAL		
	COMMUNITIES TO DISPEL MYTHS ABOUT DONATION AND CREATE STRONG		
	CONNECTIONS BETWEEN LIFEGIFT AND THE PEOPLE IT SERVES. WITH THE SUPPORT		
	OF AN ACTIVE VOLUNTEER PROGRAM, LIFEGIFT HOSTS PUBLIC EVENTS, PARTNERS		
	WITH ASSOCIATIONS, BUSINESSES, AND ELECTED OFFICIALS TO DEVELOP AND		
	IMPLEMENT AWARENESS CAMPAIGNS, PARTICIPATES IN NUMEROUS COMMUNITY		
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses 73,989,890.		
		Form 9	990 (2022)
232002	2 12-13-22 SEE SCHEDULE O FOR CONTINUATION(S)		
	3		

^{2022.05000} LIFEGIFT ORGAN DONATION C 10002541

Part IV Checklist of Required Schedules

LIFEGIFT ORGAN DONATION CENTER

			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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
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		X
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	Х	
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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		<u>x</u>
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		X
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
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		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		х	
h	Part VI	<u>11a</u>	А	
a	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	11b		x
~	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
C	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
Ь	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			
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
۵	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		x
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	<u> </u>		
	Schedule D, Parts XI and XII	12a	х	
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		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If</i> "Yes," <i>complete Schedule E</i>	13		x
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		x
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		x
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		x
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		x
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		x
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		x
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		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		x
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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? If "Yes," complete Schedule I. Parts I and II	21	X	
232003	12-13-22	Form	990	(2022)

232003 12-13-22

Form 990 (2022)			DONATION	
Part IV	Checklist of	of Required Se	chedu	les _{(continu}	ied)

			Yes	No
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? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	<u> </u>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
С	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		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
a	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	054		x
06	Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
		26		x
27	controlled entity or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part II</i>	20		
21	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
20	instructions for applicable filing thresholds, conditions, and exceptions):			
а	a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		x
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	0-		
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
27	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		X
37		27		x
38	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	37		<u> </u>
30	Notes All Forms 000 files are required to conside Ochostula O	38	х	
Par		00		<u> </u>
	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 135		.03	
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b			
-	(gambling) winnings to prize winners?	1c	х	
232004	12-13-22		990	(2022)

	990 (2022) LIFEGIFT ORGAN DONATION CENTER	76-02	231238	P	Page 5		
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)						
				Yes	No		
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	408				
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retur	ns?	2b	Х			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?				X		
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0	3b				
	At any time during the calendar year, did the organization have an interest in, or a signature or other a						
	financial account in a foreign country (such as a bank account, securities account, or other financial a	•	4a		x		
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 A	ccounts (FBAR).	—				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X		
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa				x		
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?				<u> </u>		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did th				<u> </u>		
Uu	any contributions that were not tax deductible as charitable contributions?	-			x		
h	If "Yes," did the organization include with every solicitation an express statement that such contribut		0a		<u> </u>		
D		•	Ch				
-	were not tax deductible?		<u>6b</u>				
7	Organizations that may receive deductible contributions under section 170(c).				x		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and set				<u> </u>		
			7b		──		
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was						
	to file Form 8282?	1 1	7c		X		
	If "Yes," indicate the number of Forms 8282 filed during the year	7d					
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit c				X		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr	act?	? <mark>7f</mark> ? 7g		X		
g	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?						
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	tion file a Form 1098	-C? 7h		<u> </u>		
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?		8				
9	Sponsoring organizations maintaining donor advised funds.						
а	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:						
а	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:						
а	Gross income from members or shareholders	11a					
	Gross income from other sources. (Do not net amounts due or paid to other sources against						
	amounts due or received from them.)	11b					
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?	12a				
	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.						
а	Is the organization licensed to issue qualified health plans in more than one state?		13a				
	Note: See the instructions for additional information the organization must report on Schedule O.						
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					
с	Enter the amount of reserves on hand	13c					
			14a		x		
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu				<u> </u>		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune			1	<u> </u>		
10	excess parachute payment(s) during the year?		15		x		
	If "Yes," see the instructions and file Form 4720, Schedule N.						
16		income?	16		x		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investmen		16		<u> </u>		
47	If "Yes," complete Form 4720, Schedule O.	tivition					
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac						
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		<u> </u>		
	If "Yes," complete Form 6069.			000	(00000)		
232005	12-13-22		Forr	ມ ລລດ	(2022)		

Pa	1990 (2022) LIFEGIFT ORGAN DONATION CENTER 76-0231		Р	ag
	rt VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for	ra "No" r	respon	se
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.			_
	Check if Schedule O contains a response or note to any line in this Part VI			
Sec	tion A. Governing Body and Management			_
			Yes	
1a	Enter the number of voting members of the governing body at the end of the tax year	15		
	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 on Schedule O.			
b		14		
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		
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	. 3		
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	. 4		
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		
6	Did the organization have members or stockholders?	6		
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		
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		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	х	
b	Each committee with authority to act on behalf of the governing body?		х	F
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			F
•	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		
Sec	stion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			-
			Yes	
10a	Did the organization have local chapters, branches, or affiliates?	10a	103	t
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	100		t
U		10b		
14.0	· · · · · · · · · · · · · · · · · · ·		х	┢
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Λ	┝
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	10-	х	
	Did the organization have a written conflict of interest policy? If "No," go to line 13		X	┝
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	. <u>12b</u>	~	┞
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	X	┞
13	Did the organization have a written whistleblower policy?		X	┞
14	Did the organization have a written document retention and destruction policy?	14	Х	
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?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process on 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		
	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
b				
b	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
b	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		-
		16b		
Sec	exempt status with respect to such arrangements?	16b		
Sec 17	exempt status with respect to such arrangements?		availal	bl
	exempt status with respect to such arrangements?		availal	bl
Sec 17	exempt status with respect to such arrangements?		availal	bl
6ec 17 18	exempt status with respect to such arrangements?	3)s only)		bl
Sec 17	exempt status with respect to such arrangements? stion C. Disclosure List the states with which a copy of this Form 990 is required to be filed NONE Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(a) for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, a	3)s only)		ble
Sec 17 18 19	exempt status with respect to such arrangements?	3)s only)		ble
Sec 17 18	exempt status with respect to such arrangements?	3)s only)		bl
Sec 17 18	exempt status with respect to such arrangements? stion C. Disclosure List the states with which a copy of this Form 990 is required to be filed NONE Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(a for public inspection. Indicate how you made these available. Check all that apply. X X Own website Another's website X Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, a statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records PATRICIA RUBIN, SR EXEC VP & CFO - 713-523-4438	3)s only)		
Sec 17 18 19 20	exempt status with respect to such arrangements?	3)s only) Ind finance		

LIFEGIFT ORGAN DONATION C 10002541 2022.05000

Form 990 (2022)	LIFEGIFT ORGAN DONATION CENTER	76-0231238	Page 1
Part VII Com	pensation of Officers, Directors, Trustees, Key Employees, Highes	t Compensated	
Emp	loyees, and Independent Contractors		
Check	if Schedule O contains a response or note to any line in this Part VII		
Section A. Offic	ers, 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 er	iding with or within the organization's	tax year.

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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

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

Name and thie Average hours per week Design builties Desig	(A)	(B)	(C)		(D)	(E)	(F)				
hours per veck (list any hours for pelated organizations) box, unsex persons is being in the set at an electration the compensation (W-2/1099-MISC/ 1099-NEC) compensation the compensation (W-2/1099-MISC/ 1099-NEC) amount of the compensation (W-2/109-MISC/ 1099-NEC) amount of the compensation (W-2/109-MISC/ 1099-NEC) amount of the compensation (W-2/109-MISC/ 1099-NEC) amount of the compensation (W-2/109-MISC/ 1099-NEC) amount of the compensation (W-2/109-MISC/ 109-NEC) amount of the compensation (W-2/109-MISC/ 109-NEC) amount of the compensation (W-2/109-MISC/ 109-NEC) amount of the compensation (W-2/109-MISC/ 109-NEC) amount of the compensation (W-2/10-NEC) amount of the compensation (W-2/10-NEC) amount of the compensation (W-2/10-NEC) amount of the compensation (W-2/10-NEC) am	Name and title	Average	(do	Position		Reportable	Reportable	Estimated			
Week Week Implicit and second		hours per	box	, unle	ss pei	rson i	s both	n an	compensation	compensation	amount of
(1) KEVIN MYER 50.00 x x 617,577. 0. 53,480. C12) R. PARTICK WOOD, MD, FACS 50.00 x 566,273. 0. 43,692. C13) PATRICK WOOD, MD, FACS 50.00 x 566,273. 0. 43,692. C3) PATRICLA RUBIN 50.00 x 374,790. 0. 54,130. C41 NICHOLAS ONACA, MD 50.00 x 374,790. 0. 54,130. C41 NICHOLAS ONACA, MD 50.00 x 31,433. 0. 31,133. C50 JEVEK VE RESER, MD 50.00 x 359,286. 0. 20,554. C7) DAVID STALEY 50.00 x 283,453. 0. 37,726. C7) DETH AMUNDSEN, MD 50.00 x 257,856. 0. 37,180. C9 VP OF HUMIN ENCOURCES X 257,856. 0. 37,180. C9 SCHAWTE WILLIAMS-TALOR Y 266,784. 0. 40,377.				cer ar		recio	r/trus	lee)			
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Form 990 (2022)

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Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) Continued (C) (C) </th <th>Form 990 (2022) LIFEGIFT ORGA</th> <th>AN DONATION</th> <th>CE</th> <th>NTE</th> <th>R</th> <th></th> <th></th> <th></th> <th></th> <th>76-0233</th> <th>L238</th> <th>В</th> <th>Page 8</th>	Form 990 (2022) LIFEGIFT ORGA	AN DONATION	CE	NTE	R					76-0233	L238	В	Page 8
Name and the Average how sets Position how sets Position how sets Reportable for gain zation organization (N2/1099-MISC/ 1099-NEC) Estimated regeneration from relation organization organization (N2/1099-MISC/ 1099-NEC) Estimated regeneration from relation organization and related (13) SHARYN 1VORY 1.00 x 0 0 0 0 (15) SHARYN 1VORY 1.00 x 0	Part VII Section A. Officers, Directors, Trust	tees, Key Emp	ploy	ees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)			
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EUROFINS VRL, INC., 6665 S KENTON ST. SUITE 205, CENTENNIAL, CO 80111 LAB TESTING SERVICES KING & SPALDING LLP PO BOX 116133, ATLANTA, GA 30368-6133 LEGAL SERVICES 933,078. 2 Total number of independent contractors (including but not limited to those listed above) who received more than	AIRSPACE TECHNOLOGIES, 6005 HIDDEN VALLEY												
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PO BOX 116133 ATLANTA GA 30368-6133 LEGAL SERVICES 933,078. 2 Total number of independent contractors (including but not limited to those listed above) who received more than Image: Contractors (including but not limited to those listed above) who received more than									LAB TESTING SERVIC	ES		1,257	,950.
2 Total number of independent contractors (including but not limited to those listed above) who received more than		5											070
			ot 11	nita	1+~ 1	thee		_		are then		933	,0/0.
		•	JUII	me	1 10 1			eu	above, who received mo				

Form 990 (2022)

232008 12-13-22

uru	t VIII	Statement of Rev	ven	ue						_
		Check if Schedule O c	conta	ains a respo	nse	or note to any line				
							(A) Total revenue	(B) Related or exempt	(C) Unrelated	(D) Revenue exclu
							Total Totolido	function revenue	business revenue	from tax und sections 512 -
	1.0	Endorstad compaigns		1a						Sections 512 -
unts		Federated campaigns Membership dues								
nor		Fundraising events								
Ē		Related organizations								
nila		Government grants (contri								
Sin		All other contributions, gifts,								
her	•	similar amounts not included	-			71,457.				
ō	g	Noncash contributions included in I			6					
and Other Similar Amounts	-						71,457.			
						Business Code				
	2 a	ORGAN & TISSUE ACQU	ISI			621991	92,376,281.	92,376,281.		
6	b	REFERRAL INCOME				561499	99,162.	99,162.		
nu	с	SEMINAR/EVENT FEES				561499	37,916.	37,916.		
eve	d									
Revenue	е									
	f	All other program service	reve	nue						
\perp	g	Total. Add lines 2a-2f					92,513,359.			
	3	Investment income (includ	ling	dividends, iı	ntere	st, and				
		other similar amounts)					1,283,396.			1,283,3
	4	Income from investment o			•	1				
	5	Royalties								
				(i) Real		(ii) Personal				
		Gross rents	6a							
		Less: rental expenses	6b							
		Rental income or (loss)	6c							
		Net rental income or (loss)	· <u></u>	(i) Securit		(ii) Other				
	7 a	Gross amount from sales of	7-	6,983,6						
	h	assets other than inventory	7a	0,505,0						
o	D	Less: cost or other basis	7b	6,773,6	95					
enne	~	and sales expenses	70 7c	, ,						
Неу		Net gain or (loss)					209,966.			209,9
er F		Gross income from fundraisir								
Other	0 4	including \$								
		contributions reported on								
		Part IV, line 18		-	8a					
	b	Less: direct expenses			8b					
		Net income or (loss) from			nts					
		Gross income from gamin								
		Part IV, line 19			9a					
	b	Less: direct expenses			9b					
	с	Net income or (loss) from	gam	ing activitie	s					
1	10 a	Gross sales of inventory, le								
		and allowances			10a					
	b	Less: cost of goods sold			10b					
+	с	Net income or (loss) from	sales	s of invento	ry					
						Business Code				
	11 a									
Revenue	b									
Bev	C									
· ·	d	All other revenue								
		Total. Add lines 11a-11d								

10

LIFEGIFT ORGAN DONATION CENTER

76-0231238 <u>Page</u> 10

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Х Check if Schedule O contains a response or note to any line in this Part IX (B) (C) (D) (A) Do not include amounts reported on lines 6b. Total expenses Management and general expenses Program service Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses expenses Grants and other assistance to domestic organizations 1 75,000 75,000 and domestic governments. See Part IV, line 21 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 Benefits paid to or for members 4 5 Compensation of current officers, directors, trustees, and key employees 2,272,397. 241,277. 2,031,120 6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 30,158,687. 23,779,924. 6,378,763. Other salaries and wages 7 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 1,742,246 1,325,074 417,172 4,303,398 3,250,431 1,052,967 Other employee benefits 9 2,308,830. 1,798,740 510,090 10 Payroll taxes 11 Fees for services (nonemployees): а Management 652,447. 652,447. b Legal 87,911 87,911, С Accounting 32,500 32,500 Lobbying d Professional fundraising services. See Part IV, line 17 е 170,920. 170,920 Investment management fees f Other. (If line 11g amount exceeds 10% of line 25, g 42,238,371 41,597,040. 641,331 column (A), amount, list line 11g expenses on Sch 0.) 169,142, 101,138, 68,004 Advertising and promotion 12 666,582. 358,228 1,024,810. 13 Office expenses _____ 892,088, 446,566 445,522 14 Information technology 15 Royalties 1,082,078 825. 1,081,253 16 Occupancy 567,956 412,227, 155,729 Travel 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 226,938. 145,333. Conferences, conventions, and meetings 81,605. 19 20 Interest Payments to affiliates 21 535,697 535,697 22 Depreciation, depletion, and amortization 730,106 98,544. 631,562. 23 Insurance Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.) DUES & MEMBERSHIPS 84,457. 29,595, 54,862 а PUBS & SUBSCRIPTIONS 38,685 21,594. 17,091 b С d All other expenses е Total functional expenses. Add lines 1 through 24e 89,394,664 73,989,890 15,404,774 Ο. 25 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

11

232010 12-13-22

Check here

Form 990 (2022)

17541114 756800 1000254

if following SOP 98-2 (ASC 958-720)

17541114 756800 1000254

65,352,819.

85,558,914.

30

31

32

33

2 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 3 17,491,586. 19,939,924. Accounts receivable, net 4 4 Loans and other receivables from any current or former officer, director, 5 trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 Loans and other receivables from other disqualified persons (as defined 6 6 under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 7 7 Notes and loans receivable, net 345,560. 8 Inventories for sale or use 8 1,390,950. 9 Prepaid expenses and deferred charges 824,432. 9 **10a** Land, buildings, and equipment: cost or other 25,236,430. basis. Complete Part VI of Schedule D _____ 10a 6,445,925. 9,510,988. 18,790,505. b Less: accumulated depreciation 10b 10c 39,086,995, 34,033,449. 11 Investments - publicly traded securities 11 Investments - other securities. See Part IV, line 11 12 12 Investments - program-related. See Part IV, line 11 13 13 Intangible assets 14 14 52,490. Other assets. See Part IV, line 11 15 15 85,558,914. 89,424,842. 16 **Total assets.** Add lines 1 through 15 (must equal line 33) 16 20,206,095. 25,721,136. Accounts payable and accrued expenses 17 17 18 18 Grants payable 19 19 Deferred revenue 20 Tax-exempt bond liabilities 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 Secured mortgages and notes payable to unrelated third parties 23 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 25 20,206,095. 25,721,136. 26 26 Total liabilities. Add lines 17 through 25 X Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. 65,231,583. 63,565,786. 27 Net assets without donor restrictions 27 Net assets with donor restrictions 121,236. 28 28 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 29

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

LIFEGIFT ORGAN DONATION CENTER

Cash - non-interest-bearing

Paid-in or capital surplus, or land, building, or equipment fund

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

Total liabilities and net assets/fund balances

76-0231238 Page **11**

(A)

Beginning of year

18,246,863.

1

Form 990 (2022)

1

Assets

Liabilities

Net Assets or Fund Balances

30

31

32

33

(B)

End of year

14,812,673.

404,851.

52,490.

137,920.

63,703,706.

89,424,842.

Form 990 (2022)

Form	1990 (2022) LIFEGIFT ORGAN DONATION CENTER	76-023123	3	Pa	_{ae} 12
	rt XI Reconciliation of Net Assets				2-
	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	94,	078,	178.
2	Total expenses (must equal Part IX, column (A), line 25)	2	89,	394,	664.
3	Revenue less expenses. Subtract line 2 from line 1	3	4,	683,	514.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	65,	352,	819.
5	Net unrealized gains (losses) on investments	5	-6,	332,	627.
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 on Schedule O)	9			٥.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
_	column (B))	10	63,	703,	706.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
		ſ		Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	0.			
2a			2a		X
	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:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	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:				
	X Separate basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
-	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
-	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				1
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	000	i

Form **990** (2022)

Department of the Treasury Internal Revenue Service

(Form 990)

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.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2022
Open to Public

Inspection

Name of the organization							Employer identification number		
D	art I		FT ORGAN DONATI			ia want \ C			76-0231238
							ee instruction	IS.	
	orga	nization is not a private found		-		-			
1		A church, convention of chu				n 170(b)(1	1)(A)(I).		
2		A school described in sect					,		
3		A hospital or a cooperative					•	V:::) Entor	the beenitel's name
4									
_		city, and state:	with a hanafit of a co		l ar anarat		waramantal	nit describe	
5		An organization operated for		liege of university owned	or operation	eu by a go	overnmental u	nit describe	
e		section 170(b)(1)(A)(iv). (C		aantal unit daaarihad in	anation 17	70/6//4//4/	<i>(</i>)		
6 7		A federal, state, or local gov	-					a gonoral i	aublic described in
'	L	An organization that norma section 170(b)(1)(A)(vi). (C	•	Initial part of its support if	on a gove	mmentai		ie general j	
8		A community trust describe		(1)(A)(vi) (Complete Par	ылу				
9		An agricultural research org			-	ad in coniu	inction with a	land-grant	college
3	L	or university or a non-land-g				-		-	-
		university:	grant conege of agric			name, eny	, and state of	the conege	
10	X		Ilv receives (1) more	than 33 1/3% of its supr	ort from c	ontributior	ns membersh	in fees and	d aross receipts from
	L	activities related to its exem	•					-	•
		income and unrelated busir		•	. ,				0
		See section 509(a)(2). (Cor		(,
11		An organization organized a		ively to test for public sa	fety. See	section 50	09(a)(4).		
12		An organization organized a	and operated exclus	vely for the benefit of, to	perform tl	he functio	ns of, or to ca	rry out the	purposes of one or
		more publicly supported or	ganizations describe	d in section 509(a)(1) o	r section	509(a)(2).	See section	509(a)(3).	Check the box on
		lines 12a through 12d that	describes the type o	f supporting organizatior	n and com	plete lines	12e, 12f, and	12g.	
a	ı [Type I. A supporting orga	anization operated, s	upervised, or controlled	by its supp	ported org	anization(s), t	pically by	giving
		the supported organization	on(s) the power to re	gularly appoint or elect a	majority o	of the direc	ctors or truste	es of the su	upporting
	_	organization. You must o	complete Part IV, Se	ections A and B.					
k		Type II. A supporting org	anization supervised	or controlled in connect	ion with its	s supporte	ed organizatio	n(s), by hav	ving
		control or management o	f the supporting org	anization vested in the sa	ame perso	ns that co	ntrol or mana	ge the supp	ported
	_	organization(s). You mus							
c		Type III functionally inte	• • •					ly integrate	ed with,
		its supported organization		-					
c		Type III non-functionally						-	
		that is not functionally int	u	0 1			•	an attentiv	/eness
		requirement (see instructi	-	-				U. T	
e	;	Check this box if the orgation functionally integrated, or					турет, туре	п, туре п	
	En	iter the number of supported of	,	, , , , , , , , , , , , , , , , , , , ,	0 0				
י ר		ovide the following information	•	d organization(s).					
	,	(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	anization listed	(v) Amount o	f monetary	(vi) Amount of other
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see in	nstructions)	support (see instructions)
.	-1								
Tot	ai						1		

Schedule A	(Form	aan	2022
Schedule A		990	2022

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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization'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.						
Sec	ction B. Total Support		-	-	-	•	
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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 \dots						
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 instruction	ons)			12	
13	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	01(c)(3)	
	organization, check this box and stop						
	ction C. Computation of Publi						
14	Public support percentage for 2022 (I					14	%
15	Public support percentage from 2021					15	%
16a	33 1/3% support test - 2022. If the o				14 is 33 1/3% or m	ore, check this bo	x and
	stop here. The organization qualifies	. ,	•				
b	33 1/3% support test - 2021. If the o						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test	-	-				
	and if the organization meets the fact			-	-	VI how the organiz	zation
	meets the facts-and-circumstances te	-					
b	10% -facts-and-circumstances test	-	-				10% or
	more, and if the organization meets the						
	organization meets the facts-and-circu		÷ .				
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a		
						Schedule A	(Form 990) 2022

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 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)** 2018 (b) 2019 (c) 2020 (d) 2021 (e) 2022 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not 120,984 85,585. 71,457 include any "unusual grants.") 129,129 56,327 463,482. 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the 60,646,027 70,602,097 77,381,121 81,197,109 92,513,359. 382,339,713. organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organ-4 ization'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 60,767,011 70,731,226, 77,437,448 81,282,694, 92,584,816, 382,803,195. 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 816,167. 816,167. 3 received from disqualified persons 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 5,175,836 6,427,142 5 285 667 4,167,414 3,549,122 24,605,181. 6,427,142 4,167,414. c Add lines 7a and 7b 5,992,003 5,285,667 3,549,122 25,421,348. 357,381,847. Public support. (Subtract line 7c from line 6.) Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2018 (b) 2019 (c) 2020 (d) 2021 (e) 2022 (f) Total 9 Amounts from line 6 60,767,011 70,731,226 77,437,448 81,282,694 92,584,816 382,803,195. 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, 1,043,822 751,884 812,684 1,283,396. 4,743,228. 851 442. and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 751,884 1,283,396 4,743,228. 1,043,822 812,684 851,442, c Add lines 10a and 10b 11 Net income from unrelated business activities not included on 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.) 93,868,212. 61,518,895. 71,775,048. 78,250,132. 82,134,136. 387,546,423. **13** Total support. (Add lines 9, 10c, 11, and 12.) 14 First 5 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 92.22 % 15 Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f)) 15 91.23 16 Public support percentage from 2021 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage 1.22 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f)) 17 % 17 1.11 18 Investment income percentage from 2021 Schedule A, Part III, line 17 18 % 19a 33 1/3% support tests - 2022. 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 X 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 - 2021. 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 Schedule A (Form 990) 2022 232023 12-09-22

16

17541114 756800 1000254

1

2

3a

3b

3c

4a

4b

4c

5a

<u>5b</u> 5<u>c</u>

6

7

8

9a

9b

9c

10a

10b

Yes No

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 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.
- 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).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **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.
- 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.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **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.*
- **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.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c 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).
- **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?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) 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.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If* "Yes." *complete Part I of Schedule L (Form 990).*
- **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.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined on line 9a) 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.**
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below.*
- **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.)

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Schedule A (Form 990) 2022

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2

No

		Yes	No
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 on lines 11b and			
11c below, the governing body of a supported organization?	11a		
b A family member of a person described on line 11a above?	11b		
c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
detail in Part VI.	11c		

Section B. Type I Supporting Organizations

		Yes	
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, 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 officers, directors, or trustees were allocated among the			
supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		L
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? <i>If</i> "Yes," <i>explain in</i>			

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 exception(a)	1		

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, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
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).	2		
3	By reason of the relationship described on line 2, above, 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.	3		

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 ins
--

- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

с		The organization supported a governmental entity.	Describe in Part VI how you supported a governmental entity (see instructions).	
---	--	---	---	--

18

- 2 Activities Test. Answer lines 2a and 2b 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 on line 2a, above, 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 Parent of Supported Organizations. Answer lines 3a and 3b 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? *If* "Yes" or "*No*" *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.*

 Yes
 No

 2a

 2a

 2b

 3a

 3b

Schedule A (Form 990) 2022

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Sche	dule A (Form 990) 2022 LIFEGIFT ORGAN DONATION CENTER			76-0231238	Page 6	
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	g Orga	nizations			
1	1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions					
	All other Type III non-functionally integrated supporting organizations must					
Sect	ion A - Adjusted Net Income	(A) Prior Year	(B) Current (optiona			
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				
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current (optiona		
1	Aggregate fair market value of all non-exempt-use assets (see					
	instructions for short tax year or assets held for part of year):					
а	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				
е	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 0.015 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 0.035.	6				
7	Recoveries of prior-year distributions	7				
8	Minimum Asset Amount (add line 7 to line 6)	8				
Sect	ion C - Distributable Amount			Current Y	ear	
1	Adjusted net income for prior year (from Section A, line 8, column A)	1				
2	Enter 0.85 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	Check here if the current year is the organization's first as a non-functionally	/ integra	ted Type III supporting or	ganization (see		

instructions).

Schedule A (Form 990) 2022

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b Excess from 2019 c Excess from 2020 d Excess from 2021 e Excess from 2022

Schedule A (Form 990) 2022

Section D - Distributions

LIFEGIFT ORGAN DONATION CENTER Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported				
	organizations, in excess of income from activity	2			
3	Administrative expenses paid to accomplish exempt purpose	3			
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (<i>describe in</i> Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.	-		8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2022	าร	(iii) Distributable Amount for 2022
_1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
a	From 2017				
b	From 2018				
с	From 2019				
d	From 2020				
е	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
с	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
_	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2018				

Schedule A (Form 990) 2022

76-0231238

Current Year

Page 7

Schedule A	Form 990) 2022 LIFEGIFT ORGAN DONATION CENTER	76-0231238	Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 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 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 D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any addition	and 2; Part IV, Section , Section B, line 1e; Pa	ıC,
	(See instructions.)		
232028 12-09-2	2	Schedule A (Form 9	990) 2022

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2022

Employer identification number

Department of the Treasury					
Internal Revenue Service					

Schedule B

(Form 990)

Name of the organization

	LIFEGIFT ORGAN DONATION CENTER	76-0231238
Organization type (sheck one):	
Filers of:	Section:	
	T	

Form 990 or 990-EZ	SUT(C)(S) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set in the set of t

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2022)

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1		. \$10,000.	Person X Payroll Image: Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		. \$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$\$	Person Payroll On Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		. \$	Person Payroll On Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		. \$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution

LIFEGIFT ORGAN DONATION CENTER

Name of organization

Employer identification number

76 - 0231238

noncash contributions.) Schedule B (Form 990) (2022)

(Complete Part II for

Person Payroll Noncash

26

\$

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2022.05000 LIFEGIFT ORGAN DONATION C 10002541

Page 2

Name of or	ganization		Employer identification number
LIFEGIFT	ORGAN DONATION CENTER		76-0231238
Part II	Noncash Property (see instructions). Use duplicate copies of Part	t II if additional space is needed	l.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions)	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions)	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions)	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions)	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions)	
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		\$	

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223453 11-15-22

Schedule B (Form 990) (2022)

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Schedule B (Form 990) (2022)

Schedule B (Form 990) (2022)

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ame of organi	zation		Employer identification number
TEEGTET OD	GAN DONATION CENTER		76-0231238
Part III Exc	clusively religious, charitable, etc., contributi	ons to organizations described in section	n 501(c)(7), (8), or (10) that total more than \$1,000 for the yea
con	m any one contributor. Complete columns (a) note that the total of exclusively religious, of the total of exclusively religious.	charitable, etc., contributions of \$1,000 or less	for the year. (Enter this info. once.)
Us	e duplicate copies of Part III if additional	space is needed.	
a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Part I			
		(e) Transfer of gift	
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
	· · ·		•
a) No.			
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
			_
— —			-
		(e) Transfer of gift	
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
—		[
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Part I			
			_
		(e) Transfer of gift	
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
			· ·
a) No.		[
from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
from	(b) Purpose of gift		(d) Description of how gift is held
from	(b) Purpose of gift	(e) Transfer of gift	(d) Description of how gift is held
(a) No. from Part I		(e) Transfer of gift	
from		(e) Transfer of gift	

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SCHEDULE C	Po	litical Campaign a	and Lobbyin	g Activities		OMB No. 1545-0047
(Form 990)	For Org	anizations Exempt From Incom	e Tax Under section :	501(c) and section 5	27	2022
Department of the Treasury		if the organization is described				Open to Public
Internal Revenue Service	Go	o to www.irs.gov/Form990 for ir	nstructions and the la	test information.		Inspection
-		Form 990, Part IV, line 3, or Fo		ne 46 (Political Camp	aign Ac	tivities), then
	•	plete Parts I-A and B. Do not con	•			
		11(c)(3)) organizations: Complete I	Parts I-A and C below.	Do not complete Pa	t I-B.	
Section 527 organiz	•	•	000 EZ D			
		Form 990, Part IV, line 4, or Fo				
	•	nave filed Form 5768 (election un nave NOT filed Form 5768 (electio		•	•	
	•	Form 990, Part IV, line 5 (Prox)				•
Tax) (See separate inst		Form 550, Fait IV, line 5 (Flox)	(Tax) (See Separate I		1 990-22	L, Fait V, IIIe SSC (FLOXY
		ions: Complete Part III.				
Name of organization	,, (. <i>,</i> g				Employ	ver identification number
C C	LIFEGIFT OF	GAN DONATION CENTER				76-0231238
Part I-A Compl	ete if the org	anization is exempt unde	r section 501(c) o	or is a section 5	27 orga	anization.
1 Provide a description	on of the organiz	ation's direct and indirect politica	I campaign activities i	n Part IV.		
2 Political campaign	Ũ		1 0		\$	
3 Volunteer hours for	political campai					
Part I-B Compl	ete if the org	anization is exempt unde	er section 501(c)(3).		
1 Enter the amount o	f any excise tax	incurred by the organization unde	er section 4955		\$ _	
2 Enter the amount o	f any excise tax	incurred by organization manage	rs under section 4955			
3 If the organization i	ncurred a section	n 4955 tax, did it file Form 4720 f	or this year?			Yes No
4a Was a correction m	ade?					Yes No
b If "Yes," describe in						
Part I-C Compl	ete if the org	anization is exempt unde	er section 501(c),	except section	501(c)(3).
1 Enter the amount d	lirectly expended	l by the filing organization for sec	tion 527 exempt funct	ion activities	\$ _	
2 Enter the amount o	f the filing organ	ization's funds contributed to oth	er organizations for se	ection 527		
exempt function ac	tivities				\$_	
		. Add lines 1 and 2. Enter here ar	,			
line 17b					\$_	
						Yes No
		ployer identification number (EIN				
		tion listed, enter the amount paid				
		omptly and directly delivered to a additional space is needed, provi			eparate s	segregated fund or a
			1			
(a) Name	3	(b) Address	(c) EIN	(d) Amount paid filing organizatio funds. If none, ent	on's o	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0
For Deperturerly Deduct	ion Act Nation	and the Instructions for Earm 00	00 or 000 E7		C-	hadula C (Earm 000) 2022

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. LHA

Schedule C (Form 990) 2022

232041 11-08-22

Part II-A Complete if the org		DONATION CENTER			231238 Page
section 501(h)).	ganization is ex	empt under section	n 501(c)(3) and filed	d Form 5768 (el	ection under
	ation belongs to an a	affiliated group (and list ir	Part IV each affiliated o	aroup member's nam	ne. address. EIN.
	are of excess lobbyin	• • •			, , , , ,
	,	and "limited control" pro	ovisions apply		
Lim	its on Lobbying Ex	penditures		(a) Filing organization's	(b) Affiliated group totals
(The term "expen	iditures" means am	ounts paid or incurred.)	totals	
1a Total lobbying expenditures to infl	luence public opinio	n (grassroots lobbying)			
b Total lobbying expenditures to infl	luence a legislative b	ody (direct lobbying)			
c Total lobbying expenditures (add l	lines 1a and 1b) \dots				
d Other exempt purpose expenditur					
e Total exempt purpose expenditure	es (add lines 1c and	1d)			
f Lobbying nontaxable amount. Ent	ter the amount from	the following table in bot	h columns.		
If the amount on line 1e, column (a)	or (b) is: The I	obbying nontaxable am	ount is:		
Not over \$500,000	20%	of the amount on line 1e			
Over \$500,000 but not over \$1,00	0,000 \$100	,000 plus 15% of the exc	ess over \$500,000.		
Over \$1,000,000 but not over \$1,5	500,000 \$175	,000 plus 10% of the exc	ess over \$1,000,000.		
Over \$1,500,000 but not over \$17	7,000,000 \$225	,000 plus 5% of the exce	ss over \$1,500,000.		
Over \$17,000,000	\$1,00	0,000.			
g Grassroots nontaxable amount (er	nter 25% of line 1f)				
h Subtract line 1g from line 1a. If zer	ro or less, enter -0-				
i Subtract line 1f from line 1c. If zer					
j If there is an amount other than ze	ero on either line 1h	or line 1i, did the organiz			
j If there is an amount other than ze reporting section 4911 tax for this		or line 1i, did the organiz	ation file Form 4720		Yes N
reporting section 4911 tax for this	year? 4-Year /	Averaging Period Under	ation file Form 4720 Section 501(h)		
reporting section 4911 tax for this	year? 4-Year / that made a sectior		ation file Form 4720 Section 501(h) have to complete all of		
reporting section 4911 tax for this	year? 4-Year / that made a sectior See the sep	Averaging Period Under 501(h) election do not	ation file Form 4720 Section 501(h) have to complete all of nes 2a through 2f.)		
reporting section 4911 tax for this	year? 4-Year / that made a sectior See the sep	Averaging Period Under 501(h) election do not arate instructions for li	ation file Form 4720 Section 501(h) have to complete all of nes 2a through 2f.)		
reporting section 4911 tax for this (Some organizations t	year? 4-Year / that made a sectior See the sep Lobbying Ex	Averaging Period Under 501(h) election do not arate instructions for li penditures During 4-Yes	ation file Form 4720 Section 501(h) have to complete all of nes 2a through 2f.) ar Averaging Period	f the five columns b	elow.
reporting section 4911 tax for this (Some organizations t Calendar year (or fiscal year beginning in)	year? 4-Year / that made a sectior See the sep Lobbying Ex	Averaging Period Under 501(h) election do not arate instructions for li penditures During 4-Yes	ation file Form 4720 Section 501(h) have to complete all of nes 2a through 2f.) ar Averaging Period	f the five columns b	elow.
reporting section 4911 tax for this (Some organizations t Calendar year (or fiscal year beginning in) 2a Lobbying nontaxable amount	year? 4-Year / that made a sectior See the sep Lobbying Ex	Averaging Period Under 501(h) election do not arate instructions for li penditures During 4-Yes	ation file Form 4720 Section 501(h) have to complete all of nes 2a through 2f.) ar Averaging Period	f the five columns b	elow.
reporting section 4911 tax for this (Some organizations t Calendar year (or fiscal year beginning in) 2a Lobbying nontaxable amount b Lobbying ceiling amount	year? 4-Year / that made a sectior See the sep Lobbying Ex	Averaging Period Under 501(h) election do not arate instructions for li penditures During 4-Yes	ation file Form 4720 Section 501(h) have to complete all of nes 2a through 2f.) ar Averaging Period	f the five columns b	elow.
reporting section 4911 tax for this (Some organizations t Calendar year (or fiscal year beginning in) 2a Lobbying nontaxable amount	year? 4-Year / that made a sectior See the sep Lobbying Ex	Averaging Period Under 501(h) election do not arate instructions for li penditures During 4-Yes	ation file Form 4720 Section 501(h) have to complete all of nes 2a through 2f.) ar Averaging Period	f the five columns b	elow.
reporting section 4911 tax for this (Some organizations t Calendar year (or fiscal year beginning in) 2a Lobbying nontaxable amount b Lobbying ceiling amount	year? 4-Year / that made a sectior See the sep Lobbying Ex	Averaging Period Under 501(h) election do not arate instructions for li penditures During 4-Yes	ation file Form 4720 Section 501(h) have to complete all of nes 2a through 2f.) ar Averaging Period	f the five columns b	elow.
<pre>reporting section 4911 tax for this (Some organizations t</pre>	year? 4-Year / that made a sectior See the sep Lobbying Ex	Averaging Period Under 501(h) election do not arate instructions for li penditures During 4-Yes	ation file Form 4720 Section 501(h) have to complete all of nes 2a through 2f.) ar Averaging Period	f the five columns b	elow.
reporting section 4911 tax for this (Some organizations t Calendar year (or fiscal year beginning in) 2a Lobbying nontaxable amount b Lobbying ceiling amount (150% of line 2a, column(e)) c Total lobbying expenditures d Grassroots nontaxable amount	year? 4-Year / that made a sectior See the sep Lobbying Ex	Averaging Period Under 501(h) election do not arate instructions for li penditures During 4-Yes	ation file Form 4720 Section 501(h) have to complete all of nes 2a through 2f.) ar Averaging Period	f the five columns b	elow.
reporting section 4911 tax for this (Some organizations t Calendar year (or fiscal year beginning in) 2a Lobbying nontaxable amount b Lobbying ceiling amount (150% of line 2a, column(e)) c Total lobbying expenditures	year? 4-Year / that made a sectior See the sep Lobbying Ex	Averaging Period Under 501(h) election do not arate instructions for li penditures During 4-Yes	ation file Form 4720 Section 501(h) have to complete all of nes 2a through 2f.) ar Averaging Period	f the five columns b	elow.
<pre>reporting section 4911 tax for this</pre>	4-Year / 4-Year / that made a section See the sep Lobbying Ex (a) 2019	Averaging Period Under 501(h) election do not arate instructions for li penditures During 4-Yes	ation file Form 4720 Section 501(h) have to complete all of nes 2a through 2f.) ar Averaging Period	f the five columns b	elow.

Schedule C (Form 990) 2022

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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 on lines 1a through 1i below, provide in Part IV a detailed description	(a)	(b)
of the lobbying activity.	Yes	No	Amo	unt
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 referred up through the upp of:				
or referendum, through the use of:		х		
a Volunteers?b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		x		
c Media advertisements?		X		
d Mailings to members, legislators, or the public?		X		
 e Publications, or published or broadcast statements? 		X		
f Grants to other organizations for lobbying purposes?		Х		
g Direct contact with legislators, their staffs, government officials, or a legislative body?		Х		
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Х		
i Other activities?				32,500.
j Total. Add lines 1c through 1i				32,500.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		х		
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 filling experimentian incrumed exection 4010 terr, did it file Forms 4700 for this year?				
Part III-A Complete if the organization is exempt under section 501(c)(4), sec 501(c)(6).	tion 501(c)(5	5), or sec	tion	
			Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?		1		
 Bid the organization make only infloade lobbying expenditures of \$2,000 of lobby Did the organization agree to carry over lobbying and political campaign activity expenditures from 				
Part III-B Complete if the organization is exempt under section 501(c)(4), sec 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answere answered "Yes."	ed "No" OR ((b) Part I		3, is
 Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of polymers) expenses for which the section 527(f) tax was paid). 		1		
a Current year		2a		
b Carryover from last year				
c Total				
 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 				
 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the 				
does the organization agree to carryover to the reasonable estimate of nondeductible lobbying an				
expenditures 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 grainstructions); and Part II-B, line 1. Also, complete this part for any additional information. PART II-B, LINE 1, LOBBYING ACTIVITIES:	bup list); Part II-/	A, lines 1 a	nd 2 (See	
LIFEGIFT UTILIZED THE SERVICES OF A PUBLIC AFFAIRS CONSULTANT TO				
EDUCATE THE LEGISLATORS OF THE CRITICAL SHORTAGE OF ORGANS AND TISSUE				
FOR TRANSPLANTATION. THROUGH THIS EDUCATIONAL EFFORT, LIFEGIFT'S GOAL				
IS TO RAISE AWARENESS OF THE CRITICAL NEED FOR ORGAN AND TISSUE				
DONATION.				

232043 11-08-22

							5 4 5 0 0 4 7
	HEDULE D		al Financial Statements			OMB No. 1	<u>545-0047</u>
(Forr	n 990)	Complete if the orga Part IV, line 6, 7, 8, 9, 10	nization answered "Yes" on Form 990, , 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.			ZU	ZZ
	ment of the Treasury I Revenue Service		ttach to Form 990. 0 for instructions and the latest information.			Open to Inspect	o Public tion
	e of the organizati			Emp	loyer id		on number
		LIFEGIFT ORGAN DONATION CEN		_		-0231238	
Pa		ations Maintaining Donor Advise on answered "Yes" on Form 990, Part IV, lin	d Funds or Other Similar Funds or Ac	coun	ts. Co	nplete if t	he
	organizatio			b) Fun	ds and o	ther accou	unts
1	Total number at e	nd of year		by r and			
2		of contributions to (during year)					
3		of grants from (during year)					
4	Aggregate value a	t end of year					
5	•		writing that the assets held in donor advised fund		_	_	
-			exclusive legal control?		L	Yes	No
6			dvisors in writing that grant funds can be used or				
	impermissible priv		r donor advisor, or for any other purpose conferri	•	Г	Yes	No
Pa			ganization answered "Yes" on Form 990, Part IV,				
1		servation easements held by the organization					
	Preservation	n of land for public use (for example, recrea	tion or education) Preservation of a histo	rically	importar	it land are	a
		of natural habitat	Preservation of a certi	fied his	toric stru	ucture	
		n of open space					
2			ied conservation contribution in the form of a cor	nservat			
_	day of the tax year			00	neiu al l		he Tax Year
a b				2a 2b			
c	•		ucture included in (a)	20 20			
d		vation easements included in (c) acquired a					
			, , ,	2d			
3	Number of conser	vation easements modified, transferred, rel	eased, extinguished, or terminated by the organiz	zation	during th	e tax	
	year						
4		where property subject to conservation eas					
5	0	tion have a written policy regarding the per			Г	Yes	No
6	,	forcement of the conservation easements it or hours devoted to monitoring inspecting	handling of violations, and enforcing conservatio				
U						ing the y	
7	Amount of expense	ses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservation eas	ement	s during	the year	
-							
8			e satisfy the requirements of section 170(h)(4)(B)(Г	Yes	No
9	and section 170(h		on easements in its revenue and expense statem		∟ ∙		
Ũ			note to the organization's financial statements that				
	organization's acc	counting for conservation easements.	,				
Pa	rt III Organiza	ations Maintaining Collections of	Art, Historical Treasures, or Other S	imilar	⁻ Asset	s.	
	Complete i	f the organization answered "Yes" on Form	990, Part IV, line 8.				
1a	•		8, not to report in its revenue statement and bala			S	
		· ·	blic exhibition, education, or research in furtheran	ce of p	oublic		
h	•		ncial statements that describes these items.	shoot	works of		
b	-		 to report in its revenue statement and balance exhibition, education, or research in furtherance 				
		ing amounts relating to these items:		o, put		,	
	•	0 0			\$		
					\$		
2	If the organization		asures, or other similar assets for financial gain, p	orovide			
	-	unts required to be reported under FASB A	-				
а					\$		
b	Assets included in	1 Form 990, Part X		9	5		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 232051 09-01-22

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32	2	
2	0 5 0 0 0	T T T

Sche		RGAN DONATION C						76-023		Pa	_{age} 2
Par	t III Organizations Maintaining C	ollections of Ar	t, Histo	orical Tre	easures, or	[·] Other	r Simila	r Assets	contin	nued)	
3	Using the organization's acquisition, accessi	on, and other record	s, check	any of the	following that	make si	gnificant	use of its			
	collection items (check all that apply):										
а	Public exhibition	c	ı 🗌 I	Loan or exc	change progra	ım					
b	Scholarly research	e			0.0						
с	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explair	how the	ev further th	ne organizatio	n's exen	npt purpo	se in Part	XIII.		
5	During the year, did the organization solicit o	-		•	-						
	to be sold to raise funds rather than to be ma				-				Yes		No
Par	t IV Escrow and Custodial Arran										
	reported an amount on Form 990, Pa							.,,			
1a	Is the organization an agent, trustee, custodi	an or other intermed	liary for c	ontribution	s or other ass	ets not i	included				
	on Form 990, Part X?								Yes		No
h	If "Yes," explain the arrangement in Part XII									L] 110
			nowing a	2010.					Amoun	t	
с	Beginning balance						1c			-	
с А	Additions during the year										
e											
f	Distributions during the year										
	Ending balance Did the organization include an amount on F								Yes		No
	If "Yes," explain the arrangement in Part XIII.						• • • • • • •				1
Par											1
		(a) Current year		rior year	(c) Two year			vears hack	(e) Fou	vears	hack
10	Paginning of year balance	(u) ourient you	(3)1	nor your		o buok	(4) 11100	youro buok	(0) 1 00	youro	buok
	Beginning of year balance										
b	Contributions										
C	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
_	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr	•	e (line 1g	, column (a	l)) held as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
С	· · · · · · · · · · · · · · · · · · ·	%									
	The percentages on lines 2a, 2b, and 2c sho	•									
3a	Are there endowment funds not in the posse	ssion of the organiza	ation that	are held ar	nd administer	ed for th	e		1		
	organization by:									Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization								3b		
4	Describe in Part XIII the intended uses of the		wment fu	unds.							
Pai	t VI Land, Buildings, and Equipm										
	Complete if the organization answere	d "Yes" on Form 990), Part IV	, line 11a. S	See Form 990,	, Part X,	line 10.				
	Description of property	(a) Cost or o basis (investr		• •	t or other (other)	• •	ccumulat preciation		(d) Boo	k valu	Э
1a	Land			3	,663,003.				3	663,	003.
	Buildings				,744,019.		2,440,	803.	3	303,	216.
	Leasehold improvements				18,947.		8,	369.		10,	578.
	Equipment			4	,150,846.		3,338,			812,	363.
	Other				,659,615.			270.	11	,001,	
	Add lines 1a through 1e. (Column (d) must e		X colum							,790	
		quari onni 330, i all		ו שווו געו וווכ ו	<u>vv.</u> ,						

Schedule D (Form 990) 2022

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	
Part X Other Liabilities.	

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1.	(a) Description of hability	(b) BOOK value
(1)	Federal income taxes	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990 Part X, col. (B) line 25.)	

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

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

t XIII ... 🗴

Schedule D (Form 990) 2022

232053 09-01-22

Sche	edule D (Form 990) 2022 LIFEGIFT ORGAN DONATION CENTER			76-0231	238 Page 4
Par	rt XI Reconciliation of Revenue per Audited Financial Statements	With Reve	enue per Ret	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total revenue, gains, and other support per audited financial statements			1	93,697,292.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a			
b		2b			
с		2c			
d		2d			
е	Add lines 2a through 2d			2e	0.
3	Subtract line 2e from line 1			3	93,697,292.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	170,920.		
b	Other (Describe in Part XIII.)	4b	209,966.		
с	Add lines 4a and 4b			4c	380,886.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	94,078,178.
Pa	rt XII Reconciliation of Expenses per Audited Financial Statement	s With Exp	enses per R	leturn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total expenses and losses per audited financial statements			1	89,223,744.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
с	Other losses	2c			
d		2d			
е	Add lines 2a through 2d			2e	0.
3	Subtract line 2e from line 1			3	89,223,744.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	170,920.		
b	Other (Describe in Part XIII.)	4b			
с	Add lines 4a and 4b			4c	170,920.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	89,394,664.
Pa	rt XIII Supplemental Information.				
Prov	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, I	ines 1b and 2	b; Part V, line 4	; Part X, line	e 2; Part XI,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addition	al informatior	1.		

PART X, LINE 2:

THE INTERNAL REVENUE SERVICE HAS DETERMINED THAT LIFEGIFT IS EXEMPT FROM

FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE

(THE CODE). ACCORDINGLY, NO PROVISION FOR FEDERAL INCOME TAXES HAS BEEN

RECORDED IN THESE FINANCIAL STATEMENTS.

FASE ASC TOPIC 740, INCOME TAXES, REQUIRES A REPORTING ENTITY TO RECOGNIZE

IN ITS FINANCIAL STATEMENTS THE FINANCIAL EFFECTS OF A TAX POSITION ONLY

IF IT IS DETERMINED THAT IT IS MORE LIKELY THAN NOT THAT THE TAX POSITION

WILL NOT BE SUSTAINED UPON EXAMINATION, INCLUDING RESOLUTION OF ANY

RELATED APPEALS OR LITIGATION PROCESSES, BASED ON THE TECHNICAL MERITS OF

THE POSITION. MANAGEMENT HAS REVIEWED THE TAX POSITIONS TAKEN BY LIFEGIFT,

35

232054 09-01-22

Schedule D (Form 990) 2022

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Part XIII Supplemental Information (continued) AND IS OF THE OPINION THAT MATERIAL POSITIONS TAKEN BY LIFEGIFT WOULD MORE LIKELY THAN NOT BE SUSTAINED UPON EXAMINATION. ACCORDINGLY, LIFEGIFT HAS NOT RECOGNIZED A LIABILITY RELATED TO UNCERTAIN TAX POSITIONS. LIFEGIFT RECOGNIZES INTEREST AND PENALTIES ON INCOME TAXES IN THE STATEMENTS OF OPERATIONS AND CHANGES IN NET ASSETS AS GENERAL AND ADMINISTRATIVE EXPENSES. FOR THE YEARS ENDED DECEMBER 31, 2022 AND 2021, LIFEGIFT HAD NO INTEREST OR PENALTIES ON INCOME TAXES. PART XI, LINE 4B - OTHER ADJUSTMENTS: GAIN ON SALE OF INVESTMENTS 209,966.

Schedule D (Form 990) 2022

232055 09-01-22

SCHEDULE I (Form 990)		Go	irants and Oth vernments, ar ete if the organizatio	nd Individual	s in the Ŭn on Form 990, Pa	ted States		OMB No. 1545-0047
Department of the Treasury Internal Revenue Service			Go to www.irs	Attach to Form a.gov/Form990 for		ation		Open to Public Inspection
Name of the organization	LIFEGIFT ORGA	N DONATION CEN						Employer identification number 76-0231238
Part I General Info	rmation on Grants a							
criteria used to awa 2 Describe in Part IV Part II Grants and 0	ard the grants or assis the organization's pro Other Assistance to l	stance? ocedures for monito Domestic Organiz	oring the use of grant cations and Domestic	funds in the United c Governments. C	l States. Complete if the org	/ for the grants or assis		X Yes No
recipient that 1 (a) Name and addr or gover	ess of organization	\$5,000. Part II can (b) EIN	be duplicated if additi (c) IRC section (if applicable)	onal space is need (d) Amount of cash grant	ed. (e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
HOUSTON METHODIST H FOUNDATION - PO BOX HOUSTON, TX 77210		76-0094743	501(C)(3)	50,000.	0.	воок		SUPPORT DONATION RESEARCH
2THEDGE, LLC 5703 STILL FOREST I DALLAS, TX 75252	DRIVE	46-4482006		25,000.	0.	воок		SEE PART IV
	of section 501(c)(3) a of other organizations		anizations listed in the table	l e line 1 table	<u> </u>	l		1. 1.

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

Schedule I (Form 990) 2022

LIFEGIFT ORGAN DONATION CENTER

Page 2

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on 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 noncash assistance

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

PART I, LINE 2:

THE CEO OF LIFEGIFT & MEMBERS OF MANAGEMENT HAD MULTIPLE MEETINGS WITH

MANAGEMENT OF THE GRANTEE ORGANIZATIONS. THESE MEETINGS DISCUSSED IN GREAT

DETAIL THE NEEDS OF LIFEGIFT AS WELL AS THE NEEDS AND BENEFITS TO THE

GRANTEE ORGANIZATIONS. PRIOR TO THE SUBMISSION OF GRANT FUNDS, A MEMORANDUM

OF UNDERSTANDING WAS SIGNED OFF BY ALL PARTIES AND THE LIFEGIFT BOARD OF

DIRECTORS APPROVED THE GRANTS.

PART II, LINE 2, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: 2THEDGE, LLC

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDING ASSISTANCE FOR A PROOF OF

DELIVERY TEST OF ALTERNATIVE TRANSPORTATION FOR ORGANS AND BLOOD

SAMPLES FOR TESTING.

Schedule I (Form 990)

17541114 756800 1000254

SCHEDULE J	Compensation Information		OMB No. 1545-0047 2022 Open to Public					
(Form 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees							
	Complete if the organization answered "Yes" on Form 990, Part IV, line 23.							
Department of the Treasury								
Internal Revenue Service Name of the organization								
i anto or ano organizano	LIFEGIFT ORGAN DONATION CENTER	76-023						
Part I Question	s Regarding Compensation							
				Yes	No			
1a Check the appropri	iate box(es) if the organization provided any of the following to or for a person listed on Form	990,						
	line 1a. Complete Part III to provide any relevant information regarding these items.							
First-class or		nal use						
Travel for con	npanions Payments for business use of personal re	sidence						
Tax indemnifi	cation and gross-up payments Health or social club dues or initiation fee	s						
Discretionary	spending account Personal services (such as maid, chauffer	ur, chef)						
b If any of the boxes	on 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		. 1b					
2 Did the organization	n require substantiation prior to reimbursing or allowing expenses incurred by all directors,							
trustees, and office	ers, including the CEO/Executive Director, regarding the items checked on line 1a?		. 2					
3 Indicate which, if a	ny, of the following the organization used to establish the compensation of the organization's	6						
CEO/Executive Dir	ector. Check all that apply. Do not check any boxes for methods used by a related organizati	on to						
	ation of the CEO/Executive Director, but explain in Part III.							
X Compensatio								
	compensation consultant							
X Form 990 of c	other organizations X Approval by the board or compensation of	committee						
	d any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing							
-	elated organization:				v			
	ce payment or change-of-control payment?				X			
-	ceive payment from a supplemental nonqualified retirement plan?				X			
-	ceive payment from an equity-based compensation arrangement?		. <u>4c</u>		X			
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.								
Only another 501								
	c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.							
	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation revenues of:	лт						
contingent on the			5a		x			
	zation?				x			
	zation? or 5b, describe in Part III.		5b					
	on Sor, describe in Part III. on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n						
contingent on the		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
-	-		6a		x			
b Any related organi	zation?		6b		x			
	or 6b, describe in Part III.							
	on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	5						
	nes 5 and 6? If "Yes," describe in Part III		7		x			
	reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the							
			8		x			
	did the organization also follow the rebuttable presumption procedure described in							
Regulations sectio			9					
	eduction Act Notice, see the Instructions for Form 990.	Schedul		n 990)	2022			
-								

232111 10-18-22

76-0231238

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 on 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 aren't 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-MIS0 compensation	C and/or 1099-NEC	other deferred benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) KEVIN MYER	(i)	514,805.	95,572.	7,200.	23,200.	30,280.	671,057.	0.
PRESIDENT AND CEO - LIFEGIFT	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) R. PATRICK WOOD, MD, FACS	(i)	490,797.	75,476.	0.	23,200.	20,492.	609,965.	0.
CHIEF MEDICAL OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) PATRICIA RUBIN	(i)	323,359.	51,431.	0.	23,200.	30,930.	428,920.	0.
SR EXEC VP AND CFO	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) NICHOLAS ONACA, MD	(i)	388,272.	0.	3,600.	0.	31,133.	423,005.	0.
ABDOMINAL ORGAN RECOVERY SURGEON	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) JEFFREY REESE, MD	(i)	357,071.	0.	2,215.	0.	20,554.	379,840.	0.
ABDOMINAL ORGAN RECOVERY SURGEON	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) DAVID STALEY	(i)	249,020.	34,433.	0.	17,103.	20,623.	321,179.	0.
VP OF HUMAN RESOURCES	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) BETH AMUNDSEN, MD	(i)	288,486.	4,719.	1,938.	0.	7,011.	302,154.	0.
ABDOMINAL ORGAN RECOVERY SURGEON	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) LARRY EASTERLING, MD	(i)	231,898.	25,958.	0.	16,413.	20,767.	295,036.	0.
ASSOCIATE MEDICAL OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) SCHAWNTE WILLIAMS-TAYLOR	(i)	219,514.	27,270.	0.	15,821.	24,556.	287,161.	0.
VP OF FAMILY ENGAGEMENT AND DONATIO	N (ii)	0.	0.	0.	0.	0.	0.	0.
(10) KAITLYN FITZGERALD	(i)	181,786.	18,510.	0.	10,484.	30,497.	241,277.	0.
VP OF ORGAN OPERATIONS	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2022

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.

Schedule J (Form 990) 2022

SCHEDULE O (Form 990)					
Internal Revenue Service	Go to www.irs.gov/Form990 for the latest information.		Inspection		
Name of the organization Employer identification number of the organization number of the organizat					
FORM 990, PART I,	LINE 1, DESCRIPTION OF ORGANIZATION MISSION:				
AND TISSUES FOR TR	ANSPLANTATION. LIFEGIFT ALSO PROVIDES PUBLIC AND				
PROFESSIONAL EDUCA	TION TO INCREASE AWARENESS OF THE NEED FOR DONOR				
ORGANS AND TISSUE.					
FORM 990, PART III	, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:				
FOR DONOR ORGANS A	ND TISSUES.				
FORM 990, PART III	, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:				
NETWORK (OPTN) FOR	THE ALLOCATION OF ORGANS.				
ADDITIONALLY, LIFE	GIFT MAINTAINS A COMMUNICATIONS CALL CENTER, 24 HOURS				
A DAY, SEVEN DAYS	A WEEK. THE CENTER SCREENS REFERRALS, APPROACHES				
FAMILIES FOR AUTHO	RIZATION AND MEDICAL HISTORY INFORMATION AND				
COORDINATES ORGAN	AND TISSUE RECOVERY EFFORTS. LIFEGIFT RECEIVED MORE				
THAN 41,000 REFERE	ALS IN 2022.				
LIFEGIFT ALSO RECC	VERS TISSUE AND WORKS WITH NINE LOCAL AND NATIONAL				
TISSUE PROCESSORS	TO REFER TISSUE USED FOR TRANSPLANTATION. DURING				
2022, THERE WERE M	ORE THAN 1,500 TISSUE DONATIONS OF BONE, SKIN, HEART				
VALVES AND VEINS.	THESE DONATIONS SAVE THE LIVES OF BURN VICTIMS AND				
CHILDREN WITH HEAR	T DEFECTS. LIFEGIFT'S FACILITIES INCLUDE FIVE ON-SITE				
OPERATING ROOMS FO	R TISSUE RECOVERY. REFERRALS ARE ALSO PROVIDED TO				
FOUR EYE BANKS TO	RECOVER CORNEAS TO RESTORE SIGHT AND FOR RESEARCH				
PURPOSES.					
LHA For Paperwork R	eduction Act Notice, see the Instructions for Form 990 or 990-EZ.	Sche	dule O (Form 990) 2022		

232211 10-28-22

Name of the organization	Employer identification numbe
LIFEGIFT ORGAN DONATION CENTER	76-0231238
FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:	
BUILDING RELATIONSHIPS WITH HOSPITAL STAKEHOLDERS, COLLECTING AND	
SHARING KEY PERFORMANCE METRICS, COLLABORATING TO EMPLOY QUALITY	
IMPROVEMENT EFFORTS TO INCREASE DONATION, PERFORMING MEDICAL RECORD	
REVIEW TO DETERMINE DONOR POTENTIAL AND CONSISTENT EDUCATION OF	
HOSPITAL STAFF INVOLVED IN THE DONATION PROCESS. LIFEGIFT ALSO WORKS	
CLOSELY WITH HOSPITAL LEADERSHIP TO BUILD A CULTURE THAT SUPPORTS	
DONATION, IDENTIFY OPPORTUNITIES FOR IMPROVEMENT AND ADDRESS ANY	
BARRIERS TO DONATION WITHIN THE INSTITUTION.	
FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:	
EVENTS AND ACTIVITIES TO PROMOTE DONATION AND THE DONOR REGISTRY, AND	
ORKS WITH THE MEDIA AND WITHIN THE SOCIAL MEDIA ENVIRONMENT TO EDUCATE	
THE COMMUNITY AND ENCOURAGE TEXANS TO JOIN THE DONOR REGISTRY. SOME	
HIGHLIGHTS FROM THE WORK OF LIFEGIFT'S COMMUNICATIONS TEAM INCLUDES	
EVENTS CENTERED AROUND NATIONAL DONATE LIFE MONTH IN APRIL,	
AULTICULTURAL AWARENESS MONTH IN AUGUST, HISPANIC HERITAGE MONTH IN	
SEPTEMBER, TWO COMMUNITY RACES (SECOND CHANCE RUNS) HOSTED BY LIFEGIFT	
IN FORT WORTH AND HOUSTON, AND THE DEVELOPMENT AND DISTRIBUTION OF	
NEEKLY AND QUARTERLY NEWSLETTERS GEARED TOWARDS OUR HOSPITAL PARTNERS	
AND VOLUNTEERS.	
IFEGIFT'S GOAL IN INTERACTING WITH FAMILIES GIVEN THE OPPORTUNITY TO	
OONATE THEIR LOVED ONE'S ORGANS AND TISSUE IS TO PROVIDE A SENSITIVE	
AND SUPPORTIVE ENVIRONMENT THAT ENCOURAGES GENEROSITY AND ENSURES THE	
AMILY FEELS HEARD AND SUPPORTED. THIS SUPPORT EXTENDS BEYOND THE TIME	
OF THE DONATION THROUGH LIFEGIFT'S AFTERCARE PROGRAM. ALL TISSUE AND	
ORGAN DONOR FAMILIES ARE ENROLLED IN THIS PROGRAM, WHICH PROVIDES A	

Name of the organization LIFEGIFT ORGAN DONATION CENTER	Employer identification number 76-0231238
	70 0201200
SERIES OF MAILINGS, ACTIVITIES AND EVENTS THAT HONORS THE DONOR AND	
PROVIDES SUPPORT AND SOLACE TO DONOR FAMILIES. DONOR FAMILIES RECEIVE A	
SERIES OF MAILINGS THROUGHOUT THE FIRST YEAR OF LOSS, BEGINNING WITH AN	
AFTERCARE PACKET PROVIDED AFTER THEIR LOVED ONE'S PASSING. FAMILIES MAY	
CHOOSE TO CORRESPOND OR CONNECT DIRECTLY WITH THEIR LOVED ONE'S	
RECIPIENTS, WHICH LIFEGIFT FACILITATES. LIFEGIFT ALSO PROVIDES GENERAL	
RECIPIENT HEALTH UPDATES UPON REQUEST AND CAN ASSIST FAMILIES WITH	
FINDING ADDITIONAL SUPPORT IN THEIR COMMUNITY IF THEY NEED IT. LIFEGIFT	
ALSO PROVIDES DONOR FAMILY-FOCUSED WEBINARS, A QUARTERLY E-NEWSLETTER	
AND HOSTS AN ANNUAL REMEMBRANCE CEREMONY FOR FAMILIES TO HONOR THEIR	
LOVED ONES.	
FORM 990, PART VI, SECTION B, LINE 11B:	
THE FORM 990 IS COMPLETED BY LIFEGIFT AND REVIEWED BY AN INDEPENDENT CPA	
FIRM, WEAVER & TIDWELL, LLP. THE FORM 990 IS THEN PRESENTED TO THE BOARD OF	
DIRECTORS AND PUBLISHED ON LIFEGIFT'S INTERNAL AND EXTERNAL WEBSITES.	
FORM 990, PART VI, SECTION B, LINE 12C:	
LIFEGIFT DOES HAVE A WRITTEN CONFLICT OF INTEREST POLICY AND EACH EMPLOYEE	
IS PROVIDED WITH A COPY. ANNUALLY EACH EMPLOYEE IS REQUIRED TO SIGN A	
DOCUMENT ACKNOWLEDGING THEY RECEIVED, READ AND UNDERSTOOD THE CONFLICT OF	
INTEREST POLICY. THIS PRACTICE IS CONSISTENT WITH PRIOR YEARS IN MONITORING	
AND ENFORCEMENT OF THE POLICY.	
FORM 990, PART VI, SECTION B, LINE 15:	
LIFEGIFT DETERMINES THE COMPENSATION OF THE CEO AND OTHER TOP MANAGEMENT	
THROUGH THE USE OF A COMPENSATION COMMITTEE, AN INDEPENDENT COMPENSATION	
CONSULTANT, WRITTEN EMPLOYMENT CONTRACT FOR THE CEO, THE USE OF A	

Schedule O (Form 990) 2022		Page 2
Name of the organization LIFEGIFT ORGAN DONATION CENTER		Employer identification number 76-0231238
COMPENSATION SURVEY OR STUDY, AND APPROVAL BY THE BOARD OF DIR	FCTORS	
FORM 990, PART VI, SECTION C, LINE 19:		
LIFEGIFT MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST P	POLICY AND	
FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC THROUGH THE USE C	OF THE	
GUIDESTAR WEBSITE, LIFEGIFT'S WEBSITE AND WRITTEN REQUEST FROM	I THE PUBLIC.	
FORM 990, PART IX, LINE 11G, OTHER FEES:		
DIRECT DONOR EXPENSE:		
PROGRAM SERVICE EXPENSES	41,597,040.	
MANAGEMENT AND GENERAL EXPENSES	641,331.	
FUNDRAISING EXPENSES	0.	
TOTAL EXPENSES	42,238,371.	
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	42,238,371.	
FORM 990, PART XII, LINE 2C		
NO CHANGE WAS MADE IN THE OVERSIGHT OR SELECTION PROCESS OF AN	I	
INDEPENDENT ACCOUNTANT.		
232212 10-28-22		Schedule O (Form 990) 2022