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Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2019

Open to Public Inspection

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 for instructions and the latest information.

A For the 2019 calendar year, or tax year beginning 07-01-2019 , and ending 06-30-2020

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 \$ 147,551,967

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

Activities & Governance

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

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

3 Number of voting members of the governing body (Part VI, line 1a) 22

4 Number of independent voting members of the governing body (Part VI, line 1b) 13

5 Total number of individuals employed in calendar year 2019 (Part V, line 2a) 636

6 Total number of volunteers (estimate if necessary) 373

7a Total unrelated business revenue from Part VIII, column (C), line 12 126,395

b Net unrelated business taxable income from Form 990-T, line 39 24,979

Revenue

8 Contributions and grants (Part VIII, line 1h) 50,362

9 Program service revenue (Part VIII, line 2g) 120,771,281

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 2,816,684

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 123,638,327

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) 158,153

14 Benefits paid to or for members (Part IX, column (A), line 4) 0

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 60,587,199

16a Professional fundraising fees (Part IX, column (A), line 11e) 0

b Total fundraising expenses (Part IX, column (D), line 25) ▶0

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) 51,613,649

18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 112,359,001

19 Revenue less expenses. Subtract line 18 from line 12 11,279,326

Net Assets or Fund Balances

20 Total assets (Part X, line 16) 156,400,115

21 Total liabilities (Part X, line 26) 27,871,392

22 Net assets or fund balances. Subtract line 21 from line 20 128,528,723

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
STEPHANIE J HERNANDEZ CFO
Type or print name and title

2021-05-10
Date

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

For Paperwork Reduction Act Notice, see the separate instructions. Cat. No. 11282Y Form 990 (2019)

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:

TO HONOR DONORS AND SAVE LIVES THROUGH ORGAN AND TISSUE DONATION.

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 \$	59,323,310	including grants of \$	244,553) (Revenue \$	74,874,993)
See Additional Data					

4b	(Code:) (Expenses \$	33,911,766	including grants of \$	48,675) (Revenue \$	41,091,447)
See Additional Data					

4c	(Code:) (Expenses \$	9,311,741	including grants of \$) (Revenue \$	10,061,995)
See Additional Data					

See Additional Data Table

4d	Other program services (Describe in Schedule O.)				
	(Expenses \$	including grants of \$) (Revenue \$	158,396)	

4e	Total program service expenses ▶	102,546,817
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Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	No
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4 Yes	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V	10	No
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	No
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	No
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	No
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b Yes	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21 Yes	

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☒

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	362
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes

Part V **Statements Regarding Other IRS Filings and Tax Compliance** (continued)

2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 636			
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes		
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes		
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Yes		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? b If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	4a		No	
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No	
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No	
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6a		No	
7 Organizations that may receive deductible contributions under section 170(c).	7a		No	
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7b			
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7c		No	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7d			
d If "Yes," indicate the number of Forms 8282 filed during the year	7e		No	
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7f		No	
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7g			
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7h			
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	8			
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	9a			
9 Sponsoring organizations maintaining donor advised funds.	9b			
a Did the sponsoring organization make any taxable distributions under section 4966?	9a			
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b			
10 Section 501(c)(7) organizations. Enter:	10a			
a Initiation fees and capital contributions included on Part VIII, line 12	10b			
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	11a			
11 Section 501(c)(12) organizations. Enter:	11b			
a Gross income from members or shareholders	12a			
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	12b			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a			
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b			
13 Section 501(c)(29) qualified nonprofit health insurance issuers.	13a			
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13b			
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	13c			
c Enter the amount of reserves on hand	14a		No	
14a Did the organization receive any payments for indoor tanning services during the tax year?	14b			
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	15		No	
15 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.	16		No	
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		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

		Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	1a 22		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b Enter the number of voting members included in line 1a, above, who are independent	1b 13		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		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?	3		No
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6 Did the organization have members or stockholders?	6		No
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a The governing body?	8a	Yes	
b Each committee with authority to act on behalf of the governing body?	8b	Yes	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No

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

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

Section C. Disclosure

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

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

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

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

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

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

[illegible]

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								3,839,684	0	1,195,071

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 89

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
AMERICAN FOUNDATION FOR DONATION AND TRA 8154 FOREST HILLS AVE STE 3 RICHMOND, VA 23235	KIDNEY RECOVERY	4,718,145
OURLEGACY 601 S LAKE DESTINY RD STE 400 RICHMOND, VA 23235	TISSUE RECOVERY	2,440,522
ATLANTA AIR CHARTER INC 1723 MCCOLLUM PARKWAY HANGAR 460A KENNESAW, GA 30144	ORGAN TRANSPORTATION	1,472,097
AIRSPACE TECHNOLOGIES 5909 SEA OTHER PLACE SUITE 200 CARLSBAD, CA 92010	DONOR TRANSPORTATION	618,533
BHL LIMO INC 4546 JIMMY CARTER BLVD NORCROSS, GA 30093	DONOR TRANSPORTATION	497,102

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ► 24

Form 990 (2019)										Page 9			
Part VIII Statement of Revenue													
Check if Schedule O contains a response or note to any line in this Part VIII <input type="checkbox"/>													
										(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns . . .		1a										
	b Membership dues . . .		1b										
	c Fundraising events . . .		1c										
	d Related organizations		1d										
	e Government grants (contributions)		1e										
	f All other contributions, gifts, grants, and similar amounts not included above		1f										
	g Noncash contributions included in lines 1a - 1f:\$		1g										
	h Total. Add lines 1a-1f ▶												
Program Service Revenue				Business Code									
	2a ORGAN PLACEMENT			621991	74,874,993	74,874,993							
	b TISSUE PLACEMENT			621991	41,091,447	41,091,447							
	c IMMUNOLOGY LAB			621511	10,061,995	10,061,995							
	d RESEARCH AND DEVELOPMENT			541712	158,396	158,396							
	e												
	f All other program service revenue.												
g Total. Add lines 2a-2f. ▶				126,186,831									
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶				2,931,466						2,931,466		
	4 Income from investment of tax-exempt bond proceeds ▶												
	5 Royalties ▶												
			(i) Real	(ii) Personal									
	6a Gross rents		6a										
	b Less: rental expenses		6b										
	c Rental income or (loss)		6c										
	d Net rental income or (loss) ▶												
			(i) Securities	(ii) Other									
	7a Gross amount from sales of assets other than inventory		7a	18,243,888	63,387								
	b Less: cost or other basis and sales expenses		7b	18,555,274	10,192								
	c Gain or (loss)		7c	-311,386	53,195								
	d Net gain or (loss) ▶				-258,191						-258,191		
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18		8a										
	b Less: direct expenses		8b										
	c Net income or (loss) from fundraising events . . . ▶												
	9a Gross income from gaming activities. See Part IV, line 19		9a										
	b Less: direct expenses		9b										
	c Net income or (loss) from gaming activities . . . ▶												
	10a Gross sales of inventory, less returns and allowances . . .		10a										
	b Less: cost of goods sold . . .		10b										
	c Net income or (loss) from sales of inventory . . . ▶												
Miscellaneous Revenue			Business Code										
11a ALLOGRAFT WAREHOUSING SERVICES			621991	126,395			126,395						
b													
c													
d All other revenue													
e Total. Add lines 11a-11d ▶				126,395									
12 Total revenue. See instructions ▶				128,986,501		126,186,831		126,395		2,673,275			

Form 990 (2019)

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	293,228	293,228		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	3,817,168	2,789,220	1,027,948	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	702,879	326,286	376,593	
7 Other salaries and wages	40,323,227	37,755,232	2,567,995	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	3,649,412	3,416,900	232,512	
9 Other employee benefits	10,894,202	10,199,385	694,817	
10 Payroll taxes	3,182,880	2,902,822	280,058	
11 Fees for services (non-employees):				
a Management				
b Legal	229,496	59,230	170,266	
c Accounting	98,700		98,700	
d Lobbying	115,339	115,339		
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	141,149		141,149	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	23,952,692	23,735,394	217,298	
12 Advertising and promotion	764,593	764,593		
13 Office expenses	2,866,308	2,727,945	138,363	
14 Information technology	854,302	839,599	14,703	
15 Royalties				
16 Occupancy	2,708,511	1,795,825	912,686	
17 Travel	1,444,993	1,305,954	139,039	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	299,548	290,173	9,375	
20 Interest	97,105	97,105		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	3,263,856	3,210,667	53,189	
23 Insurance	479,274		479,274	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a MEDICAL SUPPLIES	9,880,074	9,880,074		
b DONATED PROPERTY EXP	41,846	41,846		
c UBI TAX	6,500		6,500	
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	110,107,282	102,546,817	7,560,465	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part IX ☐

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		11,450,548	1	24,152,974
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		14,699,223	4	17,277,103
	5	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		15,966,448	8	16,510,047
	9	Prepaid expenses and deferred charges		253,710	9	370,018
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	66,689,439		
	b	Less: accumulated depreciation	10b	32,149,676		
	11	Investments—publicly traded securities		75,461,232	11	88,312,240
	12	Investments—other securities. See Part IV, line 11			12	
	13	Investments—program-related. See Part IV, line 11		242,739	13	242,739
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		1,897,529	15	2,077,842
16	Total assets. Add lines 1 through 15 (must equal line 34)		156,400,115	16	183,482,726	
Liabilities	17	Accounts payable and accrued expenses		25,213,006	17	33,478,658
	18	Grants payable			18	
	19	Deferred revenue		158,396	19	0
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			22	
	23	Secured mortgages and notes payable to unrelated third parties		2,499,990	23	3,141,178
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D		0	25	23,281
	26	Total liabilities. Add lines 17 through 25		27,871,392	26	36,643,117
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.					
	27	Net assets without donor restrictions		127,803,725	27	146,114,611
	28	Net assets with donor restrictions		724,998	28	724,998
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.					
	29	Capital stock or trust principal, or current funds			29	
	30	Paid-in or capital surplus, or land, building or equipment fund			30	
	31	Retained earnings, endowment, accumulated income, or other funds			31	
	32	Total net assets or fund balances		128,528,723	32	146,839,609
33	Total liabilities and net assets/fund balances		156,400,115	33	183,482,726	

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	128,986,501
2	Total expenses (must equal Part IX, column (A), line 25)	2	110,107,282
3	Revenue less expenses. Subtract line 2 from line 1	3	18,879,219
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	128,528,723
5	Net unrealized gains (losses) on investments	5	-568,333
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	146,839,609

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☒

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
2c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	Yes	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

Additional Data

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

Form 990 (2019)

Form 990, Part III, Line 4a:

LIFELINK FOUNDATION ORGAN PROCUREMENT ORGANIZATIONS:LIFELINK OF GEORGIA FACILITATES ORGAN RECOVERY IN THE STATE OF GEORGIA AS WELL AS TWO COUNTIES IN SOUTH CAROLINA, AIKEN AND EDGEFIELD COUNTIES.LIFELINK OF FLORIDA FACILITATES ORGAN 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 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, LIFELINK OF GEORGIA AND LIFELINK OF PUERTO RICO EACH PROVIDED A RECORD NUMBER OF ORGANS FOR TRANSPLANT DURING THE 2019-2020 FISCAL YEAR. RESPECTIVELY, EFFORTS BY LIFELINK OF FLORIDA RESULTED IN 833 ORGANS TRANSPLANTED FROM 272 DONORS, LIFELINK OF GEORGIA 997 ORGANS TRANSPLANTED FROM 335 DONORS AND LIFELINK OF PUERTO RICO 249 ORGANS TRANSPLANTED FROM 106 DONORS. THE 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.HRS'S "WORKPLACE 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 ORGANIZATION TO SUPPORT AND INCREASE DONATION EDUCATION IN THEIR COMMUNITIES.DURING THIS YEAR'S CAMPAIGN CYCLE, THE COVID-19 PANDEMIC STRUCK JUST BEFORE NATIONAL DONATE LIFE MONTH, CELEBRATED EACH APRIL, AND CHALLENGED PARTICIPATING HOSPITALS TO ADAPT THEIR PLANS FOR CAMPAIGN EVENTS DURING NATIONAL DONATE LIFE MONTH WHILE ALSO TAKING ON THE PANDEMIC. 189 HOSPITALS IN FLORIDA, GEORGIA AND PUERTO RICO, REPRESENTING 100% HOSPITAL PARTICIPATION WITHIN THE OPO SERVICE AREA, PARTNERED WITH LIFELINK IN THIS CAMPAIGN. IN RECOGNITION OF THEIR ADAPTABILITY AND LIFE-SAVING WORK, ALL HOSPITAL PARTNER PARTICIPANTS IN THE WPFL HOSPITAL CAMPAIGN RECEIVED PLATINUM LEVEL AWARDS.

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 75,000 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) FROM THE INITIAL ONSET OF THE COVID-19 OUTBREAK, THE LIFELINK TISSUE BANK HAS CLOSELY MONITORED AND IMPLEMENTED ALL GUIDANCE AND RECOMMENDATIONS FROM THE FDA AND AATB. SINCE THAT DATE, WE HAVE FOLLOWED AND IMPLEMENTED ALL ADDITIONAL INDUSTRY GUIDANCE IN ORDER TO ASSURE THE SAFETY OF OUR STAFF AND OUR PROCESSED TISSUE, AND LIFELINK IMPLEMENTED AN ADDITIONAL LAYER OF SAFETY TO TEST FOR COVID-19. LIFELINK TISSUE BANK WILL CONTINUE TO OBSERVE FDA, AATB AND CDC GUIDELINES AS WE CONTINUE TO PROCESS QUALITY ALLOGRAFT TISSUE FOR OUR MANY CUSTOMERS AND PARTNERS. THE SAFETY OF OUR EMPLOYEES, ALL HEALTHCARE WORKERS AND ALLOGRAFT RECIPIENTS WILL REMAIN OUR NUMBER ONE PRIORITY. 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 PATIENTS BONE: USED FOR A VARIETY OF ORTHOPEDIC AND SPINAL PROCEDURES TENDONS: OFTEN USED ON SPORTS-RELATED INJURIES VALVES: USED COMMONLY IN HEART VALVE REPLACEMENT SURGERY TISSUES 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 LIVES SPORTS 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.

Form 990, Part III, Line 4c:

LIFELINK TRANSPLANTATION IMMUNOLOGY LABORATORY:DURING THE 2019-2020 FISCAL YEAR, THE LIFELINK TRANSPLANTATION IMMUNOLOGY LABORATORY FACILITATED 616 LIFESAVING TRANSPLANTS FOR THE SIX TRANSPLANT CENTERS SERVED, INCLUDING TAMPA GENERAL HOSPITAL IN TAMPA, FLORIDA, THE TRANSPLANT INSTITUTE OF FLORIDA, LARGO, CLEVELAND CLINIC FLORIDA, WESTON, BROWARD HEALTH, FORT LAUDERDALE, MEMORIAL REGIONAL HOSPITAL, HOLLYWOOD AND JOE DIMAGGIO CHILDREN'S HOSPITAL, HOLLYWOOD. THEY ALSO EVALUATED 562 LIVING DONORS AND 592 DECEASED DONORS, AND CONDUCTED 43,423 TRANSPLANT RELATED TESTS.(CONTINUED ON SCHEDULE O)THE 616 LIFESAVING TRANSPLANTS CAN BE BROKEN DOWN AS FOLLOWS: - 117 HEARTS - 74 LIVERS - 35 LUNGS - 377 KIDNEYS - 13 KIDNEY/PANCREAS35,275 TESTS FOR PRE-TRANSPLANT8,148 TESTS RUN FOR POST-TRANSPLANT

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 \$	158,396)
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.				
(Code:)	(Expenses \$	including grants of \$	(Revenue \$)
PUBLIC EDUCATION:PUBLIC AND PROFESSIONAL EDUCATION IN GEORGIA, FLORIDA AND PUERTO RICO:THE KEY STRATEGIC INITIATIVE OF THE PUBLIC AFFAIRS DEPARTMENT INCLUDES 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. DURING THE YEAR, LIFELINK FOUNDATION PARTICIPATED IN 7,710 MEDIA STORIES.THE RESULTS OF PUBLIC EDUCATION EFFORTS ARE CLEAR IN DONOR DESIGNATION RATES (DDR), WHICH REPRESENTS THE RATE AT WHICH INDIVIDUALS WHO ARE OFFERED THE OPTION TO REGISTER AS A DONOR DO SO, AND DONOR DESIGNATION SHARE (DDS), THE PERCENTAGE OF THE ADULT POPULATION REGISTERED AS AN ORGAN AND TISSUE DONOR. IN FLORIDA AND GEORGIA, THE MAJORITY OF DONOR DESIGNATIONS TOOK PLACE DURING DRIVER LICENSE TRANSACTIONS THROUGH STATE AND LOCAL DRIVER LICENSE ISSUING OFFICES. IN FACT, 90% OF REGISTRATIONS IN FLORIDA AND 89% OF GEORGIA REGISTRATIONS OCCURRED WITHIN THE DRIVER LICENSE TRANSACTION PROCESS. 7% OF FLORIDA REGISTRATIONS AND 6% OF GEORGIA REGISTRATIONS HAPPENED THROUGH A NATIONAL REGISTRATION APPLICATION. 1% OF REGISTRATIONS OCCURRED ONLINE OR IN PERSON. IN PUERTO RICO, THOSE PERCENTAGES ARE MUCH DIFFERENT, WITH 59% OF REGISTRATIONS BEING HANDLED IN PERSON AT EVENTS, 26% THROUGH DRIVER LICENSE TRANSACTION AND 16% ONLINE.NEW LEGISLATION IN GEORGIA:THE GEORGIA GENERAL ASSEMBLY PASSED SENATE BILL 99 THAT ALLOWED DONOR REGISTRATION WHEN PURCHASING OR RENEWING A HUNTING, FISHING OR TRAPPING LICENSE THROUGH THE GEORGIA DEPARTMENT OF NATURAL RESOURCES ONLINE LICENSING SYSTEM. THE INITIATIVE WAS FULLY LAUNCHED IN JANUARY 2020, AND AS OF JUNE 30, 2020, MORE THAN 18,300 GEORGIANS HAD REGISTERED TO BE AN ORGAN, TISSUE AND EYE DONOR THROUGH THIS AVENUE.MINORITY EDUCATION IN GEORGIA:THE MULTICULTURAL DONATION EDUCATION PROGRAM (MDEP) FOCUSED ON EDUCATING MINORITY COMMUNITIES, MAINLY BLACK AND HISPANIC COMMUNITIES, THROUGHOUT THE STATE, ABOUT THE IMPORTANCE OF ORGAN, TISSUE AND EYE DONATION AND REGISTERING ON GEORGIA'S DONOR REGISTRY. MDEP STAFF, IN PARTNERSHIP WITH THE PUBLIC AFFAIRS TEAM, HOSTED THE SECOND ANNUAL ART OF LIFE CONTEST IN GEORGIA DURING THE SPRING. ALTHOUGH THIS EVENT, WHICH INCLUDED AN IN-PERSON ART SHOW COMPONENT IN PREVIOUS YEARS, HAD TO TAKE PLACE VIRTUALLY IN 2020. MIDDLE AND HIGH SCHOOL STUDENTS IN THE MILLEDGEVILLE-BALDWIN COUNTY PUBLIC OR PRIVATE SCHOOL SYSTEM SUBMITTED ARTWORK SHOWCASING THEIR PERCEPTION OF THE GIFT OF LIFE THROUGH DONATION. COMMUNITY JUDGES REVIEWED THE SUBMISSIONS AND AWARDED FIRST, SECOND AND THIRD PLACE AWARDS. THE TOP THREE SUBMISSIONS WERE HIGHLIGHTED ON OUR SOCIAL MEDIA PLATFORM.				

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

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 \$)

COVID-19 RESPONSE: UNDER THE DIRECTION OF THE CEO, SENIOR VICE PRESIDENT OF HUMAN RESOURCES AND CORPORATE COMPLIANCE, AND IN CONJUNCTION WITH OTHER SENIOR LEADERSHIP, HUMAN RESOURCES COORDINATED WITH EVERY DIVISION TO ADDRESS THE COVID-19 PANDEMIC TO KEEP STAFF AS SAFE AS POSSIBLE WHILE CONTINUING TO FULFILL OUR LIFESAVING MISSION. NON-ESSENTIAL BUSINESS TRAVEL WAS SUSPENDED AND EMPLOYEE TRAVEL PROTOCOLS WERE IMPLEMENTED. LIFELINK OFFICES WERE CLOSED TO NON-ESSENTIAL VISITORS. AN EMPLOYEE COVID-19 POSITIVE RESPONSE PROTOCOL WAS IMPLEMENTED, INCLUDING STAFF CLOSE CONTACT TRACING. COVID-19 CLEANING PROTOCOLS WERE IMPLEMENTED. EMPLOYEES WHO COULD PERFORM THEIR ROLES REMOTELY WERE ASKED TO DO SO. AN ESSENTIAL SERVICE FUNCTION NOTICE ALLOWED CRITICAL INFRASTRUCTURE WORKERS TO PERFORM DUTIES. PLANS TO RETURN TO OFFICE WERE OUTLINED IN PHASES. TEMPERATURE AND SYMPTOM SCREENING PROTOCOL WAS IMPLEMENTED.

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			
JEAN AIKEN DAVIS VICE CHAIR/PRESIDENT & CEO	40.00 2.00			X				566,990	0	81,031
KATHLEEN T LILLY SR VP/EXEC DIR LLGA-OPO	40.00 0.00				X			345,730	0	206,409
ELIZABETH M LEHR SR VP/EXEC DIR LLFL-OPO	40.00 0.00				X			280,620	0	153,280
MAYRA M LOPEZ-CEPERO SR VP/DIRECTOR IMMUNOLOGY	40.00 0.00				X			271,407	0	160,386
MICHAEL CONSILVIO EXEC DIR GEN MGR-LLTB	40.00 0.00				X			312,350	0	62,586
CHARLES E WRIGHT MEDICAL DIRECTOR-OPO	40.00 0.00					X		291,555	0	61,671
MARK P STRONG SR VP/ASSOC EXEC DIR LLTB	40.00 0.00					X		246,002	0	54,056
STEPHANIE J HERNANDEZ TREASURER & CFO (NON-VOTING)	40.00 2.00			X				243,540	0	52,081
DUSTIN DIGGS EXECUTIVE DIRECTOR - LLGA	40.00 0.00				X			234,701	0	50,975
TIMOTHY IGNATIUS VP SALES AND MARKETING	40.00 0.00					X		206,261	0	50,151

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	Insttutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JOHN RHON SR VP INFO SYSTEMS	40.00 0.00					X		205,886	0	45,360
JOHN LUNZ III ASSOC EXEC DIR IMM LAB	40.00 0.00					X		207,590	0	35,296
THOMAS C PEARSON MD DIRECTOR/MEDICAL DIRECTOR	20.00 2.00	X						75,250	0	28,927
LUIS A MORALES-OTERO MD DIRECTOR/MEDICAL DIRECTOR	20.00 0.00	X						74,590	0	28,940
MARTY T SELLERS MD DIRECTOR/ASSOC MEDICAL DIRECTOR	20.00 0.00	X						71,341	0	30,885
VICTOR D BOWERS MD DIRECTOR/ASSOC MEDICAL DIRECTOR	20.00 2.00	X						63,920	0	27,324
ESTHER TORRES MD DIRECTOR/ASSOC MEDICAL DIRECTOR	20.00 0.00	X						62,320	0	27,402
JOEL T VANSICKLER MD DIRECTOR/ASSOC MEDICAL DIRECTOR	20.00 2.00	X						48,881	0	26,110
DANA SHIRES MD BOARD MEMBER EMERITUS (NON-VOTING)	2.00 2.00			X				0	0	12,201
JAMES J WYNN MD DIRECTOR	2.00 0.00	X						3,000	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			
DENNIS F HEINRICHS BSN MBA CHAIRMAN OF THE BOARD	4.00 2.00	X		X				2,250	0	0
BENJAMIN JAMES DIRECTOR	2.00 0.00	X						2,250	0	0
WILLIAM M LEFOR DIRECTOR	2.00 2.00	X						2,250	0	0
ROBERT METZGER MD DIRECTOR	2.00 0.00	X						2,250	0	0
HAROLD W MULLIS JR ESQ DIRECTOR	2.00 0.00	X						2,250	0	0
JEFFREY L SEAVEY CFP DIRECTOR	2.00 0.00	X						2,250	0	0
DARA SIMON CPA DIRECTOR	2.00 0.00	X						2,250	0	0
J DAVID VEGA MD DIRECTOR	2.00 0.00	X						2,250	0	0
DEBORAH WINEGARD JD DIRECTOR	2.00 0.00	X						2,250	0	0
LARRY F JONES DIRECTOR	2.00 2.00	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
BRANDI QUINN DIRECTOR	2.00 0.00	X						1,500	0	0
ARNOLDO MIGNUCCI DIRECTOR	2.00 0.00	X						1,500	0	0
WILLIAM J MEURER CPA DIRECTOR	2.00 0.00	X						750	0	0
WILLIAM CLEVELAND MD DIRECTOR	2.00 0.00	X						750	0	0

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

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		
Total						

Part II

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

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . .						
3 The value of services or facilities furnished by a governmental unit to the organization without charge..						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). . .						
6 Public support. Subtract line 5 from line 4.						
Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4. . .						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . .						
9 Net income from unrelated business activities, whether or not the business is regularly carried on. . .						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . .						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						
Section C. Computation of Public Support Percentage						
14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))					14	
15 Public support percentage for 2018 Schedule A, Part II, line 14					15	
16a 33 1/3% support test—2019. 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 ▶ <input type="checkbox"/>						
b 33 1/3% support test—2018. 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 ▶ <input type="checkbox"/>						
17a 10%-facts-and-circumstances test—2019. 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 ▶ <input type="checkbox"/>						
b 10%-facts-and-circumstances test—2018. 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 ▶ <input type="checkbox"/>						
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 ▶ <input type="checkbox"/>						

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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . .				50,362		50,362
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . .	100,329,510	101,697,408	111,299,404	120,771,281	126,186,831	560,284,434
3 Gross receipts from activities that are not an unrelated trade or business under section 513 . . .						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . .						
5 The value of services or facilities furnished by a governmental unit to the organization without charge . . .						
6 Total. Add lines 1 through 5 . . .	100,329,510	101,697,408	111,299,404	120,821,643	126,186,831	560,334,796
7a Amounts included on lines 1, 2, and 3 received from disqualified persons . . .						0
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year. . .						0
c Add lines 7a and 7b. . .						0
8 Public support. (Subtract line 7c from line 6.) . . .						560,334,796

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6. . .	100,329,510	101,697,408	111,299,404	120,821,643	126,186,831	560,334,796
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . .	1,564,515	1,009,662	2,010,092	2,687,963	2,931,466	10,203,698
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. . .					19,733	19,733
c Add lines 10a and 10b. . .	1,564,515	1,009,662	2,010,092	2,687,963	2,951,199	10,223,431
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. . .						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . .		592,100				592,100
13 Total support. (Add lines 9, 10c, 11, and 12.) . . .	101,894,025	103,299,170	113,309,496	123,509,606	129,138,030	571,150,327
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f))	15	98.110 %
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	98.440 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f) divided by line 13, column (f))	17	1.790 %
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	1.450 %

19a 33 1/3% support tests—2019. 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—2018. 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
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
1		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
2		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
3a		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
3b		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
3c		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
4a		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
4b		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
4c		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
5a		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
5b		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
5c		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (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? <i>If "Yes," provide detail in Part VI.</i>		
6		
7 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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) .</i>		
7		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
9a		
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? <i>If "Yes," provide detail in Part VI.</i>		
9b		
c 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? <i>If "Yes," provide detail in Part VI.</i>		
9c		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
10a		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).</i>		
10b		

Part IV

Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c 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>		
11a		
11b		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <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>		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "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>		
1		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <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>		
1		

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <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 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>		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
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>		
2a		
2b		
3a		
3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations			
1 <input type="checkbox"/> 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.			
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

Part V

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014.			
b From 2015.			
c From 2016.			
d From 2017.			
e From 2018.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015.			
b Excess from 2016.			
c Excess from 2017.			
d Excess from 2018.			
e Excess from 2019.			

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 for instructions and the latest information.

OMB No. 1545-0047

2019

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
---	--

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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4a	Was a correction made?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b	If "Yes," describe in Part IV.	

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

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)	113,584	113,584												
b Total lobbying expenditures to influence a legislative body (direct lobbying)	1,755	1,755												
c Total lobbying expenditures (add lines 1a and 1b)	115,339	115,339												
d Other exempt purpose expenditures	109,991,943	110,254,711												
e Total exempt purpose expenditures (add lines 1c and 1d)	110,107,282	110,370,050												
f 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%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%; text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%; 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.													
g Grassroots nontaxable amount (enter 25% of line 1f)	250,000	250,000												
h Subtract line 1g from line 1a. If zero or less, enter -0-	0	0												
i Subtract line 1f from line 1c. If zero or less, enter -0-	0	0												
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?	<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.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total
2a Lobbying nontaxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
b Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000
c Total lobbying expenditures	100,575	96,935	93,203	115,339	406,052
d Grassroots nontaxable amount	250,000	250,000	250,000	250,000	1,000,000
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000
f Grassroots lobbying expenditures	100,575	96,935	93,203	113,584	404,297

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

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

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

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

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

Part IV Supplemental Information

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

Return Reference	Explanation
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TY 2019 Affiliated Group Schedule**Name:** LIFELINK FOUNDATION INC**EIN:** 59-2193032

Affiliated Group Business Name:	LIFELINK LEGACY FUND
Address. Either US or Foreign Type:	9661 DELANEY CREEK BOULEVARD TAMPA, FL 33619
EIN:	59-3040982
Electing Organization Checkbox:	<input checked="" type="checkbox"/>
Total Grassroots Lobbying:	0
Total Direct Lobbying:	0
Total Lobbying Expenditures:	0
Other Exempt Purpose Expenditures:	262,768
Total Exempt Purpose Expenditures:	262,768
Lobbying Nontaxable Amount:	52,554
Grassroots Nontaxable Amount:	13,139
Tot Lobbying Grassroot Minus Non Tx:	0
Tot Lobby Expend Mns Lobbying Non Tx:	0
Share Of Excess Lobbying:	0

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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 for instructions and the latest information.

OMB No. 1545-0047

2019

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
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		

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

☐ Yes ☐ No

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

☐ Yes ☐ No

Part II

Conservation Easements.
Complete if the organization answered "Yes" 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
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, 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 ► \$

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

Cat. No. 52283D Schedule D (Form 990) 2019

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:

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

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

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

☐

Part V

Endowment Funds.

Complete if the organization answered "Yes" 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
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g 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:

(i) unrelated organizations

3a(i)

☐

Yes

3a(ii)

☐

No

(ii) related organizations

3b

☐

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

4

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

Part VI

Land, Buildings, and Equipment.

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
1a Land		5,182,449		5,182,449
b Buildings		47,384,108	21,894,426	25,489,682
c Leasehold improvements				
d Equipment		12,256,411	8,899,404	3,357,007
e Other		1,866,471	1,355,846	510,625
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				34,539,763

Schedule D (Form 990) 2019

Part VII

Investments—Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (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)		
Total. (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)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.) ▶	

Part X

Other Liabilities.

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

(a) Description of liability	(b) Book value
1. (1) Federal income taxes	
(2) DUE TO AFFILIATE	23,281
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) ▶	23,281

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.

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

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

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

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

Part XIII Supplemental Information

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

Return Reference	Explanation	
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Part XIII	Supplemental Information <i>(continued)</i>
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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 for instructions and the latest information.	OMB No. 1545-0047 2019 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" on 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 the region	(d) Activities conducted in region (by type) (such as, 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 the region	(f) Total expenditures for and investments in the region
See Add'l Data					
3a Sub-total	0	0			310,315
b Total from continuation sheets to Part I	0	0			0
c Totals (add lines 3a and 3b)	0	0			310,315

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on 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 noncash assistance	(h) Description of noncash 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 III	Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.
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Part III can be duplicated if additional space is needed.

[illegible]

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 III ACCOUNTING METHOD:	

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, SOUTH KOREA, PERU, SAUDI ARABIA, SWITZERLAND, TAIWAN, NEW ZEALAND, AND THE UNITED KINGDOM. ASIDE FROM COMMISSIONS PAID FOR TISSUE PLACEMENT TO DISTRIBUTORS IN CANADA AND THE UNITED KINGDOM AND SOME SMALL EXPENSES TO SUPPORT ACTIVITY IN SAUDI ARABIA AND 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

Return Reference	Explanation
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, 2020, 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	33,047

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	
EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, AUSTRIA, BELGIUM	0	0	PROGRAM SERVICES	SALE OF TISSUE	31,159

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	3,370
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)

Department of the
Treasury
Internal Revenue Service

Name of the organization
LIFELINK FOUNDATION INC

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

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

Open to Public
Inspection

Employer identification number
59-2193032

Part I

General Information on Grants and Assistance

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

☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" 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 1

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.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OURLEGACY FKA TRANS LIFE TISSUE BANK 1560 ORANGE AVE STE 450 WINTER PARK, FL 32789	59-0724459	501(C)(3)	48,675	0	N/A	N/A	PROGRAM GRANT
DONATE LIFE AMERICA 701 E BYRD ST 16TH FL RICHMOND, VA 23219	54-1626038	501(C)(3)	40,200	0	N/A	N/A	EDUCATIONAL & PROGRAM GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TAMPA HILLSBOROUGH ECONOMIC DEVELOPMENT CORP 101 E KENNEDY BLVD TAMPA, FL 33602	27-1010441	501(C)(3)	10,000	0	N/A	N/A	PROGRAM GRANT
BIOFLORIDA INC 6742 FOREST HILL BLVD SUITE 256 WEST PALM, FL 33413	59-3436638	501(C)(6)	6,500	0	N/A	N/A	PROGRAM GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LIONS EYE INSTITUTE 1410 N 21ST ST TAMPA, FL 33605	01-0843838	501(C)(3)	5,000	0	N/A	N/A	PROGRAM GRANT
ORLANDO HEALTH INC 1414 KUHL AVE MP 2 ORLANDO, FL 32806	59-1726273	501(C)(3)	5,000	0	N/A	N/A	EDUCATIONAL GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GEORGIA TRANSPLANT FOUNDATION INC 2201 MACY DRIVE ROSWELL, GA 30076	58-2075193	501(C)(3)	5,000	0	N/A	N/A	PROGRAM GRANT
LIFELINK LEGACY FUND 9661 DELANEY CREEK BLVD TAMPA, FL 33619	59-3040982	501(C)(3)	144,158	0	N/A	N/A	PROGRAM GRANT

Schedule J (Form 990)	Compensation Information	OMB No. 1545-0047
		2019
Department of the Treasury Internal Revenue Service	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 for instructions and the latest information.	
Name of the organization LIFELINK FOUNDATION INC		Employer identification number 59-2193032

Part I Questions Regarding Compensation		Yes	No
1a 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.			
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use		
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence		
<input type="checkbox"/> Tax idemnification and gross-up payments	<input checked="" type="checkbox"/> Health or social club dues or initiation fees		
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
b If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain		1b Yes	
2 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 on Line 1a?		2 Yes	
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
<input checked="" type="checkbox"/> Compensation committee	<input checked="" type="checkbox"/> Written employment contract		
<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study		
<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee		
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
a Receive a severance payment or change-of-control payment?		4a	No
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?		4b Yes	
c Participate in, or receive payment from, an equity-based compensation arrangement?		4c	No
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5 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:			
a The organization?		5a	No
b Any related organization?		5b	No
If "Yes," on line 5a or 5b, describe in Part III.			
6 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:			
a The organization?		6a	No
b Any related organization?		6b	No
If "Yes," on line 6a or 6b, describe in Part III.			
7 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.		7 Yes	
8 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.		8	No
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		9	

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

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

[illegible]

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	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.
PART I, LINE 4B	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. THERE WERE NO BENEFIT DISTRIBUTIONS DURING THE YEAR ENDED JUNE 30, 2020. THE FOUNDATION INCURRED EXPENSES OF \$413,928 UNDER THE SERP FOR THE YEAR ENDED JUNE 30, 2020.
PART I, LINE 7	LIFELINK POLICIES PERMIT THE PAYMENT OF DISCRETIONARY ANNUAL BONUSES TO ALL STAFF. BONUSES ARE CONSIDERED TO BE PART OF THE OVERALL COMPENSATION RECEIVED BY AN EMPLOYEE AND AS SUCH THE ORGANIZATIONAL BONUS POOL AS WELL AS THE BONUS AND TOTAL COMPENSATION OF THE CEO AND ALL DISQUALIFIED INDIVIDUALS ARE REVIEWED AND APPROVED FOR REASONABLENESS BY THE INDEPENDENT COMPENSATION COMMITTEE IN A MANNER THAT QUALIFIES FOR THE REBUTTABLE PRESUMPTION OF REASONABLENESS UNDER FEDERAL TAX LAW.

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				
1JEAN AIKEN DAVIS VICE CHAIR/PRESIDENT & CEO	(i)	470,500	85,000	11,490	58,115	22,916	648,021	0
	(ii)	0	0	0	0	0	0	0
1KATHLEEN T LILLY SR VP/EXEC DIR LLGA-OPO	(i)	304,464	34,000	7,266	182,893	23,516	552,139	0
	(ii)	0	0	0	0	0	0	0
2ELIZABETH M LEHR SR VP/EXEC DIR LLFL-OPO	(i)	246,676	28,000	5,944	132,364	20,916	433,900	0
	(ii)	0	0	0	0	0	0	0
3MAYRA M LOPEZ-CEPERO SR VP/DIRECTOR IMMUNOLOGY	(i)	244,047	25,000	2,360	139,470	20,916	431,793	0
	(ii)	0	0	0	0	0	0	0
4MICHAEL CONSILVIO EXEC DIR GEN MGR-LLTB	(i)	288,207	18,000	6,143	41,670	20,916	374,936	0
	(ii)	0	0	0	0	0	0	0
5CHARLES E WRIGHT MEDICAL DIRECTOR-OPO	(i)	272,327	12,000	7,228	40,755	20,916	353,226	0
	(ii)	0	0	0	0	0	0	0
6MARK P STRONG SR VP/ASSOC EXEC DIR LLTB	(i)	219,328	21,000	5,674	31,640	22,416	300,058	0
	(ii)	0	0	0	0	0	0	0
7STEPHANIE J HERNANDEZ TREASURER & CFO (NON-VOTING)	(i)	210,751	28,000	4,789	30,125	21,956	295,621	0
	(ii)	0	0	0	0	0	0	0
8DUSTIN DIGGS EXECUTIVE DIRECTOR - LLGA	(i)	211,900	18,000	4,801	30,059	20,916	285,676	0
	(ii)	0	0	0	0	0	0	0
9TIMOTHY IGNATIUS VP SALES AND MARKETING	(i)	193,944	10,306	2,011	27,235	22,916	256,412	0
	(ii)	0	0	0	0	0	0	0
10JOHN RHON SR VP INFO SYSTEMS	(i)	180,174	20,960	4,752	24,444	20,916	251,246	0
	(ii)	0	0	0	0	0	0	0
11JOHN LUNZ III ASSOC EXEC DIR IMM LAB	(i)	198,661	5,000	3,929	14,120	21,176	242,886	0
	(ii)	0	0	0	0	0	0	0

Schedule L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

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

OMB No. 1545-0047

2019

Open to Public Inspection

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 section 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 the 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	253,480	COMPENSATION FOR EMPLOYMENT		No
(2) SHIRLEY A HEINRICHS	WIFE OF CHAIRMAN OF THE BOARD	123,113	COMPENSATION FOR EMPLOYMENT		No
(3) BRAD T BASSLER	SON-IN-LAW OF BOARD MEMBER	257,412	COMPENSATION FOR EMPLOYMENT		No
(4) ROBERT METZGER	BOARD MEMBER IS MEDICAL DIRECTOR OF A TISSUE BANK USED BY THE ORGANIZATION	1,812,340	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	12,660	COMPENSATION FOR EMPLOYMENT		No
(6) NATALIE R SHIRES	GRANDDAUGHTER OF FOUNDER AND BOARD MEMBER EMERITUS	56,214	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 for the latest information.	OMB No. 1545-0047 2019 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 FROM THE PRESIDENT/CEO: LIFELINK FOUNDATION WAS POSITIONED TO SET NEW RECORDS FOR THE NUMBER OF LIVES SAVED AND IMPROVED THROUGH ORGAN AND TISSUE DONATION AND TRANSPLANTATION, WHEN A GLOBAL PANDEMIC THREATENED TO IMPACT EVERY ASPECT OF OUR LIFESAVING MISSION. OUR LEADERSHIP TEAM IN EACH DIVISION RAPIDLY AND DECISIVELY CAME TOGETHER TO PRIORITIZE THE SAFETY OF ALL OUR TEAM MEMBERS IN ORDER TO CONTINUE TO PROVIDE OUR ESSENTIAL SERVICES. WE FOLLOWED CDC GUIDELINES TO DEVELOP ROBUST SAFETY AND CLEANING PROTOCOLS, WORK FROM HOME SCHEDULES, AND ALMOST VIRTUAL EVERYTHING, WHILE WORKING TO ENSURE THAT ALL CLINICAL STAFF HAD ACCESS TO PERSONAL PROTECTIVE EQUIPMENT. WE COLLABORATED WITH OUR CRITICAL PARTNERS INCLUDING HOSPITALS, MEDICAL EXAMINERS, CORONERS, FUNERAL HOMES, AND TRANSPLANT CENTERS TO DEVELOP NEW WAYS TO ENSURE THAT DONATION AND TRANSPLANTATION WOULD CONTINUE IN SPITE OF THE CHALLENGING CIRCUMSTANCES. EVEN OUR VOLUNTEERS REFUSED TO BE SIDELINED, PARTICIPATING IN VIRTUAL PUBLIC EDUCATION EVENTS AND SEWING MASKS FOR FRONTLINE WORKERS. AS LIFELINK DEMONSTRATED CARE AND CONCERN FOR ONE ANOTHER DURING THE PANDEMIC, WE ALSO DEMONSTRATED CARE AND CONCERN FOR RACIAL AND SOCIAL JUSTICE. WE RECOGNIZE THAT FULFILLING OUR MISSION OF SERVICE REQUIRES THE ABILITY TO LISTEN, TO ENGAGE AND TO LEARN ABOUT THE DIVERSE NEEDS OF ALL OF OUR COMMUNITY MEMBERS. THE LIFELINK ANNUAL REPORT HIGHLIGHTS THE COMMITMENT AND DEDICATION OF EVERY MEMBER OF OUR LIFELINK TEAM. WE ARE HUMBLLED AND HONORED TO BRING RENEWED LIFE AND HOPE TO MORE PATIENTS AGAIN THIS YEAR IN THE MIDDLE OF A GLOBAL HEALTH CRISIS. EVERY YEAR, THE LIFELINK ANNUAL REPORT SERVES AS A TRIBUTE TO THE COMPASSION AND GENEROSITY OF DONORS AND THEIR FAMILIES WHO MAKE THIS LIFE-CHANGING WORK POSSIBLE. JEAN AIKEN DAVIS PRESIDENT /CEO LIFELINK FOUNDATION

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:	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 LE GACY 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 COMMUNICATI ON FLOWING, AND ALLOW FOR IMPLEMENTATION OF THE MISSION, LIFELINK FOUNDATION IS SUPPORTED BY NUMEROUS SPECIALTY DEPARTMENTS, SUCH AS HUMAN RESOURCES, CORPORATE COMPLIANCE, INFORMAT ION SYSTEMS AND COMMUNICATIONS SERVICES, AS WELL AS PUBLIC AFFAIRS AND FINANCE AND ACCOUNT ING.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART V, LINE 2A:	THE ORGANIZATION FILED 555 FORMS W-2 FOR 2019 PLUS AN ADDITIONAL 81 ON THE EQUIVALENT PUERTO RICO FORM FOR A TOTAL OF 636 EMPLOYEES FOR THE 2019 CALENDAR YEAR.

990 Schedule O, Supplemental Information

Return Reference	Explanation
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

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	ANNUALLY, THE FOUNDATION REQUIRES ALL INTERESTED PERSONS TO ATTEST THAT THEY HAVE RECEIVED , READ AND AGREED TO COMPLY WITH LIFELINK'S CONFLICT OF INTEREST POLICY. THE ANNUAL CERTIFICATION REQUIRES THE DISCLOSURE OF ANY CONFLICTS OF INTEREST THAT MAY EXIST. THE 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

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

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

Return Reference	Explanation
PART VI, SECTION B:	<p>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 THE FOUNDATION'S MISSION. CORPORATE COMPLIANCE ALSO MONITORS THE EMPLOYEE HOTLINE, WHICH ALLOWS EMPLOYEES TO REPORT POTENTIAL COMPLIANCE CONCERNS ANONYMOUSLY. CORPORATE COMPLIANCE INVESTIGATES THE HOTLINE CONCERNS THOROUGHLY AND PROMPTLY. CORPORATE COMPLIANCE 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	COMMISSIONS: PROGRAM SERVICE EXPENSES 1,229,890. MANAGEMENT AND GENERAL EXPENSES 0. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 1,229,890. DONOR HOSPITAL COSTS: PROGRAM SERVICE EXPENSES 9,226,422. MANAGEMENT AND GENERAL EXPENSES 0. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 9,226,422. DONOR RELATED PHYSICIAN FEES: PROGRAM SERVICE EXPENSES 3,779,732. MANAGEMENT AND GENERAL EXPENSES 0. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 3,779,732. DONOR RELATED TRANSPORTATION: PROGRAM SERVICE EXPENSES 4,516,890. MANAGEMENT AND GENERAL EXPENSES 0. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 4,516,890. DONOR SEROLOGIES AND LAB TESTS: PROGRAM SERVICE EXPENSES 518,882. MANAGEMENT AND GENERAL EXPENSES 0. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 518,882. DONOR TISSUE TYPING: PROGRAM SERVICE EXPENSES 791,844. MANAGEMENT AND GENERAL EXPENSES 0. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 791,844. KIDNEY ACQUISITION COSTS: PROGRAM SERVICE EXPENSES 515,294. MANAGEMENT AND GENERAL EXPENSES 0. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 515,294. LAUNDRY SERVICES: PROGRAM SERVICE EXPENSES 198,358. MANAGEMENT AND GENERAL EXPENSES 0. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 198,358. PROFESSIONAL FEES: PROGRAM SERVICE EXPENSES 1,223,468. MANAGEMENT AND GENERAL EXPENSES 194,091. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 1,417,559. TEMPORARY LABOR: PROGRAM SERVICE EXPENSES 286,080. MANAGEMENT AND GENERAL EXPENSES 23,207. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 309,287. TISSUE ACQUISITION COSTS: PROGRAM SERVICE EXPENSES 1,448,534. MANAGEMENT AND GENERAL EXPENSES 0. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 1,448,534.

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No. 1545-0047

2019

Open to Public Inspection

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
(1)LIFELINK LEGACY FUND INC 9661 DELANEY CREEK BOULEVARD TAMPA, FL 33619 59-3040982	TO SUPPORT THE LIFELINK FOUNDATION MISSION	FL	501(C)(3)	LINE 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.**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	No
b Gift, grant, or capital contribution to related organization(s)	1b Yes	
c Gift, grant, or capital contribution from related organization(s)	1c	No
d Loans or loan guarantees to or for related organization(s)	1d	No
e Loans or loan guarantees by related organization(s)	1e Yes	
f Dividends from related organization(s)	1f	No
g Sale of assets to related organization(s)	1g	No
h Purchase of assets from related organization(s)	1h	No
i Exchange of assets with related organization(s)	1i	No
j Lease of facilities, equipment, or other assets to related organization(s)	1j	No
k Lease of facilities, equipment, or other assets from related organization(s)	1k	No
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	No
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n Yes	
o Sharing of paid employees with related organization(s)	1o Yes	
p Reimbursement paid to related organization(s) for expenses	1p	No
q Reimbursement paid by related organization(s) for expenses	1q	No
r Other transfer of cash or property to related organization(s)	1r	No
s Other transfer of cash or property from related organization(s)	1s	No

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)LIFELINK LEGACY FUND	B	144,158	CASH TRANSFERS
(2)LIFELINK LEGACY FUND	E	23,281	LOAN BALANCE

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

[illegible]

Part VII **Supplemental Information**

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

Return Reference	Explanation