

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

Complete all entries in accordance with the instructions to the Form 5500.

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025

- A This return/report is for: [] a multiemployer plan [] a multiple-employer plan... [X] a single-employer plan [] a DFE... B This return/report is: [] the first return/report [] the final return/report... C If the plan is a collectively-bargained plan... D Check box if filing under: [X] Form 5558 [] automatic extension... E If this is a retroactively adopted plan...

Part II Basic Plan Information—enter all requested information

1a Name of plan: LIFELINK FOUNDATION, INC. RETIREMENT PLAN
1b Three-digit plan number (PN): 001
1c Effective date of plan: 07/01/1982
2a Plan sponsor's name, mailing address, city or town, state or province, country, and ZIP or foreign postal code: 9661 DELANEY CREEK BLVD TAMPA, FL 33619
2b Employer Identification Number (EIN): 59-2193032
2c Plan Sponsor's telephone number: 813-253-2640
2d Business code (see instructions): 813000

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

Table with 4 columns: SIGN HERE, Signature, Date, and Name. Rows include: 1. Filed with authorized/valid electronic signature, 01/14/2026, PATRICK BRISLEY (plan administrator); 2. Filed with authorized/valid electronic signature, 01/14/2026, PATRICK BRISLEY (employer/plan sponsor); 3. Signature of DFE, Date, Enter name of individual signing as DFE.

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Form 5500 (2024) v. 240311

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	665
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	471
	6a(2)	528
	6b	5
	6c	181
	6d	714
	6e	0
	6f	714
	6g(1)	665
6g(2)	714	
6h	17	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
2C 3D

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

9a Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all that apply)
(1) <input type="checkbox"/> Insurance	(1) <input type="checkbox"/> Insurance
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(3) <input checked="" type="checkbox"/> Trust	(3) <input checked="" type="checkbox"/> Trust
(4) <input type="checkbox"/> General assets of the sponsor	(4) <input type="checkbox"/> General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules	b General Schedules
(1) <input checked="" type="checkbox"/> R (Retirement Plan Information)	(1) <input checked="" type="checkbox"/> H (Financial Information)
(2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) <input type="checkbox"/> I (Financial Information – Small Plan)
(3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) <input type="checkbox"/> A (Insurance Information) – Number Attached _____
(4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____	(4) <input type="checkbox"/> C (Service Provider Information)
(5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	(5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information)
	(6) <input type="checkbox"/> G (Financial Transaction Schedules)

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) Yes No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) Yes No

11c Enter the Receipt Confirmation Code for the 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025

A Name of plan <u>LIFELINK FOUNDATION, INC. RETIREMENT PLAN</u>	B Three-digit plan number (PN)	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>LIFELINK FOUNDATION, INC.</u>	D Employer Identification Number (EIN) <u>59-2193032</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE:	<u>COLUMBIA TRUST STABLE INCOME FUND</u>	
b Name of sponsor of entity listed in (a):	<u>AMERIPRISE TRUST COMPANY</u>	
c EIN-PN <u>87-2323648-017</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>12315998</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

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c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025	
A Name of plan LIFELINK FOUNDATION, INC. RETIREMENT PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 LIFELINK FOUNDATION, INC.	D Employer Identification Number (EIN) 59-2193032

Part I	Asset and Liability Statement
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1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	4703221	5221624
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	6039	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	775820	175655
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	11760752	12315998
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	78012071	81375778
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	95257903	99089055
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	95257903	99089055

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)	5221624	
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		5221624
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	70853	
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		70853
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)	2345350	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		2345350
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		285245
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		5419852
c Other income	2c		11972
d Total income. Add all income amounts in column (b) and enter total	2d		13354896

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	9523744	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		9523744
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		0
j Total expenses. Add all expense amounts in column (b) and enter total	2j		9523744

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		3831152
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) Unmodified (2) Qualified (3) Disclaimer (4) Adverse

b Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) DOL Regulation 2520.103-8 (2) DOL Regulation 2520.103-12(d) (3) neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: RIVERO, GORDIMER, COMPANY, P.A.

(2) EIN: 59-3040705

d The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

(1) This form is filed for a CCT, PSA, DCG or MTIA. (2) It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		5000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? Yes No
If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) Yes No Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025

A Name of plan <u>LIFELINK FOUNDATION, INC. RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>LIFELINK FOUNDATION, INC.</u>	D Employer Identification Number (EIN) <u>59-2193032</u>	

Part I	Distributions
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All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	0
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2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
 EIN(s): 59-3482833

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	
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Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
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4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? Yes No N/A
If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a	5221624
b Enter the amount contributed by the employer to the plan for this plan year	6b	5221624
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c	0

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? Yes No N/A

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? Yes No N/A

Part III	Amendments
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9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... Increase Decrease Both No

Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
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10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? Yes No

11 a Does the ESOP hold any preferred stock? Yes No

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) Yes No

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? Yes No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (measured in dollars). See instructions. Complete as many entries as needed to report all applicable employers.

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

14 Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment).....	14a	
b The plan year immediately preceding the current plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	14b	
c The second preceding plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	14c	

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	15a	
b The corresponding number for the second preceding plan year	15b	

16 Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	16a	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....	16b	

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment

19 If the total number of participants is 1,000 or more, complete lines (a) and (b):

a Enter the percentage of plan assets held as:
 Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%
 High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:
 0-5 years 5-10 years 10-15 years 15 years or more

20 PBGC missed contribution reporting requirements. If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? Yes No

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:
 Yes.
 No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.
 No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.
 No. Other. Provide explanation: _____

Part VII IRS Compliance Questions

21a Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? Yes No

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).
 Design-based safe harbor method
 "Prior year" ADP test
 "Current year" ADP test
 N/A

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 06 / 30 / 2020 (MM/DD/YYYY) and the Opinion Letter serial number Q703015A.

FINANCIAL STATEMENTS AND INDEPENDENT AUDITOR'S REPORT

LIFELINK FOUNDATION, INC. RETIREMENT PLAN

June 30, 2025

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Herman V. Lazzara	Michael E. Helton
Sam A. Lazzara	James K. O'Connor
Kevin R. Bass	David M. Bohnsack
Jonathan E. Stein	Julie A. Davis
Stephen G. Douglas	Karl N. Swan
Marc D. Sasser, of Counsel	
Cesar J. Rivero, in Memoriam (1942-2017)	

INDEPENDENT AUDITOR'S REPORT

To the Plan Administrator
LifeLink Foundation, Inc. Retirement Plan

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit

We have performed audits of the accompanying financial statements of LifeLink Foundation, Inc. Retirement Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) [ERISA Section 103(a)(3)(C) audit]. The financial statements comprise the statements of net assets available for benefits as of June 30, 2025 and 2024, and the related statements of changes in net assets available for benefits for the year ended June 30, 2025, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of the Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from a qualified institution as of June 30, 2025 and 2024, and for the year ended June 30, 2025, stating that the certified investment information, as described in Note C to the financial statements, is complete and accurate.

Opinion

In our opinion, based on our audits and on the procedures performed as described in the Auditor's Responsibilities for the Audit of the Financial Statements section—

- the amounts and disclosures in the financial statements referred to above, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.



- the information in the financial statements referred to above related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

Management is also responsible for maintaining a current plan instrument, including all plan amendments; administering the plan; and determining that the plan's transactions that are presented and disclosed in the financial statements are in conformity with the plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

Auditor's Responsibilities for the Audit of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with generally accepted auditing standards, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

Our audits did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

Other Matter - Supplemental Schedules Required by ERISA

The supplemental Schedule of Assets (Held at End of Year) as of June 30, 2025, and the Schedule of Reportable Transactions for the year ended June 30, 2025, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements.


The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards.

For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion—

- the form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- the information in the supplemental schedules related to assets held by and certified to by a qualified institution agrees to or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).



Tampa, Florida
December 30, 2025

LifeLink Foundation, Inc. Retirement Plan

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

June 30,

	<u>2025</u>	<u>2024</u>
ASSETS		
Investments, at fair value		
Investments at fair value	\$ 81,375,778	\$ 78,012,071
Money market	175,655	781,859
Common collective trust	12,315,998	11,760,752
	<u>93,867,431</u>	<u>90,554,682</u>
Receivables		
Employer contribution	<u>5,221,624</u>	<u>4,703,221</u>
Total assets	<u>99,089,055</u>	<u>95,257,903</u>
LIABILITIES		
Liabilities	<u>-</u>	<u>-</u>
Total liabilities	<u>-</u>	<u>-</u>
Net assets available for benefits	<u>\$ 99,089,055</u>	<u>\$ 95,257,903</u>

The accompanying notes are an integral part of these statements.

LifeLink Foundation, Inc. Retirement Plan

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

For the year ended June 30, 2025

Additions to net assets attributed to:	
Investment income	
Net appreciation in fair value of investments	\$ 5,705,097
Interest and dividend income	<u>2,416,203</u>
Net investment income	8,121,300
Employer contributions	5,221,624
Other Income	<u>11,972</u>
Total additions	<u>13,354,896</u>
Deductions from net assets attributed to:	
Benefits paid to participants	<u>9,523,744</u>
Total deductions	<u>9,523,744</u>
Net increase in net assets available for benefits	3,831,152
Net assets available for benefits, beginning of year	<u>95,257,903</u>
Net assets available for benefits, end of year	<u>\$ 99,089,055</u>

The accompanying notes are an integral part of this statement.

LifeLink Foundation, Inc. Retirement Plan
NOTES TO THE FINANCIAL STATEMENTS

June 30, 2025

NOTE A - DESCRIPTION OF THE PLAN

The following description of the LifeLink Foundation, Inc. Retirement Plan (the “Plan”) is provided for general information purposes only. The Plan document should be referred to for a more comprehensive description of the Plan’s provisions.

1. General

The Plan was established on July 1, 1982, as a non-contributory, non-participant directed, defined-contribution plan covering substantially all employees of LifeLink Foundation, Inc. (the “Company” or “Employer”), excluding employees of Puerto Rico. The Plan is subject to the provisions of the Department of Labor’s (“DOL”) Rules and Regulations for Reporting and Disclosures under the Employee Retirement Income Security Act of 1974 (“ERISA”), as amended.

2. Eligibility

Entry into the Plan occurs when an employee completes one year of employment with at least 1,000 hours of service. Participants must be employed on the last day of the Plan year, and have worked 1,000 hours, in order to share in Company contributions. However, deceased, disabled, and retired participants need not be employed at the Plan year-end to share in Company contributions.

3. Employer Contributions

Plan provisions require that an annual contribution to the Plan be made by the Company, which is equal to 12% of each participant’s compensation, as defined in the Plan agreement, plus 5.7% of each participant’s compensation in excess of the designated-integration level, as defined in the Plan agreement.

4. Participant Accounts

Each participant’s account is credited with their calculated Employer’s contribution and Plan earnings which are allocated based on participant account balances at the beginning of the Plan year. Participant’s accounts are charged with withdrawals, an allocation of Plan losses and any investment expenses directly attributed to the Participant’s investments. The benefit to which a participant is entitled is the benefit that can be provided from the participant’s vested account balance.

LifeLink Foundation, Inc. Retirement Plan

NOTES TO THE FINANCIAL STATEMENTS - CONTINUED

June 30, 2025

NOTE A - DESCRIPTION OF THE PLAN - Continued

5. Vesting

Participants are vested in the Company's contributions to the Plan, plus actual earnings thereon, based upon the following schedule:

<u>Years of Service</u>	<u>Vesting Percentage</u>
Less than 2	0%
2	25%
3	50%
4	75%
5 or more	100%

Upon death or disability, a participant becomes fully vested. Upon termination of the Plan, all participants become fully vested.

6. Payments of Benefits

Upon termination of service, death, or disability, a participant may receive the value of the vested interest in his or her account as a lump-sum distribution or in the form of an annuity.

7. Forfeited Accounts

Forfeitures occur when a participant terminates employment and is not fully vested in a portion of the Employer contribution amounts. Forfeitures may be allocated to participants as an additional employer contribution or used by the Employer to pay Plan expenses or reduce other Employer contributions. During the year ended June 30, 2025, forfeitures of approximately \$120,000 were reallocated to Plan participants.

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

1. Basis of Presentation

The accompanying financial statements have been prepared on the accrual method of accounting in accordance with accounting principles generally accepted in the United States of America ("U.S. GAAP").

2. Use of Estimates

The preparation of financial statements in conformity with U.S. GAAP requires the Plan management to make estimates and assumptions that affect certain reported amounts of net assets available for benefits at the date of the financial statements and the reported amounts of changes in net assets available for benefits during the reporting period. Accordingly, actual results could differ from those estimates.

LifeLink Foundation, Inc. Retirement Plan

NOTES TO THE FINANCIAL STATEMENTS - CONTINUED

June 30, 2025

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES - Continued

3. Administrative Expenses

As allowed by the Plan agreement, all administrative expenses related to the Plan were paid by the Company totaling approximately \$92,000 during the year ended June 30, 2025. Administrative expenses were based on customary and reasonable rates.

4. Investment Valuation, and Income Recognition

The Plan's investments are stated at fair value. Dividends are recorded on the ex-dividend date.

5. Payment of Benefits

Benefits paid to participants are recorded when processed and paid.

NOTE C - INFORMATION CERTIFIED BY THE TRUSTEE (UNAUDITED)

The Plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Principal Bank (the "Trustee") has certified to the completeness and accuracy of the following data included in the accompanying financial statements and supplemental schedules:

- Investments, at fair value, as shown in the statements of net assets available for benefits as of June 30, 2025 and 2024.
- Net appreciation in fair value of investments, interest and dividends as shown in the statement of changes in net assets available for benefits for the year ended June 30, 2025.
- Schedule of Assets (Held at End of Year) – Form 5500, Schedule H, Part IV, Line 4i as of June 30, 2025.

The Plan's independent auditor did not perform auditing procedures with respect to the certified information, except for comparing such information to the related information included in the financial statements and supplemental schedule of assets (held at end of year).

NOTE D - FAIR VALUE MEASUREMENTS

Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 820, *Fair Value Measurement and Disclosures*, establishes a framework for using fair value to measure assets and liabilities and defines fair value as the price that would be received to sell an asset or paid to transfer a liability (an exit price) as opposed to the price that would be paid to acquire the asset or received to assume the liability (an entry price).

LifeLink Foundation, Inc. Retirement Plan

NOTES TO THE FINANCIAL STATEMENTS - CONTINUED

June 30, 2025

NOTE D - FAIR VALUE MEASUREMENTS - Continued

Under FASB ASC 820, a fair value measure should reflect the assumptions that market participants would use in pricing the asset or liability, including the assumptions about the risk inherent in a particular valuation technique, the effect of a restriction on the sale or use of an asset and the risk of nonperformance.

FASB ASC 820 requires disclosures that stratify the statement of net assets available for benefits amounts measured at fair value based on inputs the Plan used to derive fair value measurements. These strata include:

- Level 1 inputs, where the valuation is based on quoted market prices for identical assets or liabilities traded in active markets (which include exchanges and over-the-counter markets with sufficient volume),
- Level 2 inputs, where the valuation is based on quoted market prices for similar instruments traded in active markets, quoted prices for identical or similar instruments in markets that are not active and model-based valuation techniques for which all significant assumptions are observable in the market, and
- Level 3 inputs, where the valuation is generated from model-based techniques that use significant assumptions not observable in the market, but observable based on fund-specific data. These unobservable assumptions reflect estimates or assumptions that market participants would use in pricing the asset or liability. Valuation techniques typically include option pricing models, discounted cash flow models and similar techniques, but may also include the use of market prices of assets or liabilities that are not directly comparable to the subject asset or liability.

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. The valuation techniques that are used should maximize the use of observable inputs and minimize the use of unobservable inputs. There have been no changes in the methodologies used at June 30, 2025.

Following is a description of the valuation methodologies used for assets measured at fair value at June 30, 2025 and 2024:

Mutual funds - These public investment vehicles are valued using the net asset value ("NAV") provided by the administrator of the fund. NAV is based on the value of the underlying assets owned by the fund, minus its liabilities, and then divided by the number of shares outstanding. NAV is classified within Level 1 of the valuation hierarchy based on the underlying assets of the account, which are traded on an active market.

Money market fund - The fund is valued at quoted prices in an active market, which represents the net asset values of shares held by the Plan at year-end and is classified as Level 1 on the valuation hierarchy.

LifeLink Foundation, Inc. Retirement Plan

NOTES TO THE FINANCIAL STATEMENTS - CONTINUED

June 30, 2025

NOTE D - FAIR VALUE MEASUREMENTS - Continued

Common collective trust - Valued by the issuer of the common collective trust fund based on the net asset value per share of the underlying investments. Common collective trust funds with underlying investments in investment contracts are valued at net asset value of the underlying investments using the practical expedient method and are not leveled in the fair value hierarchy.

The methods described above may produce a fair value calculation that may not be indicative of the net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following table presents financial assets measured at fair value on a recurring basis as of June 30,:

June 30, 2025	Level 1	Level 2	Level 3	Fair Value
Mutual funds	\$ 81,375,778	\$ -	\$ -	\$ 81,375,778
Common collective trust	-	-	-	12,315,998
Money market fund	175,655	-	-	175,655
Total	\$ 81,551,433	\$ -	\$ -	\$ 93,867,431
June 30, 2024	Level 1	Level 2	Level 3	Fair Value
Mutual funds	\$ 78,012,071	\$ -	\$ -	\$ 78,012,071
Common collective trust	-	-	-	11,760,752
Money market fund	781,859	-	-	781,859
Total	\$ 78,793,930	\$ -	\$ -	\$ 90,554,682

The Plan follows ASU 2015-07 - Fair Value Measurement (Topic 820): Disclosures for Investments in Certain Entities that Calculate Net Asset Value Per Share (or its Equivalent) which does not require the Plan to place certain investments in the fair value hierarchy that are valued using a net asset value model.

LifeLink Foundation, Inc. Retirement Plan

NOTES TO THE FINANCIAL STATEMENTS - CONTINUED

June 30, 2025

NOTE D - FAIR VALUE MEASUREMENTS - Continued

The following table presents financial assets measured using the net asset value of shares using the practical expedient method, as of:

<u>June 30, 2025</u>	<u>Fair Value</u>	<u>Unfunded Commitments</u>	<u>Redemption Frequency</u>	<u>Redemption Notice Period</u>
Common collective trust	<u>\$ 12,315,998</u>	<u>N/A</u>	<u>Daily</u>	<u>N/A</u>
Total	<u><u>\$ 12,315,998</u></u>	<u><u>N/A</u></u>		
<u>June 30, 2024</u>	<u>Fair Value</u>	<u>Unfunded Commitments</u>	<u>Redemption Frequency</u>	<u>Redemption Notice Period</u>
Common collective trust	<u>\$ 11,760,752</u>	<u>N/A</u>	<u>Daily</u>	<u>N/A</u>
Total	<u><u>\$ 11,760,752</u></u>	<u><u>N/A</u></u>		

The information in this note was obtained from data that had been prepared and certified as complete and accurate by the Trustee as of June 30, 2025 and 2024, respectively.

NOTE E - PARTY-IN-INTEREST TRANSACTIONS

The Trustees, Plan financial advisors, and Plan recordkeepers performed services that qualify as party-in-interest transactions. Fees paid by the Company during the year ended June 30, 2025 for accounting and other services rendered by parties-in-interest were based on customary and reasonable rates for such services. While these transactions qualify as party-in-interest activity, they are expressly exempted from the prohibited transaction rules (ERISA, Title I, Section 408(b)).

NOTE F - PLAN TERMINATION

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan, either completely or partially, subject to the provisions of ERISA. In the event of Plan termination, participants will become 100% vested in their accounts. Plan assets will be distributed based on the participants' account balances in accordance with the distribution procedures set forth in the Plan documents.

LifeLink Foundation, Inc. Retirement Plan

NOTES TO THE FINANCIAL STATEMENTS - CONTINUED

June 30, 2025

NOTE G - TAX STATUS

The Plan has received a determination letter from the Internal Revenue Service (“IRS”) dated September 27, 2004 stating that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code (“IRC”). Since receiving the determination letter, the Plan has been amended for changes in regulations. However, the Plan administrator believes the Plan is being operated in compliance with the applicable requirements of the IRC and has no income subject to unrelated business income tax. No provision for income taxes has been recorded in the accompanying financial statements.

U.S. GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. Plan management has analyzed the tax positions taken by the Plan, and has concluded that as of June 30, 2025, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to audit by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

NOTE H - RISKS AND UNCERTAINTIES

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits.

NOTE I - COMMON COLLECTIVE TRUST

The Columbia Trust Stable Income Fund (the “Fund”) is a common collective trust sponsored by Ameriprise Trust Company. The beneficial interest of each participant is represented by units. Units are issued and redeemed daily at the Fund’s constant NAV of \$1 per unit. Distribution to the Fund’s unit holders is declared daily from the net investment and automatically reinvested in the Fund on a monthly basis, when paid. It is the policy of the Fund to use its best efforts to maintain a stable NAV of \$1 per unit; although there is no guarantee that the Fund will be able to maintain this value.

Participants ordinarily may direct the withdrawal or transfer of all or a portion of their investment at contract value. Contract value represents contributions made to the Fund, plus earnings, less participant withdrawals and administrative expenses. The Fund imposes certain restrictions on the Plan, and the Fund itself may be subject to circumstances that affect its ability to transact at contract value, as described in the following paragraphs. Plan management believes that the occurrence of events that would cause the Fund to transact at less than contract value is not probable.

LifeLink Foundation, Inc. Retirement Plan

NOTES TO THE FINANCIAL STATEMENTS - CONTINUED

June 30, 2025

NOTE I - COMMON COLLECTIVE TRUST - Continued

Limitations on the Ability of the Fund to Transact at Contract Value

Restrictions on the Plan - Participant-initiated transactions are those transactions allowed by the Plan, including withdrawals for benefits, loans, or transfers to noncompeting funds within a plan, but excluding withdrawals that are deemed to be caused by the actions of the Plan Sponsor. The following employer-initiated events may limit the ability of the Fund to transact at contract value:

- A failure of the Plan or its trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA
- Any communication given to Plan participants designed to influence a participant not to invest in the Fund or to transfer assets out of the Fund
- Any transfer of assets from the Fund directly into a competing investment option
- The establishment of a defined contribution plan that competes with the Plan for employee contributions
- Complete or partial termination of the Plan or its merger with another plan

Circumstances that Impact the Fund - The Fund invests in assets, typically fixed income securities or bond funds, and enters into “wrapper” contracts issued by third parties. A wrap contract is an agreement by another party, such as a bank insurance company to make payments to the Fund in certain circumstances. Wrap contracts are designed to allow the Fund to maintain a constant NAV and protect the Fund in extreme circumstances. In a typical wrap contract, the wrap issuer agrees to pay the Fund the difference between the contract value and the market value of the underlying assets once the fair value has been totally exhausted.

The wrap contracts generally contain provisions that limit the ability of the Fund to transact at contract value upon the occurrence of certain events. These events include:

- Any substantive modification of the Fund or the administration of the Fund that is not consented to by the wrap issuer
- Any change in law, regulation, or administrative ruling applicable to a plan that could have a material adverse effect on the Fund’s cash flow
- Employer-initiated transactions by participating plans as described above

LifeLink Foundation, Inc. Retirement Plan

NOTES TO THE FINANCIAL STATEMENTS - CONTINUED

June 30, 2025

NOTE I - COMMON COLLECTIVE TRUST - Continued

In the event that wrap contracts fail to perform as intended, the Fund's NAV may decline if the market value of its asset declines. The Fund's ability to receive amounts due pursuant to these wrap contracts is dependent on the third-party issuer's ability to meet their financial obligations. The wrap issuer's ability to meet its contractual obligations under the wrap contracts may be affected by future economic and regulatory developments.

The Fund is unlikely to maintain a stable NAV if, for any reason, it cannot obtain or maintain wrap contracts covering all of its underlying assets. This could result from the Fund's inability to promptly find a replacement wrap contract following termination of a wrap contract. Wrap contracts are not transferable and have no trading market. There is a limited number of wrap issuers. The Fund may lose the benefit of wrap contracts on any position of its assets in default in excess of a certain percentage of portfolio assets.

NOTE J - SUBSEQUENT EVENTS

In accordance with U.S. GAAP related to subsequent events, the Plan has evaluated all events and transactions occurring subsequent to June 30, 2025 as of December 30, 2025, which is the date the financial statements were available to be issued.

SUPPLEMENTAL SCHEDULES

LifeLink Foundation, Inc. Retirement Plan

SCHEDULE OF ASSETS (HELD AT END OF YEAR)
 SUPPLEMENTAL SCHEDULE FOR IRS FORM 5500, SCHEDULE H, PART IV, LINE 4i
 EIN: 59-2193032, PLAN NUMBER: 001

June 30, 2025

(a)	(b)	(c)	(d)	(e)
Party in Interest	Identity of Issuer, Borrower, Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral Par, or Maturity Value	Historical Cost	Current Value
	Money Market Fund			
	Allspring 100% Treasury	Money Market Institutional	\$ 174,185	\$ 175,655
	Common Collective Trust			
	Columbia Management Group, LLC	Columbia TR Stable Income I-O Fund	10,691,168	12,315,998
	Mutual Funds			
	Pacific Investment Management Co., LLC	Pimco All Asset Fund Institutional	6,636,077	6,404,431
	Capital Research and Management Co.	American EuroPacific Growth Fund	6,395,973	8,283,094
	T. Rowe Price Associates, Inc.	T. Rowe Price Mid-Cap Value Fund	2,284,024	2,696,805
	Diamond Hill Investment Group, Inc.	Diamond Hill Large Cap Fund	3,883,191	4,627,964
	Neuberger Berman Group, LLC	GQG Partners Emerging Markets Equity Fund	3,447,997	3,329,408
	Principal Investors Fund, Inc.	Principal Investors Real Estate Securities Instl Fund	4,028,246	4,512,748
	Baird Asset Management	Baird Core Bond Fund	9,116,074	9,209,938
	Eaton Vance Distributors, Inc.	Eaton Vance Multi-Asset Credit Fund	7,376,502	7,404,593
	Harbor Funds Distributors, Inc.	Harbor Core Bond Fund	9,157,628	9,156,413
	BlackRock, Inc.	IShares Total US Stock Market Index	5,612,810	6,428,743
	MFS Investment Management	MFS International Equity Fund	3,473,881	3,988,153
	State Street Corporation	State Street Global Equity EX-U.S. Index Fund	3,591,505	4,089,805
	Western & Southern Financial Group	Touchstone Dynamic Large Cap Growth Fund	5,635,944	6,214,262
	William Blair & Company	William Blair Large Cap Growth Fund	4,749,769	5,029,421
			<u>75,389,621</u>	<u>81,375,778</u>
			<u>\$ 86,254,974</u>	<u>\$ 93,867,431</u>

(a) No party-in-interest assets to the Plan

LifeLink Foundation, Inc. Retirement Plan
SCHEDULE OF REPORTABLE TRANSACTIONS
FORM 5500, SCHEDULE H, PART IV, LINE 4j
EIN: 59-2193032, PLAN NUMBER: 001

For the year ended June 30, 2025

Identity of Party Involved	Description of Asset	Number of Transactions	Purchase Price	Selling Price	Cost of Asset	Current Value on Asset on Transaction Date	Net Gain (Loss)
Series Transactions							
Allspring 100% Treasury	Money Market Institutional	21	\$ 10,763,521	\$ -	\$ 10,763,521	\$ 10,763,521	\$ -
Allspring 100% Treasury	Money Market Institutional	32	\$ -	\$ 11,365,158	\$ 11,365,158	\$ 11,365,158	\$ -

THROUGH

		BASED ON MARKET VALUE OF		90,554,681	5% VALUE OF		4,527,734
IDENTITY OF PARTY INVOLVED		PURCHASE PRICE	EXPENSES	COST OF ASSET	CURRENT VALUE	NET GAIN	OR (LOSS)
DESCRIPTION OF ASSET		SELLING PRICE					
VP4520012	ALLSPRING 100% TREASURY						
	MONEY MARKET INSTITUTIONAL #3177						
BROKER 1	CASH SWEEP TRADES						
	1,634 07/01/24 S SELL	692	1.0000	0	1,634	1,634	0
	50,088 07/02/24 B BUY	696	1.0000	0	50,088	50,088	0
	2,602 07/03/24 B BUY	706	1.0000	0	2,602	2,602	0
	4,063 08/01/24 S SELL	719	1.0000	0	4,063	4,063	0
	1,602 08/05/24 B BUY	734	1.0000	0	1,602	1,602	0
	3,195,911 09/03/24 B BUY	738	1.0000	0	3,195,911	3,195,911	0
	1,703,221 09/03/24 B BUY	739	1.0000	0	1,703,221	1,703,221	0
	80,609 09/04/24 B BUY	769	1.0000	0	80,609	80,609	0
	20,541 09/20/24 S SELL	781	1.0000	0	20,541	20,541	0
	463,029 09/25/24 S SELL	786	1.0000	0	463,029	463,029	0
	338,830 09/27/24 S SELL	789	1.0000	0	338,830	338,830	0
	14,159 10/01/24 B BUY	792	1.0000	0	14,159	14,159	0
	2,871 10/02/24 B BUY	814	1.0000	0	2,871	2,871	0
	2,113 10/04/24 S SELL	819	1.0000	0	2,113	2,113	0
	1,600,760 10/10/24 S SELL	821	1.0000	0	1,600,760	1,600,760	0
	148,889 10/18/24 S SELL	825	1.0000	0	148,889	148,889	0
	7,618 11/01/24 B BUY	832	1.0000	0	7,618	7,618	0
	323 11/04/24 B BUY	842	1.0000	0	323	323	0
	1,000,000 11/04/24 B BUY	843	1.0000	0	1,000,000	1,000,000	0
	2,953,333 11/12/24 S SELL	847	1.0000	0	2,953,333	2,953,333	0
	8,027 11/26/24 S SELL	851	1.0000	0	8,027	8,027	0
	36,379 11/29/24 S SELL	856	1.0000	0	36,379	36,379	0
	902 12/02/24 B BUY	859	1.0000	0	902	902	0
	1,131 12/03/24 B BUY	878	1.0000	0	1,131	1,131	0
	167,818 12/11/24 S SELL	879	1.0000	0	167,818	167,818	0
	5,228 12/12/24 S SELL	888	1.0000	0	5,228	5,228	0
	3,390 01/02/25 S SELL	932	1.0000	0	3,390	3,390	0
	1,507 01/03/25 B BUY	938	1.0000	0	1,507	1,507	0
	25,606 01/10/25 S SELL	939	1.0000	0	25,606	25,606	0
	630,878 01/31/25 S SELL	943	1.0000	0	630,878	630,878	0
	3,888 02/03/25 S SELL	948	1.0000	0	3,888	3,888	0
	349 02/05/25 B BUY	961	1.0000	0	349	349	0
	74,704 02/11/25 S SELL	962	1.0000	0	74,704	74,704	0
	2,000,000 02/21/25 B BUY	964	1.0000	0	2,000,000	2,000,000	0
	1,554,629 03/03/25 S SELL	978	1.0000	0	1,554,629	1,554,629	0
	8,916 03/05/25 S SELL	990	1.0000	0	8,916	8,916	0
	350,000 03/05/25 S SELL	991	1.0000	0	350,000	350,000	0
	55,440 03/17/25 S SELL	995	1.0000	0	55,440	55,440	0
	700,000 03/20/25 B BUY	998	1.0000	0	700,000	700,000	0
	724,526 03/25/25 S SELL	1003	1.0000	0	724,526	724,526	0
	5,332 04/01/25 S SELL	1018	1.0000	0	5,332	5,332	0
	80,086 04/02/25 S SELL	1022	1.0000	0	80,086	80,086	0
	6,745 05/01/25 S SELL	1043	1.0000	0	6,745	6,745	0
	334 05/02/25 B BUY	1047	1.0000	0	334	334	0
	1,600,000 05/13/25 B BUY	1052	1.0000	0	1,600,000	1,600,000	0
	15,256 05/14/25 S SELL	1062	1.0000	0	15,256	15,256	0

FD495
 SCHEDULE H (FORM 5500 - 4J-3)
 SCHEDULE OF REPORTABLE TRANSACTIONS
 SERIES OF TRANSACTIONS IN SAME SECURITY

LIFELINK FOUNDATION, INC.
 RETIREMENT PLAN - US

PAGE 5
 10126500
 JUNE 30, 2024
 JUNE 30, 2025

IDENTITY OF PARTY INVOLVED	DESCRIPTION OF ASSET	BASED ON MARKET VALUE OF		90,554,681	5% VALUE OF	4,527,734	
		PURCHASE PRICE SELLING PRICE	EXPENSES	COST OF ASSET	CURRENT VALUE	NET GAIN OR (LOSS)	
1,620,116	05/19/25 S SELL	1064	1.0000	0	1,620,116	1,620,116	0
400,000	05/23/25 B BUY	1067	1.0000	0	400,000	400,000	0
5,313	06/02/25 S SELL	1076	1.0000	0	5,313	5,313	0
294	06/04/25 B BUY	1083	1.0000	0	294	294	0
245,430	06/09/25 S SELL	1088	1.0000	0	245,430	245,430	0
146,374	06/16/25 S SELL	1095	1.0000	0	146,374	146,374	0
57,885	06/25/25 S SELL	1101	1.0000	0	57,885	57,885	0
10,763,521		21	TOTAL BUYS	0	10,763,521	10,763,521	0
11,365,158		32	TOTAL SELLS	0	11,365,158	11,365,158	0
22,128,679			SECURITY TOTAL	0	22,128,679	22,128,679	0

IDENTITY OF ISSUE, BORROWER, LESSOR	DESCRIPTION OF INVESTMENT SHARES / PAR	COST	CURRENT VALUE
<u>GENERAL INVESTMENTS</u>			
<u>INTEREST-BEARING CASH (INCLUDING MM ACCTS & CD)</u>			
VP4520012 ALLSPRING 100% TREASURY	MONEY MARKET INSTITUTIONAL #3177 174,184.790	174,185	174,185
TOTAL INTEREST-BEARING CASH (INCLUDING MM ACCTS & CD)		174,185	174,185
<u>VALUE OF INTEREST IN COMMON/COLLECTIVE TRUSTS</u>			
799999123 COLUMBIA TRUST STABLE INCOME	FUND CLASS ADMIN 0 968,238.790	10,691,168	12,315,998
TOTAL VALUE OF INTEREST IN COMMON/COLLECTIVE TRUSTS		10,691,168	12,315,998
<u>VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES</u>			
057071870 BAIRD CORE BOND FUND - CLASS I #71	902,050.750	9,116,074	9,209,938
25264S676 DIAMOND HILL LARGE CAP FUND CLASS Y	137,206.170	3,883,191	4,627,964
27826A615 EATON VANCE MULTI-ASSET CREDIT FUND	747,938.680	7,376,502	7,404,593
298706839 EUPAC FUND	136,617.080	6,395,973	8,283,094
00771X419 GQG PARTNERS EMERGING MARKETS EQUITY	FUND CLASS INST 191,565.480	3,447,997	3,329,408
411512197 HARBOR CORE BOND FUND	1,031,127.530	9,157,628	9,156,412
091936153 ISHARESTOTAL US STOCK MARKET INDEX	FUND CLASS K #1918 227,244.360	5,612,810	6,428,743
552966806 MFS INTERNATIONAL EQUITY FUND	100,482.560	3,473,881	3,988,153

FD491
 SCHEDULE H (FORM 5500 - 4I-1)
 SCHEDULE OF ASSETS HELD FOR
 INVESTMENT PURPOSES AT END OF YEAR

LIFELINK FOUNDATION, INC.
 RETIREMENT PLAN - US

PAGE 16
 10126500
 AS OF JUNE 30, 2025

IDENTITY OF ISSUE, BORROWER, LESSOR	DESCRIPTION OF INVESTMENT SHARES / PAR	COST	CURRENT VALUE
722005626 PIMCO ALL ASSET FD INSTITUTIONAL	CLASS I #34 568,777.210	6,636,077	6,404,431
74253Q580 PRINCIPAL INVESTORS REAL ESTATE	SECURITIES INSTL FUND #4934 158,175.530	4,028,246	4,512,748
85749T848 STATE STREET GLOBAL EQUITY EX-U.S.	INDEX FUND CLASS K #5396 33,791.660	3,591,505	4,089,805
77957Y106 T. ROWE PRICE MID-CAP VALUE FUND	86,297.750	2,284,024	2,696,805
89154X542 TOUCHSTONE DYNAMIC LARGE CAP GROWTH	FUND 106,154.110	5,635,944	6,214,262
969251636 WILLIAM BLAIR LARGE CAP GROWTH FUND	162,030.290	4,749,769	5,029,420
TOTAL VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES		75,389,621	81,375,778
TOTAL GENERAL INVESTMENTS		86,254,974	93,865,960

<p>Form 5500</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p>This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p>▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p>OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: 24pt; font-weight: bold;">2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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Part I Annual Report Identification Information				
For calendar plan year 2024 or fiscal plan year beginning		07/01/2024	and ending	06/30/2025
A This return/report is for:	<input type="checkbox"/> a multiemployer plan	<input type="checkbox"/> a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)		
	<input checked="" type="checkbox"/> a single-employer plan	<input type="checkbox"/> a DFE (specify) _____		
B This return/report is:	<input type="checkbox"/> the first return/report	<input type="checkbox"/> the final return/report		
	<input type="checkbox"/> an amended return/report	<input type="checkbox"/> a short plan year return/report (less than 12 months)		
C If the plan is a collectively-bargained plan, check here	<input type="checkbox"/>			
D Check box if filing under:	<input checked="" type="checkbox"/> Form 5558	<input type="checkbox"/> automatic extension	<input type="checkbox"/> the DFVC program	
	<input type="checkbox"/> special extension (enter description)			
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here	<input type="checkbox"/>			

Part II Basic Plan Information—enter all requested information			
1a Name of plan LIFELINK FOUNDATION, INC. RETIREMENT PLAN	1b Three-digit plan number (PN) ▶		001
	1c Effective date of plan	07/01/1982	
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) LIFELINK FOUNDATION, INC.	2b Employer Identification Number (EIN)	59-2193032	
	2c Plan Sponsor's telephone number	(813) 253-2640	
9661 DELANEY CREEK BLVD	2d Business code (see instructions)	813000	
TAMPA		FL 33619	

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE		01/15/2026	PATRICK BRISLEY
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		1/15/2026	PATRICK BRISLEY
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number																				
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN																				
5 Total number of participants at the beginning of the plan year	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">5</td> <td style="text-align: right;">665</td> </tr> </table>	5	665																		
5	665																				
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">6a(1)</td> <td style="text-align: right;">471</td> </tr> <tr> <td>6a(2)</td> <td style="text-align: right;">528</td> </tr> <tr> <td>6b</td> <td style="text-align: right;">5</td> </tr> <tr> <td>6c</td> <td style="text-align: right;">181</td> </tr> <tr> <td>6d</td> <td style="text-align: right;">714</td> </tr> <tr> <td>6e</td> <td style="text-align: right;">0</td> </tr> <tr> <td>6f</td> <td style="text-align: right;">714</td> </tr> <tr> <td>6g(1)</td> <td style="text-align: right;">665</td> </tr> <tr> <td>6g(2)</td> <td style="text-align: right;">714</td> </tr> <tr> <td>6h</td> <td style="text-align: right;">17</td> </tr> </table>	6a(1)	471	6a(2)	528	6b	5	6c	181	6d	714	6e	0	6f	714	6g(1)	665	6g(2)	714	6h	17
6a(1)	471																				
6a(2)	528																				
6b	5																				
6c	181																				
6d	714																				
6e	0																				
6f	714																				
6g(1)	665																				
6g(2)	714																				
6h	17																				
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">7</td> <td></td> </tr> </table>	7																			
7																					

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
 2C 3D

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

9a Plan funding arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- (1) **R** (Retirement Plan Information)
- (2) **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3) **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- (4) **DCG** (Individual Plan Information) – Number Attached _____
- (5) **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

- (1) **H** (Financial Information)
- (2) **I** (Financial Information – Small Plan)
- (3) **A** (Insurance Information) – Number Attached _____
- (4) **C** (Service Provider Information)
- (5) **D** (DFE/Participating Plan Information)
- (6) **G** (Financial Transaction Schedules)