

Form **990**  
Department of the Treasury  
Internal Revenue Service

# Return of Organization Exempt From Income Tax

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

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

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No 1545-0047  
**2018**  
Open to Public Inspection

**A For the 2019 calendar year, or tax year beginning 07-01-2018, and ending 06-30-2019**

**B** Check if applicable  
 Address change  
 Name change  
 Initial return  
 Final return/terminated  
 Amended return  
 Application pending

**C** Name of organization  
LIFELINK FOUNDATION INC

Doing business as

Number and street (or P O box if mail is not delivered to street address) Room/suite  
9661 DELANEY CREEK BOULEVARD

City or town, state or province, country, and ZIP or foreign postal code  
TAMPA, FL 33619

**D** Employer identification number  
59-2193032

**E** Telephone number  
(813) 258-6515

**G** Gross receipts \$ 143,424,485

**F** Name and address of principal officer  
JEAN DAVIS  
9661 DELANEY CREEK BOULEVARD  
TAMPA, FL 33619

**H(a)** Is this a group return for subordinates?  Yes  No  
**H(b)** Are all subordinates included?  Yes  No  
If "No," attach a list (see instructions)  
**H(c)** Group exemption number ▶

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

**J** Website: ▶ WWW.LIFELINKFOUNDATION.ORG

**K** Form of organization  Corporation  Trust  Association  Other ▶

**L** Year of formation 1982 **M** State of legal domicile FL

**Part I Summary**

**1** Briefly describe the organization's mission or most significant activities  
ORGAN AND TISSUE PROCUREMENT AND TRANSPLANTATION

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

<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	21
<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	12
<b>5</b> Total number of individuals employed in calendar year 2018 (Part V, line 2a)	616
<b>6</b> Total number of volunteers (estimate if necessary)	282
<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	0
<b>7b</b> Net unrelated business taxable income from Form 990-T, line 34	0

	Prior Year	Current Year
<b>8</b> Contributions and grants (Part VIII, line 1h)	0	50,362
<b>9</b> Program service revenue (Part VIII, line 2g)	111,299,404	120,771,281
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,040,449	2,816,684
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	0
<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	113,339,853	123,638,327
<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3)	328,821	158,153
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0	0
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	57,942,029	60,587,199
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	0	0
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶0		
<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	46,928,285	51,613,649
<b>18</b> Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	105,199,135	112,359,001
<b>19</b> Revenue less expenses Subtract line 18 from line 12	8,140,718	11,279,326
	Beginning of Current Year	End of Year
<b>20</b> Total assets (Part X, line 16)	144,813,986	156,400,115
<b>21</b> Total liabilities (Part X, line 26)	28,739,901	27,871,392
<b>22</b> Net assets or fund balances Subtract line 21 from line 20	116,074,085	128,528,723

**Part II Signature Block**

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

**Sign Here**

Signature of officer: \*\*\*\*\* Date: 2020-06-02

STEPHANIE J HERNANDEZ CFO Type or print name and title

**Paid Preparer Use Only**

Print/Type preparer's name Preparer's signature Date

Check  if self-employed PTIN P00100222

Firm's name ▶ CBIZ MHM LLC Firm's EIN ▶ 27-3605969

Firm's address ▶ 13577 FEATHER SOUND DR SUITE 400 CLEARWATER, FL 337625539 Phone no (727) 572-1400

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

**Part III Statement of Program Service Accomplishments**

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

**1** Briefly describe the organization's mission

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

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

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

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

If "Yes," describe these changes on Schedule O

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

**4a** (Code ) (Expenses \$ 62,318,473 including grants of \$ 85,140 ) (Revenue \$ 74,751,453 )  
See Additional Data

**4b** (Code ) (Expenses \$ 33,583,925 including grants of \$ 73,013 ) (Revenue \$ 36,329,914 )  
See Additional Data

**4c** (Code ) (Expenses \$ 8,859,800 including grants of \$ ) (Revenue \$ 9,689,914 )  
See Additional Data

See Additional Data Table

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

**4e Total program service expenses** ▶ 104,762,198

Part IV Checklist of Required Schedules

Table with 3 columns: Question Number, Question Text, Yes, No. Contains 22 numbered questions regarding organizational requirements and financial reporting.

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

		Yes	No
<b>23</b>	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> . . . . .	23	Yes
<b>24a</b>	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> . . . . .	24a	No
<b>b</b>	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .	24b	
<b>c</b>	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	
<b>d</b>	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .	24d	
<b>25a</b>	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	25a	No
<b>b</b>	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	25b	No
<b>26</b>	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> . . . . .	26	No
<b>27</b>	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> . . . . .	27	No
<b>28</b>	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
<b>a</b>	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28a	No
<b>b</b>	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28b	Yes
<b>c</b>	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28c	Yes
<b>29</b>	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .	29	No
<b>30</b>	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .	30	No
<b>31</b>	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .	31	No
<b>32</b>	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .	32	No
<b>33</b>	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . .	33	No
<b>34</b>	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> . . . . .	34	Yes
<b>35a</b>	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes
<b>b</b>	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	35b	No
<b>36</b>	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	36	No
<b>37</b>	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> . . . . .	37	No
<b>38</b>	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	38	Yes

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

Check if Schedule O contains a response or note to any line in this Part V . . . . .		<input checked="" type="checkbox"/>	
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable . . . . .	1a	335
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . .	1b	0
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	1c	Yes

<b>2a</b> Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return . . . . .		<b>2a</b>	616		
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		<b>2b</b>	Yes		
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .		<b>3a</b>		No	
<b>b</b> If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O . . . . .</i>		<b>3b</b>			
<b>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .		<b>4a</b>		No	
<b>b</b> If "Yes," enter the name of the foreign country <b>▶</b> _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)					
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .		<b>5a</b>		No	
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		<b>5b</b>		No	
<b>c</b> If "Yes," to line 5a or 5b, did the organization file Form 8886-T? . . . . .		<b>5c</b>			
<b>6a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . . . .		<b>6a</b>		No	
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .		<b>6b</b>			
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>					
<b>a</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . .		<b>7a</b>		No	
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .		<b>7b</b>			
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .		<b>7c</b>		No	
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year . . . . .		<b>7d</b>			
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		<b>7e</b>		No	
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .		<b>7f</b>		No	
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .		<b>7g</b>			
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .		<b>7h</b>			
<b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .		<b>8</b>			
<b>9a</b> Did the sponsoring organization make any taxable distributions under section 4966? . . . . .		<b>9a</b>			
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . .		<b>9b</b>			
<b>10 Section 501(c)(7) organizations.</b> Enter					
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12 . . . . .		<b>10a</b>			
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		<b>10b</b>			
<b>11 Section 501(c)(12) organizations.</b> Enter					
<b>a</b> Gross income from members or shareholders . . . . .		<b>11a</b>			
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them ) . . . . .		<b>11b</b>			
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		<b>12a</b>			
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year		<b>12b</b>			
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>					
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O		<b>13a</b>			
<b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans . . . . .		<b>13b</b>			
<b>c</b> Enter the amount of reserves on hand . . . . .		<b>13c</b>			
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year? . . . . .		<b>14a</b>		No	
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O . . . . .</i>		<b>14b</b>			
<b>15</b> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N . . . . .		<b>15</b>		No	
<b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O . . . . .		<b>16</b>		No	

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions Check if Schedule O contains a response or note to any line in this Part VI



Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (21); 1b Enter the number of voting members included in line 1a, above, who are independent (12); 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? (No); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? (No); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (No); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (No); 6 Did the organization have members or stockholders? (No); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (No); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (No); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? (Yes); 8b Each committee with authority to act on behalf of the governing body? (Yes); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O (No).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (No); 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (Yes); 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (Yes); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (Yes); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (Yes); 13 Did the organization have a written whistleblower policy? (Yes); 14 Did the organization have a written document retention and destruction policy? (Yes); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a The organization's CEO, Executive Director, or top management official (Yes); 15b Other officers or key employees of the organization (Yes); If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions); 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (Yes); 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? (Yes).

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include: 17 List the States with which a copy of this Form 990 is required to be filed (FL, GA); 18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply: Own website, Another's website, Upon request, Other (explain in Schedule O); 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year; 20 State the name, address, and telephone number of the person who possesses the organization's books and records (STEPHANIE J HERNANDEZ CFO 9661 DELANEY CREEK BOULEVARD TAMPA, FL 33619 (800) 262-5775).





**Part VIII Statement of Revenue**

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>			
	<b>b</b> Membership dues . . . . .	<b>1b</b>			
	<b>c</b> Fundraising events . . . . .	<b>1c</b>			
	<b>d</b> Related organizations . . . . .	<b>1d</b>	50,362		
	<b>e</b> Government grants (contributions)	<b>1e</b>			
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>			
	<b>g</b> Noncash contributions included in lines 1a - 1f \$ _____				
	<b>h Total.</b> Add lines 1a-1f . . . . .		50,362		

<b>Program Service Revenue</b>			Business Code				
	<b>2a</b> ORGAN PLACEMENT		621991	74,751,453	74,751,453		
<b>b</b> TISSUE PLACEMENT		621991	35,914,560	35,914,560			
<b>c</b> IMMUNOLOGY LAB		621511	9,689,914	9,689,914			
<b>d</b> RESEARCH AND DEVELOPMENT		541712	415,354	415,354			
<b>e</b> _____							
<b>f</b> All other program service revenue							
<b>g Total.</b> Add lines 2a-2f . . . . .			120,771,281				

<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .			2,687,963			2,687,963	
	<b>4</b> Income from investment of tax-exempt bond proceeds							
	<b>5</b> Royalties . . . . .							
	<b>6a</b> Gross rents	(i) Real	(ii) Personal					
		<b>b</b> Less rental expenses						
		<b>c</b> Rental income or (loss)						
		<b>d</b> Net rental income or (loss) . . . . .						
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other					
		<b>b</b> Less cost or other basis and sales expenses						
		<b>c</b> Gain or (loss)						
		<b>d</b> Net gain or (loss) . . . . .			128,721			128,721
	<b>8a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . .	<b>a</b>						
	<b>b</b> Less direct expenses . . . . .	<b>b</b>						
	<b>c</b> Net income or (loss) from fundraising events . . . . .							
	<b>9a</b> Gross income from gaming activities See Part IV, line 19 . . . . .	<b>a</b>						
<b>b</b> Less direct expenses . . . . .	<b>b</b>							
<b>c</b> Net income or (loss) from gaming activities . . . . .								
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>							
<b>b</b> Less cost of goods sold . . . . .	<b>b</b>							
<b>c</b> Net income or (loss) from sales of inventory . . . . .								
Miscellaneous Revenue	Business Code							
<b>11a</b>								
<b>b</b>								
<b>c</b>								
<b>d</b> All other revenue . . . . .								
<b>e Total.</b> Add lines 11a-11d . . . . .								
<b>12 Total revenue.</b> See Instructions . . . . .				123,638,327	120,771,281	0	2,816,684	

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	158,153	158,153		
<b>2</b> Grants and other assistance to domestic individuals See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	4,528,925	2,779,812	1,749,113	
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	762,472	394,803	367,669	
<b>7</b> Other salaries and wages	37,201,445	35,243,368	1,958,077	
<b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	3,400,013	3,219,023	180,990	
<b>9</b> Other employee benefits	11,520,782	10,889,823	630,959	
<b>10</b> Payroll taxes	3,173,562	2,732,790	440,772	
<b>11</b> Fees for services (non-employees)				
<b>a</b> Management				
<b>b</b> Legal	32,636	-67,400	100,036	
<b>c</b> Accounting	98,200		98,200	
<b>d</b> Lobbying	93,203	93,203		
<b>e</b> Professional fundraising services See Part IV, line 17				
<b>f</b> Investment management fees	110,349		110,349	
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	28,642,128	28,386,890	255,238	
<b>12</b> Advertising and promotion	1,107,301	1,107,301		
<b>13</b> Office expenses	2,795,712	2,626,152	169,560	
<b>14</b> Information technology	825,575	811,264	14,311	
<b>15</b> Royalties				
<b>16</b> Occupancy	2,664,310	1,783,262	881,048	
<b>17</b> Travel	2,003,808	1,791,286	212,522	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	407,309	393,062	14,247	
<b>20</b> Interest	104,057	104,057		
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	3,300,891	3,250,362	50,529	
<b>23</b> Insurance	363,183		363,183	
<b>24</b> Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> MEDICAL SUPPLIES	9,037,983	9,037,983		
<b>b</b> DONATED PROPERTY EXP	27,004	27,004		
<b>c</b>				
<b>d</b>				
<b>e</b> All other expenses				
<b>25</b> Total functional expenses. Add lines 1 through 24e	112,359,001	104,762,198	7,596,803	0
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	15,532,832	<b>1</b>	11,450,548
	<b>2</b> Savings and temporary cash investments . . . . .		<b>2</b>	
	<b>3</b> Pledges and grants receivable, net . . . . .		<b>3</b>	
	<b>4</b> Accounts receivable, net . . . . .	16,803,165	<b>4</b>	14,699,223
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . .		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L . . . . .		<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .		<b>7</b>	
	<b>8</b> Inventories for sale or use . . . . .	15,691,102	<b>8</b>	15,966,448
	<b>9</b> Prepaid expenses and deferred charges . . . . .	252,016	<b>9</b>	253,710
	<b>10a</b> Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	66,426,670		
	<b>b</b> Less accumulated depreciation	29,997,984		
	<b>11</b> Investments—publicly traded securities . . . . .	55,617,561	<b>11</b>	75,461,232
	<b>12</b> Investments—other securities See Part IV, line 11 . . . . .		<b>12</b>	
	<b>13</b> Investments—program-related See Part IV, line 11 . . . . .	242,739	<b>13</b>	242,739
	<b>14</b> Intangible assets . . . . .		<b>14</b>	
	<b>15</b> Other assets See Part IV, line 11 . . . . .	2,523,900	<b>15</b>	1,897,529
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	144,813,986	<b>16</b>	156,400,115	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	26,012,894	<b>17</b>	25,213,006
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .	300,000	<b>19</b>	158,396
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>	
	<b>21</b> Escrow or custodial account liability Complete Part IV of Schedule D . . . . .		<b>21</b>	
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . . . . .		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	2,427,007	<b>23</b>	2,499,990
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24) Complete Part X of Schedule D . . . . .		<b>25</b>	
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	28,739,901	<b>26</b>	27,871,392
<b>Net Assets or Fund Balances</b>	<b>27 Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b> Unrestricted net assets	115,317,323	<b>27</b>	127,803,725
	<b>28</b> Temporarily restricted net assets . . . . .	756,762	<b>28</b>	724,998
	<b>29</b> Permanently restricted net assets		<b>29</b>	
	<b>30 Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds		<b>32</b>	
	<b>33 Total net assets or fund balances . . . . .</b>	116,074,085	<b>33</b>	128,528,723
	<b>34 Total liabilities and net assets/fund balances . . . . .</b>	144,813,986	<b>34</b>	156,400,115

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	123,638,327
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	112,359,001
<b>3</b>	Revenue less expenses Subtract line 2 from line 1	<b>3</b>	11,279,326
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	116,074,085
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	1,175,312
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	0
<b>10</b>	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	128,528,723

**Part XII Financial Statements and Reporting**

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

- 1** Accounting method used to prepare the Form 990  Cash  Accrual  Other \_\_\_\_\_  
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?  
 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?  
 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  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c** If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?  
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

	Yes	No
<b>2a</b>		No
<b>2b</b>	Yes	
<b>2c</b>	Yes	
<b>3a</b>		No
<b>3b</b>		

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

Form 990 (2018)

**Form 990, Part III, Line 4a:**

LIFELINK FOUNDATION ORGAN PROCUREMENT ORGANIZATIONS LIFELINK OF GEORGIA FACILITATES ORGAN AND TISSUE RECOVERY IN THE STATE OF GEORGIA AS WELL AS TWO COUNTIES IN SOUTH CAROLINA, AIKEN AND EDGEFIELD COUNTIES LIFELINK OF FLORIDA FACILITATES ORGAN AND TISSUE RECOVERY IN 15 FLORIDA COUNTIES, HILLSBOROUGH, PINELLAS, HERNANDO, PASCO, POLK, MANATEE, DESOTO, GLADES, HIGHLANDS, SARASOTA, CHARLOTTE, HARDEE, LEE, HENDRY AND MARTIN COUNTIES (CONTINUED ON SCHEDULE O)LIFELINK OF PUERTO RICO FACILITATES ORGAN AND TISSUE RECOVERY IN PUERTO RICO AND THE U S VIRGIN ISLANDS FOCUSED ON SAVING LIVES THANKS TO THE GENEROSITY OF ORGAN DONORS AND THEIR FAMILIES, LIFELINK OF FLORIDA AND LIFELINK OF GEORGIA EACH PROVIDED A RECORD NUMBER OF ORGANS FOR TRANSPLANT DURING THE 2018-2019 FISCAL YEAR RESPECTIVELY, EFFORTS BY LIFELINK OF FLORIDA RESULTED IN 726 ORGANS TRANSPLANTED FROM 247 DONORS, AND LIFELINK OF GEORGIA FACILITATED 321 DONORS, RESULTING IN 970 ORGANS TRANSPLANTED BOTH OPOS CREDIT CONTINUOUS PROCESS IMPROVEMENT, STAFF COMMITMENT TO EXCELLENCE, STRONG HOSPITAL AND COMMUNITY PARTNERSHIPS, PUBLIC EDUCATION, DONOR FAMILY SUPPORT AND THE FORETHOUGHT OF INDIVIDUALS WHO CHOSE TO JOIN THEIR RESPECTIVE STATE DONOR REGISTRIES AS KEY CONTRIBUTORS TO ANOTHER SUCCESSFUL YEAR PUERTO RICO FOCUSED CONSIDERABLE EFFORT ON PHYSICIAN ENGAGEMENT, WHICH RESULTED IN STRONGER RELATIONSHIPS AND UNDERSTANDING OF NEED FOR THEIR SUPPORT OF ORGAN AND TISSUE DONATION, AND CONTRIBUTED TO IMPROVED PATHWAYS TO FACILITATE DONATION PARTNERSHIPS WITH THE COLLEGE OF PHYSICIANS, HOSPITAL ASSOCIATION AND THOSE STUDYING TO BECOME HEALTHCARE PROFESSIONALS PROMOTED THE IMPORTANCE OF ORGAN AND TISSUE DONATION, AND THEIR KEY ROLES IN THE PROCESS DURING THE 2018-2019 FISCAL YEAR, LIFELINK OF PUERTO RICO FACILITATED 92 DONORS, RESULTING IN 208 ORGANS TRANSPLANTED RECOVERY OF LUNGS IN FLORIDA AND GEORGIA DONATION AFTER CARDIAC DEATH (DCD) MAY OCCUR WHEN A PATIENT DOES NOT MEET BRAIN DEATH CRITERIA, BUT THEIR INJURIES ARE NOT SURVIVABLE AND THE PATIENT'S FAMILY CHOOSES TO DISCONTINUE LIFESAVING MEASURES TRADITIONALLY OPOS HAVE BEEN ABLE TO SAVE THREE LIVES WITH DCD BY RECOVERING THE LIVER AND BOTH KIDNEYS FOR TRANSPLANT AS THE NEED FOR TRANSPLANTATION GROWS, NEW THERAPIES HAVE MADE THE RECOVERY OF LUNGS FROM DCD DONORS POSSIBLE DURING THE PAST YEAR, SEVEN PATIENTS RECEIVED DOUBLE LUNG TRANSPLANTS THROUGH THIS EFFORT DONOR FAMILY EVENTS LIFELINK IS AS COMMITTED TO HONORING THE LEGACY OF THE DONORS WHO HELP US SAVE LIVES AS WE ARE TO SAVING LIFE ITSELF EACH OPO HOSTS EVENTS FOR DONOR FAMILIES TO JOIN TOGETHER WITH STAFF IN REMEMBERING THOSE WHO GAVE THE GIFT OF LIFE, INCLUDING SERVICES OF REMEMBRANCE AND TREE OF LIFE DEDICATIONS SAVING LIVES IS A SHARED VICTORY ENGAGEMENT OF HOSPITALS, MEDICAL EXAMINERS, CORONERS, FUNERAL HOMES AND OTHER COMMUNITY PARTNERS THROUGHOUT THE FLORIDA, GEORGIA AND PUERTO RICO SERVICE AREAS HAS ALLOWED DONATION - FRIENDLY COMMUNITIES TO THRIVE, SO THAT THE ACT AND PROCESS OF GIVING LIFE THROUGH DONATION AND TRANSPLANTATION IS NOW WOVEN INTO THEIR ORGANIZATIONAL CULTURE THIS IS EVIDENT IN THE FACES OF HOSPITAL STAFF, FAMILY, FRIENDS, AND STRANGERS WHO LINE HOSPITAL HALLWAYS DURING AN HONOR WALK TO PAY RESPECT TO AN ORGAN DONOR AS THEY TAKE THEIR FINAL JOURNEY TO THE OPERATING ROOM, AND ALSO IN THE DONATE LIFE FLAGS THAT FLY ABOVE HOSPITALS AND FUNERAL HOMES TO REMIND PASSERSBY THAT RENEWED LIFE CAN COME FROM GREAT LOSS IT IS EVIDENT WHEN HOSPITAL OR DRIVER LICENSE OFFICE STAFF SPEND THEIR SPARE TIME DECORATING "ROCKS FOR LIFE" TO HIDE NEAR AND FAR FOR OTHERS TO FIND, HOPING TO SPARK THOUGHTS OF DONATION WHEN THEY ARE DISCOVERED IT IS EVIDENT WHEN CORONERS AND MEDICAL EXAMINERS FACILITATE DONATION BY EFFICIENTLY GATHERING NEEDED EVIDENCE SO THAT DONATION CAN TAKE PLACE IN A TIMELY MANNER, AND WHEN TRANSPLANT CENTERS AND OPOS WORK TOGETHER TO CELEBRATE THE GIFT OF LIFE BY DRAMATICALLY LIGHTING LOCAL LANDMARKS BLUE AND GREEN DURING DONATE LIFE MONTH MOST OF ALL, THIS IS EVIDENT IN THE ONCE IN A LIFETIME MOMENTS WHERE DONOR FAMILIES SHARE THEIR LOVED ONES' STORIES, RECIPIENTS SEARCH FOR WORDS OF GRATITUDE AND, SOMETIMES, A DONOR MOM GETS TO HEAR HER SON'S HEART BEAT AGAIN, IN THE CHEST OF THE PATIENT WHOSE LIFE HE SAVED HRSA'S "WORKPLACE PARTNERSHIP FOR LIFE" HOSPITAL CAMPAIGN RESULTS HEALTH RESOURCES AND SERVICES ADMINISTRATION'S (HRSA) "WORKPLACE PARTNERSHIP FOR LIFE" HOSPITAL CAMPAIGN RECOGNIZES THE EFFORTS OF HOSPITALS THAT WORK IN PARTNERSHIP WITH THEIR LOCAL ORGAN, TISSUE AND EYE RECOVERY ORGANIZATIONS TO SUPPORT AND INCREASE DONATION EDUCATION IN THEIR COMMUNITIES 182 HOSPITALS IN FLORIDA, GEORGIA, AND PUERTO RICO, REPRESENTING 100% HOSPITAL PARTICIPATION WITHIN THE OPO SERVICE AREA, PARTNERED WITH LIFELINK AND RECEIVED RECOGNITION IN THE FORM OF PLATINUM, GOLD, SILVER, OR BRONZE MEDALS

**Form 990, Part III, Line 4b:**

LIFELINK TISSUE BANK LIFELINK TISSUE BANK IS THE LARGEST NON-PROFIT TISSUE BANK IN THE SOUTHEASTERN UNITED STATES AND PROVIDES MORE THAN 50,000 ALLOGRAFTS ANNUALLY TO ORTHOPEDIC SURGEONS AND NEUROSURGICAL SPECIALISTS THOUGH OUR SKILLED TEAM IS EQUIPPED TO RECOVER ALL LIFE-ENHANCING TISSUE GRAFTS, WE SPECIALIZE IN THE PROCESSING AND DISTRIBUTION OF SPINE, SPORTS AND GENERAL ORTHOPEDIC GRAFTS (CONTINUED ON SCHEDULE O)

LIFELINK TISSUE BANK RECOGNIZES THAT EACH ALLOGRAFT PLACED HAS A BACKSTORY FILLED WITH MEDICAL PROFESSIONALS, COMMUNITY PARTNERS, LIFELINK STAFF, AND OF COURSE A DONOR AND THEIR FAMILY, WHO MAKE LIFE-ENHANCING TISSUE TRANSPLANTATION A REALITY FOR PATIENTS IN NEED SEMINARS, SUCH AS "DONATION & TRANSPLANTATION THE FULL CIRCLE AND "THE JOURNEY OF THE GIFT," ARE OFFERED THROUGHOUT THE YEAR FOR HEALTHCARE PERSONNEL WHO CARE FOR TISSUE RECIPIENTS, TO ENSURE THE MAGNITUDE OF SUCH GIFTS IS RECOGNIZED CONTINUING EDUCATION UNITS (CEUS) ARE AWARDED FOR COMPLETION LIFELINK TISSUE BANK IS PROUD OF MANY PARTNERSHIPS THAT ARE BENEFITTING PATIENTS LOCALLY, NATIONALLY AND INTERNATIONALLY -LIFELINK PROVIDES PRIVATE LABELED SPORTS ALLOGRAFTS, WHICH REPAIR SPORTS-RELATED INJURIES, RETURNING ATHLETES TO ACTIVE LIFESTYLES THROUGHOUT THE U S -LIFELINK HAS PARTNERED TO PROCESS A FRESH AMNIOTIC MEMBRANE, PLACENTAL TISSUE DONATED BY NEW MOTHERS AFTER THE BIRTHS OF THEIR BABIES, WHICH IS USED AS A WOUND COVERING -LIFELINK SUPPLIES ALLOGRAFTS INTERNATIONALLY TO SUPPORT GENERAL ORTHOPEDIC AND SPORTS ALLOGRAFTS IN COUNTRIES WHERE SUCH THERAPIES ARE NOT AS READILY AVAILABLE -LIFELINK HAS PARTNERED FOR THE DEVELOPMENT OF A UNIQUE CORTICAL FIBER ALLOGRAFT TO PROMOTE FUSION AFTER SPINE SURGERY TISSUES RECOVERED BY LIFELINK TISSUE BANK SKIN PRIMARILY USED TO ASSIST IN THE HEALING OF BURN PATIENTSBONE USED FOR A VARIETY OF ORTHOPEDIC AND SPINAL PROCEDURESTENDONS OFTEN USED ON SPORTS-RELATED INJURIESVALVES USED COMMONLY IN HEART VALVE REPLACEMENT SURGERIESTISSUES PROCESSED AND DISTRIBUTED BY LIFELINK TISSUE BANK SPINAL GRAFTS DESIGNED TO PROMOTE FUSION AND HELP PATIENTS WHO SUFFER FROM SEVERE AND/OR CHRONIC PAIN TO LEAD NORMAL LIVESSPORTS GRAFTS USED IN JOINT RESTORATION PROCEDURES TO HELP RESTORE MOVEMENT TO PATIENTS SUFFERING FROM PAIN AND DISCOMFORT THAT PREVENTS THEM FROM ENJOYING ACTIVE LIFESTYLES GENERAL ORTHOPEDIC GRAFTS HELP TO PROMOTE BONE FORMATION, OPTIMIZE HEALING AND ACCELERATE A PATIENT'S RETURN TO NORMAL FUNCTION

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**Form 990, Part III, Line 4c:**

LIFELINK TRANSPLANTATION IMMUNOLOGY LABORATORY DURING THE 2018-2019 FISCAL YEAR, THE LIFELINK TRANSPLANTATION IMMUNOLOGY LABORATORY FACILITATED 932 LIFESAVING TRANSPLANTS FOR THE EIGHT TRANSPLANT CENTERS SERVED, INCLUDING TAMPA GENERAL HOSPITAL IN TAMPA, FLORIDA, LARGO MEDICAL CENTER IN LARGO, FLORIDA, JOHNS HOPKINS ALL CHILDREN'S HOSPITAL IN ST PETERSBURG, FLORIDA, CLEVELAND CLINIC FLORIDA IN WESTON, FLORIDA, BROWARD HEALTH IN FORT LAUDERDALE, FLORIDA, MEMORIAL REGIONAL HOSPITAL AND JOE DIMAGGIO CHILDREN'S HOSPITAL IN HOLLYWOOD, FLORIDA, AND LEE HEALTH TRANSPLANT INSTITUTE AT GULF COAST MEDICAL CENTER IN FT MYERS, FLORIDA THEY ALSO EVALUATED 812 LIVING DONORS AND 644 DECEASED DONORS, AND CONDUCTED 42,845 TRANSPLANT RELATED TESTS (CONTINUED ON SCHEDULE O)THE 932 LIFESAVING TRANSPLANTS CAN BE BROKEN DOWN AS FOLLOWS - 89 HEARTS- 203 LIVERS- 40 LUNGS- 592 KIDNEYS- 8 KIDNEY/PANCREAS36,083 TESTS FOR PRE-TRANSPLANT6,762 TESTS RUN FOR POST-TRANSPLANT

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**Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**

(Code )	(Expenses \$	including grants of \$	(Revenue \$
	RESEARCH AND DEVELOPMENT THE PRIMARY GOAL OF LIFELINK IS TO RECOVER LIFESAVING ORGANS AND TISSUES FOR TRANSPLANTATION HOWEVER, THERE ARE INSTANCES WHEN THOSE ORGANS AND/OR TISSUES ARE UNABLE TO BE TRANSPLANTED, IN WHICH CASE THEY CAN STILL BE DIRECTED TO HELP OTHERS IN NEED THROUGH RESEARCH INITIATIVES RESEARCH AND DEVELOPMENT AIDS LIFELINK EFFORTS TO MAXIMIZE ALL GIFTS OF DONATION WITH A SHARED GOAL TO BENEFIT DONATION AND TRANSPLANTATION OUTCOMES THROUGH SCIENTIFIC ENDEAVORS WORKING WITH 20 ACTIVE RESEARCH ENTITIES TO WHOM WE PROVIDE ORGANS OR TISSUE FOR RESEARCH, 332 ORGANS WERE PLACED FOR RESEARCH IN 2018-2019		

(Code )	(Expenses \$	including grants of \$	(Revenue \$
	PUBLIC EDUCATION MINORITY EDUCATION IN FLORIDA LIFELINK OF FLORIDA, IN ADDITION TO WORKING WITH THE STUDENT CHAPTER OF PHI BETA SIGMA FRATERNITY, INC , AT THE UNIVERSITY OF SOUTH FLORIDA (USF), ALSO WORKS WITH THE LOCAL GAMMA ETA SIGMA ALUMNI CHAPTER OF PHI BETA SIGMA TO INCREASE EDUCATION ABOUT DONATION IN PREDOMINANTLY BLACK COMMUNITIES THROUGHOUT TAMPA THIS PARTNERSHIP WAS BORN, IN PART, DUE TO SEVERAL CHAPTER MEMBERS HAVING BEEN PERSONALLY IMPACTED BY ORGAN AND TISSUE DONATION AND TRANSPLANTATION AS PART OF JOINT YEAR-ROUND EDUCATION EFFORTS AND IN CELEBRATION OF DONATE LIFE MONTH, THE INAUGURAL GOSPEL CONCERT "PRAISE FOR LIFE" WAS HELD DURING APRIL AND BROUGHT IN A FULL HOUSE THE PROGRAM FEATURED A VARIETY OF FAITH-BASED MUSICAL AND DANCE PERFORMANCES INSPIRED BY ORGAN, TISSUE AND EYE DONATION ADDITIONALLY, DONOR FAMILIES, ORGAN RECIPIENTS AND MEDICAL PROFESSIONALS FROM THE COMMUNITY DISCUSSED THE IMPORTANCE OF REGISTERING AS A DONOR MINORITY EDUCATION IN GEORGIA THE MULTICULTURAL DONATION EDUCATION PROGRAM (MDEP) FOCUSED ON EDUCATING MINORITY COMMUNITIES THROUGHOUT THE STATE, MAINLY BLACK AND HISPANIC COMMUNITIES, ABOUT THE IMPORTANCE OF ORGAN, TISSUE AND EYE DONATION, AND REGISTERING ON GEORGIA'S DONOR REGISTRY IN MACON, THE "ART OF LIFE" ART CONTEST, A PARTNERSHIP BETWEEN LIFELINK OF GEORGIA, MACON CHAPTER OF THE LINKS, INC , TUBMAN AFRICAN AMERICAN MUSEUM AND BIBB COUNTY PUBLIC SCHOOLS, ENCOURAGED STUDENTS TO CREATE ART THAT CONVEYED THE DONATE LIFE MESSAGE ARTWORK WAS JUDGED FOR CREATIVITY, ARTISTIC ABILITY, AND INCORPORATION OF ORGAN DONATION FIRST, SECOND AND THIRD PLACE PRIZES WERE AWARDED, AND ALL SUBMITTED ARTWORK WAS INCLUDED IN A GALLERY VIEWING AT THE TUBMAN AFRICAN AMERICAN MUSEUM, WHICH WAS OPEN TO THE PUBLIC NEW LEGISLATION IN GEORGIA ON FEBRUARY 22, 2019, THE GEORGIA SENATE UNANIMOUSLY PASSED SENATE BILL 99 (SB 99), AUTHORED AND INTRODUCED BY GEORGIA STATE SENATOR TYLER HARPER, TO PROVIDE GEORGIANS WITH THE OPPORTUNITY TO JOIN GEORGIA'S ORGAN, TISSUE AND EYE DONOR REGISTRY WHEN APPLYING FOR A HUNTING, FISHING OR TRAPPING LICENSE THROUGH THE DEPARTMENT OF NATURAL RESOURCES ONLINE LICENSING SYSTEM SB 99 ALSO UNANIMOUSLY PASSED THE GEORGIA HOUSE OF REPRESENTATIVES, AND A SIGNATURE BY GEORGIA GOVERNOR BRIAN KEMP MADE IT OFFICIAL SB 99 GOES INTO EFFECT WITH THE NEW FISCAL YEAR, AND ADDS AN ADDITIONAL AVENUE OF REGISTRATION ON GEORGIA'S ORGAN, TISSUE AND EYE DONOR REGISTRY OTHER AVENUES INCLUDE REGISTRATIONS WHEN OBTAINING OR RENEWING A DRIVER LICENSE OR STATE ID CARD THROUGH THE DEPARTMENT OF DRIVER SERVICES, ONLINE AT WWW.DONATELIFEFLORIDA.ORG OR BY FILLING OUT A DONOR REGISTRY CARD PUBLIC AND PROFESSIONAL EDUCATION IN GEORGIA, FLORIDA AND PUERTO RICO THE KEY STRATEGIC INITIATIVES OF THE PUBLIC AFFAIRS DEPARTMENT INCLUDE SECURING DONOR REGISTRATIONS, PROMOTING THE LIFELINK BRAND AND INCREASING AWARENESS ABOUT ORGAN AND TISSUE DONATION FACTS WITH INTERNAL AND EXTERNAL AUDIENCES FOCUS AREAS INCLUDE SOCIAL MEDIA, MEDIA RELATIONS, EVENTS, COMMUNITY EDUCATION, MULTICULTURAL OUTREACH, GOVERNMENT RELATIONS, VOLUNTEER MANAGEMENT, BRAND MANAGEMENT AND GRAPHIC DESIGN LIFELINK WORKS CLOSELY WITH EDUCATORS TO CREATE A FOUNDATION FOR SAVING LIVES THROUGH ORGAN AND TISSUE DONATION LIFELINK OF GEORGIA PARTNERED WITH REINHARDT UNIVERSITY'S CAUBLE SCHOOL OF NURSING AND HEALTH SCIENCES TO HOST A HIGH- FIDELITY TRAUMA SIMULATION FOR A REALISTIC LOOK AT THE PROCESS OF ORGAN DONATION, FOR THE DUAL-PURPOSE OF COMMUNITY EDUCATION AND CREATING A HANDS-ON EXPERIENCE FOR NURSING STUDENTS REINHARDT FACULTY, STAFF AND STUDENTS, ALONG WITH COMMUNITY PARTNERS AND LIFELINK OF GEORGIA REPRESENTATIVES, HELPED WITH PREPARATION AND PRODUCTION OF THE SIMULATION THE PROGRAM BEGAN WITH A FICTIONAL STUDENT, INVOLVED IN A TEXTING AND DRIVING ACCIDENT, BEING TRANSPORTED BY AIR AMBULANCE TO AN EMERGENCY ROOM SETTING THE STORY THEN TRANSITIONED TO ACTORS, PORTRAYING MEMBERS OF THE STUDENT'S FAMILY, HONORING HIS DECISION TO SAVE LIVES AS A REGISTERED DONOR AND LATER FINDING COMFORT FROM THE KNOWLEDGE THAT HE LIVED ON IN OTHERS THROUGH DONATION LIFELINK OF FLORIDA AND USF'S COLLEGIATE CHAPTER OF PHI BETA SIGMA FRATERNITY, INC , CONTINUED PARTNERSHIP EFFORTS TO HEIGHTEN UNDERSTANDING OF ORGAN, TISSUE AND EYE DONATION AMONG AFRICAN AMERICAN STUDENTS THROUGH EDUCATIONAL EVENTS ONE SUCH EVENT WAS A PANEL DISCUSSION IN APRIL TO KICK OFF DONATE LIFE MONTH THE PANEL INCLUDED MEDICAL PROFESSIONALS INVOLVED IN THE DONATION AND TRANSPLANTATION PROCESS, AS WELL AS EMERGENCY MEDICINE PROVIDERS WHO EXPLAINED HOW HOSPITALS WORK TO SAVE LIVES UNTIL ALL LIFE-SAVING OPTIONS ARE EXHAUSTED, BEFORE BRINGING IN DONATION PROFESSIONALS TO FACILITATE DONATION AFTER A PATIENT HAS PASSED AWAY TWO PROGRAMS IMPLEMENTED BY LIFELINK OF PUERTO RICO WERE CHOSEN FOR RECOGNITION BY DONATE LIFE AMERICA PINNACLE AWARDS THE PROGRAM "RALLY POR LA VIDA, OR "RALLY FOR LIFE," INVOLVED VISITS TO SUPERMARKETS AND SHOPPING CENTERS WITH A MOBILE STAGE, AND INCORPORATED CULTURALLY ICONIC MUSIC TO ATTRACT, EDUCATE AND REGISTER MEMBERS OF THE COMMUNITY AS ORGAN AND TISSUE DONORS IN FOUR DIFFERENT MUNICIPALITIES ON THE WEST SIDE OF THE ISLAND THE OTHER PROGRAM WAS THE 2ND ANNUAL NURSING SCHOOL CONGRESS, DURING WHICH NURSING STUDENTS AT THE INTERAMERICAN UNIVERSITY, GUAYAMA CAMPUS, PONTIFICAL CATHOLIC UNIVERSITY OF PUERTO RICO, PONCE CAMPUS, SACRED HEART UNIVERSITY, AND UNIVERSITY OF PUERTO RICO, MAYAGUEZ CAMPUS, WERE GIVEN A DONATION-RELATED TOPIC TO EXPLORE AND DEVELOP A PRESENTATION FOR, WHICH WERE PRESENTED AT A COMMUNITY EVENT ARTWORK THAT SAVES LIVES ONE WAY TO ENCOURAGE DRIVER LICENSE CUSTOMERS TO JOIN THEIR STATE DONOR REGISTRY DURING A TRANSACTION IS TO HIGHLIGHT THE IMPORTANCE OF DONATION THROUGHOUT THE OFFICE, SO THAT BY THE TIME THEY REACH THE COUNTER, THOUGHT HAS ALREADY BEEN GIVEN TO REGISTERING AS AN ORGAN, TISSUE AND EYE DONOR LIFELINK WORKS WITH DRIVER LICENSE ISSUING AGENCIES IN FLORIDA, GEORGIA AND PUERTO RICO YEAR-ROUND ONE SUCH PARTNERSHIP MEMORIALIZED HIGHLANDS COUNTY (FLORIDA) DEPUTY SHERIFF WILLIAM GENTRY, WHOSE FAMILY CARRIED OUT HIS DECISION TO BECOME A DONOR AFTER HE WAS KILLED IN THE LINE OF DUTY IN MAY 2018 DEPUTY GENTRY'S STORY IS FEATURED ON A WALL MURAL, TITLED THE "TREE OF LIFE", AT THE HIGHLANDS COUNTY TAX COLLECTOR'S OFFICE THE ARTWORK IS INTENDED TO INSPIRE CUSTOMERS TO SAY "YES" TO DONOR REGISTRATION, AND THEN ENCOURAGE THEM TO SIGN AND PLACE A LEAF ON THE TREE OF LIFE NUMEROUS DRIVER LICENSE OFFICES IN THE LIFELINK OF FLORIDA AND PUERTO RICO AREAS HAVE ARTWORK ENCOURAGING DONATION, AND, IN BOTH FLORIDA AND GEORGIA THERE ARE ANNUAL DONATION AWARENESS CAMPAIGNS IN APRIL, AS WELL AS DONATION INFORMATION SHARED ON IN-OFFICE TELEVISION SCREENS LIFELINK OF PUERTO RICO VISITS WITH AND PROVIDES EDUCATION TO DRIVER LICENSE OFFICE STAFF AND CUSTOMERS ALIKE		

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DENNIS F HEINRICHS BSN MBA CHAIRMAN OF THE BOARD	4 00	X		X				877,206	0	41,860
DANA SHIRES MD BOARD MEMBER EMERITUS (NON-VOTING)	2 00	X		X				0	0	20,290
VICTOR D BOWERS MD DIRECTOR/ASSOC MEDICAL DIRECTOR	20 00	X						59,834	0	26,824
THOMAS C PEARSON MD DIRECTOR/MEDICAL DIRECTOR LLGA	20 00	X						72,939	0	26,511
MARTY T SELLERS MD DIRECTOR/ASSOC MEDICAL DIRECTOR LLGA	20 00	X						57,244	0	30,668
JOEL T VANSICKLER MD DIRECTOR/ASSOC MEDICAL DIRECTOR LLFL	20 00	X						46,036	0	25,333
LUIS A MORALES-OTERO MD DIRECTOR/MEDICAL DIRECTOR LLPR	20 00	X						69,074	0	28,081
ESTHER TORRES MD DIRECTOR/ASSOC MEDICAL DIRECTOR LLPR	20 00	X						60,970	0	26,587
LARRY F JONES DIRECTOR	2 00	X						2,250	0	0
WILLIAM M LEFOR DIRECTOR	2 00	X						2,250	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ROBERT METZGER MD ..... DIRECTOR	2 00 ..... 0 00	X						1,500	0	0
WILLIAM J MEURER CPA ..... DIRECTOR	2 00 ..... 0 00	X						2,250	0	0
HAROLD W MULLIS JR ESQ ..... DIRECTOR	2 00 ..... 0 00	X						1,500	0	0
BRANDI QUINN ..... DIRECTOR	2 00 ..... 0 00	X						2,250	0	0
JEFFREY L SEAVEY CFP ..... DIRECTOR	2 00 ..... 0 00	X						1,500	0	0
J DAVID VEGA MD ..... DIRECTOR	2 00 ..... 0 00	X						1,500	0	0
DEBORAH WINEGARD JD ..... DIRECTOR	2 00 ..... 0 00	X						2,250	0	0
JAMES J WYNN MD ..... DIRECTOR	2 00 ..... 0 00	X						750	0	0
WILLIAM CLEVELAND MD ..... DIRECTOR	2 00 ..... 0 00	X						2,250	0	0
DARA SIMON CPA ..... DIRECTOR	2 00 ..... 0 00	X						1,500	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors											
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)							(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former				
CHRISTINA KLEIN MD ..... DIRECTOR	2 00 ..... 0 00	X							1,500	0	0
BENJAMIN JAMES ..... DIRECTOR	2 00 ..... 0 00	X							750	0	0
JEAN AIKEN DAVIS ..... VICE CHAIR/PRESIDENT & CEO	40 00 ..... 2 00			X					1,173,703	0	62,238
STEPHANIE J HERNANDEZ ..... TREASURER & CFO (NON-VOTING)	40 00 ..... 2 00			X					206,156	0	45,472
KATHLEEN T LILLY ..... SR VP/EXEC DIR LLGA-OPO	40 00 ..... 0 00				X				333,080	0	201,112
ELIZABETH M LEHR ..... SR VP/EXEC DIR LLFL-OPO	40 00 ..... 0 00				X				270,076	0	102,720
DUSTIN DIGGS ..... EXECUTIVE DIRECTOR - LLGA	40 00 ..... 0 00				X				208,263	0	46,751
ANTONIO DE VERA ..... EXECUTIVE DIRECTOR-LLPR	40 00 ..... 0 00				X				180,987	0	42,739
MICHAEL CONSILVIO ..... EXEC DIR GEN MGR-LLTB	40 00 ..... 0 00				X				302,103	0	40,968
MAYRA M LOPEZ-CEPERO ..... SR VP/DIRECTOR IMMUNOLOGY	40 00 ..... 0 00				X				260,913	0	94,066

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
CHARLES E WRIGHT ..... MEDICAL DIRECTOR-OPO	40 00 ..... 0 00					X		290,689	0	60,379
MARK P STRONG ..... SR VP/ASSOC EXEC DIR LLTB	40 00 ..... 0 00					X		237,367	0	50,681
TIMOTHY IGNATIUS ..... VP SALES AND MARKETING	40 00 ..... 0 00					X		203,256	0	49,275
JOHN RHON ..... SR VP INFO SYSTEMS	40 00 ..... 0 00					X		196,569	0	43,818
RUTH BELL ..... SR VP PUBLIC AFFAIRS	40 00 ..... 0 00					X		196,378	0	45,523
BRYAN C MCDONALD MACC CPA ..... FORMER CFO	0 00 ..... 0 00						X	265,181	0	40,560

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

**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](http://www.irs.gov/Form990) for the latest information.

**2018**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
LIFELINK FOUNDATION INC

Employer identification number  
59-2193032

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

The organization is not a private foundation because it is (For lines 1 through 12, check only one box )

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2  A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ) )
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II )
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II )
- 8  A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II )
- 9  An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university \_\_\_\_\_
- 10  An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III )
- 11  An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
  - f Enter the number of supported organizations \_\_\_\_\_
  - g Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
<b>Total</b>						

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

(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

	Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>1</b>	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant")						
<b>2</b>	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b>	The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4</b>	<b>Total.</b> Add lines 1 through 3						
<b>5</b>	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
<b>6</b>	<b>Public support.</b> Subtract line 5 from line 4						

**Section B. Total Support**

	Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>7</b>	Amounts from line 4						
<b>8</b>	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>9</b>	Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b>	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI )						
<b>11</b>	<b>Total support.</b> Add lines 7 through 10						
<b>12</b>	Gross receipts from related activities, etc (see instructions)					<b>12</b>	

**13 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** . . . . .

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

<b>14</b>	Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	
<b>15</b>	Public support percentage for 2017 Schedule A, Part II, line 14	<b>15</b>	

- 16a 33 1/3% support test—2018.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization
- b 33 1/3% support test—2017.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization
- 17a 10%-facts-and-circumstances test—2018.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization
- b 10%-facts-and-circumstances test—2017.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization
- 18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

**Part 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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	16,644				50,362	67,006
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	99,432,296	100,329,510	101,697,408	111,299,404	120,771,281	533,529,899
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5	99,448,940	100,329,510	101,697,408	111,299,404	120,821,643	533,596,905
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						0
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0
<b>c</b> Add lines 7a and 7b						0
<b>8 Public support.</b> (Subtract line 7c from line 6.)						533,596,905

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>9</b> Amounts from line 6	99,448,940	100,329,510	101,697,408	111,299,404	120,821,643	533,596,905
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	598,272	1,564,515	1,009,662	2,010,092	2,687,963	7,870,504
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b	598,272	1,564,515	1,009,662	2,010,092	2,687,963	7,870,504
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)			592,100			592,100
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)	100,047,212	101,894,025	103,299,170	113,309,496	123,509,606	542,059,509
<b>14 First five years.</b> 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 <b>stop here</b> ▶ <input type="checkbox"/>						

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

<b>15</b> Public support percentage for 2018 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	98.440 %
<b>16</b> Public support percentage from 2017 Schedule A, Part III, line 15	<b>16</b>	98.760 %

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

<b>17</b> Investment income percentage for <b>2018</b> (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	1.450 %
<b>18</b> Investment income percentage from <b>2017</b> Schedule A, Part III, line 17	<b>18</b>	1.130 %

**19a 33 1/3% support tests—2018.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ▶

**b 33 1/3% support tests—2017.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ▶

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

		Yes	No
<b>1</b>	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
	<b>1</b>		
<b>2</b>	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 <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
	<b>2</b>		
<b>3a</b>	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
	<b>3a</b>		
<b>b</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 <b>Part VI</b> when and how the organization made the determination.		
	<b>3b</b>		
<b>c</b>	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.		
	<b>3c</b>		
<b>4a</b>	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.		
	<b>4a</b>		
<b>b</b>	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
	<b>4b</b>		
<b>c</b>	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 <b>Part VI</b> 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.		
	<b>4c</b>		
<b>5a</b>	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , 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>5a</b>		
<b>b</b>	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
	<b>5b</b>		
<b>c</b>	<b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
	<b>5c</b>		
<b>6</b>	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 <b>Part VI</b> .		
	<b>6</b>		
<b>7</b>	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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 or 990-EZ).		
	<b>7</b>		
<b>8</b>	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
	<b>8</b>		
<b>9a</b>	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 <b>Part VI</b> .		
	<b>9a</b>		
<b>b</b>	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .		
	<b>9b</b>		
<b>c</b>	Did a disqualified person (as defined in 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 <b>Part VI</b> .		
	<b>9c</b>		
<b>10a</b>	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>10a</b>		
<b>b</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.)		
	<b>10b</b>		

**Part IV Supporting Organizations** (continued)

		Yes	No
<b>11</b>	Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b>	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
<b>b</b>	A family member of a person described in (a) above?		
<b>c</b>	A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI</i>		

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

		Yes	No
<b>1</b>	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)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

**Section D. All Type III Supporting Organizations**

		Yes	No
<b>1</b>	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?		
<b>2</b>	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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>3</b>	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

**Section E. Type III Functionally-Integrated Supporting Organizations**

<b>1</b>	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year ( <b>see instructions</b> )		
<b>a</b>	<input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.		
<b>b</b>	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.		
<b>c</b>	<input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions).		
<b>2</b>	Activities Test <b>Answer (a) and (b) below.</b>		
<b>a</b>	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? <i>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.</i>	Yes	No
<b>b</b>	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>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.</i>		
<b>3</b>	Parent of Supported Organizations <b>Answer (a) and (b) below.</b>		
<b>a</b>	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? <i>Provide details in Part VI.</i>		
<b>b</b>	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

- 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 complete Sections A through E.

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Net short-term capital gain	<b>1</b>	
<b>2</b>	Recoveries of prior-year distributions	<b>2</b>	
<b>3</b>	Other gross income (see instructions)	<b>3</b>	
<b>4</b>	Add lines 1 through 3	<b>4</b>	
<b>5</b>	Depreciation and depletion	<b>5</b>	
<b>6</b>	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)	<b>6</b>	
<b>7</b>	Other expenses (see instructions)	<b>7</b>	
<b>8</b>	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	<b>8</b>	
<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	<b>1</b>	
<b>a</b>	Average monthly value of securities	<b>1a</b>	
<b>b</b>	Average monthly cash balances	<b>1b</b>	
<b>c</b>	Fair market value of other non-exempt-use assets	<b>1c</b>	
<b>d</b>	<b>Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>	
<b>e</b>	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI)		
<b>2</b>	Acquisition indebtedness applicable to non-exempt use assets	<b>2</b>	
<b>3</b>	Subtract line 2 from line 1d	<b>3</b>	
<b>4</b>	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	<b>4</b>	
<b>5</b>	Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>	
<b>6</b>	Multiply line 5 by .035	<b>6</b>	
<b>7</b>	Recoveries of prior-year distributions	<b>7</b>	
<b>8</b>	<b>Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>	
<b>Section C - Distributable Amount</b>			Current Year
<b>1</b>	Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>	
<b>2</b>	Enter 85% of line 1	<b>2</b>	
<b>3</b>	Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>	
<b>4</b>	Enter greater of line 2 or line 3	<b>4</b>	
<b>5</b>	Income tax imposed in prior year	<b>5</b>	
<b>6</b>	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	<b>6</b>	
<b>7</b>	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

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

<b>Section D - Distributions</b>	<b>Current Year</b>
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ) See instructions	
<b>7 Total annual distributions.</b> Add lines 1 through 6	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ) See instructions	
<b>9</b> Distributable amount for 2018 from Section C, line 6	
<b>10</b> Line 8 amount divided by Line 9 amount	

<b>Section E - Distribution Allocations (see instructions)</b>	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2018</b>	<b>(iii) Distributable Amount for 2018</b>
<b>1</b> Distributable amount for 2018 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI) See instructions			
<b>3</b> Excess distributions carryover, if any, to 2018			
<b>a</b> From 2013. . . . .			
<b>b</b> From 2014. . . . .			
<b>c</b> From 2015. . . . .			
<b>d</b> From 2016. . . . .			
<b>e</b> From 2017. . . . .			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2018 distributable amount			
<b>i</b> Carryover from 2013 not applied (see instructions)			
<b>j</b> Remainder Subtract lines 3g, 3h, and 3i from 3f			
<b>4</b> Distributions for 2018 from Section D, line 7			
\$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2018 distributable amount			
<b>c</b> Remainder Subtract lines 4a and 4b from 4			
<b>5</b> Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
<b>6</b> Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
<b>7 Excess distributions carryover to 2019.</b> Add lines 3j and 4c			
<b>8</b> Breakdown of line 7			
<b>a</b> Excess from 2014. . . . .			
<b>b</b> Excess from 2015. . . . .			
<b>c</b> Excess from 2016. . . . .			
<b>d</b> Excess from 2017. . . . .			
<b>e</b> Excess from 2018. . . . .			

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 59-2193032

**Name:** LIFELINK FOUNDATION INC

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

**Facts And Circumstances Test**

**SCHEDULE C**  
(Form 990 or 990-EZ)  
  
Department of the Treasury  
Internal Revenue Service

**Political Campaign and Lobbying Activities**  
For Organizations Exempt From Income Tax Under section 501(c) and section 527  
  
▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.  
▶Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No 1545-0047  
  
**2018**  
**Open to Public Inspection**

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

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

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

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

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

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

Name of the organization LIFELINK FOUNDATION INC	Employer identification number 59-2193032
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**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (see instructions) ▶ \$ \_\_\_\_\_
- 3 Volunteer hours for political campaign activities (see instructions) \_\_\_\_\_

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

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

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

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

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
1				
2				
3				
4				
5				
6				

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

- A** Check  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)
- B** Check  if the filing organization checked box A and "limited control" provisions apply

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b> Total lobbying expenditures to influence public opinion (grass roots lobbying)	93,203	93,203												
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying)														
<b>c</b> Total lobbying expenditures (add lines 1a and 1b)	93,203	93,203												
<b>d</b> Other exempt purpose expenditures	112,265,798	112,499,791												
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d)	112,359,001	112,592,994												
<b>f</b> Lobbying nontaxable amount Enter the amount from the following table in both columns	1,000,000	1,000,000												
<table border="1" style="width: 100%;"> <thead> <tr> <th style="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </tbody> </table>			If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000													
Over \$17,000,000	\$1,000,000													
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f)	250,000	250,000												
<b>h</b> Subtract line 1g from line 1a If zero or less, enter -0-	0	0												
<b>i</b> Subtract line 1f from line 1c If zero or less, enter -0-	0	0												
<b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No													

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

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
<b>2a</b> Lobbying nontaxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000
<b>c</b> Total lobbying expenditures	81,964	100,575	96,935	93,203	372,677
<b>d</b> Grassroots nontaxable amount	250,000	250,000	250,000	250,000	1,000,000
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000
<b>f</b> Grassroots lobbying expenditures	81,964	100,575	96,935	93,203	372,677

**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 of the lobbying activity*

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

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

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

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

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

**Part IV Supplemental Information**

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1 Also, complete this part for any additional information

Return Reference	Explanation
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## TY 2018 Affiliated Group Schedule

**Name:** LIFELINK FOUNDATION INC

**EIN:** 59-2193032

<b>Affiliated Group Business Name:</b>	LIFELINK LEGACY FUND
<b>Address. Either US or Foreign Type:</b>	9661 DELANEY CREEK BOULEVARD TAMPA, FL 33619
<b>EIN:</b>	59-3040982
<b>Electing Organization Checkbox:</b>	<input checked="" type="checkbox"/>
<b>Total Grassroots Lobbying:</b>	0
<b>Total Direct Lobbying:</b>	0
<b>Total Lobbying Expenditures:</b>	0
<b>Other Exempt Purpose Expenditures:</b>	233,993
<b>Total Exempt Purpose Expenditures:</b>	233,993
<b>Lobbying Nontaxable Amount:</b>	46,799
<b>Grassroots Nontaxable Amount:</b>	11,700
<b>Tot Lobbying Grassroot Minus Non Tx:</b>	0
<b>Tot Lobby Expend Mns Lobbying Non Tx:</b>	0
<b>Share Of Excess Lobbying:</b>	0

**SCHEDULE D**  
(Form 990)  
  
Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**  
**▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**  
**▶ Attach to Form 990.**  
**▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

OMB No 1545-0047  
**2018**  
**Open to Public Inspection**

**Name of the organization**  
LIFELINK FOUNDATION INC

**Employer identification number**  
59-2193032

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

	(a) Donor advised funds	(b) Funds and other accounts
<b>1</b> Total number at end of year		
<b>2</b> Aggregate value of contributions to (during year)		
<b>3</b> Aggregate value of grants from (during year)		
<b>4</b> Aggregate value at end of year		
<b>5</b> Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>6</b> Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

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

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

Preservation of land for public use (e g , recreation or education)       Preservation of an historically important land area

Protection of natural habitat       Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Year	
<b>a</b> Total number of conservation easements	<b>2a</b>	
<b>b</b> Total acreage restricted by conservation easements	<b>2b</b>	
<b>c</b> Number of conservation easements on a certified historic structure included in (a)	<b>2c</b>	
<b>d</b> Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	<b>2d</b>	

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

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

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

**6** Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \_\_\_\_\_

**7** Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

**8** Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?  Yes  No

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

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

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

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

**(i)** Revenue included on Form 990, Part VIII, line 1 ▶ \$ \_\_\_\_\_

**(ii)** Assets included in Form 990, Part X ▶ \$ \_\_\_\_\_

**2** If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

**a** Revenue included on Form 990, Part VIII, line 1 ▶ \$ \_\_\_\_\_

**b** Assets included in Form 990, Part X ▶ \$ \_\_\_\_\_

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)
- a**  Public exhibition
  - b**  Scholarly research
  - c**  Preservation for future generations
  - d**  Loan or exchange programs
  - e**  Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table
- |  | Amount |
|--|--------|
| <b>c</b> Beginning balance             |        |
| <b>d</b> Additions during the year     |        |
| <b>e</b> Distributions during the year |        |
| <b>f</b> Ending balance                |        |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . .  Yes  No
- b** If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII . . . .

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance . . . . .					
<b>b</b> Contributions . . . . .					
<b>c</b> Net investment earnings, gains, and losses					
<b>d</b> Grants or scholarships . . . . .					
<b>e</b> Other expenditures for facilities and programs . . . . .					
<b>f</b> Administrative expenses . . . . .					
<b>g</b> End of year balance . . . . .					

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶
  - b** Permanent endowment ▶
  - c** Temporarily restricted endowment ▶
- The percentages on lines 2a, 2b, and 2c should equal 100%
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- |  |       |        |
|--|-------|--------|
| <b>(i)</b> unrelated organizations . . . . .   | Yes   | No     |
| <b>(ii)</b> related organizations . . . . .  | 3a(i) | 3a(ii) |
| <b>b</b> If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? . . . . . | 3b    |        |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land . . . . .		5,182,449		5,182,449
<b>b</b> Buildings . . . . .		47,171,901	19,595,041	27,576,860
<b>c</b> Leasehold improvements				
<b>d</b> Equipment . . . . .		12,217,520	8,710,084	3,507,436
<b>e</b> Other . . . . .		1,854,800	1,692,859	161,941
<b>Total.</b> Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				36,428,686

**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)		
<b>Total.</b> (Column (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)		
<b>Total.</b> (Column (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)	
<b>Total.</b> (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.

(a) Description of liability	(b) Book value
<b>1.</b> (1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (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 FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

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

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

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

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

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

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

**Part XIII Supplemental Information**

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Return Reference	Explanation	
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**Part XIII** **Supplemental Information (continued)**

Return Reference	Explanation
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**SCHEDULE F  
(Form 990)**  
  
Department of the Treasury  
Internal Revenue Service

# Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.  
▶ Attach to Form 990.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No 1545-0047  
**2018**  
**Open to Public Inspection**

Name of the organization  
LIFELINK FOUNDATION INC

**Employer identification number**  
59-2193032

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

- 1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States
- 3** Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed )

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
See Add'l Data					
<b>3a</b> Sub-total	0	0			314,218
<b>b</b> Total from continuation sheets to Part I					0
<b>c Totals</b> (add lines 3a and 3b)	0	0			314,218

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

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

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



**Part IV Foreign Forms**

- 1 Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)*  Yes  No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U S Owner (see Instructions for Forms 3520 and 3520-A, don't file with Form 990)*  Yes  No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U S Persons with Respect to Certain Foreign Corporations (see Instructions for Form 5471)*  Yes  No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)*  Yes  No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U S Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)*  Yes  No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713, don't file with Form 990)*  Yes  No

**Part V Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

**990 Schedule F, Supplemental Information**

Return Reference	Explanation
PART I, LINE 3	TISSUE IS SOLD TO TISSUE BANKS AND HEALTH CARE PROVIDERS IN BARBADOS, CANADA, ECUADOR, GERMANY, KOREA, PERU, SAUDI ARABIA, SWITZERLAND, TAIWAN, NEW ZEALAND, AND THE UNITED KINGDOM ASIDE FROM COMMISSIONS PAID FOR TISSUE PLACEMENT TO DISTRIBUTORS IN CANADA, SAUDI ARABIA, AND THE UNITED KINGDOM AND SOME SMALL EXPENSES TO SUPPORT ACTIVITY IN TAIWAN, THERE ARE NO EXPENDITURES RELATED TO THE SALE OF TISSUE IN THESE REGIONS SEE THE FOUNDATION'S PROGRAM SERVICE ACCOMPLISHMENTS ON FORM 990, PAGE 2, LINE 4B

**990 Schedule F, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
SCHEDULE F, PART I, LINE 3	EFFECTIVE JANUARY 9, 2018, LIFELINK INVESTED IN AN OFFSHORE COMPANY (HCT REGENERATIVE CO , LTD ) BASED IN TAIWAN LIFELINK PAID \$242,739 FOR 581,824 SHARES OF COMMON STOCK IN HCT REGENERATIVE CO, LTD IN CONJUNCTION WITH THE INVESTMENT, LIFELINK ENTERED INTO A COLLABORATION AND SUPPLY AGREEMENT WHEREBY LIFELINK IS ENGAGED TO PROCURE AND PROVIDE TO HCT CERTAIN BONE AND TISSUE FOR HCT'S USE IN ITS OPERATIONS IN CONSIDERATION OF THE SUPPORTS PROVIDED BY LIFELINK, HCT WILL PAY TO LIFELINK A ROYALTY BASED ON ANNUAL NET SALES OF CERTAIN ALLOGRAFTS BY HCT FOR THE PRECEDING CALENDAR YEAR AS OF JUNE 30, 2019, NO ROYALTIES HAVE BEEN RECEIVED

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 59-2193032

**Name:** LIFELINK FOUNDATION INC

### Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA, ECUADOR,	0	0	PROGRAM SERVICES	SALE OF TISSUE	
NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	0	0	PROGRAM SERVICES	SALE OF TISSUE	30,637

**Form 990 Schedule F Part I - Activities Outside The United States**

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA, CAMBODIA,	0	0	PROGRAM SERVICES	SALE OF TISSUE	14,185
EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, AUSTRIA, BELGIUM	0	0	PROGRAM SERVICES	SALE OF TISSUE	15,363

**Form 990 Schedule F Part I - Activities Outside The United States**

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
MIDDLE EAST AND NORTH AFRICA - ALGERIA, BAHRAIN, DJIBOUTI, EGYPT, IRAN,	0	0	PROGRAM SERVICES	SALE OF TISSUE	11,294
CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, BAHAMAS,	0	0	PROGRAM SERVICES	SALE OF TISSUE	

**Form 990 Schedule F Part I - Activities Outside The United States**

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA, CAMBODIA,	0	0	BUSINESS INVESTMENT	N/A	242,739

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

**Schedule I  
(Form 990)**

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

OMB No 1545-0047

**2018**

**Open to Public  
Inspection**

Department of the  
Treasury  
Internal Revenue Service

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

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Name of the organization  
LIFELINK FOUNDATION INC

Employer identification number

59-2193032

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

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ \_\_\_\_\_ 7
- 3 Enter total number of other organizations listed in the line 1 table ▶ \_\_\_\_\_

**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" 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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

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

**Additional Data**

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

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
OURLEGACY FKA TRANSLIFE TISSUE BANK 1560 ORANGE AVE STE 450 WINTER PARK, FL 32789	59-0724459	501(C)(3)	73,013	0	N/A	N/A	HOSPITAL DEVELOPMENT POSITION
TAMPA GENERAL HOSPITAL PO BOX 1289 TAMPA, FL 33601	59-3458145	501(C)(3)	10,000	0	N/A	N/A	SPONSORSHIP

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ASSOCIATION OF ORGAN PROCUREMENT 8500 LEESBURG PIKE VIENNA, VA 22182	58-1652896	501(C)(3)	14,000	0	N/A	N/A	CONFERENCE SPONSORSHIPS
DONATE LIFE AMERICA 701 E BYRD ST 16TH FL RICHMOND, VA 23219	54-1626038	501(C)(3)	5,500	0	N/A	N/A	EDUCATION ASSESSMENT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
LIONS EYE INSTITUTE 1410 N 21ST ST TAMPA, FL 33605	01-0843838	501(C)(3)	5,000	0	N/A	N/A	SPONSORSHIP
ASSOCIATION OF MULTICULTURAL AFFAIRS IN TRANSPLANTATION 10825 MIDLOTHIAN TPKE STE 201 NORTH CHESTERFIELD, VA 23235	30-0868548	501(C)(3)	5,000	0	N/A	N/A	SPONSORSHIP

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
TAMPA HILLSBOROUGH ECONOMIC DEVELOPMENT CORP 101 E KENNEDY BLVD TAMPA, FL 33602	27-1010441	501(C)(3)	10,000	0	N/A	N/A	SPONSORSHIP

**Schedule J**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

## Compensation Information

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

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**  
▶ **Attach to Form 990.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No 1545-0047

# 2018

**Open to Public Inspection**

Name of the organization  
LIFELINK FOUNDATION INC

Employer identification number  
59-2193032

**Part I Questions Regarding Compensation**

		Yes	No		
<p><b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> First-class or charter travel  <input checked="" type="checkbox"/> Travel for companions  <input type="checkbox"/> Tax indemnification and gross-up payments  <input type="checkbox"/> Discretionary spending account                 </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Housing allowance or residence for personal use  <input type="checkbox"/> Payments for business use of personal residence  <input checked="" type="checkbox"/> Health or social club dues or initiation fees  <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)                 </td> </tr> </table>	<input type="checkbox"/> First-class or charter travel <input checked="" type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input checked="" type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)			
<input type="checkbox"/> First-class or charter travel <input checked="" type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input checked="" type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)				
<p><b>b</b> If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain</p>	<b>1b</b>	Yes			
<p><b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?</p>	<b>2</b>	Yes			
<p><b>3</b> Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input checked="" type="checkbox"/> Compensation committee  <input checked="" type="checkbox"/> Independent compensation consultant  <input checked="" type="checkbox"/> Form 990 of other organizations                 </td> <td style="width: 50%; vertical-align: top;"> <input checked="" type="checkbox"/> Written employment contract  <input checked="" type="checkbox"/> Compensation survey or study  <input checked="" type="checkbox"/> Approval by the board or compensation committee                 </td> </tr> </table>	<input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee			
<input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee				
<p><b>4</b> During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization</p>					
<p><b>a</b> Receive a severance payment or change-of-control payment?</p>	<b>4a</b>		No		
<p><b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p>	<b>4b</b>	Yes			
<p><b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III</p>	<b>4c</b>		No		
<p><b>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b></p>					
<p><b>5</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of</p>					
<p><b>a</b> The organization?</p>	<b>5a</b>		No		
<p><b>b</b> Any related organization? If "Yes," on line 5a or 5b, describe in Part III</p>	<b>5b</b>		No		
<p><b>6</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of</p>					
<p><b>a</b> The organization?</p>	<b>6a</b>		No		
<p><b>b</b> Any related organization? If "Yes," on line 6a or 6b, describe in Part III</p>	<b>6b</b>		No		
<p><b>7</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III</p>	<b>7</b>		No		
<p><b>8</b> Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III</p>	<b>8</b>		No		
<p><b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	<b>9</b>				



**Part III Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference	Explanation
PART I, LINE 1A	SPOUSES OCCASIONALLY TRAVEL WITH OFFICERS TO BOARD MEETINGS. ALL COSTS ASSOCIATED WITH SPOUSAL TRAVEL ARE REPORTED AS INCOME ON THE EMPLOYEE'S W-2 OR BOARD MEMBER (NON-EMPLOYEE) 1099. THE FOUNDATION'S TRAVEL POLICY PERMITS AND PAYS FOR AIRLINE CLUB MEMBERSHIPS FOR EXECUTIVES WHO TRAVEL EXTENSIVELY ON COMPANY BUSINESS. THESE MEMBERSHIPS ARE INCLUDED IN TAXABLE INCOME. THE FOUNDATION'S BENEFIT PROGRAM PERMITS A NOMINAL FITNESS MEMBERSHIP REIMBURSEMENT AS A STANDARD BENEFIT TO ALL EMPLOYEES OF THE ORGANIZATION, INCLUDING OFFICERS AND KEY EMPLOYEES. THESE MEMBERSHIPS ARE INCLUDED IN TAXABLE INCOME.

Return Reference	Explanation
PART I, LINE 4B	<p>THE FOUNDATION HAS A SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN (SERP) WHICH PROVIDES CERTAIN EXECUTIVES DEFERRED COMPENSATION BENEFITS IF THEY PROVIDE SUBSTANTIAL FUTURE SERVICES TO THE ORGANIZATION BENEFITS TO THE PARTICIPANT UNDER THIS PLAN ONLY VEST ON EVENT OF NORMAL RETIREMENT, DISABILITY, DEATH OR SERP TERMINATION, AS DEFINED IF A PARTICIPANT WERE TO TERMINATE EMPLOYMENT BEFORE ONE OF THESE EVENTS THE PARTICIPANT WOULD FORFEIT HIS OR HER ENTIRE BENEFIT SERP BENEFITS ARE REVIEWED AND APPROVED ANNUALLY BY THE COMPENSATION COMMITTEE IN A MANNER THAT QUALIFIES FOR THE REBUTTABLE PRESUMPTION OF REASONABLENESS UNDER FEDERAL TAX LAW INCLUDED IN THE COMPENSATION DISCLOSED FOR OFFICER J DAVIS IS THE PAYMENT OF A SUPPLEMENTAL RETIREMENT BENEFIT OF \$639,271 IN 2018 OF WHICH \$494,618 HAD PREVIOUSLY BEEN REPORTED THIS BENEFIT WAS EARNED OVER 33 YEARS OF EMPLOYMENT WITH THE ORGANIZATION, AND WAS AT RISK FOR THOSE YEARS OF EMPLOYMENT IF THOSE YEARS OF SERVICE HAD NOT BEEN PROVIDED, THE BENEFIT WOULD HAVE BEEN FORFEITED AT TERMINATION OF EMPLOYMENT THE ANNUAL CONTRIBUTIONS TOWARD THIS RETIREMENT SUPPLEMENT WERE REGULARLY REVIEWED AND APPROVED BY INDEPENDENT MEMBERS OF THE BOARD OF GOVERNORS WHO MAKE UP THE ORGANIZATION'S COMPENSATION COMMITTEE OTHER THAN THE SMALL AMOUNT EARNED AS A NEW CONTRIBUTION IN 2018, THE ANNUAL CONTRIBUTIONS TOWARD THE SUPPLEMENTAL RETIREMENT BENEFIT WERE REPORTED ON PREVIOUS FORM 990 RETURNS, AND SHOULD NOT BE CONSIDERED PART OF NEW COMPENSATION IN 2018 THE COMPENSATION REPORTED ON THIS SCHEDULE J FOR DIRECTOR AND FORMER OFFICER D HEINRICHS INCLUDES PAYMENT OF EARNED BUT UNUSED VACATION PAY THIS AMOUNT WAS EARNED OVER MANY YEARS OF EMPLOYMENT, AND THE ANNUAL VACATION AMOUNTS WERE APPROVED IN EACH YEAR AS A PART OF THIS OFFICER'S OVERALL REASONABLE COMPENSATION AND BENEFITS THIS ANNUAL REVIEW AND APPROVAL WAS CONDUCTED BY INDEPENDENT MEMBERS OF THE BOARD OF GOVERNORS SERVING ON THE ORGANIZATION'S COMPENSATION COMMITTEE BECAUSE THESE VACATION AMOUNTS WERE UNUSED, THE ACCUMULATED AMOUNT WAS PAID, AS REQUIRED BY ORGANIZATION POLICY, WHEN THE OFFICER'S EMPLOYMENT SERVICES ENDED IN 2018</p>



**Schedule J (Form 990) 2018**

**Additional Data**

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
DENNIS F HEINRICHS BSN MBA CHAIRMAN OF THE BOARD	(i)	271,431	0	605,775	20,270	21,590	919,066	0
	(ii)	0	0	0	0	0	0	0
JEAN AIKEN DAVIS VICE CHAIR/PRESIDENT & CEO	(i)	443,650	80,000	650,053	40,948	21,290	1,235,941	494,618
	(ii)	0	0	0	0	0	0	0
STEPHANIE J HERNANDEZ TREASURER & CFO (NON-VOTING)	(i)	177,945	23,000	5,211	24,142	21,330	251,628	0
	(ii)	0	0	0	0	0	0	0
KATHLEEN T LILLY SR VP/EXEC DIR LLGA-OPO	(i)	291,241	34,872	6,967	178,222	22,890	534,192	0
	(ii)	0	0	0	0	0	0	0
ELIZABETH M LEHR SR VP/EXEC DIR LLFL-OPO	(i)	236,322	28,000	5,754	79,830	22,890	372,796	0
	(ii)	0	0	0	0	0	0	0
DUSTIN DIGGS EXECUTIVE DIRECTOR - LLGA	(i)	193,654	10,000	4,609	26,461	20,290	255,014	0
	(ii)	0	0	0	0	0	0	0
ANTONIO DE VERA EXECUTIVE DIRECTOR-LLPR	(i)	167,988	7,500	5,499	22,449	20,290	223,726	0
	(ii)	0	0	0	0	0	0	0
MICHAEL CONSILVIO EXEC DIR GEN MGR-LLTB	(i)	279,125	14,000	8,978	20,678	20,290	343,071	0
	(ii)	0	0	0	0	0	0	0
MAYRA M LOPEZ-CEPERO SR VP/DIRECTOR IMMUNOLOGY	(i)	235,795	23,000	2,118	73,776	20,290	354,979	0
	(ii)	0	0	0	0	0	0	0
CHARLES E WRIGHT MEDICAL DIRECTOR-OPO	(i)	267,650	15,933	7,106	40,089	20,290	351,068	0
	(ii)	0	0	0	0	0	0	0
MARK P STRONG SR VP/ASSOC EXEC DIR LLTB	(i)	212,856	19,000	5,511	30,391	20,290	288,048	0
	(ii)	0	0	0	0	0	0	0
TIMOTHY IGNATIUS VP SALES AND MARKETING	(i)	190,285	9,526	3,445	26,785	22,490	252,531	0
	(ii)	0	0	0	0	0	0	0
JOHN RHON SR VP INFO SYSTEMS	(i)	174,081	18,000	4,488	23,528	20,290	240,387	0
	(ii)	0	0	0	0	0	0	0
RUTH BELL SR VP PUBLIC AFFAIRS	(i)	173,738	18,000	4,640	23,733	21,790	241,901	0
	(ii)	0	0	0	0	0	0	0
BRYAN C MCDONALD MACC CPA FORMER CFO	(i)	185,500	0	79,681	20,270	20,290	305,741	0
	(ii)	0	0	0	0	0	0	0

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

**Transactions with Interested Persons**

OMB No 1545-0047

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**  
 ▶ **Attach to Form 990 or Form 990-EZ.**  
 ▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

**2018**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
LIFELINK FOUNDATION INC

Employer identification number  
59-2193032

**Part I Excess Benefit Transactions** (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only)  
 Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

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

2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958 . . . . . ▶ \$ \_\_\_\_\_  
 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ \$ \_\_\_\_\_

**Part II Loans to and/or From Interested Persons.**  
 Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

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

**Part III Grants or Assistance Benefiting Interested Persons.**  
 Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

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

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

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) ART HEINRICHS	BROTHER OF CHAIRMAN OF THE BOARD	244,478	COMPENSATION FOR EMPLOYMENT		No
(2) SHIRLEY A HEINRICHS	WIFE OF CHAIRMAN OF THE BOARD	123,191	COMPENSATION FOR EMPLOYMENT		No
(3) BRAD T BASSLER	SON-IN-LAW OF BOARD MEMBER	248,294	COMPENSATION FOR EMPLOYMENT		No
(4) ROBERT METZGER	BOARD MEMBER IS MEDICAL DIRECTOR OF A TISSUE BANK USED BY THE ORGANIZATION	2,428,220	TISSUE DONOR RECOVERY FEES AND HOSPITAL DEVELOPMENT GRANT FROM TRANS LIFE TISSUE BANK		No
(5) DAWN M HEINRICHS	DAUGHTER-IN-LAW OF CHAIRMAN OF THE BOARD	88,269	COMPENSATION FOR EMPLOYMENT		No
(6) NATALIE R SHIRES	GRANDDAUGHTER OF FOUNDER AND BOARD MEMBER EMERITUS	58,239	COMPENSATION FOR EMPLOYMENT		No

**Part V Supplemental Information**

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

Return Reference	Explanation
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**SCHEDULE O**  
(Form 990 or 990-EZ)

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.  
 ▶ Attach to Form 990 or 990-EZ.  
 ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

**2018**

**Open to Public Inspection**

Department of the Treasury

Name of the organization  
LIFELINK FOUNDATION INC

Employer identification number

59-2193032

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART III	MESSAGE OF GRATITUDE FROM THE PRESIDENT/CEO AND CHAIRMAN OF THE BOARD WITH THE PASSING OF EACH SEASON AND THE START OF A NEW YEAR, WE TAKE TIME TO REFLECT ON THE SUCCESS OF THE PREVIOUS YEAR THOUSANDS OF INDIVIDUALS AND THEIR FAMILIES ARE THRIVING BECAUSE SOMEONE SAID "YES" TO ORGAN AND TISSUE DONATION OUR TEAM AT LIFELINK WORKS COUNTLESS HOURS, OFTEN IN A CRITICAL, TIME SENSITIVE ENVIRONMENT, TO BRING LIFE AND HOPE TO OTHERS OUR FOCUS ON CONTINUOUS PERFORMANCE IMPROVEMENT RESULTED IN A RECORD-BREAKING YEAR FOR THOSE SERVED THROUGH OUR ORGAN PROCUREMENT ORGANIZATIONS, TRANSPLANTATION IMMUNOLOGY LABORATORY AND TISSUE BANK WE APPRECIATE AND THANK OUR COMMUNITY PARTNER-HOSPITALS, MEDICAL EXAMINER OFFICERS, FUNERAL HOMES, CORONERS, DRIVER LICENSE OFFICES AND WORK PLACES WHOSE SUPPORT MAKES OUR MISSION POSSIBLE A FINAL THANK YOU GOES TO OUR DEDICATED VOLUNTEERS FOR SHARING THEIR PERSONAL STORIES AND INSPIRING OTHERS TO REGISTER AS ORGAN AND TISSUE DONORS JEAN AIKEN DAVIS PRESIDENT/CEO DENNIS F HEINRICHS CHAIRMAN OF THE BOARD

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART III, LINE 1	THE FOUNDATION CONSISTS OF FIVE DIVISIONS, INCLUDING ORGAN PROCUREMENT ORGANIZATIONS (OPO) LIFELINK OF FLORIDA, LIFELINK OF GEORGIA AND LIFELINK OF PUERTO RICO, AS WELL AS LIFELINK TISSUE BANK AND LIFELINK TRANSPLANTATION IMMUNOLOGY LABORATORY. ADDITIONALLY, LIFELINK LEGACY FUND SERVES AS A FUNDRAISING ENTITY TO SUPPORT THE MISSION AND ACTIVITIES OF LIFELINK FOUNDATION. IN ORDER TO MAINTAIN A WORKFORCE OF MORE THAN 500 EMPLOYEES, KEEP COMMUNICATION FLOWING, AND ALLOW FOR IMPLEMENTATION OF THE MISSION, LIFELINK FOUNDATION IS SUPPORTED BY NUMEROUS SPECIALTY DEPARTMENTS, SUCH AS HUMAN RESOURCES, CORPORATE COMPLIANCE, INFORMATION SYSTEMS AND COMMUNICATIONS SERVICES, AS WELL AS PUBLIC AFFAIRS AND FINANCE AND ACCOUNTING.

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART V, LINE 2A	THE ORGANIZATION FILED 527 FORMS W-2 FOR 2018 PLUS AN ADDITIONAL 89 ON THE EQUIVALENT PUER TO RICO FORM FOR A TOTAL OF 616 EMPLOYEES FOR THE 2018 CALENDAR YEAR

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, SECTION B, LINE 11B	AN ELECTRONIC COPY OF THE FOUNDATION'S FORM 990 IS PROVIDED TO THE AUDIT COMMITTEE, PRESIDENT, AND CFO FOR PRELIMINARY REVIEW AN ELECTRONIC COPY OF FORM 990 IS THEN DISTRIBUTED TO THE ENTIRE GOVERNING BOARD PRIOR TO ISSUANCE

**990 Schedule O, Supplemental Information**

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

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, SECTION B, LINE 15	<p>AN INDEPENDENT COMPENSATION COMMITTEE ACTING ON BEHALF OF THE GOVERNING BOARD IS RESPONSIBLE FOR REVIEWING AND APPROVING THE TOTAL COMPENSATION OF ALL OFFICERS, DIRECTORS, KEY EMPLOYEES AND ANY RELATED FAMILY MEMBERS AT LEAST ANNUALLY. THIS REVIEW INCLUDES A DETAILED ANALYSIS OF COMPARABLE DATA FROM INDUSTRY SURVEYS, FORM 990S, AND STUDIES FROM A THIRD PARTY CONSULTANT. AN INDEPENDENT CONSULTING FIRM PREPARES A FULL MARKET STUDY EVERY THREE YEARS. THE MOST RECENT MARKET STUDIES WERE COMPLETED IN JUNE 2019 AND JUNE 2016. THE COMPENSATION COMMITTEE ANNUALLY REVIEWS AND APPROVES THE COMPENSATION AND BENEFITS PROVIDED TO EACH OFFICER AND KEY EMPLOYEE LISTED ON THE FORM 990, AND CONDUCTS THE REVIEW AND APPROVAL IN A MANNER DESIGNED TO QUALIFY FOR THE REBUTTABLE PRESUMPTION OF REASONABLENESS UNDER FEDERAL TAX LAW.</p>

## 990 Schedule O, Supplemental Information

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

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
PART VI, SECTION B	<p>LIFELINK'S CORPORATE COMPLIANCE PROGRAM THE OBJECTIVE OF THE CORPORATE COMPLIANCE DEPARTMENT IS TO PROVIDE GUIDANCE TO ALL EMPLOYEES AS THEY CARRY OUT THEIR DAILY ACTIVITIES WITHIN APPROPRIATE ETHICAL AND LEGAL STANDARDS CORPORATE COMPLIANCE PROVIDES AN IN-HOUSE COMPLIANCE SERVICE THAT EFFECTIVELY SUPPORTS EACH DIVISION IN THEIR DUTY TO COMPLY WITH RELEVANT LAWS AND INTERNAL PROCEDURES CORPORATE COMPLIANCE REVIEWS BEST PRACTICES FROM OUTSIDE RESOURCES TO ENSURE POLICIES AND PROCEDURES ARE UPDATED AS NECESSARY ANNUAL POLICY TRAINING IS PROVIDED TO ALL EMPLOYEES AS IT IS AN IMPORTANT PART OF THEIR PROFESSIONAL DEVELOPMENT AND COMMITMENT TO ACHIEVE LIFELINK'S MISSION CORPORATE COMPLIANCE ALSO OVERSEES THE FOUNDATION'S EMPLOYEE HOTLINE, WHICH ALLOWS EMPLOYEES TO REPORT POTENTIAL CORPORATE COMPLIANCE CONCERNS ANONYMOUSLY THESE COMPLIANCE CONCERNS ARE INVESTIGATED THOROUGHLY AND PROMPTLY</p> <p>THE CORPORATE COMPLIANCE DEPARTMENT IS RESPONSIBLE FOR DEVELOPING AND MAINTAINING AN EFFICIENT AND EFFECTIVE PROGRAM OF INTERNAL AUDITING AND MONITORING TO ENHANCE OUR CAPACITY TO MANAGE RISK, INVESTIGATE EMERGING ISSUES AND TRENDS AND DETECTING DEVIATIONS FROM ESTABLISHED INTERNAL CONTROLS CORPORATE COMPLIANCE IS ALSO INVOLVED WITH ASSISTING THE INFORMATION SYSTEMS DEPARTMENT WITH LIFELINK CYBER SECURITY STRATEGIES ETHICAL AND MORAL BEHAVIOR IS EXPECTED FROM ALL EMPLOYEES THE CORPORATE COMPLIANCE DEPARTMENT EMBODIES DEDICATION TO THE HIGHEST STANDARDS OF ETHICAL BEHAVIOR, EXPRESSED THROUGH CORPORATE CULTURE AND THROUGH ADHERENCE TO THE LAW LIFELINK IS COMMITTED TO DETECTING AND CORRECTING ANY UNINTENTIONAL OR DELIBERATE CONDUCT THAT IS INCONSISTENT WITH THESE PRINCIPLES</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART IX, LINE 11G	<p> COMMISSIONS PROGRAM SERVICE EXPENSES 1,377,052 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 1,377,052 DONOR HOSPITAL COSTS PROGRAM SERVICE EXPENSES 9,168,716 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 9,168,716 DONOR RELATED PHYSICIAN FEES PROGRAM SERVICE EXPENSES 3,583,392 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 3,583,392 DONOR RELATED TRANSPORTATION PROGRAM SERVICE EXPENSES 3,925,628 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 3,925,628 DONOR SEROLOGIES AND LAB TESTS PROGRAM SERVICE EXPENSES 356,506 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 356,506 DONOR TISSUE TYPING PROGRAM SERVICE EXPENSES 710,557 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 710,557 KIDNEY ACQUISITION COSTS PROGRAM SERVICE EXPENSES 5,344,523 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 5,344,523 LAUNDRY SERVICES PROGRAM SERVICE EXPENSES 192,842 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 192,842 PROFESSIONAL FEES PROGRAM SERVICE EXPENSES 1,189,454 MANAGEMENT AND GENERAL EXPENSES 255,238 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 1,444,692 TEMPORARY LABOR PROGRAM SERVICE EXPENSES 479,038 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 479,038 TISSUE ACQUISITION COSTS PROGRAM SERVICE EXPENSES 2,059,182 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 2,059,182 </p>

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No 1545-0047

**2018**

**Open to Public  
Inspection**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**  
▶ **Attach to Form 990.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
LIFELINK FOUNDATION INC

**Employer identification number**

59-2193032

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
<b>(1)</b> LIFELINK LEGACY FUND INC 9661 DELANEY CREEK BOULEVARD  TAMPA, FL 33619 59-3040982	TO SUPPORT THE LIFELINK FOUNDATION MISSION	FL	501(C)(3)	LINE 12D, III-O	LIFELINK FOUNDATION INC	Yes	

**Part III Identification of Related Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

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

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

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

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

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

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) LIFELINK LEGACY FUND	C	50,362	CASH TRANSFERS
(2) LIFELINK LEGACY FUND	D	341,271	LOAN BALANCE



**Part VII**    **Supplemental Information**

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

<b>Return Reference</b>	<b>Explanation</b>