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Return of Organization Exempt from Income Tax

2002

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

A For the 2002 calendar year, or tax year beginning 7/01, 2002, and ending 6/30, 2003

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

Please use IRS label or print or type See specific instructions. LIFE-LINE, INC 1130 WEST CENTER NORTH SALT LAKE, UT 84054

D Employer Identification Number 74-2504370 E Telephone number F Accounting method Cash [] Accrual [X] Other (specify)

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

- H and I are not applicable to section 527 organizations H (a) Is this a group return for affiliates? Yes [] No [X] H (b) If Yes, enter number of affiliates H (c) Are all affiliates included? Yes [] No [] H (d) Is this a separate return filed by an organization covered by a group ruling? Yes [] No [X] I Enter 4 digit GEN M Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

G Web site: WWW LIFE-LINE NET

J Organization type (check only one) [X] 501(c) 3 (insert no) [] 4947(a)(1) or [] 527

K Check here if the organization's gross receipts are normally not more than \$25,000 The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data Some states require a complete return.

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 2,100,994.

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

Table with 21 rows and 4 columns: Line number, Description, Sub-column (a, b, c), and Total amount. Includes sections for Contributions, Program service revenue, Investment income, and Total revenue/expenses.

SCANNED SEP 29 2003

RECEIVED SEP 21 2003 OGDEN, UT

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

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (att sch) (cash \$ _____ non cash \$ _____)	22				
23 Specific assistance to individuals (att sch)	23				
24 Benefits paid to or for members (att sch)	24				
25 Compensation of officers, directors, etc	25	253,510	198,296	54,834	380
26 Other salaries and wages	26	729,346	576,974	151,297.	1,075.
27 Pension plan contributions	27	10,203	7,980	2,206.	17.
28 Other employee benefits	28	135,999	106,378.	29,415.	206
29 Payroll taxes	29	79,666	62,314	17,230.	122
30 Professional fundraising fees	30				
31 Accounting fees	31	8,014	6,269	1,733	12.
32 Legal fees	32				
33 Supplies	33				
34 Telephone	34	26,011	20,345	5,626	40.
35 Postage and shipping	35				
36 Occupancy	36				
37 Equipment rental and maintenance	37				
38 Printing and publications	38				
39 Travel	39	2,745	2,147	594	4
40 Conferences, conventions, and meetings	40				
41 Interest	41	28,955.		28,955	
42 Depreciation, depletion, etc (attach schedule)	42	55,063.	43,070	11,909	84.
43 Other expenses not covered above (itemize)					
a SEE STATEMENT 1	43a	451,869.	410,779	40,402	688
b	43b				
c	43c				
d	43d				
e	43e				
44 Total functional expenses (add lines 22 - 43) Organizations completing columns (B) - (D), carry these totals to lines 13 - 15	44	1,781,381	1,434,552.	344,201.	2,628

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

What is the organization's primary exempt purpose? BEHAVIOR DISORDER TREATMENT	Program Service Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts but optional for others)
a SEE STATEMENT 2	
(Grants and allocations \$ _____)	1,434,552
b	
(Grants and allocations \$ _____)	
c	
(Grants and allocations \$ _____)	
d	
(Grants and allocations \$ _____)	
e Other program services (Grants and allocations \$ _____)	
f Total of Program Service Expenses (should equal line 44, column (B), program services)	1,434,552

Part IV Balance Sheets (See Instructions)

		(A) Beginning of year		(B) End of year			
Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only							
ASSETS	45	Cash – non interest bearing		501	45	300	
	46	Savings and temporary cash investments		407,255	46	898,964	
	47a	Accounts receivable	47a	298,511.			
		b Less allowance for doubtful accounts	47b	70,049.	264,899	47c	228,462
	48a	Pledges receivable	48a				
		b Less allowance for doubtful accounts	48b			48c	
	49	Grants receivable			49		
	50	Receivables from officers, directors, trustees, and key employees (attach schedule)			50		
	51a	Other notes & loans receivable (attach sch)	51a				
		b Less allowance for doubtful accounts	51b		1,613	51c	
	52	Inventories for sale or use			52		
	53	Prepaid expenses and deferred charges		6,791	53	12,161	
	54	Investments – securities (attach schedule) ▶ <input type="checkbox"/> Cost <input type="checkbox"/> FMV			54		
	55a	Investments – land, buildings, & equipment basis	55a				
		b Less accumulated depreciation (attach schedule)	55b			55c	
	56	Investments – other (attach schedule)			56		
	57a	Land, buildings, and equipment basis	57a	995,764.			
	b Less accumulated depreciation (attach schedule) STATEMENT 3	57b	391,393	627,099	57c	604,371	
58	Other assets (describe ▶ _____)			58			
59	Total assets (add lines 45 through 58) (must equal line 74)		1,308,158.	59	1,744,258		
LIABILITIES	60	Accounts payable and accrued expenses		90,742.	60	232,073.	
	61	Grants payable			61		
	62	Deferred revenue			62		
	63	Loans from officers, directors, trustees, and key employees (attach schedule)			63		
	64a	Tax-exempt bond liabilities (attach schedule)	64a				
		b Mortgages and other notes payable (attach schedule)	64b	422,851.	64b	398,007	
	65	Other liabilities (describe ▶ _____)			65		
66	Total liabilities (add lines 60 through 65)		513,593.	66	630,080		
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		753,448	67	1,010,300	
	68	Temporarily restricted		41,117	68	103,878	
	69	Permanently restricted			69		
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74						
	70	Capital stock, trust principal, or current funds			70		
	71	Paid in or capital surplus, or land, building, and equipment fund			71		
	72	Retained earnings, endowment, accumulated income, or other funds			72		
	73	Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19, column (B) must equal line 21)		794,565.	73	1,114,178	
	74	Total liabilities and net assets/fund balances (add lines 66 and 73)		1,308,158	74	1,744,258	

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.

BAA

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See instructions)			Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return		
a Total revenue, gains, and other support per audited financial statements	▶ a	2,100,994	a Total expenses and losses per audited financial statements	▶ a	1,781,381
b Amounts included on line a but not on line 12, Form 990			b Amounts included on line a but not on line 17, Form 990		
(1) Net unrealized gains on investments \$			(1) Donated services and use of facilities \$		
(2) Donated services and use of facilities \$			(2) Prior year adjustments reported on line 20, Form 990 \$		
(3) Recoveries of prior year grants \$			(3) Losses reported on line 20, Form 990 \$		
(4) Other (specify)			(4) Other (specify)		
----- \$			----- \$		
Add amounts on lines (1) through (4)	▶ b		Add amounts on lines (1) through (4)	▶ b	
c Line a minus line b	▶ c	2,100,994	c Line a minus line b	▶ c	1,781,381
d Amounts included on line 12, Form 990 but not on line a			d Amounts included on line 17, Form 990 but not on line a		
(1) Investment expenses not included on line 6b, Form 990 \$			(1) Investment expenses not included on line 6b, Form 990 \$		
(2) Other (specify)			(2) Other (specify)		
----- \$			----- \$		
Add amounts on lines (1) and (2)	▶ d		Add amounts on lines (1) and (2)	▶ d	
e Total revenue per line 12, Form 990 (line c plus line d)	▶ e	2,100,994	e Total expenses per line 17, Form 990 (line c plus line d)	▶ e	1,781,381

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated, see 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 and deferred compensation	(E) Expense account and other allowances
SEE STATEMENT 4		253,510	28,285	0

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations? ▶ Yes No

If 'Yes,' attach schedule - see instructions

Part VI Other Information (See instructions)

Yes No

76	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity	76		X
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		X
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a		X
78b	If 'Yes,' has it filed a tax return on Form 990-T for this year?	78b	N/A	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' attach a statement	79		X
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		X
81a	Enter direct or indirect political expenditures See line 81 instructions	81a	0	
81b	Did the organization file Form 1120-POL for this year?	81b		X
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?	82a		X
82b	If 'Yes,' you may indicate the value of these items here Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III)	82b	N/A	
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X	
83b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		X
84b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	N/A	
85a	501(c)(4), (5), or (6) organizations Were substantially all dues nondeductible by members?	85a	N/A	
85b	Did the organization make only in house lobbying expenditures of \$2,000 or less? If 'Yes' was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year	85b	N/A	
85c	Dues, assessments, and similar amounts from members	85c	N/A	
85d	Section 162(e) lobbying and political expenditures	85d	N/A	
85e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	N/A	
85f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A	
85g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	N/A	
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?	85h	N/A	
86a	501(c)(7) organizations Enter a Initiation fees and capital contributions included on line 12	86a	N/A	
86b	Gross receipts, included on line 12, for public use of club facilities	86b	N/A	
87a	501(c)(12) organizations Enter a Gross income from members or shareholders	87a	N/A	
87b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	87b	N/A	
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Part IX	88		X
89a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 ▶ 0, section 4912 ▶ 0, section 4955 ▶ 0	89a		
89b	501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' attach a statement explaining each transaction	89b		X
89c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			0
89d	Enter Amount of tax on line 89c, above, reimbursed by the organization			0
90a	List the states with which a copy of this return is filed ▶ NONE	90a		
90b	Number of employees employed in the pay period that includes March 12 2002 (See instructions)	90b		38
91	The books are in care of ▶ GABE UTLEY Telephone number ▶ 801-298-4000 Located at ▶ 1130 WEST CENTER, NORTH SALT LAKE, UTAH ZIP + 4 ▶ 84054	91		
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here and enter the amount of tax exempt interest received or accrued during the tax year	92	N/A	

Part VII Analysis of Income-Producing Activities (See 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 CLINICAL & DIAGNOSTIC					155,360.
b MISCELLANEOUS					1,177
c TREATMENT FEES					1,829,436
d					
e					
f Medicare/Medicaid payments					
g Fees & contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings & temporary cash invmnts					32,674
96 Dividends & interest from securities					
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from pers prop					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue					
a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))					2,018,647
105 Total (add line 104, columns (B), (D), and (E))					2,018,647

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

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See 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)
	SEE STATEMENT 5

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See 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
N/A	%			
	%			
	%			
	%			

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

a Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No

b Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

Note. If 'Yes' to (b), file Form 8870 and Form 4720 (see instructions)

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

Please Sign Here
 Signature of officer: Vernon C. Utley Date: 9/20/03
 Type or print name and title: Vernon C Utley Executive Director

Paid Preparer's Use Only

Preparer's signature: Roger B. Pinner Date: 9/14/03 Check if self-employed:

Firm's name (or yours if self-employed) address and ZIP + 4: PINNOCK, ROBBINS, POSEY & RICHINS
136 E. SOUTH TEMPLE SUITE 2250
SALT LAKE CITY, UT 84111

Preparer's SSN or PTIN (see General Instruction W): P00116558
 EIN: 87-0381988
 Phone no: (801) 533-0409

Part III Statements About Activities (See instructions)

	Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If 'Yes,' enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ <u>N/A</u> (Must equal amounts on line 38, Part VI-A, or line 1 of Part VI B)		X
Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking 'Yes,' must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is 'Yes,' attach a detailed statement explaining the transactions.)		
a Sale, exchange, or leasing of property?		X
b Lending of money or other extension of credit?		X
c Furnishing of goods, services, or facilities?		X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	X	
e Transfer of any part of its income or assets?		X
3 Does the organization make grants for scholarships, fellowships, student loans, etc? (See Note below)		X
4 Do you have a section 403(b) annuity plan for your employees?		X
Note Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs qualify to receive payments		

Part IV Reason for Non-Private Foundation Status (See instructions)

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

- 5 A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)
- 6 A school Section 170(b)(1)(A)(ii) (Also complete Part V)
- 7 A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)
- 8 A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)
- 9 A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state ▶ _____
- 10 An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(v) (Also complete the **Support Schedule** in Part IV-A)
- 11a An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)
- 11b A community trust Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV A)
- 12 An organization that normally receives (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc, functions — subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2) (Also complete the **Support Schedule** in Part IV A)
- 13 An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) (See section 509(a)(3))

Provide the following information about the supported organizations (See instructions)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14 An organization organized and operated to test for public safety Section 509(a)(4) (See 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) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants See line 28)	25,188	30,390	66,566	22,709	144,853
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	1,534,575	1,108,349	1,116,813	1,546,491	5,306,228
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	6,995	8,463	3,587	7,233	26,278
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	1,566,758	1,147,202	1,186,966	1,576,433	5,477,359
24 Line 23 minus line 17	32,183	38,853	70,153	29,942	171,131
25 Enter 1% of line 23	15,668	11,472	11,870	15,764	

26 Organizations described on lines 10 or 11. a Enter 2% of amount in column (e), line 24 **N/A**

b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1998 through 2001 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts

c Total support for section 509(a)(1) test Enter line 24, column (e)

d Add Amounts from column (e) for lines 18 _____ 19 _____
22 _____ 26b _____

e Public support (line 26c minus line 26d total)

f Public support percentage (line 26e (numerator) divided by line 26c (denominator))

26a	
26b	
26c	
26d	
26e	
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

(2001) _____ 0 (2000) _____ 0 (1999) _____ 0 (1998) _____ 0

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 11, 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

(2001) _____ 0 (2000) _____ 4,686 (1999) _____ 12,202 (1998) _____ 0

c Add Amounts from column (e) for lines 15 _____ 16 _____
17 5,306,228 20 144,853 21 _____

d Add Line 27a total _____ 0 and line 27b total _____ 16,888

e Public support (line 27c total minus line 27d total)

f Total support for section 509(a)(2) test Enter amount from line 23, column (e) | 27f | 5,477,359

g Public support percentage (line 27e (numerator) divided by line 27f (denominator))

h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))

27c	5,451,081
27d	16,888
27e	5,434,193
27g	99.21 %
27h	0.48 %

28 Unusual Grants For an organization described in line 10, 11, or 12 that received any unusual grants during 1998 through 2001, 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 instructions)
 (To be completed ONLY by schools that checked the box on line 6 in Part IV)

N/A
 Yes No

<p>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?</p>	<p>29</p>		
<p>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?</p>	<p>30</p>		
<p>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)</p> <p>-----</p> <p>-----</p> <p>-----</p>	<p>31</p>		
<p>32 Does the organization maintain the following</p> <p>a Records indicating the racial composition of the student body, faculty, and administrative staff?</p>	<p>32a</p>		
<p>b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?</p>	<p>32b</p>		
<p>c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?</p>	<p>32c</p>		
<p>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)</p> <p>-----</p> <p>-----</p>	<p>32d</p>		
<p>33 Does the organization discriminate by race in any way with respect to</p> <p>a Students' rights or privileges?</p>	<p>33a</p>		
<p>b Admissions policies?</p>	<p>33b</p>		
<p>c Employment of faculty or administrative staff?</p>	<p>33c</p>		
<p>d Scholarships or other financial assistance?</p>	<p>33d</p>		
<p>e Educational policies?</p>	<p>33e</p>		
<p>f Use of facilities?</p>	<p>33f</p>		
<p>g Athletic programs?</p>	<p>33g</p>		
<p>h Other extracurricular activities? If you answered 'Yes' to any of the above, please explain (If you need more space, attach a separate statement)</p> <p>-----</p> <p>-----</p>	<p>33h</p>		
<p>34a Does the organization receive any financial aid or assistance from a governmental agency?</p>	<p>34a</p>		
<p>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</p>	<p>34b</p>		
<p>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</p>	<p>35</p>		

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

N/A

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

Limits on Lobbying Expenditures

(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 --		
Not over \$500,000		
Over \$500,000 but not over \$1,000,000		
Over \$1,000,000 but not over \$1,500,000		
Over \$1,500,000 but not over \$17,000,000		
Over \$17,000,000		
The lobbying nontaxable amount is --		
20% of the amount on line 40		
\$100,000 plus 15% of the excess over \$500,000		
\$175,000 plus 10% of the excess over \$1,000,000	41	
\$225,000 plus 5% of the excess over \$1,500,000		
\$1,000,000		
42 Grassroots nontaxable amount (enter 25% of line 41)	42	
43 Subtract line 42 from line 36 Enter -0 if line 42 is more than line 36	43	
44 Subtract line 41 from line 38 Enter -0 if line 41 is more than line 38	44	
Caution If there is an amount on either line 43 or line 44, you must file Form 4720		

4-Year Averaging Period Under Section 501(h)

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

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2002	(b) 2001	(c) 2000	(d) 1999	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots non taxable 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 instructions)

N/A

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

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

Yes	No	Amount

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

CLIENT 2002

LIFE-LINE, INC.

74-2504370

9/12/03

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**STATEMENT 1
FORM 990, PART II, LINE 43
OTHER EXPENSES**

	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT & GENERAL	(D) FUNDRAISING
ADVERTISING	35,780	27,986	7,739	55.
BAD DEBT EXPENSE	80,428	80,428		
GROUP FOODS AND SUPPLIES	92,544	92,544		
INSURANCE	30,871	24,147	6,677.	47.
LICENSES AND FEES	2,191.	1,713.	474.	4
MAINTENANCE AND REPAIRS	26,355.	20,615	5,700.	40
MEDICAL EXPENSES	17,226	17,226		
MISCELLANEOUS	41,218	31,925	8,828	465
OFFICE EXPENSE	23,023	18,009	4,979	35
PROFESSIONAL CONSULTING	74,467	74,467		
SEMINARS AND TRAINING	2,705	2,116	585.	4
UTILITIES	25,061.	19,603.	5,420	38
TOTAL	\$ 451,869	\$ 410,779	\$ 40,402	\$ 688

**STATEMENT 2
FORM 990, PART III, LINE A
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS**

DESCRIPTION	GRANTS AND ALLOCATIONS	PROGRAM SERVICE EXPENSES
TREATMENT OF BEHAVIOR DISORDERS, PROVIDING NON-RESIDENTIAL TREATMENT TO ADOLESCENTS WITH COMPULSIVE BEHAVIOR DISORDERS, PRIMARILY ALCOHOL AND DRUGS ALSO EDUCATION AND TRAINING.		1,434,552.
	<u>\$ 0</u>	<u>\$ 1,434,552</u>

**STATEMENT 3
FORM 990, PART IV, LINE 57
LAND, BUILDINGS, AND EQUIPMENT**

CATEGORY	BASIS	ACCUM DEPREC.	BOOK VALUE
FURNITURE AND FIXTURES	\$ 71,501	\$ 63,562	\$ 7,939
MACHINERY AND EQUIPMENT	147,512.	103,836	43,676.
BUILDINGS	601,577	168,228	433,349
IMPROVEMENTS	81,124	47,892	33,232
LAND	86,175.		86,175.
MISCELLANEOUS	7,875	7,875.	0
TOTAL	\$ 995,764	\$ 391,393	\$ 604,371

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**STATEMENT 4
FORM 990, PART V
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES**

<u>NAME AND ADDRESS</u>	<u>TITLE AND AVERAGE HOURS PER WEEK DEVOTED</u>	<u>COMPEN- SATION</u>	<u>CONTRI- BUTION TO EBP & DC</u>	<u>EXPENSE ACCOUNT/ OTHER</u>
VERNON C UTLEY 646 NORTH 610 EAST ALPINE, UT 84004	EXECUTIVE DIREC FULL TIME	\$ 133,503	\$ 15,667	\$ 0.
JAMES K SMITH 2899 BRANCH DRIVE SALT LAKE CITY, UT 84117	CLINICAL DIRECT FULL TIME	120,007.	12,618.	0.
BARRY DICKERSON P O. BOX 57986 SALT LAKE CITY, UT 84157-0986	BOARD MEMBER NONE	0	0	0
GREG GARDNER 1714 N CANYON CIRCLE FARMINGTON, UT 84025	BOARD MEMBER NONE	0	0.	0.
CATHY BAICH 1482 EAST 8255 SOUTH SANDY, UT 84093	TRUSTEE NONE	0	0.	0.
CAROL VOORHEES 2040 E MURRAY-HOLLADAY RD SALT LAKE CITY, UT 84117	TRUSTEE NONE	0.	0	0
CHAD HEIL 9884 SOUTH GLENDOVER SANDY, UT 84092	TRUSTEE NONE	0	0	0
BILL WHITNEY 5829 S. MEADOW CREST DR MURRAY, UT 84107	BOARD MEMBER NONE	0	0	0
RUSSELL VAN VLEET 395 SOUTH 1500 EAST, RM. 233 SALT LAKE CITY, UT 84112	TRUSTEE NONE	0	0	0
		TOTAL \$ 253,510	\$ 28,285	\$ 0

**STATEMENT 5
FORM 990, PART VIII
RELATIONSHIP OF ACTIVITIES TO THE ACCOMPLISHMENT OF EXEMPT PURPOSES**

<u>LINE #</u>	<u>EXPLANATION OF ACTIVITIES</u>
93	RECEIPTS FOR THE TREATMENT OF BEHAVIORAL DISORDERS, AND THE NON-RESIDENTIAL TREATMENT OF ADOLESCENTS WITH COMPULSIVE BEHAVIOR DISORDERS, PRIMARILY ALCOHOL AND DRUG ABUSE RECEIPTS ALSO FOR PREVENTATIVE EDUCATION AND TRAINING
95	INCOME HELPS ADD TO THE TREATMENT OF PATIENTS AS WELL AS HELPS DEFRAY THE COSTS OF OPERATIONS