

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

2005

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2005 calendar year, or tax year beginning JULY 1, 2005, and ending JUNE 30, 2006

B Check if applicable: Address change
 Name change
 Initial return
 Final return
 Amended return
 Application pending

*****ECRLOT* C-002
 29 IB 200606 03 17 3 0000 I

LIFELINK CORPORATION
331 S YORK RD
SENSEVILLE IL 60106-2673

D Employer identification number
36:3487477

E Telephone number
 ()

F Accounting method: Cash Accrual
 Other (specify) ▶

G Website: ▶

J Organization type (check only one) ▶ 501(c) (3) ◀ (insert no.) 4947(a)(1) or 527

K Check here if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization chooses to file a return, be sure to file a complete return. Some states require a complete return.

H and **I** are not applicable to section 527 organizations.
H(a) Is this a group return for affiliates? Yes No
H(b) If "Yes," enter number of affiliates ▶
H(c) Are all affiliates included? Yes No
 (If "No," attach a list. See instructions.)
H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No
I Group Exemption Number ▶

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 1,909,361

M Check if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)

SCANNED JUN 11 2007

	1 Contributions, gifts, grants, and similar amounts received:				
	a Direct public support	1a	2,688		
	b Indirect public support	1b	138,000		
	c Government contributions (grants)	1c	—		
	d Total (add lines 1a through 1c) (cash \$ <u>140,688</u> noncash \$ —)	1d	140,688		
	2 Program service revenue including government fees and contracts (from Part VII, line 93)	2	1,696,160		
	3 Membership dues and assessments	3			
	4 Interest on savings and temporary cash investments	4	495		
	5 Dividends and interest from securities	5	501		
	6a Gross rents	6a			
	b Less: rental expenses	6b			
	c Net rental income or (loss) (subtract line 6b from line 6a)	6c			
	7 Other investment income (describe)	7			
	8a Gross amount from sales of assets other than inventory	8a			
	b Less: cost or other basis and sales expenses	8b			
	c Gain or (loss) (attach schedule)	8c	68,550		
	d Net gain or (loss) (combine line 8c, columns (A) and (B))	8d	68,550		
	9 Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>				
	a Gross revenue (not including \$ _____ of contributions reported on line 1a)	9a			
	b Less: direct expenses other than fundraising expenses	9b			
	c Net income or (loss) from special events (subtract line 9b from line 9a)	9c			
	10a Gross sales of inventory, less returns and allowances	10a			
	b Less: cost of goods sold	10b			
	c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c			
	11 Other revenue (from Part VII, line 103)	11	2,967		
	12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	1,909,361		
Expenses	13 Program services (from line 44, column (B))	13	—		
	14 Management and general (from line 44, column (C))	14	1,619,772		
	15 Fundraising (from line 44, column (D))	15	—		
	16 Payments to affiliates (attach schedule)	16	—		
	17 Total expenses (add lines 16 and 44, column (A))	17	1,619,772		
Net Assets	18 Excess or (deficit) for the year (subtract line 17 from line 12)	18	291,589		
	19 Net assets or fund balances at beginning of year (from line 73, column (A))	19	7,094,608		
	20 Other changes in net assets or fund balances (attach explanation)	20	(148)		
	21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	7,386,049		

17

Part II Statement of Functional Expenses All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See the instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>				
23	Specific assistance to individuals (attach schedule)				
24	Benefits paid to or for members (attach schedule)				
25	Compensation of officers, directors, etc.	1,461,298		1,461,298	
26	Other salaries and wages	1,214,717		1,214,717	
27	Pension plan contributions	19,454		19,454	
28	Other employee benefits	241,910		241,910	
29	Payroll taxes	186,540		186,540	
30	Professional fundraising fees	-		-	
31	Accounting fees	15,600		15,600	
32	Legal fees	890,886		890,886	
33	Supplies	35,896		35,896	
34	Telephone	-		-	
35	Postage and shipping	-		-	
36	Occupancy	228,438		228,438	
37	Equipment rental and maintenance	22,838		22,838	
38	Printing and publications	12,474		12,474	
39	Travel	21,288		21,288	
40	Conferences, conventions, and meetings	35,419		35,419	
41	Interest	-		-	
42	Depreciation, depletion, etc. (attach schedule)	35,823		35,823	
43	Other expenses not covered above (itemize):				
a	-----	43a			
b	OTHER PURCHASED SERVICES	43b	879,095	879,095	
c	MISCELLANEOUS	43c	(21,893)	21,893	
d	ALLOCATION OF G+A TO AFFILIATES	43d	(3,662,011)	(3,662,011)	
e	-----	43e			
f	-----	43f			
g	-----	43g			
44	Total functional expenses. Add lines 22 through 43. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	1,617,772	1,617,772	

Joint Costs. Check if you are following SOP 98-2.
 Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? . Yes No
 If "Yes," enter (i) the aggregate amount of these joint costs \$ _____; (ii) the amount allocated to Program services \$ _____;
 (iii) the amount allocated to Management and general \$ _____; and (iv) the amount allocated to Fundraising \$ _____

Part III Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? ► *MANAGEMENT OF AFFILIATED NOT-501(C)(3) ORG'S*

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

	Program Service Expenses <small>(Required for 501(c)(3) and (4) orgs, and 4947(a)(1) trusts, but optional for others)</small>
<p>a</p> <p><i>N/A</i></p> <p>(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/></p>	<p><i>N/A</i></p>
<p>b</p> <p>(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/></p>	
<p>c</p> <p>(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/></p>	
<p>d</p> <p>(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/></p>	
<p>e Other program services (attach schedule)</p> <p>(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/></p>	
<p>f Total of Program Service Expenses (should equal line 44, column (B), Program services). ►</p>	<p><i>N/A</i></p>

Part IV Balance Sheets (See the instructions.)

		(A) Beginning of year	(B) End of year		
Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.					
Assets	45	Cash—non-interest-bearing	1,020	45	1,000
	46	Savings and temporary cash investments	1,188,290	46	708,637
	47a	Accounts receivable	19,896	47c	19,896
	b	Less: allowance for doubtful accounts	—		
	48a	Pledges receivable		48c	
	b	Less: allowance for doubtful accounts			
	49	Grants receivable		49	
	50	Receivables from officers, directors, trustees, and key employees (attach schedule)		50	
	51a	Other notes and loans receivable (attach schedule)		51c	
	b	Less: allowance for doubtful accounts			
	52	Inventories for sale or use	9,290	52	6,083
	53	Prepaid expenses and deferred charges	155,071	53	169,286
	54	Investments—securities (attach schedule)	20,686	54	—
	55a	Investments—land, buildings, and equipment: basis		55c	
b	Less: accumulated depreciation (attach schedule)				
56	Investments—other (attach schedule)	86,525	56	86,200	
57a	Land, buildings, and equipment: basis	1,709,063	57c	62,249	
b	Less: accumulated depreciation (attach schedule)	1,646,814			
58	Other assets (describe ► <i>SIDE ATTACHED</i>)	26,486,776	58	30,718,633	
59	Total assets (must equal line 74). Add lines 45 through 58.	28,022,916	59	31,771,984	
Liabilities	60	Accounts payable and accrued expenses	20,928,308	60	24,385,935
	61	Grants payable		61	
	62	Deferred revenue		62	
	63	Loans from officers, directors, trustees, and key employees (attach schedule)		63	
	64a	Tax-exempt bond liabilities (attach schedule)		64a	
	b	Mortgages and other notes payable (attach schedule)		64b	
	65	Other liabilities (describe ►)		65	
66	Total liabilities. Add lines 60 through 65	20,928,308	66	24,385,935	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.				
	67	Unrestricted	7,080,540	67	7,371,981
	68	Temporarily restricted	14,068	68	14,068
	69	Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.				
	70	Capital stock, trust principal, or current funds		70	
	71	Paid-in or capital surplus, or land, building, and equipment fund		71	
	72	Retained earnings, endowment, accumulated income, or other funds		72	
73	Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21)	7,094,608	73	7,386,049	
74	Total liabilities and net assets/fund balances. Add lines 66 and 73.	28,022,916	74	31,751,132	

Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return (See the instructions.)

a	Total revenue, gains, and other support per audited financial statements	a	1,909,361
b	Amounts included on line a but not on Part I, line 12:		
1	Net unrealized gains on investments	b1	
2	Donated services and use of facilities	b2	
3	Recoveries of prior year grants	b3	
4	Other (specify):	b4	
	Add lines b1 through b4	b	-
c	Subtract line b from line a	c	1,909,361
d	Amounts included on Part I, line 12, but not on line a:		
1	Investment expenses not included on Part I, line 6b	d1	
2	Other (specify):	d2	
	Add lines d1 and d2	d	-
e	Total revenue (Part I, line 12). Add lines c and d	e	1,909,361

Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

a	Total expenses and losses per audited financial statements	a	1,617,772
b	Amounts included on line a but not on Part I, line 17:		
1	Donated services and use of facilities	b1	
2	Prior year adjustments reported on Part I, line 20	b2	
3	Losses reported on Part I, line 20	b3	
4	Other (specify):	b4	
	Add lines b1 through b4	b	-
c	Subtract line b from line a	c	1,617,772
d	Amounts included on Part I, line 17, but not on line a:		
1	Investment expenses not included on Part I, line 6b	d1	
2	Other (specify):	d2	
	Add lines d1 and d2	d	-
e	Total expenses (Part I, line 17). Add lines c and d	e	1,617,772

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
SEE ATTACHED	NO COMPENSATION IS RECEIVED DIRECTLY BY ANY ACTIVE OFFICER OR BOARD MEMBER			
	HOURS ARE NOT COMPUTABLE. DIRECTORS MEET 2-3 TIMES PER YEAR AND OFFICERS HOURS VARY DEPENDING ON COMPANY REQUIREMENTS. HOWEVER, THEY ARE AVAILABLE ON A DAILY BASIS.			

Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)

	Yes	No
75a Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings		
b Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s) . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to this organization through common supervision or common control? Note. Related organizations include section 509(a)(3) supporting organizations. If "Yes," attach a statement that identifies the individuals, explains the relationship between this organization and the other organization(s), and describes the compensation arrangements, including amounts paid to each individual by each related organization.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d Does the organization have a written conflict of interest policy?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

(A) Name and address	(B) Loans and Advances	(C) Compensation	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
WILLIAM WILLIAMS	—	160,000	—	—

Part VI Other Information (See the instructions.)

	Yes	No
76 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	<input type="checkbox"/>	<input checked="" type="checkbox"/>
77 Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
78a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b If "Yes," has it filed a tax return on Form 990-T for this year?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	<input type="checkbox"/>	<input checked="" type="checkbox"/>
80a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b If "Yes," enter the name of the organization ▶ SEE ATTACHED and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt	<input checked="" type="checkbox"/>	<input type="checkbox"/>
81a Enter direct and indirect political expenditures. (See line 81 instructions.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b Did the organization file Form 1120-POL for this year?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Part VI Other Information (continued)

		Yes	No
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)		
	82b	N/A	
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
	84b	N/A	
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
	85a	N/A	
	85b	N/A	
c	Dues, assessments, and similar amounts from members	85c	
d	Section 162(e) lobbying and political expenditures	85d	
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	
86	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12	86a	
b	Gross receipts, included on line 12, for public use of club facilities	86b	
87	501(c)(12) orgs. Enter: a Gross income from members or shareholders	87a	
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88	X
89a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ 0; section 4912 ▶ 0; section 4955 ▶ 0		
b	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b	X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		N/A
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization		N/A
90a	List the states with which a copy of this return is filed ▶ ILLINOIS		
b	Number of employees employed in the pay period that includes March 12, 2005 (See instructions.)	90b	773
91a	The books are in care of ▶ LIFELINK CORPORATION Telephone no. ▶ (630) 766-3570 Located at ▶ 331 S YORK RD., BENSenville, IL ZIP + 4 ▶ 60106-2673		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	91b	X
c	At any time during the calendar year, did the organization maintain an office outside of the United States? If "Yes," enter the name of the foreign country ▶	91c	X
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year . . . ▶ 92		N/A

Part VII Analysis of Income-Producing Activities (See the instructions.)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a <u>MANAGEMENT FEES</u>					1,696,160
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	495	
96 Dividends and interest from securities			14	501	
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			14	68,550	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a _____					
b <u>MISCELLANEOUS</u>			01	2,967	
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))				72,513	1,696,160
105 Total (add line 104, columns (B), (D), and (E))					1,768,673

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
93a	PROVIDES CENTRALIZED EFFICIENT ADMINISTRATIVE MANAGEMENT SERVICES TO AFFILIATED NOT-FOR-PROFIT ORGANIZATIONS

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
LIFELINK SERVICES 331 S YORK R.D. BENSIEENVILLE, IL 60106 36-3485786	100 %	INACTIVE	<325>	120,944

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No
 - (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No
- Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

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

Signature of officer: Allan S. Gabrys Date: 4/30/07

Type or print name and title: ALLAN SCOTT GABRYS, V.P. FINANCE/TREASURER

Paid Preparer's Use Only

Preparer's signature: _____ Date: _____ Check if self-employed:

Firm's name (or yours if self-employed), address, and ZIP + 4: _____ Preparer's SSN or PTIN (See Gen. Inst. W): _____

EIN: _____ Phone no.: _____

SCHEDULE A
(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n),
or 4947(a)(1) Nonexempt Charitable Trust

OMB No. 1545-0047

2005

Department of the Treasury
Internal Revenue Service

Supplementary Information—(See separate instructions.)

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Name of the organization LIFELINK CORPORATION	Employer identification number 36 : 318 7477
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Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
CARL ZIMMELMAN 331 S. YORK RD., BENSINVILLE, IL 60106	ADJUDICANT (40+ HRS)	395,865	3959	—
THOMAS NOESSEN 331 S. YORK RD. BENSINVILLE, IL 60106	V.P. FINANCE TRSR (40+ HRS)	278,220	2,782	—
THOMAS RISER 331 S. YORK RD., BENSINVILLE, IL 60106	V.P./GENERAL COUNSEL (40+ HRS)	239,829	2,398	—
ROBERT LOGSTON 331 S. YORK RD., BENSINVILLE, IL 60106	EXEC V.P. (40+ HRS)	183,289	1,833	—
SUSAN SINDERS 331 S. YORK RD., BENSINVILLE, IL 60106	V.P. OF ORG ADULT SVR. (40+ HRS)	144,346	1,443	—
Total number of other employees paid over \$50,000 . . . ▶	15			

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
GREENBERG TRAUIG, P.C. 27 W. WACKER DR. CHICAGO, IL 60601	LEGAL SERVICES	412,103
RSM MCGLAODRIE, ILL. 5155 PAYSPIRITUE CIRCLE, CHGO, IL 60674	LEGAL SERVICES	232,598
AMERICAN EXPRESS TAX + BUSINESS SERVICES ONE S. WACKER DR. CHICAGO, IL 60606	CONSULTING SERVICES	225,032
WILLIAM WILLIAMS 3055 ST. MICHAEL LAKE, ST. CHARLES, IL 60175	INTERIM CEO	160,000
MCDERMOTT, WILK + BEMERY P.O. Box 95003, CHICAGO, IL 60694	LEGAL SERVICES	100,000
Total number of others receiving over \$50,000 for professional services . . . ▶	3	

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of other contractors receiving over \$50,000 for other services . . . ▶		

Part III Statements About Activities (See page 2 of the instructions.)

	Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ _____ (Must equal amounts on line 38, Part VI-A, or line I of Part VI-B.)		X
Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
a Sale, exchange, or leasing of property?	X	
b Lending of money or other extension of credit?	X	
c Furnishing of goods, services, or facilities?	X	
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	X	
e Transfer of any part of its income or assets?		X
3a Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments.)		X
b Do you have a section 403(b) annuity plan for your employees?	X	
c During the year, did the organization receive a contribution of qualified real property interest under section 170(h)?		X
4a Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?		X
b Do you provide credit counseling, debt management, credit repair, or debt negotiation services?		X

Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.)

The organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5 A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7 A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state ▶
- 10 An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12 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 charitable, etc., 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). (Also complete the **Support Schedule** in Part IV-A.)
- 13 An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: (1) lines 5 through 12 above; or (2) sections 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). Check the box that describes the type of supporting organization: ▶ Type 1 Type 2 Type 3

Provide the following information about the supported organizations. (See page 6 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above
SEE ATTACHED - FORM 990 - PART II	12
LINE 80 B	

- 14 An organization organized and operated to test for public safety. Section 509(a)(4). (See page 6 of the instructions.)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) *Use cash method of accounting.*

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)					
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose		N/A			
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975					
19 Net income from unrelated business activities not included in line 18.					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf.					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					
23 Total of lines 15 through 22					
24 Line 23 minus line 17					
25 Enter 1% of line 23					

26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24	26a	N/A
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2001 through 2004 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts	26b	
c Total support for section 509(a)(1) test: Enter line 24, column (e)	26c	
d Add: Amounts from column (e) for lines: 18 _____ 19 _____ 22 _____ 26b _____	26d	
e Public support (line 26c minus line 26d total)	26e	
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))	26f	%

27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year:

(2004) NONE (2003) NONE (2002) NONE (2001) NONE

b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year:

(2004) NONE (2003) NONE (2002) NONE (2001) NONE

c Add: Amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 20 _____ 21 _____	27c	
d Add: Line 27a total _____ and line 27b total _____	27d	
e Public support (line 27c total minus line 27d total)	27e	
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e)	27f	
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))	27g	%
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))	27h	%

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2001 through 2004, prepare a list for your records to show, for each year, the name of the grant, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

Part V Private School Questionnaire (See page 7 of the instructions.)

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

N/A

	Yes	No
29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)		
32 Does the organization maintain the following:		
a Records indicating the racial composition of the student body, faculty, and administrative staff?		
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
d Copies of all material used by the organization or on its behalf to solicit contributions?		
If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)		
33 Does the organization discriminate by race in any way with respect to:		
a Students' rights or privileges?		
b Admissions policies?		
c Employment of faculty or administrative staff?		
d Scholarships or other financial assistance?		
e Educational policies?		
f Use of facilities?		
g Athletic programs?		
h Other extracurricular activities?		
If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)		
34a Does the organization receive any financial aid or assistance from a governmental agency?		
b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement.		
35 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation		

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions.)
 (To be completed **ONLY** by an eligible organization that filed Form 5768)

N/A

Check a if the organization belongs to an affiliated group. Check b if you checked "a" and "limited control" provisions apply.

Limits on Lobbying Expenditures		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
(The term "expenditures" means amounts paid or incurred.)			
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38	Total lobbying expenditures (add lines 36 and 37)	38	
39	Other exempt purpose expenditures	39	
40	Total exempt purpose expenditures (add lines 38 and 39)	40	
41	Lobbying nontaxable amount. Enter the amount from the following table—		
	If the amount on line 40 is— The lobbying nontaxable amount is—		
	Not over \$500,000 20% of the amount on line 40		
	Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000		
	Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000		
	Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000		
	Over \$17,000,000 \$1,000,000	41	
42	Grassroots nontaxable amount (enter 25% of line 41)	42	
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36.	43	
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38.	44	

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.
 See the instructions for lines 45 through 50 on page 11 of the instructions.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
45	Lobbying nontaxable amount				
46	Lobbying ceiling amount (150% of line 45(e))				
47	Total lobbying expenditures				
48	Grassroots nontaxable amount				
49	Grassroots ceiling amount (150% of line 48(e))				
50	Grassroots lobbying expenditures				

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions.)

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:

- a Volunteers
- b Paid staff or management (Include compensation in expenses reported on lines c through h.)
- c Media advertisements
- d Mailings to members, legislators, or the public
- e Publications, or published or broadcast statements
- f Grants to other organizations for lobbying purposes
- g Direct contact with legislators, their staffs, government officials, or a legislative body
- h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i Total lobbying expenditures (Add lines c through h.)

Yes	No	Amount

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 12 of the instructions.)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

		Yes	No
a Transfers from the reporting organization to a noncharitable exempt organization of:			
(i)	Cash		<input checked="" type="checkbox"/>
(ii)	Other assets		<input checked="" type="checkbox"/>
b Other transactions:			
(i)	Sales or exchanges of assets with a noncharitable exempt organization		<input checked="" type="checkbox"/>
(ii)	Purchases of assets from a noncharitable exempt organization		<input checked="" type="checkbox"/>
(iii)	Rental of facilities, equipment, or other assets		<input checked="" type="checkbox"/>
(iv)	Reimbursement arrangements		<input checked="" type="checkbox"/>
(v)	Loans or loan guarantees		<input checked="" type="checkbox"/>
(vi)	Performance of services or membership or fundraising solicitations		<input checked="" type="checkbox"/>
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees			<input checked="" type="checkbox"/>

d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received:

(a) Line no.	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements

52a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? Yes No

b If "Yes," complete the following schedule:

(a) Name of organization	(b) Type of organization	(c) Description of relationship

LIFELINK CORPORATION

BOARD OF DIRECTORS – 2007

CHAIRMAN: Ms. Christine Tani 630-653-0452 Home
* 1931 Cromwell Dr./Wheaton 60187 630-668-2135 Office
Carter & Tani 630-668-9009 Fax
402 E. Roosevelt,#206/Wheaton 60187 630-240-4032 Cell
ctani@cartertani.com

VICE-CHAIRMAN Mr. William Williams 630-444-1337 Home
3055 St. Michel Lane/St. Charles 60175 630-715-7422 Cell
bill.williams@tatumllc.com

PRESIDENT: The Rev. Timothy Rhodes 630-579-0427 Home
1918 Coach/Naperville 60565 630-521-8007 Office
* 331 S. York Road/Bensenville 60106 630-766-4199 Fax
tim.rhodes@lifelink.org

DIRECTORS

Mr. Alan Becker 630-887-7639 Home
* 203 Ravine Road/Hinsdale, 60521 312-781-6622 Office
Litchfield Cavo LLP 312-781-6630 Fax
303 W. Madison St, #300/Chicago 60606 becker@litchfieldcavo.com

The Rev. Edward Bergstraesser 708-524-0395 Home
* 212 S. Maple St.#27/Oak Park 60302` (also fax – call first)
ewchb9@aol.com

The Rev. Julie Ruth Harley 630-321-0931 Home
728 Jefferson/Hinsdale 60521 630-323-4407 Fax
* Union Church 630-323-4303 x14 Office
137 Garfield/Hinsdale 60521 630-561-4255 Cell
jrharley@uchinsdale.org

Mr. Dan Luessenhop 630-588-1821 Home
* 26W221 Arrow Glen Ct/Wheaton 60187 630-968-4740 x118 Office
Society of the Little Flower 630-968-9542 Fax (call first)
1313 Frontage Rd/Darien 60521 630-605-5298 Cell
luessenhop@comcast.net

Dr. Jean Lytle 847-392-2826 Home
* 1338 W. Park/Arlington Heights 60005 847-392-1865 Office
jeanly7272@aol.com

Mr. Mark Meyer	630-393-4579 Home
* Cunningham, Meyer & Vedrine	630-260-8602 Office
2100 Manchester Rd/Wheaton 60187	630-260-8080 Fax
	mark@cmvllaw.com
The Rev. Dr. Thomas Nordberg	573-445-5646 Home
* 2800 Woodberry Court	305-978-7303 Cell
Columbia, MO 65203	
Columbia United Church of Christ	573-445-7931 Office
3201 I-70 Drive NW/Columbia 65202	tomnordberg@hotmail.com
Mr. Carson Phoenix	630 922-1350 Home
* 1111 Thackery Lane/Naperville 60564	708 551-2695 Office
5 Westbrook Corp. Center/Westchester 60154	cphoenix@wideopenwest.com
The Rev. Neal Sadler	630 933-0225 Home
* St. Matthew UCC	630 665-1236 Office
1420 S. Gables Blvd/Wheaton 60187	630 665-1436 Fax
	nealsadler@yahoo.com
The Rev. Carol Shanks	618-939-4835 Home
* 716 Mahala Dr./Waterloo 62298	
Bethel United Church of Christ	618-337-3447 Office
2200 Camp Jackson Rd, Route 157	shanks@htc.net
Cahokia 62206	
Mr. Doug Struckman	847-853-1237 Home
* 2029 Chestnut Ave/Wilmette 60091	312 298-3152 Office
PricewaterhouseCoopers	813 741-8715 Fax
One N. Wacker, Chicago 60606	douglas.b.struckman@us.pwc.com
Mr. William Sutton	630-325-1588 Home/Office
* 321 Canterbury Lane	630-325-1811 Fax
Oak Brook, IL 60523	wsutton18@comcast.net
Mrs. Claudette Zobel	708 771-9034 Home
* 7575 Lake St., #2B/River Forest 60305	claudette@zobel.com

* Indicates mailing address

PROGRAM RESOURCE: Marianne Hummerich 630-521-8004/marianne.hummerich@lifeline.org
Scott Gabrys 630-521-8028/allan.gabrys@lifeline.org

FORM 990 - PART V

Lifelink Corporation Life Directors
Page Three

LIFE DIRECTOR	Mr. W. Austin Boynton 2500 Indigo Lane, #108/Glenview 60025-7799	847-724-2242 Home
LIFE DIRECTOR	Mr. Robert Burkhardt 43 Drexel Ave./LaGrange, IL 60525	708-352-4730 Home
LIFE DIRECTOR	The Rev. George Busekros 30 Brittany Dr./New Lenox 60451	815-462-3291 Home
LIFE DIRECTOR	Mr. Kenneth Means 131 Brewster Lane/LaGrange Park, IL 60526	708-482-6605 Home 630-789-2246 Office
LIFE DIRECTOR	Mrs. Margaret N. Mochel 3612 Saratoga Ave./Downers Grove 60515-1445	630-916-1524 Home
LIFE DIRECTOR	The Rev. William L. Nagy 42W568 Whirlaway Dr./St. Charles 60175	630-365-2886 Home 630-832-2580 Office
LIFE DIRECTOR	The Rev. Dean G. Plassmann 308 N. Conrad, Peotone 60468	708-258-7362 Home
LIFE DIRECTOR	Mr. Dean Spencer 415A Eden Garden Rd./Glen Carbon 62034	618-288-7362 Home
HONORARY BOARD MEMBER	Mr. Albert Krusemark II 231 Oak St., Box A/Frankfort 60423	815-469-5083 Home

NON-BOARD COMMITTEE MEMBERS - 2007

FINANCE/AUDIT COMMITTEE:

Mr. Ronald Hamelberg
* 115 Kainer Ave.
Barrington, IL 60010

847-381-5086 Home
847-277-7597 Fax
RonNan660@aol.com

Ms. Nalini Johnson
* 2122 Overstreet Court
Naperville, IL 60565

630-428-9557 Home
312-544-2532 Office
nalini.johnson@boeing.com

**LIFELINK CORPORATION
BOARD COMMITTEES - 2007**

EXECUTIVE COMMITTEE

Christine Tani, Chairperson of LLC
Bill Williams, Vice Chairperson of LLC
Claudette Zobel, Chairperson of BHS
Bill Sutton, Chairperson of Finance Committee
Tim Rhodes, President & CEO
Edward Bergstraesser, at large

Program Resource

Marianne Hummerich, Corporate Secretary

FINANCE/AUDIT COMMITTEE

Bill Sutton, Chair
Carson Phoenix, LLC
Doug Struckman, LHC

Ex Officio

Christine Tani, Chairperson of LLC
Tim Rhodes, President & CEO

Non-Board Member

Ronald Hamelberg
Nalini Johnson

Program Resource

Scott Gabrys, Vice President of Finance and Administration
Marianne Hummerich, Corporate Secretary

ORGANIZATIONAL DEVEL. COMM.

Bill Williams, Chair
Jill Rodriguez, LHC
Claudette Zobel, LLC

Ex-Officio

Christine Tani, Chairperson of LLC
Tim Rhodes, President & CEO

Program Resource

Marianne Hummerich, Corporate Secretary

FORM 990 - PART V

Secretary: Marianne Hummerich
331. S. York Road
Bensenville, IL. 60106

Treasurer: Allan Scott Gabrys
331. S. York Road
Bensenville, IL. 60106

LIFELINK CORPORATION
36 - 3487477

JULY 1, 2005 - JUNE 30, 2006

FORM 990

PART I - LINE 8c

INCREASE IN EQUITY OF PARTIALLY OWNED COMPANY - HEALTH RESOURCE ALLIANCE

PART I - LINE 20

CHANGE IN NET UNREALIZED GAINS ON INVESTMENTS	177
LOSS IN INVESTMENT OF WHOLLY OWNED SUSIDIARY - LIFELINK SERVICES CORPORATION	(325)
	<u>(148)</u>

PART I - LINE 21

NET ASSETS / FUND BALANCE PER AUDIT	7,549,849
LESS ACCUMULATED LOSS OF WHOLLY OWNED TAXABLE AFFILIATE	(163,800)
	<u>7,386,049</u>

PART II - LINE 42

AND

PART IV - LINE 57

<u>ASSETS</u>	<u>DATE ACQUIRED</u>	<u>COST</u>	<u>METHOD</u>	<u>USEFUL LIFE</u>	<u>CURRENT DEPRECIATION</u>	<u>PRIOR YR'S DEPRECIATION</u>
FURNITURE & EQUIP.	VARIOUS	1,709,063	S.L.	5 - 10	35,823	1,610,991

PART IV - LINE 56

INVESTMENT OF \$250,000 IN WHOLLY OWNED SUBSIDIARY, LIFELINK SERVICES, LESS TO-DATE LOSS OF \$163,800

PART IV - LINE 58

	<u>2006</u>	<u>2005</u>
DUE FROM AFFILIATES	29,866,113	25,712,938
DUE FROM MANAGED PROPERTIES	48,155	38,023
INVESTMENT IN CONTINUING CARE INSURANCE CO.	481,260	481,260
INVESTMENT IN HEALTH RESOURCE ALLIANCE.	323,105	254,555
	<u>30,718,633</u>	<u>26,486,776</u>

PART V-A - LINE 75b

MR. WILLIAM WILLIAMS WAS ON THE BOARD OF DIRECTORS AT THE TIME LIFELINK'S PRESIDENT RESIGNED. HE RESIGNED FROM THE BOARD TO TAKE THE POSITION OF INTERIM PRESIDENT WHILE THE BOARD SEARCHED FOR A NEW PRESIDENT. ONCE THIS WAS ACCOMPLISHED, MR. WILLIAMS AGAIN TOOK A SEAT ON THE BOARD OF DIRECTORS.

LIFELINK CORPORATION
36 - 3487477

JULY 1, 2005 - JUNE 30, 2006

FORM 990

PART VI - LINE 80b

	<u>NON-EXEMPT</u>	<u>EXEMPT</u>
BRIDGEWAY OF BENSENVILLE		X
SARASOTA AREA HOUSING, INC.		X
BENSENVILLE HOME SOCIETY		X
KENWOOD AREA HOUSING, INC.		X
BAYONET POINT AREA HOUSING, INC.		X
ENGLEWOOD AREA HOUSING, INC.		X
COMMUNITY RETIREMENT CENTER		X
ARLINGTON AREA HOUSING, INC.		X
MORGAN PARK BEVERLY HANDICAPPED		X
BETHEL AREA HOUSING, INC.		X
LIFELINK CHARITIES, INC.		X
LIFELINK HOUSING CORPORATION		X
ELMHURST AREA HOUSING, INC.		X
BETHEL AREA HOUSING SOUTH		X
NORTH ORCHARD PLACE		X
MORGAN PARK / BEVERLY AREA HOUSING, INC.		X
HOYLETON YOUTH AND FAMILY SERVICES		X
HOYLETON CHILDRENS HOME FOUNDATION		X
LIFELINK SERVICES CORPORATION	X	
GLENVIEW ELDERLY HOUSING		X
GREENCASTLE OF PALATINE		X
PEACE MEMORIAL MANOR INC.		X
GREENCASTLE OF BARRINGTON, INC.		X
IMMANUEL RESIDENCES, INC.		X
GREENCASTLE OF WOODLAWN, INC		X
GREENCASTLE OF GARFIELD, INC.		X
PUENTES de ESPERANZA		X

LIFELINK CORPORATION
36 - 3487477

JULY 1, 2005 - JUNE 30, 2006

FORM 990 SCHEDULE A

PART III

- LINE 2a. LIFELINK CORPORATION RENTS OFFICE SPACE FROM BENSENVILLE HOME SOCIETY, AN AFFILIATED TAX EXEMPT CORPORATION.
- LINE 2b. AMOUNTS DUE FROM AFFILIATES FOR MANAGEMENT FEES, PRORATED COSTS, GROUP PURCHASES AND REIMBURSABLE START-UP COSTS.
- LINE 2c. LIFELINK PROVIDES ADMINISTRATIVE MANAGEMENT SERVICES TO AFFILIATES.
- LINE 2d. OFFICERS OF LIFELINK ALSO SERVE AS OFFICERS OF AFFILIATED CORPORATIONS. THEIR COMPENSATION IS PAID DIRECTLY BY LIFELINK WHICH IS THEN PARTIALLY REIMBURSED BY MANAGEMENT FEE CHARGES.