

Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

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

2007

Open to Public Inspection

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

A For the 2007 calendar year, or tax year beginning 07-01-2007 and ending 06-30-2008

- 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: 331 S York Rd; City or town: Bensenville, IL 601062673

D Employer identification number: 36-3487477; E Telephone number: (630) 521-8701; F Accounting method: Accrual

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Web site: www.lifelink.org

J Organization type: 501(c)(3)

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

H and I are not applicable to section 527 organizations; H(a) Is this a group return for affiliates?; H(b) If "Yes" enter number of affiliates; H(c) Are all affiliates included?; H(d) Is this a separate return filed by an organization covered by a group ruling?; I Group Exemption Number; M Check if the organization is not required to attach Sch B

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12: 1,889,524

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

Table with columns for Revenue, Expenses, and Net Assets. Rows include Contributions (1), Program service revenue (2), Membership dues (3), Interest on savings (4), Dividends (5), Gross rents (6a-6c), Other investment income (7), Gross amount from sales of assets (8a-8d), Special events (9), Gross sales of inventory (10a-10c), Other revenue (11), Total revenue (12), Program services (13), Management and general (14), Fundraising (15), Payments to affiliates (16), Total expenses (17), Excess or (deficit) (18), Net assets at beginning (19), Other changes (20), Net assets at end (21).

Part III 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.)

<i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.</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"/>	0	0		
22b	Other grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	0	0		
23	Specific assistance to individuals (attach schedule)	0	0		
24	Benefits paid to or for members (attach schedule)	0	0		
25a	Compensation of current officers, directors, key employees etc Listed in Part V-A (attach schedule)	0	0	0	0
b	Compensation of former officers, directors, key employees etc listed in Part V-B (attach schedule)	0	0	0	0
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)	0	0	0	0
26	Salaries and wages of employees not included on lines 25a, b and c	1,954,146	0	1,954,146	0
27	Pension plan contributions not included on lines 25a, b and c	7,306	0	7,306	0
28	Employee benefits not included on lines 25a - 27	253,847	0	253,847	0
29	Payroll taxes	144,192	0	144,192	0
30	Professional fundraising fees	0	0	0	0
31	Accounting fees	35,000	0	35,000	0
32	Legal fees	156,117	0	156,117	0
33	Supplies	56,115	0	54,981	1,134
34	Telephone	34,988	0	34,963	25
35	Postage and shipping	15,189	0	11,484	3,705
36	Occupancy	354,386	0	354,386	0
37	Equipment rental and maintenance	7,400	0	7,279	121
38	Printing and publications	38,662	0	18,872	19,790
39	Travel	22,916	0	22,811	105
40	Conferences, conventions, and meetings	130,075	0	130,075	0
41	Interest	2,000	0	2,000	0
42	Depreciation, depletion, etc (attach schedule)	28,106	0	28,106	0
43	Other expenses not covered above (itemize)				
a	Other Miscellaneous Expenses	349,360	0	344,392	4,968
b	Other Purchased Services	476,066	0	468,685	7,381
c	Insurance Expense	72,679	0	72,679	0
d	Allocation of G/A Overhead to Affiliates	-1,366,044	0	-1,366,044	0
e					
f					
g					
44	Total functional expenses. Add lines 22a through 43g (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	2,772,506	0	2,735,277	37,229

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.

<p>What is the organization's primary exempt purpose? Management of Affiliated Not-for-Profit</p> <p>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.)</p>	<p>Program Service Expenses (Required for 501(c)(3) and (4) orgs, and 4947(a)(1) trusts, but optional for others.)</p>
<p>a 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 agency 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 Affiliated Charitable Organizations)</p> <p>(Grants and allocations \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/></p>	<p>0</p>
<p>b</p> <p>(Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/></p>	
<p>c</p> <p>(Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/></p>	
<p>d</p> <p>(Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/></p>	
<p>e Other program services (attach schedule) (Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/></p>	
<p>f Total of Program Service Expenses (should equal line 44, column (B), Program services) <input type="checkbox"/></p>	<p>0</p>

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)		(B)		
		Beginning of year		End of year		
Assets	45 Cash—non-interest-bearing		1,000	45	1,000	
	46 Savings and temporary cash investments		1,118,255	46	1,735,197	
	47a Accounts receivable	47a	155,139			
	b 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 officers, directors, trustees, and key employees (attach schedule)			0	50a	0
	b Receivables from other disqualified persons (as defined under section 4958(c)(3)(B) (attach schedule)			0	50b	0
	51a Other notes and loans receivable (attach schedule)	51a	0			
	b Less allowance for doubtful accounts	51b	0	0	51c	0
	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 <input type="checkbox"/> Cost <input type="checkbox"/> FMV			0	54a	0
	b Investments—other securities (attach schedule) <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV			0	54b	636,928
55a Investments—land, buildings, and equipment basis	55a	0				
b Less accumulated depreciation (attach schedule)	55b	0	0	55c	0	
56 Investments—other (attach schedule)			0	56	731,260	
57a Land, buildings, and equipment basis	57a	2,773,992				
b Less accumulated depreciation (attach schedule)	57b	1,705,699	121,203	57c	1,068,293	
58 Other assets, including program-related investments (describe <input type="checkbox"/> _____)			36,586,980	58	29,799,313	
59 Total assets (must equal line 74) Add lines 45 through 58			38,268,590	59	34,250,118	
Liabilities	60 Accounts payable and accrued expenses		3,053,680	60	3,393,022	
	61 Grants payable		0	61	0	
	62 Deferred revenue		0	62	0	
	63 Loans from officers, directors, trustees, and key employees (attach schedule)			0	63	0
	64a Tax-exempt bond liabilities (attach schedule)			0	64a	0
	b Mortgages and other notes payable (attach schedule)			0	64b	0
	65 Other liabilities (describe <input type="checkbox"/> _____)			4,778,109	65	796,835
66 Total liabilities Add lines 60 through 65			7,831,789	66	4,189,857	
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		30,412,733	67	30,015,568	
	68 Temporarily restricted		24,068	68	44,693	
	69 Permanently restricted		0	69	0	
	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)			30,436,801	73	30,060,261
	74 Total liabilities and net assets / fund balances Add lines 66 and 73			38,268,590	74	34,250,118

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

a	Total revenue, gains, and other support per audited financial statements	a	1,889,524
b	Amounts included on line a but not on Part I, line 12		
1	Net unrealized gains on investments	b1	0
2	Donated services and use of facilities	b2	0
3	Recoveries of prior year grants	b3	0
4	Other (specify) _____	b4	0
	Add lines b1 through b4	b	0
c	Subtract line b from line a	c	1,889,524
d	Amounts included on Part I, line 12, but not on line a :		
1	Investment expenses not included on Part I, line 6b	d1	0
2	Other (specify) _____	d2	0
	Add lines d1 and d2	d	0
e	Total revenue (Part I, line 12) Add lines c and d	e	1,889,524

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

a	Total expenses and losses per audited financial statements	a	2,772,506
b	Amounts included on line a but not on Part I, line 17		
1	Donated services and use of facilities	b1	0
2	Prior year adjustments reported on Part I, line 20	b2	0
3	Losses reported on Part I, line 20	b3	0
4	Other (specify) _____	b4	0
	Add lines b1 through b4	b	0
c	Subtract line b from line a	c	2,772,506
d	Amounts included on Part I, line 17, but not on line a :		
1	Investment expenses not included on Part I, line 6b	d1	0
2	Other (specify) _____	d2	0
	Add lines d1 and d2	d	0
e	Total expenses (Part I, line 17) Add lines c and d	e	2,772,506

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 Additional Data Table				

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

75a	Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings		
	15		
75b	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) .		No
75c	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		No
75d	d Does the organization have a written conflict of interest policy?	Yes	

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 and deferred compensation plans	(E) Expense account and other allowances

Part VI Other Information *(See the instructions.)*

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	No
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	No
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	No
78b	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	No
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	Yes
81a	b If "Yes," enter the name of the organization <input type="checkbox"/> See Additional Data Table _____ and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt		
81a	Enter direct or indirect political expenditures (See line 81 instructions)	81a	0
81b	b Did the organization file Form 1120-POL for this year?	81b	No

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?
82b If "Yes," you may indicate the value of these items here
83a Did the organization comply with the public inspection requirements for returns and exemption applications?
83b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?
84a Did the organization solicit any contributions or gifts that were not tax deductible?
84b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?
85 501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?
85b Did the organization make only in-house lobbying expenditures of \$2,000 or less?
85c Dues assessments, and similar amounts from members
85d Section 162(e) lobbying and political expenditures
85e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices
85f Taxable amount of lobbying and political expenditures (line 85d less 85e)
85g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?
85h 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?
86 501(c)(7) orgs. Enter a Initiation fees and capital contributions included on line 12
86b Gross receipts, included on line 12, for public use of club facilities
87 501(c)(12) orgs. Enter a Gross income from members or shareholders
87b Gross income from other sources
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?
88b At any time during the year, did the organization directly or indirectly own a controlled entity within the meaning of section 512(b)(13)?
89a 501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911, section 4912, and section 4955
89b 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?
89c Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958
89d Enter Amount of tax on line 89c, above, reimbursed by the organization
89e All organizations. At any time during the tax year was the organization a party to a prohibited tax shelter transaction?
89f All organizations. Did the organization acquire direct or indirect interest in any applicable insurance contract?
89g 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?
90a List the states with which a copy of this return is filed
90b Number of employees employed in the pay period that includes March 12, 2007
91a The books are in care of
91b 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?

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 and enter the amount of tax-exempt interest received or accrued during the tax year **92** _____

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		0		0	1,402,219
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		0	14	18,862	0
96 Dividends and interest from securities		0	14	223,158	0
97 Net rental income or (loss) from real estate					
a debt-financed property					
b non debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income		0	14	189,843	0
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 Laundry Sales		0	1	9,692	0
b Information Systems - Intercompany		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	1,402,219
105 Total (add line 104, columns (B), (D), and (E))					1,889,294

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)
93 a	Funds used to provide 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
	%			
	%			
	%			
	%			

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)

				Yes	No
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					
	(A) Name and address of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer	
a					
b					
c					
Totals					

				Yes	No
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					
	(A) Name and address of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer	
a					
b					
c					
Totals					

		Yes	No
108 Did the organization have a binding written contract in effect on August 17, 2006 covering the interests, rents, royalties and annuities described in question 107 above?			

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.	
	Signature of officer _____ Johnathan S Everts Treasurer Type or print name and title	2009-01-28 Date

Paid Preparer's Use Only	Preparer's signature _____	Date _____	Check if self-employed <input checked="" type="checkbox"/>	Preparer's SSN or PTIN (See Gen Inst W)
	Firm's name (or yours if self-employed), address, and ZIP + 4 _____			EIN _____
				Phone no _____

SCHEDULE A
(Form 990 or 990EZ)

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

2007

Department of the Treasury
Internal Revenue Service

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 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Melba Rodriguez 331 S York Rd Bensenville, IL 601062673	Vice President 40	120,000	0	0
Susan A Sinderson 331 S York Rd Bensenville, IL 601062673	Vice President 40	148,526	0	0
Johnathan S Evarts 331 S York Rd Bensenville, IL 601062673	Vice President 40	137,500	0	0
Timothy C Rhodes 331 S York Rd Bensenville, IL 601062673	Exec Director/CEO 40	172,000	0	40,000
Cleo M Terry 331 S York Rd Bensenville, IL 601062673	Vice President 40	143,434	0	0
Total number of other employees paid over \$50,000	33			

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 2 of the instructions. List each one (whether individual 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
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	11	

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.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
American Express PO BOX 360001 Fort Lauderdale, FL 33336	Credit Card	504,796
Nicor PO BOX 803457 Chicago, IL 60568	Gas	159,746
ComEd PO BOX 803457 Chicago, IL 60680	Electricity	295,696
Midwest Senior Ministries 200 N Postville Dr Lincoln, IL 62656	Rent	314,516
Call One PO BOX 88454 Chicago, IL 60820	Phone	150,166
Total number of other contractors receiving over \$50,000 for other services	16	

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

Yes No

<p>1 During the year, has the organization attempted to influence national, state, or local legislation, include 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 ▶ \$ <u>0</u> (Must equal amounts on line 38, Part VI-A, or line 1 of Part VI-B)</p> <p>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</p>	1		No
<p>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.)</p> <p>a Sale, exchange, or leasing property?</p>	2a		No
<p>b Lending of money or other extension of credit?</p>	2b		No
<p>c Furnishing of goods, services, or facilities?</p>	2c		No
<p>d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?</p>	2d		No
<p>e Transfer of any part of its income or assets?</p>	2e		No
<p>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)</p>	3a		No
<p>b Did the organization have a section 403(b) annuity plan for its employees?</p>	3b	Yes	
<p>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</p>	3c		No
<p>d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?</p>	3d		No
<p>4a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g If "No," complete lines 4f and 4g</p>	4a		No
<p>b Did the organization make any taxable distributions under section 4966?</p>	4b		No
<p>c Did the organization make a distribution to a donor, donor advisor, or related person?</p>	4c		No
<p>d Enter the total number of donor advised funds owned at the end of the tax year ▶ _____</p>			
<p>e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ▶ _____</p>			
<p>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 ▶ <u>0</u></p>			
<p>g Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year ▶ <u>0</u></p>			

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	(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 Additional Data Table					
Total					<input type="checkbox"/>

- 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) 2006	(b) 2005	(c) 2004	(d) 2003	(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: (2006) _____ (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) _____					
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 7 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)		
<hr/>			
<hr/>			
<hr/>			
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 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)			
<hr/>			
<hr/>			
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)			
<hr/>			
<hr/>			
34a	Does the organization receive any financial aid or assistance from a governmental agency?		
b	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement		
35	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation		

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

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

(The term "expenditures" means amounts paid or incurred)

(a)
Affiliated group
totals

(b)
To be completed
for all electing
organizations

36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38 Total lobbying expenditures (add lines 36 and 37)	38	
39 Other exempt purpose expenditures	39	
40 Total exempt purpose expenditures (add lines 38 and 39)	40	
41 Lobbying nontaxable amount Enter the amount from the following table— If the amount on line 40 is— The lobbying nontaxable amount is— Not over \$500,000 20% of the amount on line 40 Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000 Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000 Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000 Over \$17,000,000 \$1,000,000	41	
42 Grassroots nontaxable amount (enter 25% of line 41)	42	
43 Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	43	
44 Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	44	

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

4-Year Averaging Period Under Section 501(h)

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots nontaxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part VI-B Lobbying Activity by Nonelecting Public Charities

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

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

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

Yes	No	Amount

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

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

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

a Transfers from the reporting organization to a noncharitable exempt organization of

	Yes	No
--	-----	----

(i) Cash

51a(i)		No
---------------	--	----

(ii) Other assets

a(ii)		No
--------------	--	----

b Other transactions

(i) Sales or exchanges of assets with a noncharitable exempt organization

b(i)		No
-------------	--	----

(ii) Purchases of assets from a noncharitable exempt organization

b(ii)		No
--------------	--	----

(iii) Rental of facilities, equipment, or other assets

b(iii)		No
---------------	--	----

(iv) Reimbursement arrangements

b(iv)		No
--------------	--	----

(v) Loans or loan guarantees

b(v)		No
-------------	--	----

(vi) Performance of services or membership or fundraising solicitations

b(vi)		No
--------------	--	----

c Sharing of facilities, equipment, mailing lists, other assets, or paid employees

c		No
----------	--	----

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








Additional Data

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	

Additional Data**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 0	0	0	0
Mr Mark Meyer  4200 Cantera Dr St 112 Warrenville,IL 60555	Board Member 0	0	0	0
Rev Dr Thomas Nordberg  2800 Woodberry Court Columbia,MO 65202	Board Member 0	0	0	0
Johnathan Evarts 331 S York Rd Bensenville,IL 601062673	Treasurer 0	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 0	0	0	0
Marianne Hummerich 331 S York Rd Bensenville,IL 601062673	Secretary 0	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 0	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 Canterbury 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  1338 W Park Arlington 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	X	
North Orchard Place	X	
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 Handicapped	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	X	
Immanuel Residences	X	
Bethel Area Housing	X	
Puentes de Esperanza	X	

TY 2007 Compensation Explanation**Name:** LIFELINK CORPORATION**EIN:** 36-3487477**Software ID:** 07000149**Software Version:** v1.00

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 directly 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 Tan	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

TY 2007 Depreciation and Depletion Schedule

Name: LIFELINK CORPORATION

EIN: 36-3487477

Software ID: 07000149

Software Version: v1.00

Asset	Amount
Various Assets	28,106

TY 2007 Investments - Other Schedule**Name:** LIFELINK CORPORATION**EIN:** 36-3487477**Software ID:** 07000149**Software Version:** v1.00

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

TY 2007 Investments - Securities Schedule

Name: LIFELINK CORPORATION

EIN: 36-3487477

Software ID: 07000149

Software Version: v1.00

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

TY 2007 Land etc. Schedule

Name: LIFELINK CORPORATION

EIN: 36-3487477

Software ID: 07000149

Software Version: v1.00

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

TY 2007 Other Assets Schedule

Name: LIFELINK CORPORATION

EIN: 36-3487477

Software ID: 07000149

Software Version: v1.00

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

TY 2007 Other Changes in Net Assets Schedule

Name: LIFELINK CORPORATION

EIN: 36-3487477

Software ID: 07000149

Software Version: v1.00

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

TY 2007 Other Investment Income Schedule

Name: LIFELINK CORPORATION

EIN: 36-3487477

Software ID: 07000149

Software Version: v1.00

Description	Amount
Equity gain on investment in HRA	189,843

TY 2007 Other Liabilities Schedule

Name: LIFELINK CORPORATION

EIN: 36-3487477

Software ID: 07000149

Software Version: v1.00

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

