OMB No 1545-0047

Return of Organization Exempt From Income Tax

Department of the Treasury Internal Revenue Service

Form **990**

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

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

Open to Public Inspection

19 Net assets or fund balances at beginning of year (from line 73, column (A))	A	For the 2	2007 са	lendar year	r, or tax year beginning 0	7-01-2007 and	ending 06-30-2	2008			
Advance charge Secretary	В	Check ıf a _l	pplicable	Please					D Em	ployer i	dentification number
Manufacture change Specific	Γ	Address ch	ange		El ELINE CORT ORATION						
Total return Specific Crown town, state or country, and ZEP = 4 Facecoming method Control Country Facecoming method Facecoming meth	Γ	Name chai	nge	print or		box if mail is not de	livered to street ac	ldress) Roon	n/suite E Tele	ephone	number
Paccounting methods Cash Paccounting methods Paccounting methods Cash Paccounting methods P	г	Initial retui	rn		331 3 TOIK KU				(63	0)52	L-8701
# Section 801(c)(2) organizations and 4947(a)(1) nonecempt charitable # Section 801(c)(2) organizations and 4947(a)(1) nonecempt charitable # Section 801(c)(2) organizations and 4947(a)(1) nonecempt charitable # R and I for ord applicable to section 527 opponentumes # B and I for ord applicable to se	•			Instruc-		y, and ZIP + 4			F Acco	unting n	nethod Cash 🔽 Accrual
Replication pending				tions.	Bensenville, IL 601062673					Other (s	pecify) 🕨
# Section 591(C(3) organizations and 492(a)(1) nonexempt charitable 1 al or 1 are not approximate for section 527 organizations 1 (4) from 990 or 990 o	_										
Web site: ▶ www.infaints or completed Schedule A (Norm 990 or 990-EZ).	1	Application	pending					مد الا	d Tamanotanni	icable to	section 527 organizations
Togramization type (check only one) P								ie i			•
Comparization types (cleak only one)								1			
Right Street apparation synthetic buryon Part Part	G	Web site	e: 🟲 www	w lifelink org	9			1 -			
Check time F f the organization is not a 509(a)(3) supporting organization and disgross receipts are numberly not more than 7,500 Aretium is not required, but if the organization choices to the a return time to the organization is not a 509(a)(3) supporting organization choices to the a return time to the organization is not a 509 (a)(3) supporting organization choices to the a return time to the organization is not a 509 (a)(3) supporting organization choices to the a return time to the organization is not required to make the first time to the organization is not a 509 (a)(3) support (not included on the 1a) and a contract strength of the organization is not of the organization in the time to the organization is not organization in the time to the organization is not organization in the time to the organization is not organization in the time to the organization is not organization in the time to the organization is not organization in the time to the organization is not organization in the time to the organization is not organization in the time to the organization is not organization in the time to the organization is not organization in the time to the organization is not organization in the time to the organization is not organization in the time to the organization is not organization. Charling the first time to the organization is not organization in the time to the organization is not organization in the time to the organization is not organization. The organization is not a 509(a) to the organization in the organization is not organization in the time to the organization is not organization. The organization is not a 509(a) to the organization in the time to the organization is not organization. The organization is not a 509(a) to the organization in the organization is not organization. The organization is not a 509(a) to the organization in the organization is not organization. The organization is not a 509(a) to the organization is not organization. The organization is n	J	Organiza	tion type	check only	one) 🕨 🔽 🥵 501(c) (3) 🖪	(insert no) Γ 49	947(a)(1) or Γ 5	527	(If "No," attac	h a list	See instructions)
Test Provided Pr	_					<u> </u>		— н(d)	•		·
Post	_	normally r	not more	than 25,000	A return is not required, but if	the organization cho	oses to file a return	n,	•	•	
Port		be sure to	file a con	nplete return				I			
Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the Instructions.) 1	L	Gross re	eceints	Add lines 6	b. 8b. 9b. and 10b to line	1.889.5	24	М	Check ► ✓	if the or	ganization is not required to
1 Contributions, gifts, grants, and similar amounts received a Contributions to donor advised funds								Balances		,	
a Contributions to donor advised funds									1-22 000		
C							1a		0		
C		ь	Direct	public supp	ort (not included on line 1	.a) 	1b		230	1	
d Government contributions (grants) (not included on line 1a) 1d 0 230 e Total (add lines 1a through 1d) (cash § 230 noncash § 0 2 1,402,219 3 Membership dues and assessments 3 3 0 0 4 10,862 5 Dividends and interest from securities 5 223,158 6a Gross rents 6a 0 0 b Less rental expenses 6b 0 0 c Net rental income or (loss) subtract line 6b from line 6a 6c 0 0 7 Other investment income (describe 10 10 10 10 10 8a Gross amount from sales of assets other than inventory 0 8a 0 0 d Net gain or (loss) (attach schedule) 16 16 10 10 9 Special events and activities (attach schedule) 15 100 100 0 D Less out or other bases and sales expenses 9b 0 0 0 D Less out or other bases and sales expenses 9b 0 0 0 D Less out or other bases and sales expenses 9b 0 0 0 D Less out or other bases and sales expenses 9b 0 0 0 D Less out or other bases and sales expenses 9b 0 0 0 D Less out or other bases and sales expenses 9b 0 0 0 D Less out or other bases and sales expenses 9b 0 0 0 D Less out or other bases and sales expenses 9b 0 0 0 0 Less cost or other bases and sales expenses 9b 0 0 0 0 0 Less cost or other bases and sales expenses 9b 0 0 0 0 0 0 0 0 0		l c			·	•	. 1c		0		
Program service revenue including government fees and contracts (from Part VII, line 93) 1.		d				•			0		
New Note						·		\		1	230
Nembership dues and assessments 3 3 3 3 3 3 3 3 3							·		03/		1 402 219
A			_				-	ait V 11, iiii	e 93) .		1,402,219
S				•							18 862
Figure											<u> </u>
Less rental expenses C Net rental income or (loss) subtract line 6b from line 6a C Other investment income (describe 10 Sa Other investment income (describe 10 Sa Other than inventory C Other investment income (describe 10 Sa Other than inventory C Other investment income (describe 10 Sa Other than inventory C Other than fundraising expenses Other than fundra									<u> </u>	223,130	
The color of the second process of the se										1	
Note Page				•		from line 6a		1		1	
State Color Colo	ш	_							• •		
State Color Colo	Į.							(B)	Other	<u> </u>	203/0.5
Less cost or other basis and sales expenses 0 8b 0 0 0 0 0 0 0 0 0	ű					(11)		(-,	0		
c Gain or (loss) (attach schedule) .		b			•						
d Net gain or (loss) Combine line 8c, columns (A) and (B)			Gain or	(loss) (atta	ach schedule)				C		
Special events and activities (attach schedule) If any amount is from gaming, check here contributions reported on line 1b)					•	(A) and (B)				8d	0
a Gross revenue (not including \$ of contributions reported on line 1b)			_	, ,	•				here ►		
State Contributions reported on line 1 b)						_	•		,		
b Less direct expenses other than fundraising expenses 9b 0 0							9a	1	0		
C Net income or (loss) from special events Subtract line 9b from line 9a 9c 0 10a Gross sales of inventory, less returns and allowances 10a 0 0 b Less cost of goods sold 10b 0 0 c Gross profit or (loss) from sales of inventory (attach schedule) Subtract line 10b from line 10a 10c 0 10c 0 11 Other revenue (from Part VII, line 103) 11 55,212 1 12 Total revenue Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11 12 1,889,524 13 Program services (from line 44, column (B)) 13 0 14 Management and general (from line 44, column (C)) 14 2,735,277 15 Fundraising (from line 44, column (D)) 15 37,229 16 0 15 Fundraising (from line 44, column (D)) 15 37,229 16 0 16 0 17 Total expenses Add lines 16 and 44, column (A) 17 2,772,506 17 2,772,506 18 0 18 Excess or (deficit) for the year Subtract line 17 from line 12 18 -882,982 19 Net assets or fund balances at beginning of year (from line 73, column (A)) 19 30,436,801 20 506,442 20 506,442 20 506,442 20 10		b			•		. 9b		0	1	
10a Gross sales of inventory, less returns and allowances 10a 0 b Less cost of goods sold		c		•		-				9c	0
C Gross profit or (loss) from sales of inventory (attach schedule) Subtract line 10b from line 10a 10 Other revenue (from Part VII, line 103)		10a					1	1	0		
11 Other revenue (from Part VII, line 103)		b	Less c	ost of good	ssold		10b		0	1	
12 Total revenue Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11 12 1,889,524 13 Program services (from line 44, column (B)) 13 0 14 Management and general (from line 44, column (C)) 14 2,735,277 15 Fundraising (from line 44, column (D)) 15 37,229 16 Payments to affiliates (attach schedule) 16 0 17 Total expenses Add lines 16 and 44, column (A) 17 2,772,506 18 Excess or (deficit) for the year Subtract line 17 from line 12 18 -882,982 19 Net assets or fund balances at beginning of year (from line 73, column (A)) 19 30,436,801 20 Other changes in net assets or fund balances (attach explanation) 20 506,442 10 11 12 13 14 15 15 16 17 11 12 13 17 17 12 13 14 15 15 13 0 0 0 0 14 Management and general (from line 44, column (C)) 15 37,229 15 Fundraising (from line 44, column (D)) 15 37,229 16 Payments to affiliates (attach schedule) 16 0 17 Total expenses Add lines 16 and 44, column (A) 17 2,772,506 18 Excess or (deficit) for the year Subtract line 17 from line 12 18 -882,982 19 Net assets or fund balances at beginning of year (from line 73, column (A)) 19 30,436,801 20 506,442 17 18 18 18 18 18 18 19 10 10 10 10 19 10 10 10 10 10 10 10		c	Gross pro	ofit or (loss) fr	rom sales of inventory (attach	schedule) Subtract li	ne 10b from line 1	0a		10c	0
13 Program services (from line 44, column (B)) 13 0 14 Management and general (from line 44, column (C)) 14 2,735,277 15 Fundraising (from line 44, column (D)) 15 37,229 16 Payments to affiliates (attach schedule) 16 0 17 Total expenses Add lines 16 and 44, column (A) 17 2,772,506 18 Excess or (deficit) for the year Subtract line 17 from line 12 18 -882,982 19 Net assets or fund balances at beginning of year (from line 73, column (A)) 19 30,436,801 20 Other changes in net assets or fund balances (attach explanation) 20 506,442		11	Othern	evenue (fro	m Part VII, line 103) .					11	55,212
13 Program services (from line 44, column (B)) 13 0 14 Management and general (from line 44, column (C)) 14 2,735,277 15 Fundraising (from line 44, column (D)) 15 37,229 16 Payments to affiliates (attach schedule) 16 0 17 Total expenses Add lines 16 and 44, column (A) 17 2,772,506 18 Excess or (deficit) for the year Subtract line 17 from line 12 18 -882,982 19 Net assets or fund balances at beginning of year (from line 73, column (A)) 19 30,436,801 20 Other changes in net assets or fund balances (attach explanation) 20 506,442	_	12	Total re	evenue A dd	lines 1e, 2, 3, 4, 5, 6c, 7	, 8d, 9c, 10c, a	nd 11	<u> </u>	<u> </u>	12	1,889,524
17 Total expenses Add lines 16 and 44, column (A)		13								13	0
17 Total expenses Add lines 16 and 44, column (A)	ŷ	14	Manage	ement and g	general (from line 44, colu	ımn (C))				14	2,735,277
17 Total expenses Add lines 16 and 44, column (A)	Ē	15	Fundra	sing (from	line 44, column (D)) .					15	37,229
18 Excess or (deficit) for the year Subtract line 17 from line 12	Щ	16	Payme	nts to affilia	tes (attach schedule)					16	0
19 Net assets or fund balances at beginning of year (from line 73, column (A))		17	Total e	xpenses A d	d lines 16 and 44, colum	n (A)				17	2,772,506
प्राचित 20 Other changes in net assets or fund balances (attach explanation) कि	<u>s</u>	18	Excess	or (deficit)	for the year Subtract line	e 17 from line 12				18	-882,982
प्राचित 20 Other changes in net assets or fund balances (attach explanation) कि	33	19								19	30,436,801
21 Net assets or fund balances at end of year Combine lines 18, 19, and 20 21 30,060,261	1=1	20		=			· ·			20	506,442
	_	21	Netass	ets or fund	balances at end of year	Combine lines 18	8, 19, and 20			21	30,060,261

Part II Statement of **Functional Expenses**

If "Yes," enter (i) the aggregate amount of these joint costs \$_____

(iii) the amount allocated to Management and general \$

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	,					
	(cash \$noncash \$) If this amount includes foreign grants, check here					
	·	22a	0	0		
22b	Other grants and allocations (attach schedule)					
	(cash \$noncash \$) If this amount includes foreign grants, check here	22b	0	0		
23	Specific assistance to individuals (attach schedule)	23	0	0		
24	Benefits paid to or for members (attach schedule)	24	0	0		
25a	Compensation of current officers, directors, key employees etc Listed in Part V-A (attach schedule)	25a	0	0	0	0
b	Compensation of former officers, directors, key employees etc listed in Part V-B (attach schedule)	25b	0	0	0	0
C	Compensation and other distributions not icluded above to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$ (attach schedule)	25c	0	0	0	0
26	Salaries and wages of employees not included on lines 25a, b and c	26	1,954,146	0	1,954,146	0
27	Pension plan contributions not included on lines 25a, b and c	27	7,306	0	7,306	0
28	Employee benefits not included on lines 25a - 27	28	253,847	0	253,847	0
29	Payroll taxes	29	144,192	0	144,192	0
30	Professional fundraising fees	30	0	0	0	0
31	Accounting fees	31	35,000	0	35,000	0
32	Legal fees	32	156,117	0	156,117	0
33	Supplies	33	56,115	0	54,981	1,134
34	Telephone	34	34,988	0	34,963	25
35	Postage and shipping	35	15,189	0	11,484	3,705
36	Occupancy	36	354,386	0	354,386	0
37	Equipment rental and maintenance	37	7,400	0	7,279	121
38	Printing and publications	38	38,662	0	18,872	19,790
39	Travel	39	22,916	0	22,811	105
40	Conferences, conventions, and meetings	40	130,075	0	130,075	0
41	Interest	41	2,000	0	2,000	0
42	Depreciation, depletion, etc. (attach schedule) 🕏	42	28,106	0	28,106	0
43	Other expenses not covered above (Itemize)					
а	Other Miscellaneous Expenses	43a	349,360	0	344,392	4,968
Ь	Other Purchased Services	43b	476,066	0	468,685	7,381
С	Insurance Expense	43c	72,679	0	72,679	0
d	Allocation of G/A Overhead to Affiliates	43d	-1,366,044	0	-1,366,044	0
е		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	2,772,506	0	2,735,277	37,229

, and (iv) the amount allocated to Fundraising \$

_, **(ii)** the amount allocated to Program services \$__

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.

All o publ	at is the organization's primary exempt purpose? Management of Affiliated Not-for-Profit rganizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, ications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt itable trusts must also enter the amount of grants and allocations to others.)	Program Service Expenses (Required for 501(c)(3) and (4) orgs , and 4947(a)(1) trusts, but optional for others)
а	Human Services Programs, General/Other Lifelink is one of Illinois oldest faith-based human services organizations with more than hundred years of providing a holistic range of prevention and service programs for clients from infancy to latest stages of life. It is a human services organization serving nearly 25,000 older adults, children and families annually in Illinois, Iowa, Missouri, Florida and Wisconsin. Lifelink is the only international adoption agancy affiliated with the United Church of Christ. It is also the 14th largest not-for-profit provider of government - subsidized affordable housing for older adults in the United States. Lifelink is one of the largest foster care providers in Illinois serving the third largest population of wards of the Illinois Department of Children and Family Services in Cook County, Illinois. It is the only Head Start provider in DuPage County, Illinois. (24 A ffiliated Charitable Organizations)	
	(Grants and allocations \$ 0) If this amount includes foreign grants, check here ▶ ┌	o
b c	(Grants and allocations \$) If this amount includes foreign grants, check here ► □	
d	(Grants and allocations \$) If this amount includes foreign grants, check here ► ☐	
	(Grants and allocations \$) If this amount includes foreign grants, check here ► □	
e	Other program services (attach schedule) (Grants and allocations \$) If this amount includes foreign grants, check here 🕨 🦵	
f	Total of Program Service Expenses (should equal line 44, column (B), Program services)	0
<u> </u>	(= 1) - (-	

Part IV Balance Sheets (See the instructions.)	Part IV	Balance	Sheets	(See the	instructions.)
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Pā	rt IV	Balance Sheets (See the instruc	ctions	·.)			
Not	e:	Where required, attached schedules and amou column should be for end-of-year amounts on		thin the description	(A) Beginning of year		(B) End of year
	45	Cash—non-interest-bearing			1,000	45	1,000
	46	Savings and temporary cash investments			1,118,255	46	1,735,197
			i	1			
	47a	Accounts receivable	47a	155,139			
	ь	Less allowance for doubtful accounts	47b	0	259,032	47c	155,139
	48a	Pledges receivable	48a	0			
	b	Less allowance for doubtful accounts	48b	0	0	48c	0
	49	Grants receivable			0	49	0
	50a	Receivables from current and former officei	rs, dire	ctors, trustees, and			
		key employees (attach schedule)		F	0	50a	0
	Ь	Receivables from other disqualified person 4958(c)(3)(B) (attach schedule)	•		0	50b	0
	51a	Other notes and loans receivable (attach					
		schedule)	51a	0			
ş	b	Less allowance for doubtful accounts	51b	0	0	51c	0
Assets	52	Inventories for sale or use			0	52	0
_	53	Prepaid expenses and deferred charges .	182,120	53	122,988		
	54a	Investments—publicly-traded securities	0	54a	0		
	b	Investments—other securities (attach sch	edule)	► Cost FMV	0	54b	636,928
	55a	Investments—land, buildings, and equipment basis	55a	0			
	ь	Less accumulated depreciation (attach schedule)	55b	0	0	55c	0
	56	Investments—other (attach schedule) .		<u> </u>	0	56	731,260
	57a	Land, buildings, and equipment basis	57a	2,773,992			
	Ь	Less accumulated depreciation (attach schedule)	57b	1,705,699	121,203	57c	1,068,293
	58	Other assets, including program-related in	vestme	ents			
		(describe ►)	36,586,980	58	29,799,313
			45.11		29 269 500		24.250.119
-	59	Total assets (must equal line 74) Add line			38,268,590	59 60	34,250,118 3,393,022
	60	Accounts payable and accrued expenses Grants payable		F	3,053,660	61	3,393,022
	62	Deferred revenue		F	0	62	0
. ۸	63	Loans from officers, directors, trustees, and		F		- 02	
(A)		schedule)			0	63	0
ķ.;	64a	Tax-exempt bond liabilities (attach schedu		F	0	64a	0
	ь	Mortgages and other notes payable (attach	•	F	0	64b	0
	65				4,778,109	65	796,835
	66	Total liabilities Add lines 60 through 65			7,831,789	66	4,189,857
	Orga	inizations that follow SFAS 117, check here 67 through 69 and lines 73 and 74	► ▽ a	nd complete lines			
Š	67	Unrestricted			30,412,733	67	30,015,568
Balances	68	Temporarily restricted			24,068	68	44,693
層	69	Permanently restricted		[0	69	0
Fund	Orga	nizations that do not follow SFAS 117, chec	k here	► 「and			
Ξ		complete lines 70 through 74					
ō .a	70	Capital stock, trust principal, or current fur		70			
sets	71	Paid-in or capital surplus, or land, building,		· · ·		71	
\$	72	Retained earnings, endowment, accumulate		72			
Net A	73	Total net assets or fund balances Add line through 72 (Column (A) must equal line 19		· · · · · · · · · · · · · · · · · · ·			
		line 21)		<u> </u>	30,436,801	73	30,060,261
	74	Total liabilities and net assets / fund balances	s Add line	es 66 and 73	38,268,590	74	34,250,118

Part	IV-A Reconciliation of Revenuthe instructions.)	ue per Audited Finar	ncial Sta	tements V	Vith Reven	ue per	Return (See
<u>а</u>	Total revenue, gains, and other suppor	t per audited financial stat	tements			а	1,889,524
b	A mounts included on line a but not on	Part I, line 12					
1	Net unrealized gains on investments		Ь1		0		
2	Donated services and use of facilities		b2		0	1	
3	Recoveries of prior year grants		b3		0		
4	Other (specify)						
	Add lines b1 through b4		b4	<u> </u>		ь	0
с	Subtract line b from line a					c	1,889,524
d	A mounts included on Part I, line 12, b						1,003,321
1	Investment expenses not included on		1	I	0		
-	6b	rait I, iiile	d1		O		
2	Other (specify)					1	
			d2		0		
	Add lines d1 and d2 .					d	0
e	Total revenue (Part I, line 12) Add lind					e	1,889,524
Pari	IV-B Reconciliation of Expens		ncial St	atements	With Expe	_	er Return
a	Total expenses and losses per audited					а	2,772,506
ь	A mounts included on line a but not on						<u> </u>
1	Donated services and use of facilities		b1	I	0		
2	Prior year adjustments reported on Pa				0	1	
_	20	ici, iiic	b2		J		
3	Losses reported on Part I, line		b3		0		
4	Other (specify)		55			1	
-	Other (specify)		b4		0		
	Add lines b1 through b4					Ь	0
c	Subtract line b from line a					c	2,772,506
d	Amounts included on Part I, line 17, b						
1	Investment expenses not included on		I	I	0		
•	6b	r urt 1, mie	d1		Ū		
2	Other (specify)					1	
			d2		0]	
	Add lines $ extbf{d1}$ and $ extbf{d2}$					d	0
e	Total expenses (Part I, line 17) Add li						2,772,506
	d					e	
Pari	Current Officers, Directo director, trustee, or key em instructions.)						
	(A) Name and address	(B) Title and average hours per week devoted to position		mpensation d, enter -0)	(D) Contributemployee beneated complans	efit plans & pensation	(E) Expense account and other allowances
See A	ddıtıonal Data Table				pians	,	
			<u> </u>				

	990 (2007)						Page o
Par	V-A Current Officers, Directors	s, Trustees, and Key	y Employees (conti	nued)		Yes	No
75a	Enter the total number of officers, director	s, and trustees permitted	l to vote on organization	n business at board			
	meetings						
b	Are any officers, directors, trustees, or ke	y employees listed in For	m 990, Part V-A, or hig	jhest compensated			
	employees listed in Schedule A , Part I , or	highest compensated pro	ofessional and other ind	ependent			
	contractors listed in Schedule A, Part II-	A or II-B, related to each	other through family or	business			
	relationships? If "Yes," attach a statemen	t that identifies the indivi	duals and explains the	relationship(s) .	75b		Νo
С	Do any officers, directors, trustees, or key	employees listed in Forr	m 990, Part V-A, or hig	hest compensated			
	employees listed in Schedule A, Part I, or						
	contractors listed in Schedule A, Part II-	A or II-B. receive compe	nsation from any other o	organizations, whether			
	tax exempt or taxable, that are related to				75c		No
	organization"						
	If "Yes," attach a statement that includes	the information described	d in the instructions				
d	Does the organization have a written confi	lict of interest policy? .			75d	Yes	
	t V-B Former Officers, Director				satio	n or C	ther
	Benefits (If any former office (described below) during the benefits in the appropriate of	year, list that person	below and enter the				
	(A) Name and address	(B) Loans and Advances	(C) Compensation (If not paid enter -0-)	employee benefit plans and deferred compensation plans		ense acc er allowa	ount and inces
ar	t VI Other Information (See the	instructions.)	L			Yes	No
' 6	Did the organization make a change in its activities	or methods of conducting activ	rities? If "Yes," attach a				
	detailed statement of each change				76		Νo
77	Were any changes made in the organizing	or governing documents	but not reported to the 1	IRS?	77		No
	If "Yes," attach a conformed copy of the c	hanges					
78a	Did the organization have unrelated business gross		ng the year covered by this	return?	78a		No
	If "Yes," has it filed a tax return on Form 9		- '		78b		
	Was there a liquidation, dissolution, termination, or						
	a statement				79		Νο
30a	Is the organization related (other than by association	on with a statewide or nationwi	de organization) through con	nmon membership	-		140
	governing bodies, trustees, officers, etc., to any oti				80a	Yes	
b	If "Yes," enter the name of the organization				300	, 03	
-			ıs	nexempt			
31a	Enter direct or indirect political expenditu			0			
	Did the organization file Form 1120-POL for				81b		Νo

Do r	Other Information (continued)			
	t VI Other Information (continued)		Yes	No
32a	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?	82a		No
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.)			
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	Yes	
	Did the organization comply with the disclosure requirements relating to guid pro quo contributions?	83b	Yes	
	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		No
	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	84b		
35	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a		
	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b		
	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 the prior year			
c	Dues assessments, and similar amounts from members 85c			
	Section 162(e) lobbying and political expenditures			
	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e			
	Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f			
	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g		
_	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		
36	501(c)(7) orgs. Enter a Initiation fees and capital contributions included on line 12 86a	-		
	Gross receipts, included on line 12, for public use of club facilities 86b	4		
37	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)			
38a	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	88a		No
ь	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			
		88b		No
89a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under			
	section 4911 •			
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		No
С	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	-		
d	Enter Amount of tax on line 89c, above, reimbursed by the organization			
e	All organizations. At any time during the tax year was the organization a party to a prohibited tax shelter			
	transaction?	89e		No
f	All organizations. Did the organization acquire direct or indirect interest in any applicable insurance contract?			
		89f		N o
	Far a comparison and an analysis are a second as a	169		NO
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		No
90a	List the states with which a copy of this return is filed 📂 IL			
	Number of employees employed in the pay period that includes March 12, 2007 (See 90b			(
	instructions)			
91a	The books are in care of Lifelink Corporation Telephone no (630)) 521-8	701	
	331 S York Rd Located at ▶ Bensenville, IL ZIP + 4 ▶ 60106267	3		
h	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)?	91b	Yes	No No
	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			
		' '	orm 99 () (2007

D 1		1.5 m m						Tage 0
Part	,	•					Yes	No
C ,	At any time during the calendar year	, did the organization	on maintain	an office outside o	f the United	States? 91	c	No
	If "Yes," enter the name of the foreig	n country ►						
92 .	Section 4947(a)(1) nonexempt charitab	le trusts filing Form	990 ın lıeu	of Form 1041—Ch	eck here .		1	▶ ┌
i	and enter the amount of tax-exempt	ınterest received oi	r accrued d	uring the tax year		. ▶ 92		
Part	VIII Analysis of Income-Pro	oducing Activit	ies <i>(See</i>	the instruction				
Not e:	Enter gross amounts unless otherwis	e ındıcated.		d business income	<u> </u>	ection 512, 513, or 514	(E) Relate	
			(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	exempt f	unction
93	Program service revenue							
а	Management Fees			0		0	1	1,402,219
b								
c		_						
d								
e								
f	Medicare/Medicaid payments .							
g	Fees and contracts from governmen	nt agencies						
94	Membership dues and assessments	[
95	Interest on savings and temporary cash inv	estments		0	14	18,862		0
96	Dividends and interest from securit	ies		0	14	223,158		0
97	Net rental income or (loss) from rea	l estate						
а	debt-financed property	[
b	non debt-financed property	[
98	Net rental income or (loss) from personal p	roperty						
99	Other investment income	[0	14	189,843		0
100	Gain or (loss) from sales of assets other tha	an inventory						
101	Net income or (loss) from special e	vents						
102	Gross profit or (loss) from sales of I	nventory						
103	Other revenue a <u>Laundry Sales</u>			0	1	9,692		0
b	Information Systems - Intercompar	ıy		0	1	1,800		0
c	Other Misc Revenue			0	1	43,720		0
d		_						
e								
104	Subtotal (add columns (B), (D), and	(E))		0		487,075	1	1,402,219
105	Total (add line 104, columns (B), (D), and (E))				•	1,8	89,294
lot e:	Line 105 plus line 1e, Part I, should eq	ual the amount on li	ne 12, Part I	T.				
	VIII Relationship of Activ							
Line N	Explain how each activity for white					nportantly to the acc	omplishm	ent
93 a	of the organization's exempt purp Funds used to provide centralize					ot-for-profit organiza	tions	
<u> </u>	Tanas asca to provide centralize	a emerene aanninser	rative mane	rgement services t	o ammutea m	ot for profit organiza	tions	
Part			idiaries	and Disregarde	ed Entitie	s (See the instru		
N	(A) ame, address, and EIN of corporation,	(B) Percentage of		(C)		(D)	(E) End-of-	
	partnership, or disregarded entity	ownership interest		Nature of activities		Total income	asse	ets
		%						
		%						
		%						
Par	Information Regarding instructions.)	g Transfers Ass	sociated	with Personal	Benefit Co	ontracts (See th	e	
(a)	Did the organization, during the year, receive	e any funds, directly or i	ındırectly, to p	pay premiums on a per	sonal benefit co	ontract?	┌ Yes	▼ No
	Did the organization, during the year						Г Yes	√ No
	: If "Yes" to (b), file Form 8870 and			·				

					Yes	No
106	Did the reporting organization make any the Code? if "Yes," complete the sched		efined in section 51.	2(b)(13) of		
	(A) Name and address of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	F I	(D) of transi	fer
a						
b						
С	Totals					
107	Did the reporting organization receive a	ny transfers from a controlled entity :	as defined in sectior	n 512(b)(13) of	Yes	No
	the Code? if "Yes," complete the sched					
	(A) Name and address of each	(B) Employer Identification	(C) Description of		(D) of transf	fer
	cont rolled ent it y	Number	transfer	77		
a	controlled entity	Number	transfer	71110-4111		
	controlled entity	Number	transfer	,,,,,,		
b	controlled entity	Number	transfer			
b	Totals	Number	transfer			
b		Number	transfer			
b c		ten contract in effect on August 17, 2			Yes	No
b c	Totals Did the organization have a binding writ royalties and annuities described in que	ten contract in effect on August 17, 2 estion 107 above? have examined this return, including accompa	2006 covering the in	nterests, rents,	Yes of my kno	wledge
108	Totals Did the organization have a binding writ royalties and annuities described in que Under penalties of perjury, I declare that I hand belief, it is true, correct, and complete	ten contract in effect on August 17, 2	2006 covering the in	nterests, rents, rements, and to the best	Yes of my kno	wledge
108	Totals Did the organization have a binding writ royalties and annuities described in que Under penalties of perjury, I declare that I hand belief, it is true, correct, and complete	ten contract in effect on August 17, 2 estion 107 above? have examined this return, including accompa	2006 covering the in	nterests, rents, rements, and to the best	Yes of my kno	wledge
108	Totals Did the organization have a binding writ royalties and annuities described in que Under penalties of perjury, I declare that I hand belief, it is true, correct, and complete	ten contract in effect on August 17, 2 estion 107 above? have examined this return, including accompa	2006 covering the innying schedules and state based on all information 2009-01	nterests, rents, rements, and to the best	Yes of my kno	wledge
108 Pleas Sign	Totals Did the organization have a binding writ royalties and annuities described in que Under penalties of perjury, I declare that I hand belief, it is true, correct, and complete Signature of officer Johnathan S Evarts Treasurer	ten contract in effect on August 17, 2 estion 107 above? have examined this return, including accompa	2006 covering the innying schedules and state based on all information 2009-01	nterests, rents, rements, and to the best	Yes of my kno	w ledge dge
a b c 108 Pleas Sign Here	Totals Did the organization have a binding writ royalties and annuities described in que Under penalties of perjury, I declare that I is and belief, it is true, correct, and complete Signature of officer Johnathan S Evarts Treasurer Type or print name and title Preparer's signature ITET'S Firm's name (or yours	ten contract in effect on August 17, 2 estion 107 above? have examined this return, including accompa Declaration of preparer (other than officer) is	nying schedules and stat based on all information 2009-01 Date	ements, and to the best of which preparer has a	Yes of my kno	w ledge dge

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

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.)

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

OMB No 1545-0047

DLN: 93490051004079

2007

Internal Revenue Service

Name of the organization
LIFELINK CORPORATION

Department of the Treasury

SCHEDULE A

(Form 990 or

990EZ)

Employer identification number

36-3487477

			36-3487477					
Part I Compensation of the Five	e Highest Paid Employees ns. List each one. If there ar			nd Trustees				
(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				
Melba Rodriguez	Vice President							
331 S York Rd Bensenville, IL 601062673	40	120,000	0	0				
Susan A Sinderson	Vice President							
331 S York Rd Bensenville, IL 601062673	40	148,526	0	0				
Johnathan S Evarts	- Vice President							
331 S York Rd Bensenville, IL 601062673	40	137,500	0	0				
Timothy C Rhodes	Exec Director/CEO							
331 S York Rd Bensenville, IL 601062673	40	172,000	0	40,000				
Cleo M Terry	- Vice President							
331 S York Rd Bensenville, IL 601062673	40	143,434	0	0				
Total number of other employees paid over \$50,000	33							
	Five Highest Paid Independentions. List each one (wheth							
(a) Name and address of each independent of	contractor paid more than \$50,00	00 (b) Typ	e of service	(c) Compensation				
Tatum LLC								
PO Box 535152		IT Consulting	IT Consulting					
Atlanta, GA 30353								
The Security Professionals	·							

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
Tatum LLC		
PO Box 535152 Atlanta, GA 30353	IT Consulting	203,032
The Security Professionals		
5650 S Archer Chicago, IL 60638	Security	420,681
Morrison Senior Dining		
PO Box 102289 Atlanta, GA 30353	Food	287,091
David Thomas Mechanical		
1820 Wallace St Ste 112 St Charles, IL 60174	Maintenance	233,484
Loss Prevention		
3315 South Halsted St Chicago,IL 60608	Security	227,741
Total number of others receiving over \$50,000 for professional services		

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 individual or firms. If there are none, enter "None". See page 2 for instructions.)

firms. If there are none, enter "None". See page 2 for in	istructions.)	
(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
American Express		
DO BOX 260001	Credit Card	504,796
PO BOX 360001 Fort Lauderdale, FL 33336		
Nicor		
THEOR		
PO BOX 803457	Gas	159,746
Chicago, IL 60568		
ComEd		
	Electricity	295,696
PO BOX 803457	Liectricity	293,090
Chicago, IL 60680		
Midwest Senior MInistries		
	Rent	314,516
200 N Postville Dr Lincoln, IL 62656		
Call One		
can one		
PO BOX 88454	Phone	150,166
Chicago, IL 60820		
Total number of other contractors receiving over		
\$50,000 for other services		

Par	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, include any attempt	T		
	to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in	1		
	connection with the lobbying activities 🟲 \$ 0 (Must equal amounts on line 38, Part VI-A, or line			
	ı of Part VI-B)	1		Νo
	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.)			
а	Sale, exchange, or leasing property?	2a		Νo
b	Lending of money or other extension of credit?	2b		Νo
c	Furnishing of goods, services, or facilities?	2c		Νo
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d		Νo
e	Transfer of any part of its income or assets?	2e		Νo
За	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)	3a		Νo
b	Did the organization have a section 403(b) annuity plan for its employees?	3b	Yes	
c	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment , historic land areas or structures? If "Yes" attach a detailed statement	3с		Νo
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d		Νo
4a	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g If "No," complete lines 4f and 4g	4a		No
ь	Did the organization make any taxable distributions under section 4966?	4b		Νo
c	Did the organization make a distribution to a donor, donor advisor, or related person?	4c		Νo
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			

name, city,
blıc
gross 31/3% of es IV-A)
s the
(e) ount of pport?

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. (a) 2006 **(b)** 2005 (c) 2004 Calendar year (or fiscal year beginning in) (d) 2003 (e) Total Gifts, grants, and contributions received (Do not include unusual grants See line 28) Membership fees received 16 Gross receipts from admissions, merchandise 17 sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc , purpose Gross income from interest, dividends, amounts 18 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 Net income from unrelated business activities 19 not included in line 18 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf 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 Other income Attach a schedule Do not include 22 gain or (loss) from sale of capital assets Total of lines 15 through 22 Line 23 minus line 17 24 25 Enter 1% of line 23 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 26d e Public support (line 26c minus line 26d total) 26e f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) 26f 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) (2004) (2003) 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 (2006) (2005) (2004) (2003) 27c 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 | a 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

Pa	(To be completed ONLY by schools that checked the box on line 6 in Part IV)			
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws,		Yes	No
	other governing instrument, or in a resolution of its governing body?	29		
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?	30		
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?	31		
	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?	32a		
ŀ	Records documenting that scholarships and other financial assistance are awarded on racially nondiscriminatory	32ь		
	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing			
•	with student admissions, programs, and scholarships?	 32c		
	Copies of all material used by the organization or on its behalf to solicit contributions?	32d		
•	Copies of all material used by the organization of on its behalf to solicit contributions.	32u	<u> </u>	
	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			
ā	Students' rights or privileges?	33a		
t	Admissions policies?	33Ь		
c	Employment of faculty or administrative staff?	33c	ı	
c	Scholarships or other financial assistance?	33d	I	
•	Educational policies?	33e	ı	
f	· Use of facilities?	33f		
ç	Athletic programs?	33g		
i	Other extracurricular activities?	33h	I	
	If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)			
34a	a Does the organization receive any financial aid or assistance from a governmental agency?	34a		
	- Has the organization's right to such aid ever been revoked or suspended?	34b		
ı	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	340		
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	35	ı	

Total lobbying expenditures (Add lines **c** through **h.**)

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

	(To be completed ONLY	' by an eligible organiz	atıon that	filed Form 5	768)	ı			
Che	ck a if the organization belongs		Check 🟲 b	l If you che	cked			contro 	l" provisions appl
		bying Expenditures means amounts paid or in				A ffiliat	(a) ed group tals		To be completed for all electing
36	Total lobbying expenditures to influen	<u> </u>		<u>a)</u>	36				organizations
37	Total lobbying expenditures to influen		•		37				
	Total lobbying expenditures (add lines		ct lobbying	'					
38	, 5 ,	36 and 37)			38				
39	Other exempt purpose expenditures				39			_	
40	Total exempt purpose expenditures (a	•			40				
41	Lobbying nontaxable amount Enter th		-						
		The lobbying nontaxable a	mount is—						
	Not over \$500,000	20% of the amount on line 40							
		\$100,000 plus 15% of the exce							
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the exce	ss over \$1,00	0,000	41				
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess	s 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)- ıf lıne 42 ıs more than lı	ne 36		43				
44	Subtract line 41 from line 38 Enter -0)- ıf lıne 41 ıs more than lı	ne 38		44				
	(Some organizations that m See the ir	istructions for lines 45 thr	ough 50 or	•	e ins	tructions)		
	Calendar year (or fiscal year beginning in)	(a 20	· I	(b) 2006		(c) 2005		(d) 004	(e) Total
45	Lobbying nontaxable amount								
46	Lobbying ceiling amount (150% of lin	e 45(e))							
47	Total lobbying expenditures								
48	Grassroots nontaxable amount								
49	Grassroots ceiling amount (150% of	line 48(e))							
50	Grassroots lobbying expenditures								
	rt VI-B Lobbying Activity by (For reporting only by o) (Se	e page :	11 of th	e insi	ructions.)
	ing the year, did the organization attem mpt to influence public opinion on a leg	pt to influence national, st	ate or local	l legislation, in			Yes	No	A mount
а	Volunteers								
b	Paid staff or management (Include co	mpensation in expenses i	reported on	lines c throug	h h.)				
С	Media advertisements								
d	, , ,	•							
е	Publications, or published or broadca								
f	Grants to other organizations for lobb								
g	Direct contact with legislators, their								
h	Rallies, demonstrations, seminars, co	onventions, speeches, lec	tures, or an	ny other means			1	I	

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

Solic) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations a Transfers from the reporting organization to a noncharitable exempt organization of a (ii)
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a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations
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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 • Yes
(a) (b) (c) Name of organization Type of organization Description of relationship

Software ID: 07000149
Software Version: v1.00

EIN: 36-3487477

Name: LIFELINK CORPORATION

Form 990, Schedule A, Part IV, Line 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) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See section 509(a)(3).):

(a) Name(s) of supported organization(s)	(b) Line number from above
KENWOOD AREA HOUSING INC	
ENGLEWOOD AREA HOUSING INC	
BETHEL AREA HOUSING SOUTH	
HOYLETON YOUTH AND FAMILY SERVICES	
NORTH ORCHARD PLACE INC	
GREENCASTLE OF PALATINE INC	
LIFELINK HOUSING CORPORATION	
BRIDGEWAY OF BENSENVILLE	
IMMANUEL RESIDENCES INC	
PUENTES DE ESPERANZA-BRIDGES OF HOPE-NFP	
MORGAN PARK AND BEVERLY AREA HOUSING INC	
HOYLETON CHILDRENS HOME FOUNDATION	
GREENCASTLE OF WOODLAWN INC	
GREENCASTLE OF GARFIELD INC	
SARASOTA AREA HOUSING INC	
Lifelink Service Corporation - Inactive	
GREENCASTLE OF BARRINGTON INC	
BETHEL AREA HOUSING INC	
LIFELINK CHARITIES	
ELMHURST AREA HOUSING INCORPORATED	
PEACE MEMORIAL MANOR INC	
MORGAN PARK AND BEVERLY HANDICAPPED	
BENSENVILLE HOME SOCIETY	
GLENVIEW ELDERLY HOUSING	

Software ID: 07000149

Software Version: v1.00

EIN: 36-3487477

Name: LIFELINK CORPORATION

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(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
Mr Dan Luessenhop 26W221 Arrow Glen Ct Society of the Little Flower Wheaton, IL 60187	Board Member O	0	0	0
Mr Mark Meyer 📆 4200 Cantera Dr St 112 Warrenville, IL 60555	Board Member O	0	0	0
Rev Dr Thomas Nordberg 2 2800 Woodberry Court Columbia, MO 65202	Board Member O	0	0	0
Johnathan Evarts 331 S York Rd Bensenville,IL 601062673	Treasurer O	0	0	0
Rev Edward Bergstraesser 🕏 212 S Maple St 27 Oak Park,IL 60302	Board Member 0	0	0	0
Rev Timothy Rhodes 1918 Coach Naperville,IL 60565	President O	0	0	0
Marianne Hummerich 331 S York Rd Bensenville,IL 601062673	Secretary O	0	0	0
Mr Alan Becker 🔁 203 Ravine Road Hinsdale, IL 60521	Board Member 0	0	0	0
Ms Christine Tani 🕏 1931 Cromwell Dr Wheaton,IL 60187	Chairman 0	0	0	0
Rev Julie Ruth Harley 🕏 728 Jefferson Hinsdale, IL 60521	Board Member O	0	0	0

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(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
Mr Doug Struckman 2029 Chestnut Ave Price Waterhouse Coopers Wilmette, IL 60091	Board Member 0	0	0	0
Mr William Sutton 321 Canterberry Lane Oak Brook,IL 60523	Board Member 0	0	0	0
Mrs Claudette Zobel 🕏 7575 Lake St River Forest,IL 60305	Board Member 0	0	0	0
Dr Jean Lytle 2 1338 W Park Arlınghton Heights, IL 60005	Board Member 0	0	0	0
Mr Carson Phoenix 1111 Thackery Lane Corn Products International Naperville, IL 60564	Board Member 0	0	0	0
Rev Neal Sadler St Matthew UCC Wheaton, IL 60187	Board Member 0	0	0	0
Rev Carol Shanks 716 Mahala Dr Bethel United Church of Christ Waterloo, IL 62298	Board Member 0	0	0	0
Mr William Williams 🕏 3055 St Michel Lane St Charles, IL 60175	Chairman 0	0	0	0

Form 990, Part VI, Line 80b - If "Yes", enter the name of the organization and whether it is exempt or nonexempt:

Name of the Organization	Exempt	Nonexempt
Bensenville Home Society	×	
North Orchard Place	×	
Peace Memorial Manor	x	
Englewood Area Housing	x	
Lifelink Housing Corporation	x	
Elmhurst Area Housing	x	
Lifelink Services Corporation		X
Glenview Elderly Housing	x	
Greencastle of Barrington	x	
Morgan Park and Beverly Area Housing	x	
Greencastle of Palatine	x	
Kenwood Area Housing	x	
Bridgeway of Bensenville	x	
Lifelink Charities	x	
Morgan Park Beverly Handıcapped	x	
Greencastle of Garfield	x	
Sarasota Area Housing	x	
Bethel Area Housing	x	
Hoyleton Youth and Family Services	x	
Greencastle of Woodlawn	x	
Hoyleton Childrens Home Foundation	Х	
Immanuel Residences	Х	
Bethel Area Housing	Х	
Puentes de Esperanza	×	

TY 2007 Compensation Explanation

Name: LIFELINK CORPORATION

EIN: 36-3487477

Software ID: 07000149

Person Name	Explanation
Mr Dan Luessenhop	No compensation is received directly by any officer or director. Hours are not computable
Mr Mark Meyer	No compensation is received directty by any officer or director. Hours are not computable
Rev Dr Thomas Nordberg	No compensation is received directly by any officer or director. Hours are not computable
Rev Edward Bergstraesser	No compensation is received by any officer or director. Hours are not computable
Mr Alan Becker	No compensation is received directly by any officer or director. Hours are not computable
Ms Christine Tani	No compensations is received directly by any officer or director. Hours are not computable

Person Name	Explanation
Rev Julie Ruth Harley	No compensation is received directly by any officer or director. Hours are not computable
Mr Doug Struckman	No compensation is received directly by any officer or director. Hours are not computable
Mr William Sutton	No compensation is received directly from any officer or director. Hours are not computable
Mrs Claudette Zobel	No compensation is received directly by any officer or director. Hours are not computable
Dr Jean Lytle	No compensation is received directly by any officer or director Hours are not computable
Mr Carson Phoenix	No compensation is received directly by any officer or director. Hours are not computable

Person Name	Explanation
Rev Neal Sadler	No compensation is received directly by any officer or director. Hours are not computable
Rev Carol Shanks	No compensation is received directly by any officer or director. Hours are not computable
Mr William Williams	No compensation is received directly by any officer or director. Hours are not computable

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TY 2007 Depreciation and Depletion Schedule

Name: LIFELINK CORPORATION

EIN: 36-3487477

Software ID: 07000149

Asset	Amount
Various Assets	28,106

TY 2007 Investments - Other Schedule

Name: LIFELINK CORPORATION

EIN: 36-3487477

Software ID: 07000149

Description	Book Value	Cost/FMV
Investment in Subsidiaries	250,000	С
Investment in CCIC	481,260	С

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TY 2007 Investments - Securities Schedule

Name: LIFELINK CORPORATION

EIN: 36-3487477

Software ID: 07000149

Description	Book Value	Cost/FMV
Investment in HRA	636,928	F

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TY 2007 Land etc. Schedule

Name: LIFELINK CORPORATION

EIN: 36-3487477

Software ID: 07000149

Category/Item	Cost/Other Basis	Accumulated Depreciation	Book Value
Buildings and Buildings Improvements; Furniture and Equipment; Construction in Progress	2,773,992	1,705,699	1,068,293

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TY 2007 Other Assets Schedule

Name: LIFELINK CORPORATION

EIN: 36-3487477

Software ID: 07000149

Description	Beginning of Year Amount	End of Year Amount
Due from Affiliates, non current	753,070	768,018
Other Assets	1,178,345	
Due from affiliates, current	34,655,565	29,031,295

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TY 2007 Other Changes in Net Assets Schedule

Name: LIFELINK CORPORATION

EIN: 36-3487477

Software ID: 07000149

Description	Amount
Equity transfers	485,814
Temporary Restricted Net Assets	20,628

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TY 2007 Other Investment Income Schedule

Name: LIFELINK CORPORATION

EIN: 36-3487477

Software ID: 07000149

Description	Amount
Equity gain on investment in HRA	189,843

TY 2007 Other Liabilities Schedule

Name: LIFELINK CORPORATION

EIN: 36-3487477

Software ID: 07000149

Description	Beginning of Year Amount	End of Year Amount
Due to affiliates	4,732,227	
Current liabilities of disc operations	45,882	
Revolving line of credit	0	750,000
Deposits from residents (current)	0	46,835

11 990 Online Filers Please fax completed and signed form to 866-699-3916

8453-E0 Exempt Organization Declaration and Signature for Electronic Filing

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