** PUBLIC DISCLOSURE COPY **

(Rev. January 2020)

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

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

Department of the Treasury Internal Revenue Service ► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A	רטו נוופ	e 20 i9 calendar year, or tax year beginning and e	enaing	_	
В	Check if applicabl	C Name of organization		D Employer identific	cation number
	Addre				
	Name chang	Doing business as		35-20831	20
	Initial return	, , , , , , , , , , , , , , , , , , , ,	Room/suite	E Telephone number	
	Final return termin			513-843-	
	ated Ameno	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	384,349.
H				H(a) Is this a group re	
	⊥tiòn pendir			for subordinates	
		SAME AS C ABOVE		H(b) Are all subordinates in	
		empt status: X 501(c)(3) 501(c)()◀ (insert no.) 4947(a)(1) o	r 527	If "No," attach a	list. (see instructions)
		te: > WWW.LIFENETS.ORG		H(c) Group exemption	
		organization: X Corporation Trust Association Other	L Year	of formation: 1999 N	1 State of legal domicile: ${ t IN}$
P	art I	Summary			
Se	1	Briefly describe the organization's mission or most significant activities: MEETIDEVELOPING SELF-SUFFICIENCY.	ING HU	MANITARIAN :	NEED AND
Jan	1				
err	1	Check this box if the organization discontinued its operations or dispos		1 1	
ő				3	8
۵		Number of independent voting members of the governing body (Part VI, line 1b)			8
es	5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)			0
ΞĒ	6	Total number of volunteers (estimate if necessary)		6	350
Activities & Governance	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.
_	b	Net unrelated business taxable income from Form 990-T, line 39		7b	0.
				Prior Year	Current Year
Ф	8	Contributions and grants (Part VIII, line 1h)		307,486.	379,965.
Š		Program service revenue (Part VIII, line 2g)		0.	0.
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		2,965.	4,384.
œ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		310,451.	384,349.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		287,235.	314,666.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
w	1	Solarios other componentian employee honefits (Port IV, column (A), lines E 10)		13,700.	15,800.
Se	162	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
Expenses	h	Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25)	00.	•	•
X	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		26,464.	29,729.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		327,399.	360,195.
				-16,948.	24,154.
<u>_ v</u>	19	Revenue less expenses. Subtract line 18 from line 12			
tso		T	Ве	ginning of Current Year 262,893.	End of Year 286, 936.
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	······ <u> </u>	202,093.	200,930.
et A	21	Total liabilities (Part X, line 26)		• •	
		Net assets or fund balances. Subtract line 21 from line 20		262,893.	286,936.
	art II	Signature Block			. Long and a second back of the first
		Ities of perjury, I declare that I have examined this return, including accompanying schedules			y knowledge and belief, it is
true	, correc	rt, and complete. Declaration of preparer (other than officer) is based on all information of whi	icn preparer	nas any knowledge.	
		Signature of officer		I Date	
Sig		'		Date	
He	re	CATHY MCCLURE, TREASURER			
		Type or print name and title		Ooto I F	I DTIN
_		Print/Type preparer's name Prepa/er's signature	ann	Date Check	PTIN
Pai		CHRISTINE KEITH, CPA	AN	10/28/2020 self-employe	
	parer	Firm's name MCM CPAS & ADVISORS LLP	Firm's EIN ▶	27-1235638	
Use	Only	Firm's address 9229 DELEGATES ROW, SUITE 250			
		INDIANAPOLIS, IN 46240		Phone no. (3	17)347-5200
Ма	y the II	RS discuss this return with the preparer shown above? (see instructions)			X Yes No

Other program services (Describe on Schedule O.)

56,950 • including grants of \$ 341,119. 56,929.) (Revenue \$

4e Total program service expenses

Form **990** (2019)

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
Ū	public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	_		X
-	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
Ū	Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			X
	Part VI	11a		
D	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	110		
·	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			l
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
D	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	174		
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			 •
46	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	40		X
10	1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	18		<u> </u>
19		19		x
20a	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		 -
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х

Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			7.7
0.4	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		x
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			37
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	20		
_,	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		Х
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?			Х
20	"Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	28c 29	Х	
29 30	Did the organization receive more than \$25,000 in non-cash contributions <i>in res</i> , complete schedule <i>in</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29	21	
00	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			37
0.5	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	35a		
ü	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	000		
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
Da	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pal	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V		Yes	No
12	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 3		169	140
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	

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Form 990 (2019) LIFENETS INTERNATIONAL, INC. Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			l
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
_	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	0-		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a 9b		
10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	90		
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 10a			
a b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
··	Gross income from members or shareholders 11a			
h	Gross income from other sources (Do not net amounts due or paid to other sources against			
~	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		Х
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			
		Form	990	(2010)

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

1a Enter the number of voting members of the governing body at the end of the tax year 1a		Check if Schedule O contains a response or note to any line in this Part VI			X						
If lither are material differences in volting rights among members of the governing body, or lift by governing body depeted bread authority to are secultive committee or similar committee, explain on Schedule 0. b Enter the number of voting members included on line 1st, above, who are independent b Enter the number of voting members included on line 1st, above, who are independent committee officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee have a family relationship or a business relationship with any other officers, directors, trustees, or key employees to a management company or other person? d Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? d Did the organization have members or stockholders? 6 Did the organization have members or stockholders? 6 Did the organization have members or stockholders? 6 Did the organization have members or stockholders? 7 Did the organization have members or stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 5 Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 8 Did the organization comemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? 8 Did the organization on the proventing body? 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Vector of the organization have local chapters, branches, or affiliates? 10a Did the organization have local chapters, branches, or affiliates? 10b Pir/Se, 2 to the organization have a written operations are consistent with the organization is often year provided the names and addresses of its governing body before filing the form? 1 by Pir/Se, 2 to the organizati	Sec	tion A. Governing Body and Management									
the three are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. b Eriter the number of voting members included on line 1a, above, who are independent				Yes	No						
b Enter the number of voting members included on line 1a, above, who are independent	1a	Enter the number of voting members of the governing body at the end of the tax year	3								
b Enter the number of voting members included on line 1a, above, who are independent 1 b 8 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employees 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? 3 1 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 1 5 Did the organization have members or stockholders; 7 2 Did the organization have members or stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7 3 b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7 3 b Id the organization thave members or stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 8 Did the organization than the governing body? 8 Did the organization that the governing body? 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organizations malling address? If "Yes," provide the names and addresses on Schedule O 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes 10 Did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization for required by the Internal Revenue Code.) Yes 10 Did the organization have a written official or interest policy? If No," go to fine 15 11 Has the organization by a written policies for interest policy? If No," go to fine 15 12 Did the organization that a written comment of interest policy? If No," go to fi		If there are material differences in voting rights among members of the governing body, or if the governing									
Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? 3 Did the organization degate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 5 Did the organization have members or stockholders? 6 Did the organization have members or stockholders? 7 Did the organization have members or stockholders? 8 Did the organization have members or stockholders? 8 Did the organization have members or stockholders? 9 Did the organization have members or stockholders? 10 Did the organization have members or stockholders? 10 Did the organization have members or stockholders? 10 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 11 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 12 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 13 The governing body? 14 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 13 The governing body: 14 Did the organization have verified of the governing body? 15 Each committee with authority to act on behalf of the governing body? 16 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) 16 Vest the organization have verified provide the names and addresses on Schedule O. 17 Did the organization have written policies and proceedures governing the activities of such chapters, affiliates, and branches to ensure their operations are and addresses on Schedule of		body delegated broad authority to an executive committee or similar committee, explain on Schedule O.									
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 6 Did the organization have members or stockholders? 7 Did the organization have members or stockholders? 8 Did the organization thave members or stockholders? 9 Are any operannoe decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization smaling address? If "Yes," provide the names and addresses on Schedule O 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes 10 If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10 If a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 10 Describe in Schedule O the process, if any, used by the organization reverse this formation and entore compliance with the policy? If "Yes," describe in Schedule O the process, far, used by the organization review this Form 990 to all members of its governing body before filing the form? 10 Describe in Schedule O from this was done 11 Describe in Schedule O from this was done 12 Describe in Schedule O from this was done 13 Desc	b	Enter the number of voting members included on line 1a, above, who are independent	3								
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b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c X 13 Did the organization have a written whistleblower policy? 14 Did the organization have a written document retention and destruction policy? 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed ▶IN Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available in specific in a point content of the deciberation of the d			12a	х							
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X Own website Another's website X Upon request Other (explain on Schedule O)	10		(۱۱۱۱) درر	i) avdil	auie						
besome on schedule of whether (and it so, now) the organization made its governing documents, conflict of interest policy, and financial	10		nd fire c	noial							
	ı		iu iina	iicial							
statements available to the public during the tax year.	00										
20 State the name, address, and telephone number of the person who possesses the organization's books and records ► CATHY MCCLURE − 513−843−7744	20										
8435 CROWN POINT RD, INDIANAPOLIS, IN 46278											

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A)	(B)	orge		((C)		iout	(D)	(E)	(F)	
Name and title	Average	(do	not c	Pos heck	more	than	one	Reportable	Reportable	Estimated	
	hours per week	box	box, unless person is both officer and a director/truste			is bot	h an	compensation	compensation from related	amount of other	
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer .	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations	
(1) DON TURGEON	1.00										
BOARD MEMBER		Х						0.	0.	0.	
(2) DR. JOHN WAGNER	0.50										
BOARD MEMBER		Х						0.	0.	0.	
(3) SUE PEINE	0.50										
BOARD MEMBER		Х						0.	0.	0.	
(4) MICHAEL SNYDER	0.50										
BOARD MEMBER		Х						0.	0.	0.	
(5) BEVERLY KUBIK	15.00										
CHAIRMAN		Х		Х				7,650.	0.	0.	
(6) VICTOR KUBIK	15.00										
PRESIDENT/VICE CHAIRMAN		Х		Х				0.	0.	0.	
(7) CATHY MCCLURE	5.00										
TREASURER		Х		Х				8,150.	0.	0.	
(8) JAMIE SNYDER	0.50										
SECRETARY				Х				0.	0.	0.	
		<u> </u>	L_	L	<u> </u>		L				

Form **990** (2019)

Part VII Section A. Officers, Directors, True		ploy	ees			ighe	st C						
(A)	(B)				C)			(D)	(E)		(F)		
Name and title	Average	(do			osition eck more than one			Reportable	Reportable	E	Estimate	ed	
	hours per week					is bot or/trus		compensation	compensation	1	mount		
	(list any	-					, 	from	from related		other		
	hours for	director				_		the organization	organizations (W-2/1099-MISC)		mpensa from th		
	related	9e Or (stee			ısate		(W-2/1099-MISC)	(** 2/ 1033 141100)		ganizat		
	organizations	Individual trustee or	Institutional trustee		yee	ımpeı		(nd relat		
	below	idual	ution	ie i	Key employee	est co oyee	Je Je			or	ganizati	ions	
	line)	Indiv	Instit	Officer	Key e	Highest compensated employee	Former						
		1											
		1											
		1											
		1											
		1											
		1											
		1											
		1											
1h Cubtotal		l					\vdash	15,800.	0			0.	
1b Subtotal								0.	0			0.	
c Total from continuation sheets to Part V								15,800.	0			0.	
d Total (add lines 1b and 1c)										•		<u> </u>	
2 Total number of individuals (including but i	iot iimitea to tr	iose	IISTE	eu ai	DOV	e) wr	10 r	eceived more than \$100	,000 of reportable			0	
compensation from the organization											Yes	No	
O Did the conseination list on Common office											163	140	
3 Did the organization list any former officer			•	•	•		_		•			Х	
line 1a? If "Yes," complete Schedule J for										3			
4 For any individual listed on line 1a, is the s	-		-					•	the organization			v	
and related organizations greater than \$15										4		X	
5 Did any person listed on line 1a receive or	•				-			_		_		v	
rendered to the organization? If "Yes," con	nplete Schedul	e J f	or si	uch	pers	son .				. 5		X	
Section B. Independent Contractors									*				
1 Complete this table for your five highest co										nsatior	from		
the organization. Report compensation for	the calendar y	ear	endi	ng v	vith	or w	ithir		year.				
(A)		37/	~***					(B)			(C)		
Name and business	address	N	INC	<u> </u>			_	Description of s	services	Comp	ensatio	ori	
							_						
							_						
							_						
2 Total number of independent contractors		ot li	mite	d to	tho	se lis	stec	d above) who received n	nore than				
0100 000 of commencedien from the current	🛌				- (()							

Form 990 (2019) LIFENET
Part VIII Statement of Revenue

			Check if Schedule O	conta	ains a resr	onse	or note to any lin	e in this Part VIII			
			Officer if Schedule O	JOHE	ali io a resp	01136	or note to arry in	(A)	(B)	(C)	(D)
								Total revenue	Related or exempt		Revenuè éxcluded
										business revenue	
40											sections 512 - 514
nts	1 :	а	Federated campaigns		1a						
S'a Ou		b	Membership dues		1b						
S, (С	Fundraising events		1c						
a it		d	Related organizations		1d						
Contributions, Gifts, Grants and Other Similar Amounts			Government grants (contr								
ö			All other contributions, gifts,								
ipe			similar amounts not included				379,965.				
ᅙᄅ		_	Noncash contributions included in			-	93,178.				
کی		_	Total. Add lines 1a-1f					379,965.			
= 		<u>'''</u>	Total. Add iiiles Ta-11				Business Code	37373031			
	_						Business Code				
် မြ	2										
ne e		b									
n S		С									
Re		d									
Program Service Revenue		е									
<u>-</u>			All other program service								
		g	Total. Add lines 2a-2f								
	3		Investment income (include	ding (dividends,	intere	est, and				
			other similar amounts)				>	4,384.			4,384.
	4		Income from investment of	of tax	exempt b	ond p	oroceeds >				
	5		Royalties								
					(i) Re	al	(ii) Personal				
	6	а	Gross rents	6a							
		b	Less: rental expenses	6b							
			Rental income or (loss)	6c							
			Net rental income or (loss)	-			>				
			Gross amount from sales of	ĺΠΪ	(i) Secur		(ii) Other				
	•	u	assets other than inventory	7a	(7		(", " : " : " :				
		h	Less: cost or other basis	1 a							
<u>o</u>		D									
ne		_	and sales expenses	7b							
Revenue		С	Gain or (loss)	/C							
			Net gain or (loss)				P				
ther	8	а	Gross income from fundraising	ng ev							
0			including \$		of						
			contributions reported on								
			Part IV, line 18								
			Less: direct expenses								
		С	Net income or (loss) from	fund	raising ev	en <u>ts</u>					
	9	а	Gross income from gamin	g act	tivities. Se	е					
			Part IV, line 19			9a					
		b	Less: direct expenses			9b					
		С	Net income or (loss) from	gami	ing activiti	es					
			Gross sales of inventory, I								
			and allowances			10a					
		b	Less: cost of goods sold								
			Net income or (loss) from								
		Ť	Tree moderne or (rece) morn	ouioc	3 01 1111 0111	O1 y	Business Code				
snc	11	2									
Miscellaneous Revenue		a b									
ella Ver											
Re		c	All othor receives								
Ξ			All other revenue								
		е	Total. Add lines 11a-11d					201 210	0	_	1 201
	12		Total revenue. See instruction	ns				384,349.	0.	0.	4,384.

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 to tinclude amounts reported on lines 6b.	se or note to any line in	this Part IX		
Do	not include amounts reported on lines 6b,	(A)	(B)	(C) Management and	(D)
7b,	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				·
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	97,804.	97,804.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	216,862.	216,862.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	15,800.	7,650.	8,150.	
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
С	Accounting	2,000.		2,000.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)				
12	Advertising and promotion	4 553	0 202	0.450	
13	Office expenses	4,553.	2,383.	2,170.	
14	Information technology				
15	Royalties				
16	Occupancy	20		20	
17	Travel	20.		20.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23 24	Other expenses, Itemize expenses not covered				
24	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A)				
а	amount, list line 24e expenses on Schedule 0.) OTHER EXPENSES	16,420.	16,420.		
a b	BANK CHARGES	4,163.	10,4200	4,163.	
C	DEVELOPMENT & PROMOTION	1,100.		2,200	1,100.
d	SHIPPING	1,073.		1,073.	
e		400.		400.	
25	Total functional expenses. Add lines 1 through 24e	360,195.	341,119.	17,976.	1,100.
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 if following SOP 98-2 (ASC 958-720)				
93201	0 01-20-20				Form 990 (2019)

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X ... (A) (B) Beginning of year End of year 63,178. 83,157. Cash - non-interest-bearing 1 191,548. 194,579. 2 Savings and temporary cash investments Pledges and grants receivable, net 3 3 7,482.8,665. 4 Accounts receivable, net 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 5 controlled entity or family member of any of these persons 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 Notes and loans receivable, net 7 685. 535. Inventories for sale or use 8 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D _____ 10a b Less: accumulated depreciation ______ 10b 10c Investments - publicly traded securities 11 11 Investments - other securities. See Part IV, line 11 12 13 Investments - program-related. See Part IV, line 11 13 14 Intangible assets 14 Other assets. See Part IV, line 11 15 15 262,893. 286,936. 16 16 Total assets. Add lines 1 through 15 (must equal line 33) 17 Accounts payable and accrued expenses 17 18 Grants payable 18 19 19 Deferred revenue Tax-exempt bond liabilities 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 Loans and other payables to any current or former officer, director, _iabilities trustee, key employee, creator or founder, substantial contributor, or 35% 22 controlled entity or family member of any of these persons 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 25 of Schedule D 0. 0. 26 26 **Total liabilities.** Add lines 17 through 25 Organizations that follow FASB ASC 958, check here ▶ Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. Net assets without donor restrictions 27 27 Net assets with donor restrictions 28 Organizations that do not follow FASB ASC 958, check here \blacktriangleright X and complete lines 29 through 33. 0. 0. 29 Capital stock or trust principal, or current funds 29 0. Paid-in or capital surplus, or land, building, or equipment fund 30 262,893. 286,936. 31 31 Retained earnings, endowment, accumulated income, or other funds 262,893. 286,936. Total net assets or fund balances 32 32

Total liabilities and net assets/fund balances ...

262,893.

33

Pa	rt XI Reconciliation of Net Assets				<u> </u>
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1		4,3	
2	Total expenses (must equal Part IX, column (A), line 25)	2		0,1	
3	Revenue less expenses. Subtract line 2 from line 1	3		4,1	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	26	2,8	93.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9		-1	11.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	28	6,9	36.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>		
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	О.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on Sci	nedule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit	:		
	Act and OMB Circular A-133?		3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits?	ired audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

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

Open to Public Inspection

Employer identification number Name of the organization LIFENETS INTERNATIONAL, INC. 35-2083120 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). 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: 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). 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.) An agricultural research organization described in section 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 X 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. 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. 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. ☐ 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. 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. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

Total

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

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

Sec	tion A. Public Support						
Cale	ndar 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.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
	The portion of total contributions						
_	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
Sec	tion B. Total Support			•			
Cale	ndar 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.)						
	Total support. Add lines 7 through 10						
	Gross receipts from related activities,	•	,			12	
13	First five years. If the Form 990 is for						
Sec	organization, check this box and stop ction C. Computation of Publ	ic Support Pe	rcentage				<u></u>
	<u>.</u>		<u> </u>	oolumn (f))		14	96
	Public support percentage for 2019 (I Public support percentage from 2018					15	<u>%</u> %
	33 1/3% support test - 2019. If the co						
IUa	stop here. The organization qualifies						
h	33 1/3% support test - 2018. If the c						
	and stop here. The organization qual						▶ □
17a	10% -facts-and-circumstances tes						or more
. <i>, a</i>	and if the organization meets the "fac						
	meets the "facts-and-circumstances"			=	· · · · · · · · · · · · · · · · · · ·	-	
h	10% -facts-and-circumstances tes						
	more, and if the organization meets the	-					
	organization meets the "facts-and-circ						
18	Private foundation. If the organization		-				
				, , ,			or 990-EZ) 2019

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.)

Sec	ction A. Public Support	elow, please comp					
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Gifts, grants, contributions, and	` ,	` ,	` ,	`,	` ,	.,
	membership fees received. (Do not						
	include any "unusual grants.")	394,093.	435,765.	390,081.	307,486.	379,965.	1,907,390.
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						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge	204 202	405 565	200 201	200 406	252 255	
	Total. Add lines 1 through 5	394,093.	435,765.	390,081.	307,486.	379,965.	1,907,390.
7a	Amounts included on lines 1, 2, and	2 462	2 500	7 770	12 552	6 000	22 202
	3 received from disqualified persons	2,462.	2,509.	7,778.	13,553.	6,980.	33,282.
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.
	Add lines 7a and 7b	2,462.	2,509.	7,778.	13,553.	6,980.	33,282.
	Public support. (Subtract line 7c from line 6.)	2,1021	2,3031	7 7 7 7 0 0	13/3331	0,3001	1,874,108.
	etion B. Total Support						2,0,2,200
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(4) 2018	(e) 2019	(f) Total
	Amounts from line 6	394,093.	435,765.	390,081.	(d) 2018 307, 486.	379,965.	1,907,390.
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	,		6,090.	2,965.	4,384.	13,439.
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b			6,090.	2,965.	4,384.	13,439.
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	394,093.	435,765.	396,171.	310,451.	384,349.	1,920,829.
14	First five years. If the Form 990 is for	the organization's	first, second, thir	d, fourth, or fifth ta	x year as a section	n 501(c)(3) organiz	ation,
_	check this box and stop here						>
	ction C. Computation of Publ						
15	Public support percentage for 2019 (I	ine 8, column (f), d	ivided by line 13,	column (f))		15	97.57 %
	Public support percentage from 2018					16	98.05 %
Sec	ction D. Computation of Inves	stment Incom	e Percentage				
17	Investment income percentage for 20					17	.70 %
18	Investment income percentage from 2					18	.47 %
19a	33 1/3% support tests - 2019. If the						
	more than 33 1/3%, check this box as	=	-	•	• •		▶ X
b	33 1/3% support tests - 2018. If the	•			•	•	
	line 18 is not more than 33 1/3%, che Private foundation. If the organization						₹¦

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on 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

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (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).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
За		
3b		
3с		
_		
4a		
4b		
4c		
5a		
Ja		
5b		
5c		
6		
7		
8		
9a		
6.		
9b		
9c		
10a		
10b		

Par	t IV	Supporting Organizations _(continued)			
				Yes	No
11	Has the	e organization accepted a gift or contribution from any of the following persons?			
а	A perso	on who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below,	the governing body of a supported organization?	11a		
b	A family	y member of a person described in (a) above?	11b		
С	A 35%	controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B	. Type I Supporting Organizations			
		ŗ		Yes	No
1		directors, trustees, or membership of one or more supported organizations have the power to			
	-	y appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	-	r? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
		led the organization's activities. If the organization had more than one supported organization,			
		e how the powers to appoint and/or remove directors or trustees were allocated among the supported			
		ations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2		organization operate for the benefit of any supported organization other than the supported			
	U	ation(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
		how providing such benefit carried out the purposes of the supported organization(s) that operated,	_		
800		sed, or controlled the supporting organization.	2		
Sec	lion C	. Type II Supporting Organizations		Vaa	Na
	Mora	majority of the avantization's divestors by twistons during the tay year also a majority of the divestors		Yes	No
1		majority of the organization's directors or trustees during the tax year also a majority of the directors			
		ees of each of the organization's supported organization(s)? If "No," describe in Part VI how control agement of the supporting organization was vested in the same persons that controlled or managed			
		ported organization(s).	1		
Sec		. All Type III Supporting Organizations	•		
		The time of the state of the st		Yes	No
1	Did the	organization provide to each of its supported organizations, by the last day of the fifth month of the			
		ation'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			
	organiz	ation's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were a	ny of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organiz	ation(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the org	anization maintained a close and continuous working relationship with the supported organization(s).	2		
3	-	son of the relationship described in (2), did the organization's supported organizations have a			
	-	ant voice in the organization's investment policies and in directing the use of the organization's			
		or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	_		
C		ted organizations played in this regard.	3		
		Type III Functionally Integrated Supporting Organizations			
1 a		the box next to the method that the organization used to satisfy the Integral Part Test during the yea (see instructions) . The organization satisfied the Activities Test. Complete line 2 below.	1		
b		the organization is the parent of each of its supported organizations. Complete line 3 below.			
c		he organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	ructions	:)	
2		es Test. Answer (a) and (b) below.		Yes	No
а		ostantially all of the organization's activities during the tax year directly further the exempt purposes of			
		oported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those s	supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the	e organization was responsive to those supported organizations, and how the organization determined			
	that the	ese activities constituted substantially all of its activities.	2a		
b	Did the	activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the c	organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
		s for the organization's position that its supported organization(s) would have engaged in these			
	activitie	s but for the organization's involvement.	2b		
3		of Supported Organizations. Answer (a) and (b) below.			
а		organization have the power to regularly appoint or elect a majority of the officers, directors, or			
		s of each of the supported organizations? Provide details in Part VI.	3a		
b		organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its su	upported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Part V Type III	l Non-Functionally Integrated 509(a)(3) Supporti	ng Organ	izations	
1 Check her	e if the organization satisfied the Integral Part Test as a qualifyi	ng trust on I	Nov. 20, 1970 (explain in	Part VI). See instructions. A
other Type	e III non-functionally integrated supporting organizations must c	omplete Se	ctions A through E.	
Section A - Adjusted	Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term c	apital gain	1		
2 Recoveries of pr	ior-year distributions	2		
3 Other gross inco	ome (see instructions)	3		
4 Add lines 1 throu	ugh 3.	4		
5 Depreciation and	d depletion	5		
6 Portion of opera	ting expenses paid or incurred for production or			
collection of gro	ss income or for management, conservation, or			
maintenance of	property held for production of income (see instructions)	6		
	(see instructions)	7		
	come (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum	·		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair m	narket value of all non-exempt-use assets (see			
instructions for s	short tax year or assets held for part of year):			
a Average monthly	/ value of securities	1a		
b Average monthly	/ cash balances	1b		
c Fair market value	e of other non-exempt-use assets	1c		
d Total (add lines	1a, 1b, and 1c)	1d		
e Discount claime	ed for blockage or other			
factors (explain i	n detail in Part VI):			
2 Acquisition inde	btedness applicable to non-exempt-use assets	2		
3 Subtract line 2 fi	rom line 1d.	3		
4 Cash deemed he	eld 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 pr	ior-year distributions	7		
8 Minimum Asset	: Amount (add line 7 to line 6)	8		
Section C - Distributa	able Amount			Current Year
1 Adjusted net inc	ome for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line	e 1.	2		
3 Minimum asset a	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 impo		5		
6 Distributable A	mount. Subtract line 5 from line 4, unless subject to			
emergency temp	porary reduction (see instructions).	6		
7 Check her	e if the current year is the organization's first as a non-functional	ally integrate	d Type III supporting org	anization (see

Schedule A (Form 990 or 990-EZ) 2019

instructions).

Par	ιV	Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations _(continued)	
Secti	on D -	Current Year			
1	Amou	nts paid to supported organizations to accomplish exe			
2	Amou	nts paid to perform activity that directly furthers exemp	nt purposes of supported		
	organi	izations, in excess of income from activity			
3		istrative expenses paid to accomplish exempt purpose	es of supported organization	ns	
4		nts paid to acquire exempt-use assets	· · · · · ·		
5		ied set-aside amounts (prior IRS approval required)			
6		distributions (describe in Part VI). See instructions.			
7		annual distributions. Add lines 1 through 6.			
8		putions to attentive supported organizations to which the	ne organization is responsive	 e	
		de details in Part VI). See instructions.	J		
9		outable amount for 2019 from Section C, line 6			
10		amount divided by line 9 amount			
			(i)	(ii)	(iii)
Secti	on E -	Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2019	Distributable Amount for 2019
1	Distrib	outable amount for 2019 from Section C, line 6			
2	Under	distributions, if any, for years prior to 2019 (reason-			
	able c	ause required- explain in Part VI). See instructions.			
3	Exces	s distributions carryover, if any, to 2019			
а	From 2	2014			
b	From 2	2015			
С	From 2				
d	From 2	2017			
е	From 2				
f	Total	of lines 3a through e			
g	Applie	ed to underdistributions of prior years			
h	Applie	ed to 2019 distributable amount			
		over from 2014 not applied (see instructions)			
j		inder. Subtract lines 3g, 3h, and 3i from 3f.			
4		outions for 2019 from Section D,			
	line 7:				
а		ed to underdistributions of prior years			
		ed to 2019 distributable amount			
		inder. Subtract lines 4a and 4b from 4.			
5		ining underdistributions for years prior to 2019, if			
		Subtract lines 3g and 4a from line 2. For result greater			
	,	ero, explain in Part VI. See instructions.			
6		ining underdistributions for 2019. Subtract lines 3h			
-	and 4				
	Part V				
7		s distributions carryover to 2020. Add lines 3j			
•	and 4	- I			
8		down of line 7:			
		s from 2015			
		s from 2016			
		s from 2017			
		s from 2018			
		s from 2019			
e	LAUUS	J U J U J U J U U U			

Schedule A (Form 990 or 990-EZ) 2019

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service **Schedule of Contributors**

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Internal Revenue Service

Name of the organization

Employer identification number

LIFENETS INTERNATIONAL, INC.

35-2083120

Organization type (check one):						
Filers of:	Section:					
Form 990 or 990-EZ	$\boxed{\textbf{X}}$ 501(c)(3) (enter number) organization					
	4947(a)(1) nonexempt charitable trust not treated as a private foundation					
	527 political organization					
Form 990-PF	501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private foundation					
	501(c)(3) taxable private foundation					
<u> </u>						
	is covered by the General Rule or a Special Rule . c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.					
General Rule						
	on filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.					
Special Rules						
sections 509(a)(1 any one contribu	on described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from tor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; Z, line 1. Complete Parts I and II.					
year, total contrib	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the outions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the elty to children or animals. Complete Parts I, II, and III.					
year, contributior is checked, enter purpose. Don't co	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the as exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box here the total contributions that were received during the year for an exclusively religious, charitable, etc., complete any of the parts unless the General Rule applies to this organization because it received nonexclusively be, etc., contributions totaling \$5,000 or more during the year					
but it must answer "No" o	that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).					

 $\ \, \text{LHA} \ \, \text{For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization Employer identification number

35-2083120 LIFENETS INTERNATIONAL, INC. Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 1 X Person **Payroll** 18,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 2 Person **Payroll** 14,000. Noncash (Complete Part II for noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 3 X Person **Payroll** 7,250. Noncash (Complete Part II for noncash contributions.) (c) (d) (a) (b) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 4 Person **Payroll** 17,742. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 5 X Person Payroll 20,000. Noncash (Complete Part II for noncash contributions.) (d) (b) (c) (a) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 6 Person **Pavroll** 12,742. Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

35-2083120 LIFENETS INTERNATIONAL, INC. Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 7 X Person **Payroll** 10,200. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 8 Person **Payroll** 8,000. Noncash (Complete Part II for noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 9 X Person **Payroll** 6,100. Noncash (Complete Part II for noncash contributions.) (c) (d) (a) (b) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 10 Person **Payroll** 5,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 11 X Person Payroll 5,000. Noncash (Complete Part II for noncash contributions.) (d) (b) (c) (a) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 12 Person **Pavroll** 5,000. Noncash

(Complete Part II for noncash contributions.)

Name of organization Employer identification number

LIFENETS INTERNATIONAL, INC.

35-2083120

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if	additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		. \$	

Employer identification number

Name of organization

	TS INTERNATIONAL, INC.			35-2083120
t III	Exclusively religious, charitable, etc., contributing from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, of Use duplicate copies of Part III if additional states.	through (e) and the following line en charitable, etc., contributions of \$1,000 or	try For organizations	
No. m t I	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held
_	Transferee's name, address, an	(e) Transfer of gif		nsferor to transferee
o. 1	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held
-	Transferee's name, address, an	(e) Transfer of gif		nsferor to transferee
o. 1 1	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held
	Transferee's name, address, an	(e) Transfer of gif		nsferor to transferee
o. 1	(b) Purpose of gift	(c) Use of gift	(d) Doso	ription of how gift is held
<u>i</u> -	(b) Full pose of gift			THE THE PROPERTY OF THE PROPER
	Transferee's name, address, an	(e) Transfer of gif	t Relationship of trai	

SCHEDULE F (Form 990)

Department of the Treasury

Internal Revenue Service

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" on 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.

2019
Open to Public Inspection

Name of the organization

Employer identification number

Name of the organization					Employer identili	cation number
LIFENETS INTERN	ATIONAL,	INC.			35-208312	0
Part I General Infor	rmation on A		tside the United States. Comple	ete if the organ	ization answered "Y	'es" on
Form 990, Part IV						
•	ū		ds to substantiate the amount of its gr			37
the grantees' eligibility for	or the grants or a	assistance, and	the selection criteria used to award the	e grants or ass	istance?	Yes X No
=	ribe in Part V the	e organization's	procedures for monitoring the use of it	s grants and o	ther assistance outs	side the
United States.						
	ne following Part (b) Number of		an be duplicated if additional space is		vity listed in (d)	(f) Total
(a) Region	offices	employees,	(d) Activities conducted in the region (by type) (such as, fundraising, pro-		gram service,	(f) Total expenditures
	in the region	agents, and independent	gram services, investments, grants to		specific type	for and
		contractors	recipients located in the region)		(s) in the region	investments in the region
		in the region	-	T T T T T T T T T T T T T T T T T T T	OUTDEG	in the region
				LIFENETS PF		
			CDANIES TO DESTRUCTIVES AND	FUNDING FOR		
GUD GAUADAN AEDIGA			GRANTS TO RECIPIENTS AND	SCHOLARSHIE	,	170 401
SUB-SAHARAN AFRICA	0	0	ORGANIZATIONS	LIVELIHOOD,	FOOD	179,401.
				DISASTER RE	TTEE AND	
EACH ACTA AND			CDANIES EO DECIDIENTS AND			
EAST ASIA AND	0	0	GRANTS TO RECIPIENTS AND	SCHOLARSHIE		12 000
PACIFIC	0	-	ORGANIZATIONS	PHILIPPINES	· •	12,000.
				TN COUTU AN	IERICA, GRANTS	
MEXICO, GUATEMALA			GRANTS TO RECIPIENTS AND	ARE PROVIDE	•	
AND SOUTH AMERICA	0	0	ORGANIZATIONS	SCHOLARSHIE		27,500.
AND SOUTH AMERICA	0		ORGANIZATIONS	BCHOLLARBHIE	S AND AID.	27,300.
3 a Subtotal	0	0				218,901.
b Total from continuation						
sheets to Part I	0	0				0.
c Totals (add lines 3a						
and 3b)	0	0				218,901.

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

SEE PART V FOR COLUMN (E) DESCRIPTIONS

Schedule F (Form 990) 2019

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)
			GRANTS FOR LIVELIHOOD					
			DEVELOPMENT,					
			SCHOLARSHIPS AND		WIRE TRANSFERS			
		AFRICA	HUMANITARIAN AID IN	98,071.	AND CHECKS	1,591.	SUPPLIES	PURCHASE PRICE
			GRANT FOR LIVELIHOOD	,		,		
			DEVELOPMENT PROGRAM,					
			AGRICULTURE,		WIRE TRANSFERS			
		AFRICA	SCHOLARSHIPS AND		AND CHECK	407.	SUPPLIES	PURCHASE PRICE
		EAST ASIA AND						
		PACIFIC	SCHOLARSHIPS	12,000.	CHECKS	0.		
					, , , , , , , , , , , , , , , , , , , ,			
		SOUTH AMERICA	SCHOLARSHIPS	27,500.	CHECKS	0.		
		DOUTH THILINGON		27,300.	, childrid			
								+
2 Enter total number of			recognized as charities by the					

by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed. (h) Method of valuation (book, FMV, appraisal, other) (c) Number of (d) Amount of (f) Amount of (e) Manner of (g) Description of (a) Type of grant or assistance (b) Region recipients cash grant cash disbursement noncash noncash assistance assistance

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	X 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	X 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	X 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	X 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	X 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	X No

Schedule F (Form 990) 2019

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.

PART I, LINE 2:

LIFENETS GRANTS ARE AWARDED BASED UPON A NUMBER OF CRITERIA. FIRST, THE

GRANT MUST MEET OUR DEFINITION OF HUMANITARIAN AID OR ECONOMIC

DEVELOPMENT. SECOND, WE WORK ONLY WITH TRUSTED ORGANIZATIONS OR

INDIVIDUALS WITH PROVEN TRACK RECORDS TO PROVIDE THE GOODS AND/OR

SERVICES NEEDED. LAST, WE NEED ASSURANCE THAT WE CAN COMPLETE THE

PROJECT FINANCIALLY. WE DO NOT CONTRIBUTE TO PROJECTS THAT CANNOT BE

COMPLETED IN A COST-EFFICIENT MANNER. IF THESE THREE CRITERIA ARE MET,

THE BOARD OF DIRECTORS OR THE EXECUTIVE COMMITTEE DECIDES TO GRANT THE

AWARD.

THE ORGANIZATION WORKS WITH A NUMBER OF AFFILIATED ORGANIZATIONS AND KEY
INDIVIDUALS THAT PROVIDE REGULAR FINANCIAL AND PROGRAM REPORTING TO

LIFENETS INTERNATIONAL MANAGEMENT. MANAGEMENT THEN WORKS DILIGENTLY TO
ENSURE THAT ASSISTANCE FROM LIFENETS IS GOING TO QUALIFIED RECIPIENTS.

ALL INTERNATIONAL RECIPIENTS ARE VISITED EVERY OTHER YEAR BY A LIFENETS
INTERNATIONAL REPRESENTATIVE TO SEE FIRST HAND THEIR RESPECTIVE

ACCOMPLISHMENTS BY GOING DIRECTLY TO THE SITES WHERE THE AID IS PUT TO

USE(I.E. A CENTER FOR DISABLED CHILDREN IN THE CHERNOBYL AREA, BOREHOLES
IN ZAMBIA AND MALAWI). REGULAR CORRESPONDENCE, PERSONAL VISITS, FINANCIAL

ACCOUNTABILITY, STRONG PERSONAL RELATIONSHIPS, AND PHOTOGRAPHS OF

PROJECTS IN PROCESS AND COMPLETED PROVIDES THE MANAGEMENT OF LIFENETS THE

ASSURANCE THAT CONTRIBUTIONS GIVEN BY LIFENETS ARE BEING USED AS

INTENDED.

PART I, LINE 3, COLUMN (E):

REGION: SUB-SAHARAN AFRICA

Schedule F (Form 990) 2019 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

(commence of the position), as approached the part to provide any additional members of
(E) SPECIFIC TYPES OF SERVICES IN REGION: LIFENETS PROVIDES FUNDING FOR
SCHOLARSHIPS, LIVELIHOOD, FOOD SUPPORT, MEDICAL SUPPORT AND VETERINARIAN
SUPPORT IN MALAWI, SOUTH AFRICA, ZIMBABWE, AND ZAMBIA. IN ZAMBIA AID IS
USED TO HELP SUBSISTENCE FARMERS, PROVIDE VETERINARIAN SUPPORT FOR
CATTLE, AND DIG WELLS. IN MALAWI, WE ALSO PROVIDE SCHOLARSHIPS AND THERE
IS A LIVELIHOOD DEVELOPMENT PROGRAM. DUG SEVEN BOREHOLES, SIX IN ZAMBIA
AND ONE IN MALAWI.
PART II, COLUMN (D):
REGION: SUB-SAHARAN AFRICA
(D) PURPOSE OF GRANT: GRANTS FOR LIVELIHOOD DEVELOPMENT, SCHOLARSHIPS
AND HUMANITARIAN AID IN MALAWI, ZAMBIA, ZIMBABWE AND KENYA.
REGION: SUB-SAHARAN AFRICA
(D) PURPOSE OF GRANT: GRANT FOR LIVELIHOOD DEVELOPMENT PROGRAM,
AGRICULTURE, SCHOLARSHIPS AND OTHER ASSISTANCE IN SOUTH AFRICA.
APPROXIMATELY 300 PEOPLE RECEIVE ASSISTANCE THROUGH GRANT.

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

LIFENETS	35-2083120						
Part I General Information on Grants a	and Assistance					•	
 Does the organization maintain records criteria used to award the grants or assi Describe in Part IV the organization's pr 	stance?						
Part II Grants and Other Assistance to					anization anawarad "	Voc" on Form 000 Dort	IV line 21 for any
recipient that received more than					anization answered	res on Form 990, Part	IV, line 21, for any
1 (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
 Enter total number of section 501(c)(3) a Enter total number of other organization 							>

(a) Type of grant or assistance	(b) Number of	(c) Amount of	(d) Amount of non-	(e) Method of valuation	(f) Description of noncash assistance		
	recipients	cash grant	cash assistance	(e) Method of valuation (book, FMV, appraisal, other)			
				ESTIMATED FAIR VALUE			
WHEELCHAIRS, GRAB BARS, BED RAILS, WALKERS, ETC				· '	WHEELCHAIRS, SCOOTERS, WALKING		
(INCLUDES SHIPPING)	101	93,328.	0.	AND REPLACEMENT COST	CANES, EYEGLASSES		
SCHOLARSHIPS	6	4,476.	0.	FMV			
		2,2.0		,,			
		0.0.11111	(1)	1.00			
Part IV Supplemental Information. Provide the information re	equired in Part I, lin	e 2; Part III, column	(b); and any other a	additional information.			
PART I, LINE 2:							
AS IT RELATES TO THE WHEELCHAIR P	ROGRAM, L	IFENETS US	SES AN ONLI	NE DATABASE			
TO MATCH UNNEEDED CHAIRS TO THOSE	WHO NORM	ALLY CAN'T	' AFFORD TH	IEM. REOUESTS			
ARE RECEIVED AND APPROVED IN THE	MATCHING	PROCESS.	CASH GRANT	'S REQUIRE			
REPORTING FROM THE RECIPIENT.							

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

INC.

Attach to Form 990.

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

Name of the organization LIFENETS INTERNATIONAL, Employer identification number 35-2083120

Pai	LI	Types	of Property									
				(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contr amounts repor Form 990, Part V	ted on		(d) Method of de cash contrib	etermin		s
1	Art -	Works of a	art									
			treasures									
			interests									
			plications									
5			ousehold goods	X		43	,522.	FMV				
_							, 522.	1114				
6												
7	Boats and planes											
8			perty									
9			blicly traded									
			sely held stock									
11			tnership, LLC, or									
		t interests										
12			scellaneous									
13			ervation contribution -									
			ures									
			ervation contribution - Other									
15			esidential									
16	Real	estate - C	ommercial									
17	Real	estate - O	ther									
18	Colle	ectibles										
19	Food	d inventory	,									
20	Drug	gs and med	dical supplies									
21	Taxio	dermy										
			cts									
			imens									
			artifacts									
25		Other ► (WHEELCHAIRS) X 35 49,656.FMV										
26	Othe	er 🕨 ()									
27	Othe	er 🕨 ()									
28	Othe	er 🕨 ()									
29	Num	ber of For	ms 8283 received by the organi	zation durin	g the tax year for c	ontributions		•				
			rganization completed Form 82		-		29					
				, ,	·						Yes	No
30a	Duri	ng the vea	r. did the organization receive h	v contributio	on any property rea	oorted in Part I. lin	es 1 throu	ah 28. th	at it			_
	Da During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for											
										30a		Х
h	exempt purposes for the entire holding period? b If "Yes," describe the arrangement in Part II.									Jour		
31			nization have a gift acceptance	policy that r	equires the review	of any nonstanda	rd contribu	ıtions?		31		Х
		_	nization hire or use third parties	•	=	-				\vdash		
JŁa		•	•		· ·	, ,				222		Х
L	contributions? b If "Yes," describe in Part II.									32a		-22
		•		(-) f		u for which sale	o (o) i= =!- =	مادمط				
33		-	ion didn't report an amount in c	Joiumin (C) TO	ı a type σι propeπ	y for writeri columi	i (a) is che	cked,				
		cribe in Par		Alaa loo atoo	fau Faura 20				Calar ded .	A /F	- 000	0040
LHA	г0	л Paperwo	ork Reduction Act Notice, see	uie instruc	LIONS FORM 99	u.			Schedule M	vi (Forn	ıı 99 ∪)	ZU 19

Schedule M (Form 990) 2019

Schedule M (Form 990) 2019

932142 09-27-19

SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury

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. Open to Public

OMB No. 1545-0047

Inspection

Name of the organization **Employer identification number** 35-2083120 LIFENETS INTERNATIONAL, INC. FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: WE PROVIDE SCHOLARSHIPS AND PROGRAMS FOR INDIVIDUALS IN NEED IN OTHER PARTS OF THE WORLD ANNUALLY BASED ON IDENTIFIED PROJECTS AND OTHER NEEDS. EXPENSES \$ 56,950. INCLUDING GRANTS OF \$ 56,929. REVENUE S 0. FORM 990, PART VI, SECTION A, LINE 2: VICE CHAIRMAN, VICTOR KUBIK IS RELATED TO PRESIDENT, BEVERLY KUBIK, WHO IS ALSO A BOARD MEMBER. ALSO, BOARD MEMBER SUE PEINE IS RELATED TO CATHY TREASURER, AND BOARD MEMBER MICHAEL SNYDER IS RELATED TO JAMIE SNYDER, SECRETARY. FORM 990, PART VI, SECTION B, LINE 11B:

THE FORM 990 IS REVIEWED BY THE BOARD OF DIRECTORS OR REPRESENTATIVE THEREOF BEFORE FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

AT LEAST ANNUALLY THE CONFLICT OF INTEREST POLICY IS ADDRESSED BY THE BOARD.

FORM 990, PART VI, SECTION C, LINE 18:

THE ORGANIZATION MAKES ITS FORM 1023 AND FORM 990 AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2019)

932211 09-06-19

Name of the organization	LIFENETS 1	NTERNATION	AL, II	NC.			Employer identification number 35-2083120
AND FINANCIAL	STATEMENTS	S AVAILABLE	TO T	HE PUBLIC	ON	REQUE	ST.
FORM 990, PART	XI, LINE	9, CHANGES	IN N	ET ASSETS	5:		
RESTATEMENT FR							-111.

Form **8868**

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

filing of t	his form, visit www.irs.gov/e-file-providers/e-file-for-char	ities-and-r	non-profits.							
Autom	natic 6-Month Extension of Time. Only subm	nit origin	al (no copies needed).							
All corpo	orations required to file an income tax return other than F	orm 990-T	(including 1120-C filers), partnership	os, REMIC	s, and trusts					
must us	e Form 7004 to request an extension of time to file incom	ne tax retu	rns.							
Type or	pe or Name of exempt organization or other filer, see instructions. Taxpayer identification number (TIN)									
print File by the	LIFENETS INTERNATIONAL, IN	35-2083120								
due date for filing your return. See	Number, street, and room or suite no. If a P.O. box, s 8435 CROWN POINT RD	Number, street, and room or suite no. If a P.O. box, see instructions. 8435 CROWN POINT RD								
instructions	City, town or post office, state, and ZIP code. For a foreign address, see instructions. INDIANAPOLIS, IN 46278									
Enter the	e Return Code for the return that this application is for (file	le a separa	ate application for each return)			0 1				
Applicat	tion	Return	Application			Return				
Is For		Code	Is For			Code 07				
	0 or Form 990-EZ	01	` ' '	Form 990-T (corporation)						
Form 99		02	Form 1041-A	08						
	20 (individual)	03	Form 4720 (other than individual)	09						
Form 99		04	Form 5227	10						
	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11						
Form 99	0-T (trust other than above) CATHY MCCLURE	06	Form 8870			12				
• The h	pooks are in the care of > 8435 CROWN POI	מת אט	- TNDTANAPOLTS T	N 462	78					
	hone No. ► 513-843-7744	111 111	Fax No. ▶	11 102	70					
•	organization does not have an office or place of busines	e in the l lr								
	is for a Group Return, enter the organization's four digit					Check this				
box >		7	ach a list with the names and TINs of							
DOX P	. In the fell part of the group, eneed the best	_ and acc	terra net war the hames and three of	an momb	010 1110 0/10110	101110 1011				
1	equest an automatic 6-month extension of time until	NOVE	MBER 16, 2020 , to file	the exem	not organizatio	n return for				
the organization named above. The extension is for the organization's return for:										
	X calendar year 2019 or	•								
•	tax year beginning	, an	nd ending							
,	, , , ,		<u> </u>							
2 If t	the tax year entered in line 1 is for less than 12 months, o	check reas	on: Initial return	Final retur	n					
	Change in accounting period									
	-									
3a If t	this application is for Forms 990-BL, 990-PF, 990-T, 4720	, or 6069,	enter the tentative tax, less							
an	y nonrefundable credits. See instructions.	За	\$	0.						
b If t	this application is for Forms 990-PF, 990-T, 4720, or 6069									
es	timated tax payments made. Include any prior year over	oayment a	llowed as a credit.	3b	\$	0.				
	alance due. Subtract line 3b from line 3a. Include your pa					-				
	ing EFTPS (Electronic Federal Tax Payment System). Se			3c	\$	0.				
	: If you are going to make an electronic funds withdrawa	l (direct de	ebit) with this Form 8868, see Form 8	453-EO ar	nd Form 8879-	EO for payment				
instructi	ons.									

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2020)