

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

Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047
2019
Open to Public Inspection

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

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) | 3 | 22 |
| 4 Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 13 |
| 5 Total number of individuals employed in calendar year 2019 (Part V, line 2a) | 5 | 636 |
| 6 Total number of volunteers (estimate if necessary) | 6 | 373 |
| 7a Total unrelated business revenue from Part VIII, column (C), line 12 | 7a | 126,395 |
| b Net unrelated business taxable income from Form 990-T, line 39 | 7b | 24,979 |

| | Prior Year | Current Year |
|--|-------------|--------------|
| 8 Contributions and grants (Part VIII, line 1h) | 50,362 | 0 |
| 9 Program service revenue (Part VIII, line 2g) | 120,771,281 | 126,186,831 |
| 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 2,816,684 | 2,673,275 |
| 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 0 | 126,395 |
| 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 123,638,327 | 128,986,501 |

| | | |
|---|-------------|-------------|
| 13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) | 158,153 | 293,228 |
| 14 Benefits paid to or for members (Part IX, column (A), line 4) | 0 | 0 |
| 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) | 60,587,199 | 62,569,768 |
| 16a Professional fundraising fees (Part IX, column (A), line 11e) | 0 | 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 | 47,244,286 |
| 18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) | 112,359,001 | 110,107,282 |
| 19 Revenue less expenses. Subtract line 18 from line 12 | 11,279,326 | 18,879,219 |

| | Beginning of Current Year | End of Year |
|--|---------------------------|-------------|
| 20 Total assets (Part X, line 16) | 156,400,115 | 183,482,726 |
| 21 Total liabilities (Part X, line 26) | 27,871,392 | 36,643,117 |
| 22 Net assets or fund balances. Subtract line 21 from line 20 | 128,528,723 | 146,839,609 |

Part II Signature Block

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

Sign Here
Signature of officer: ***** Date: 2021-05-10
STEPHANIE J HERNANDEZ CFO
Type or print name and title

Paid Preparer Use Only
Print/Type preparer's name: Preparer's signature: Date: Check if self-employed PTIN: P00100222
Firm's name: ▶ CBIZ MHM LLC Firm's EIN: ▶ 27-3605969
Firm's address: ▶ 13577 FEATHER SOUND DR SUITE 400 CLEARWATER, FL 337625539 Phone no. (727) 572-1400

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

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 | Yes | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? | | 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 | | 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 | 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 | | 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 | | 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 | | No |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III | | 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 | | 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 | | 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. | | |
| 11a | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI | Yes | |
| 11b | 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 | | No |
| 11c | 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 | | No |
| 11d | 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 | | No |
| 11e | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | Yes | |
| 11f | 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 | | No |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII | | No |
| 12b | 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 | Yes | |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | | No |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | | No |
| 14b | 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 | 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 | | 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 | | 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) | | 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 | | 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 | | No |
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | | No |
| 20b | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | | |
| 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 | Yes | |

Part IV Checklist of Required Schedules (continued)

Table with 3 main columns: Question, Yes, No. Rows include questions 22 through 38 regarding organizational reporting, compensation, tax-exempt bonds, and controlled entities.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 main columns: Question, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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

Main form area containing questions 2a through 16, including sub-questions like 2b, 3a, 4a, 5a, 6a, 7a, 8, 9a, 10a, 11a, 12a, 13a, 14a, 15, and 16. Includes a grid for responses (Yes/No) and a column for numerical values.

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



Section A. Governing Body and Management

Table with 5 columns: Question, 1a, 1b, Yes, No. Rows include questions about voting members, family relationships, management control, governance decisions, and meeting documentation.

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

Table with 5 columns: Question, Yes, No. Rows include questions about local chapters, written policies, conflict of interest, whistleblower, document retention, compensation, and joint ventures.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed
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.
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:

Part VIII Statement of Revenue

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

| | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512 - 514 | | |
|---|--|---|---|---|--|--------|--|
| 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 | 2a ORGAN PLACEMENT | Business Code 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 ▶ | | | | | | |
| | 6a Gross rents | 6a | (i) Real | | | | |
| | | | (ii) Personal | | | | |
| | | | b Less: rental expenses | 6b | | | |
| | | | c Rental income or (loss) | 6c | | | |
| | d Net rental income or (loss) ▶ | | | | | | |
| | 7a Gross amount from sales of assets other than inventory | 7a | (i) Securities | 18,243,888 | 63,387 | | |
| | | | (ii) Other | | | | |
| | | | 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 | | |

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 Sheet

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

| | | (A) Beginning of year | | (B) End of year |
|---|--|--------------------------|-------------|-----------------------|
| 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 | 36,428,686 | 10c 34,539,763 |
| | 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 Assets

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

| | | | |
|-----------|--|-----------|-------------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 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 Reporting

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

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

| | Yes | No |
|-----------|-----|----|
| 2a | | No |
| 2b | Yes | |
| 2c | Yes | |
| 3a | | No |
| 3b | | |

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/PANCREAS 35,275 TESTS FOR PRE-TRANSPLANT 8,148 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 | Institutional 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> | | |

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> | | |

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> | | |

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> | | |

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> | | |

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

- 1** Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (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? Yes No

4a Was a correction made? Yes No

b If "Yes," describe in Part IV.

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

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____

3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b..... ▶ \$ _____

4 Did the filing organization file **Form 1120-POL** for this year? Yes No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

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

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

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

| 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:35%;">If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table> | | | If the amount on line 1e, column (a) or (b) is: | The lobbying nontaxable amount is: | Not over \$500,000 | 20% of the amount on line 1e. | Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000. | Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000. | Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000. | Over \$17,000,000 | \$1,000,000. |
| If the amount on line 1e, column (a) or (b) is: | The lobbying nontaxable amount is: | | | | | | | | | | | | | |
| Not over \$500,000 | 20% of the amount on line 1e. | | | | | | | | | | | | | |
| Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000. | | | | | | | | | | | | | |
| Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000. | | | | | | | | | | | | | |
| Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000. | | | | | | | | | | | | | |
| Over \$17,000,000 | \$1,000,000. | | | | | | | | | | | | | |
| 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 |
|------------------|-------------|
|------------------|-------------|

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 |

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

OMB No. 1545-0047
2019
Open to Public Inspection

▶ 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.

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 ▶ \$ _____

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
- (ii)** related organizations

| | Yes | No |
|---------------|-----|----|
| 3a(i) | | |
| 3a(ii) | | |
| 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 |

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.

| 1. (a) Description of liability | (b) Book value |
|--|----------------------|
| (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 | |
|------------------|-------------|--|
|------------------|-------------|--|

Part XIII **Supplemental Information (continued)**

| Return Reference | Explanation |
|------------------|-------------|
|------------------|-------------|

**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 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)

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

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

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

Name of the organization LIFELINK FOUNDATION INC

Employer identification number

59-2193032

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance...
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.

Table with 8 columns: (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. Rows 1-12.

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 TRANSLIFE 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
Open to Public Inspection

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.

Department of the Treasury
Internal Revenue Service

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"/> Travel for companions <input type="checkbox"/> Tax idemnification and gross-up payments <input type="checkbox"/> Discretionary spending account | | |
| <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input checked="" type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) | | |
| 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"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations | | |
| <input checked="" type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee | | |
| 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 | |

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. |

Schedule L
(Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No. 1545-0047

2019

Open to Public Inspection

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

Department of the Treasury
Internal Revenue Service

Name of the organization
LIFELINK FOUNDATION INC

Employer identification number
59-2193032

Part I 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 |
|------------------|-------------|
|------------------|-------------|

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Name of the organization
LIFELINK FOUNDATION INC

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

Name of the organization
LIFELINK FOUNDATION INC

Employer identification number
59-2193032

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---------------------|---|
| FORM 990, PART III: | <p>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</p> |

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 LEGACY FUND SERVES AS A FUNDRAISING ENTITY TO SUPPORT THE MISSION AND ACTIVITIES OF LIFELINK FOUNDATION. IN ORDER TO MAINTAIN A WORKFORCE OF MORE THAN 500 EMPLOYEES, KEEP COMMUNICATION FLOWING, AND ALLOW FOR IMPLEMENTATION OF THE MISSION, LIFELINK FOUNDATION IS SUPPORTED BY NUMEROUS SPECIALTY DEPARTMENTS, SUCH AS HUMAN RESOURCES, CORPORATE COMPLIANCE, INFORMATION SYSTEMS AND COMMUNICATIONS SERVICES, AS WELL AS PUBLIC AFFAIRS AND FINANCE AND ACCOUNTING. |

990 Schedule O, Supplemental Information

| 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 PUER TO 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 LIFE LINK 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. LIFE LINK 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)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2019

**Open to Public
Inspection**

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

Department of the Treasury
Internal Revenue Service

Name of the organization
LIFELINK FOUNDATION INC

Employer identification number

59-2193032

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

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

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

| Return Reference | Explanation |
|-------------------------|--------------------|
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