

Return of Organization Exempt From Income Tax

OMB No 1545-0047
2006
Open to Public Inspection

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

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 2006 calendar year, or tax year beginning July 1, 2006, and ending June 30, 20 07

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

C Name of organization
Lifelink Corporation

Number and street (or P O box if mail is not delivered to street address) Room/suite
331 S York Rd

City or town, state or country, and ZIP + 4
Bensenville IL 60106-2673

D Employer identification number
36 3487477

E Telephone number
(630) 521-8701

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 is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file 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 ▶
- M** Check if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **2,021,921**

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

Revenue	1	Contributions, gifts, grants, and similar amounts received:				
	a	Contributions to donor advised funds	1a			
	b	Direct public support (not included on line 1a)	1b		79,816	
	c	Indirect public support (not included on line 1a)	1c			
	d	Government contributions (grants) (not included on line 1a)	1d			
	e	Total (add lines 1a through 1d) (cash \$ 79,816 noncash \$)				1e 79,816
	2	Program service revenue including government fees and contracts (from Part VII, line 93)				2 1,649,145
	3	Membership dues and assessments				3
	4	Interest on savings and temporary cash investments				4 13,096
	5	Dividends and interest from securities				5 153,869
	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	
Revenue	8a	Gross amount from sales of assets other than inventory	(A) Securities	(B) Other		
	b	Less: cost or other basis and sales expenses	8a	8b	(13,523)	
	c	Gain or (loss) (attach schedule)	123,979	8c	(13,523)	
	d	Net gain or (loss) Combine line 8c, columns (A) and (B)				8d 110,456
Revenue	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 1b)	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
Revenue	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
Revenue	11	Other revenue (from Part VII, line 103)				11 15,539
	12	Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11				12 2,021,921
Expense	13	Program services (from line 44, column (B))				13
	14	Management and general (from line 44, column (C))				14 2,030,382
	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 2,030,382
Net Assets	18	Excess or (deficit) for the year. Subtract line 17 from line 12				18 (8,461)
	19	Net assets or fund balances at beginning of year (from line 73, column (A))				19 7,386,049
	20	Other changes in net assets or fund balances (attach explanation)				20 22,774,144
	21	Net assets or fund balances at end of year. Combine lines 18, 19, and 20				21 30,151,732

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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
22a	Grants paid from donor advised funds (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22a			
22b	Other grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22b			
23	Specific assistance to individuals (attach schedule)	23			
24	Benefits paid to or for members (attach schedule)	24			
25a	Compensation of current officers, directors, key employees, etc. listed in Part V-A (attach schedule)	25a	967,649	967,649	
b	Compensation of former officers, directors, key employees, etc. listed in Part V-B (attach schedule)	25b			
c	Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)	25c			
26	Salaries and wages of employees not included on lines 25a, b, and c	26	568,294	568,294	
27	Pension plan contributions not included on lines 25a, b, and c	27	9,039	9,039	
28	Employee benefits not included on lines 25a - 27	28	164,951	164,951	
29	Payroll taxes	29	335,628	335,628	
30	Professional fundraising fees	30			
31	Accounting fees	31	35,600	35,600	
32	Legal fees	32	43,509	43,509	
33	Supplies	33	38,785	38,785	
34	Telephone	34	0		
35	Postage and shipping	35	0		
36	Occupancy	36	289,978	289,978	
37	Equipment rental and maintenance	37	27,920	27,920	
38	Printing and publications	38	2,086	2,086	
39	Travel	39	22,471	22,471	
40	Conferences, conventions, and meetings	40	50,343	50,343	
41	Interest	41	0		
42	Depreciation, depletion, etc. (attach schedule)	42	22,433	22,433	
43	Other expenses not covered above (itemize):				
a	Other Purchased Services	43a	885,843	885,843	
b	Miscellaneous	43b	68,387	68,387	
c	Allocation of G&A to Affiliates	43c	(1,502,534)	(1,502,534)	
d		43d			
e		43e			
f		43f			
g		43g			
44	Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	2,030,382	2,030,382	

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

Part IV Balance Sheets (See the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year
Assets	45 Cash—non-interest-bearing	1,000	45	1,000
	46 Savings and temporary cash investments	708,637	46	1,118,255
	47a Accounts receivable			
	47b Less: allowance for doubtful accounts	19,896	47c	259,032
	48a Pledges receivable			
	48b Less: allowance for doubtful accounts		48c	
	49 Grants receivable		49	
	50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)		50a	
	50b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)		50b	
	51a Other notes and loans receivable (attach schedule)			
	51b Less: allowance for doubtful accounts		51c	
	52 Inventories for sale or use	6,083	52	
	53 Prepaid expenses and deferred charges	169,286	53	182,120
	54a Investments—publicly-traded securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54a	
	54b Investments—other securities (attach schedule) <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54b	
	55a Investments—land, buildings, and equipment: basis			
	55b Less: accumulated depreciation (attach schedule)		55c	
	56 Investments—other (attach schedule)	86,200	56	(35,069)
	57a Land, buildings, and equipment: basis	1,797,130		
57b Less: accumulated depreciation (attach schedule)	1,675,927	57c	121,203	
58 Other assets, including program-related investments (describe <input type="checkbox"/> see attached)	30,718,633	58	36,336,980	
59 Total assets (must equal line 74). Add lines 45 through 58	31,771,984	59	37,983,521	
Liabilities	60 Accounts payable and accrued expenses	24,385,935	60	7,831,789
	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	
	64b Mortgages and other notes payable (attach schedule)		64b	
	65 Other liabilities (describe <input type="checkbox"/>)		65	
66 Total liabilities. Add lines 60 through 65	24,385,935	66	7,831,789	
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	7,371,981	67	30,127,664
	68 Temporarily restricted	14,068	68	24,068
	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 and column (B) must equal line 21)	7,386,049	73	30,151,732	
74 Total liabilities and net assets/fund balances. Add lines 66 and 73	31,771,984	74	37,983,521	

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	2,051,629
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): <u>Contributions released from restrictions</u>	b4	16,185
	Add lines b1 through b4	b	16,185
c	Subtract line b from line a	c	2,035,444
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): <u>Loss on Sale of Assets</u>	d2	(13,523)
	Add lines d1 and d2	d	(13,523)
e	Total revenue (Part I, line 12). Add lines c and d	e	2,021,921

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

a	Total expenses and losses per audited financial statements	a	2,030,382
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	2,030,382
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	2,030,382

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 officer or director.				
Hours are not computable. Directors meet 2-3 times per year and officer's 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 ▶ 16		
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)	75b	✓
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 the organization? See the instructions for the definition of "related organization." If "Yes," attach a statement that includes the information described in the instructions.	75c	✓
d Does the organization have a written conflict of interest policy?	75d	✓

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 (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
William Williams 3055 St. Michael Lane, St. Charles, IL 60175		180,000		

Part VI Other Information (See the instructions.)	Yes	No
76 Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change	76	✓
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.	77	✓
78a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	✓
b If "Yes," has it filed a tax return on Form 990-T for this year?	78b	
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79	✓
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?	80a	✓
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		
81a Enter direct and indirect political expenditures. (See line 81 instructions.) ▶ 81a None	81a	
b Did the organization file Form 1120-POL for this year?	81b	✓

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?		<input checked="" type="checkbox"/>
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?	<input checked="" type="checkbox"/>	
b	Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?	<input checked="" type="checkbox"/>	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?		<input checked="" type="checkbox"/>
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
	84b		
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?		
	85a		
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.		
	85b		
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		
88a	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.		<input checked="" type="checkbox"/>
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
	89b		
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		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?		
	89e		
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?		
	89f		
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
	89g		
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, 2006 (See instructions.)	90b	522
91a	The books are in care of ▶ Lifelink Corporation Telephone no. ▶ (630) 521-8701 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)?		<input checked="" type="checkbox"/>
	91b		
	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.		

Part VI Other Information (continued)

- c** At any time during the calendar year, did the organization maintain an office outside of the United States? **91c** Yes No
 If "Yes," enter the name of the foreign country ▶
- 92** Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041—Check here **92** | N/A
 and enter the amount of tax-exempt interest received or accrued during the tax year . . . ▶

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 Management Fees					1,649,145
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					
96 Dividends and interest from securities					
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					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a Miscellaneous				15,539	
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))				15,539	1,649,145
105 Total (add line 104, columns (B), (D), and (E)) ▶					1,664,684

Note: Line 105 plus line 1e, 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 36-3485786 331 S York Rd Bensenville, IL 60106	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).

Part XI Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13).

106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

Yes	No

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	----- -----			
b	----- -----			
c	----- -----			
Totals				

107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

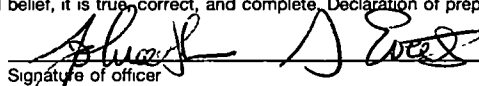
Yes	No

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	----- -----			
b	----- -----			
c	----- -----			
Totals				

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

Yes	No

Please Sign Here 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.


Date 7/24/2008
 Signature of officer
Johnathan S. Evarts, Treasurer
 Type or print name and title

Paid Preparer's Use Only

Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN (See Gen Inst X)
Firm's name (or yours if self-employed), address, and ZIP + 4	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

Supplementary Information—(See separate instructions.)

OMB No 1545-0047

2006

Department of the Treasury
Internal Revenue Service

▶ **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 : 3487477

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 2 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 Zimmerman 331 S. York Rd., Bensenville, IL 60106	President (40+ hrs.)	160,680	0	0
Susan Sinderson 331 S. York Rd., Bensenville, IL 60106	V P Older Adult Svs	144,200	1,442	0
Cleo Terry 331 S. York Rd., Bensenville, IL 60106	V P Quality Compliance	138,775	1,388	0
Allan Garbys 331 S. York Rd., Bensenville, IL 60106	Vice President, CFO	125,000	1,250	0
James Stamper 331 S. York Rd., Bensenville, IL 60106	Director IT	95,768	958	0
Total number of other employees paid over \$50,000 . . . ▶	18			

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
William Williams 3055 St. Micheal Lane, St Charles, IL 60175	Interim CEO	180,000
Jayne Thompson & Associates, Ltd. Thirty Three N Dearborn, Suite 2200, Chicago, IL, 60602	Legal Fees	123,684
Kaercher CAmppbell & Associates 8725 West Higgins Rd., Suite 485, Chicago, IL 60631	Insurance Consulting	60,000
Total number of others receiving over \$50,000 for professional services . . . ▶	0	

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 . . . ▶	N/A	

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

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.)

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?

b Lending of money or other extension of credit?

c Furnishing of goods, services, or facilities?

d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?

e Transfer of any part of its income or assets?

3a Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.)

b Did the organization have a section 403(b) annuity plan for its employees?

c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement

d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?

4a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g

b Did the organization make any taxable distributions under section 4966?

c Did the organization make a distribution to a donor, donor advisor, or related person?

d Enter the total number of donor advised funds owned at the end of the tax year ▶ _____

e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ▶ _____

f Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts ▶ _____

g Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year ▶ _____

	Yes	No
1		✓
2a	✓	
2b	✓	
2c	✓	
2d	✓	
2e		✓
3a		✓
3b	✓	
3c		✓
3d		✓
4a		✓
4b		✓
4c		✓

Part IV Reason for Non-Private Foundation Status (See pages 4 through 7 of the instructions.)

I certify that 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 otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:
 Type I Type II Type III-Functionally Integrated Type III-Other

Provide the following information about the supported organizations. (See page 7 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
See attached List of affiliated Organization					
Total					

- 14 An organization organized and operated to test for public safety Section 509(a)(4). (See page 7 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) 2005	(b) 2004	(c) 2003	(d) 2002	(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					
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** _____

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 2002 through 2005 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:

(2005) None (2004) None (2003) None (2002) 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:

(2005) None (2004) None (2003) None (2002) 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 2002 through 2005, prepare a list for your records to show, for each year, the name of the contributor, 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 9 of the instructions.)
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

	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 10 of the instructions.)
 (To be completed **ONLY** by an eligible organization that filed Form 5768)

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		
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 13 of the instructions.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(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 13 of the instructions.)

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 13 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 |
|---------------|-----|----|
| 51a(i) | | ✓ |
| a(ii) | | ✓ |
| b(i) | | ✓ |
| b(ii) | | ✓ |
| b(iii) | | ✓ |
| b(iv) | | ✓ |
| b(v) | | ✓ |
| b(vi) | | ✓ |
| c | | ✓ |
- a** Transfers from the reporting organization to a noncharitable exempt organization of:
 - (i) Cash
 - (ii) Other assets
 - b** Other transactions:
 - (i) Sales or exchanges of assets with a noncharitable exempt organization
 - (ii) Purchases of assets from a noncharitable exempt organization
 - (iii) Rental of facilities, equipment, or other assets
 - (iv) Reimbursement arrangements
 - (v) Loans or loan guarantees
 - (vi) Performance of services or membership or fundraising solicitations
 - c** Sharing of facilities, equipment, mailing lists, other assets, or paid employees
 - 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
36-3487477
July 1, 2006 - June 30, 2007

Form 990, Part I Line 8c Gain

Increase in Equity of partially owned company Health Resource Alliance	123,979
Loss on sale of Assets	(13,523)
	110,456

Form 990, Part I, Line 20, Other Changes in Net Assets

Equity Transfer	22,869,228
Contributions Temporarily Restricted	10,000
Transfers from Affiliated Organization	16,185
Loss in Investment in Subsidiary	(121,269)
	22,774,144

Form 990, Part II, Line 42, Depreciation Expense

and

Form 990, Part IV, Line 57, Other Changes in Net Assets

Asset	Acquired	Cost	Method	Life	Current Depr	Prior Yr Depr
FFE	Various	1,797,130	S.L.	5-10	22,433	1,646,814

Form 990, Part IV, Line 56, Investments

Investment in Wholly owned subsidiary less loss to date	250,000 (285,069)
Equity	(35,069)

Form 990, Part IV, Line 58, Other Assets

Due from Affiliates	29,914,268	35,408,635
Investment in Continuing Care Insurance	481,260	481,260
Investment in Health Resource Alliance	323,105	447,085
	30,718,633	36,336,980

Form 990, Part IV, Line 80b

	Non-Exempt	Exempt
Lifelink Corporation (Overall Parent)		X
Sarasota Area Housing, Inc.		X
Bensenville Home Society		X
Kenwood Area Housing, Inc.		X
Bethel Area Housing South		X
Bridgeway of Bensenville		X
Community Retirement Center		X
Arlington Area Housing, Inc.		X
Englewood Area Housing, Inc.		X
Bethel Area Housing, Inc.		X
Lifelink Charities, Inc.		X
Lifelink Housing Corporation		X
Elmhurst Area Housing, Inc.		X
Morgan Park / Beverly Handicapped, Inc.		X
North Orchard Place		X
Morgan Park / Beverly Area Housing, Inc.		X
Lifelink Services Corporation	X	
Hoyleton Youth And Family Services		X
Hoyleton Childrens Home Foundation		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

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

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- Mr. William Williams 630-444-1337 Home
CHAIRMAN 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
4200 Cantera Dr, Ste. 112	630-260-8080 Fax
Warrenville, IL 60555	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	TomN@columbiaucc.com
Mr. Carson Phoenix	630 922-1350 Home
* 1111 Thackery Lane/Naperville 60564	708 551-2695 Office
5 Westbrook Corp. Center/Westchester 60154	CIJPhoenix@comcast.net
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
* 321 Canterbury Lane	(also fax – call first)
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@lifelink.org
Scott Gabrys 630-521-8028/allan.gabrys@lifelink.org

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-A

BOARD OF DIRECTORS
2007

SECRETARY: Marianne Hummerich
331 S. York Rd.
Bensenville, IL 60106

TREASURER: Allan Scott Gabrys
331 S. York Rd.
Bensenville, IL 60106

July 1, 2006 - June 30, 2007

Form 990, Part V-A, Line 75c

Source: 2006 Form W-2 Wage and Tax Statement

Name & Address	Title	Entity & EIN	Compensation	Contributions to employee benefit plans & deferred compensation plans	Expense account and other allowances
Carl Zimmerman 331 S. York Rd. Bensenville IL 60106	President	Lifelink Corporation 36-3487477	\$ 359,856.74	\$ 3,598.57	\$ -
Allan Scott Gabrys 331 S. York Rd. Bensenville IL 60106	CFO	Lifelink Corporation 36-3487477	\$ 118,493.05	\$ 1,184.93	\$ -
Susan Sinderson 331 S. York Rd. Bensenville IL 60106	V.P. Housing	Lifelink Corporation 36-3487477	\$ 137,660.14	\$ 1,376.60	\$ -

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

► File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ►
 - If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).
- Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

Section 501(c) corporations required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for section 501(c) corporations required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Type or print File by the due date for filing your return See instructions	Name of Exempt Organization Lifelink Corporation	Employer identification number 36 3487477	
	Number, street, and room or suite no If a P.O. box, see instructions 331 S. York Road		
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. Bensenville, Illinois 60106-2673		

Check type of return to be filed (file a separate application for each return):

- | | | |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

• The books are in the care of ► Lifelink Corporation

Telephone No. ► (630) 521-8701 FAX No. ► (630) 521-8067

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6 months for a section 501(c) corporation required to file Form 990-T) extension of time until February 15, 20 08, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- calendar year 20 or
- tax year beginning July 1, 20 06, and ending June 30, 20 07

2 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** and check this box **Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

Part II Additional (not automatic) 3-Month Extension of Time. You must file original and one copy.

Type or print File by the extended due date for filing the return. See instructions.	Name of Exempt Organization		Employer identification number
	Number, street, and room or suite no. If a P.O. box, see instructions.		For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.		

Check type of return to be filed (File a separate application for each return):

- | | | | |
|--------------------------------------|---|--------------------------------------|------------------------------------|
| <input type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 4720 | <input type="checkbox"/> Form 8870 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 5227 | |

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of ▶ _____
Telephone No. ▶ (____) _____ FAX No. ▶ (____) _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

- I request an additional 3-month extension of time until _____, 20_____.
- For calendar year _____, or other tax year beginning _____, 20_____, and ending _____, 20_____.
- If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period
- State in detail why you need the extension _____

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a \$
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b \$
c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c \$

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ▶ June M. Olivis Title ▶ Sr. Financial Analyst Date ▶ 10/4/07

Notice to Applicant. (To Be Completed by the IRS)

- We **have** approved this application. Please attach this form to the organization's return.
- We **have not** approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to the organization's return.
- We **have not** approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting a 10-day grace period.
- We **cannot consider** this application because it was filed after the extended due date of the return for which an extension was requested.
- Other _____

Director _____ By: _____ Date _____

Alternate Mailing Address. Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above.

Type or print	Name
	Number and street (include suite, room, or apt. no.) or a P.O. box number
	City or town, province or state, and country (including postal or ZIP code)

- If you are filing for an **Additional (not automatic) 3-Month Extension, complete only Part II and check this box** **Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an **Automatic 3-Month Extension, complete only Part I** (on page 1).

Part II Additional (not automatic) 3-Month Extension of Time. You must file original and one copy.

Type or print File by the extended due date for filing the return See instructions.	Name of Exempt Organization Lifelink Corporation		Employer identification number 36 34874777
	Number, street, and room or suite no. If a P.O. box, see Instructions. Business Office, 331 S York Rd.		For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see Instructions. Bensenville, IL 60106-2673		

Check type of return to be filed (File a separate application for each return):

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust)	<input type="checkbox"/> Form 4720	<input type="checkbox"/> Form 8870
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 5227	

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of **Lifelink Corporation**
Telephone No. **(630) 521-8701** FAX No. **(630) 521-8067**
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ . If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until May 15, 2008.

5 For calendar year _____, or other tax year beginning July 1, 2006, and ending June 30, 2007.

6 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period

7 State in detail why you need the extension audit report not complete in time

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$
c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature [Signature] Title **Sr Financial Analyst** Date 1/14/08

Notice to Applicant. (To Be Completed by the IRS)

- We have approved this application. Please attach this form to the organization's return.
- We have not approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to the organization's return.
- We have not approved this application. After considering the reasons stated in Item 7, we cannot grant your request for an extension of time to file. We are not granting a 10-day grace period.
- We cannot consider this application because it was filed after the extended due date of the return for which an extension was requested.
- Other _____

Director _____ By: _____ Date _____

Alternate Mailing Address. Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above.

Type or print	Name
	Number and street (include suite, room, or apt. no.) or a P.O. box number
	City or town, province or state, and country (including postal or ZIP code)