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Return of Organization Exempt from Income Tax

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

OMB No 1545 0047

2002

Department of the Treasury

Open to Public Inspection

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C Can ar (less) (combine line 8c, columns (A) and (B)) P Special events and politites (attach schedule) Cross revenue) (right on line 1a) Less durect expenses before than fundraising expenses Delically, of class) from special events (subtract line 9b from line 9a) 10a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a) 11 Other revenue (from Part VII, line 103) 12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11) 13 Program services (from line 44, column (B)) 14 Management and general (from line 44, column (C)) 15 Fundraising (from line 44, column (D)) 16 Payments to affiliates (attach schedule) 17 Total expenses (add lines 16 and 44, column (A)) 18 Excess or (deficit) for the year (subtract line 17 from line 12) Net assets or fund balances at beginning of year (from line 73, column (A)) 19 794,565 20 Other changes in net assets or fund balances (attach explanation) 20 Net assets or fund balances at end of year (combine lines 18, 19, and 20) 21 1, 114,178	Û	ь	Less cost or	other bas	is and sales expenses	Ì		8ь	,			1		
9 Special events and adjustes (attach schedule) a Cross revenue (right following S of contributions reported on line 1a) to h Less direct expensed behavior as pecial events (subtract line 9b from line 9a) 10a Gross sales of inventory, less returns and allowances below the composition of the period of the per	_	عب	Can or (loss) (a	thach schedu	(E)	ľ		8 c				1		
9 Special events and adjustices (attach schedule) a Cross revenue first billiding \$ of contributions reported on line 1a billiding \$ of contributions 10 billion of desp from special events (subtract line 9b from line 9a) 10 cross sales of inventory, less returns and allowances b Less cost of goods sold c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a) 11 Other revenue (from Part VII, line 103) 12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11) 13 Program services (from line 44, column (B)) 14 Management and general (from line 44, column (C)) 15 Fundraising (from line 44, column (D)) 16 Payments to affiliates (attach schedule) 17 Total expenses (add lines 16 and 44, column (A)) 18 Excess or (deficit) for the year (subtract line 17 from line 12) 19 Net assets or fund balances at beginning of year (from line 73, column (A)) 20 Other changes in net assets or fund balances (attach explanation) 21 Net assets or fund balances at end of year (combine lines 18, 19, and 20) 21 1, 1114, 178		8	BEGEINE	pp) (com	pine line 8c, columns (A) and ((B))					84		
Heported on line (a) (b) In the less direct expenses to her than fundraising expenses In the less direct expenses to her than fundraising expenses In the less direct expenses to her than fundraising expenses In the less direct expense to her than fundraising expenses In the less direct expense to her than fundraising expenses In the less direct expense to her than fundraising expenses In the less direct expense to her than fundraising expenses In the less direct expense to the part VII, less returns and allowances In the less cost of goods sold In the less c	ı	9	Special even	ts and au	vities (attach schedule)	ı								
Heported on line (a) (b) In the less direct expenses to her than fundraising expenses In the less direct expenses to her than fundraising expenses In the less direct expenses to her than fundraising expenses In the less direct expense to her than fundraising expenses In the less direct expense to her than fundraising expenses In the less direct expense to her than fundraising expenses In the less direct expense to her than fundraising expenses In the less direct expense to the part VII, less returns and allowances In the less cost of goods sold In the less c	Ł	l a	Gross revenu	ATTEMPT DE	luding \$		of contributions		_					
h Less direct expensed to her than fundraising expenses 9b	Ž.	'	Hep orted on i	ine (a)	j			9a						
b Less cost of goods sold c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a) 11 Other revenue (from Part VII, line 103) 12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11) 13 Program services (from line 44, column (B)) 14 Management and general (from line 44, column (C)) 15 Fundraising (from line 44, column (D)) 16 Payments to affiliates (attach schedule) 17 Total expenses (add lines 16 and 44, column (A)) 18 Excess or (deficit) for the year (subtract line 17 from line 12) 19 Net assets or fund balances at beginning of year (from line 73, column (A)) 20 Other changes in net assets or fund balances (attach explanation) 20 Victorial (Inc.) 21 Net assets or fund balances at end of year (combine lines 18, 19, and 20) 21 1, 114, 178		طيا						9 b	<u> </u>					
b Less cost of goods sold c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a) 11 Other revenue (from Part VII, line 103) 12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11) 13 Program services (from line 44, column (B)) 14 Management and general (from line 44, column (C)) 15 Fundraising (from line 44, column (D)) 16 Payments to affiliates (attach schedule) 17 Total expenses (add lines 16 and 44, column (A)) 18 Excess or (deficit) for the year (subtract line 17 from line 12) 19 Net assets or fund balances at beginning of year (from line 73, column (A)) 20 Other changes in net assets or fund balances (attach explanation) 20 Net assets or fund balances at end of year (combine lines 18, 19, and 20) 21 1, 114, 178		€	OBDEN,	or (toss) fro	m special events (subt	ract line	9b from line 9a)					9 c		
c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a) 11 Other revenue (from Part VII, line 103) 12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11) 13 Program services (from line 44, column (B)) 14 Management and general (from line 44, column (C)) 15 Fundraising (from line 44, column (D)) 16 Payments to affiliates (attach schedule) 17 Total expenses (add lines 16 and 44, column (A)) 18 Excess or (deficit) for the year (subtract line 17 from line 12) 19 Net assets or fund balances at beginning of year (from line 73, column (A)) 19 794, 565 20 Other changes in net assets or fund balances (attach explanation) Net assets or fund balances at end of year (combine lines 18, 19, and 20) 21 1, 114, 178	-	-10 a	Gross sales d	of inventor	y, less returns and allo	wances		10a						_
11 Other revenue (from Part VII, line 103) 12 2,100,994. 12 2,100,994. 13 Program services (from line 44, column (B)) 13 1,434,552. 14 Management and general (from line 44, column (C)) 15 Fundraising (from line 44, column (D)) 15 2,628 16 Payments to affiliates (attach schedule) 16 17 Total expenses (add lines 16 and 44, column (A)) 17 1,781,381 18 Excess or (deficit) for the year (subtract line 17 from line 12) 18 319,613. 19 Net assets or fund balances at beginning of year (from line 73, column (A)) 19 794,565 20 Other changes in net assets or fund balances (attach explanation) 20 1,114,178 178		ь	Less cost of	goods sol	d			10 b						
12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11) 12 2, 100, 994. 13 Program services (from line 44, column (B)) 13 1, 434, 552. 14 Management and general (from line 44, column (C)) 14 344, 201 15 Fundraising (from line 44, column (D)) 15 2, 628 16 Payments to affiliates (attach schedule) 16 17 Total expenses (add lines 16 and 44, column (A)) 17 1, 781, 381 18 Excess or (deficit) for the year (subtract line 17 from line 12) 18 319, 613. 19 Net assets or fund balances at beginning of year (from line 73, column (A)) 19 794, 565 20 Other changes in net assets or fund balances (attach explanation) 20 21 1, 114, 178		C	Gross profit or (I	loss) from sa	les of inventory (attach sched	ule) (subt	ract line 10b from line 10a).					10 c		
Total expenses (add lines 16 and 44, column (A)) 13 1,434,552. 14 Management and general (from line 44, column (C)) 15 Fundraising (from line 44, column (D)) 16 Payments to affiliates (attach schedule) 17 Total expenses (add lines 16 and 44, column (A)) 18 Excess or (deficit) for the year (subtract line 17 from line 12) Net assets or fund balances at beginning of year (from line 73, column (A)) 19 Net assets or fund balances (attach explanation) 20 Other changes in net assets or fund balances (attach explanation) 21 Net assets or fund balances at end of year (combine lines 18, 19, and 20) 21 1,114,178		11	Other revenu	ie (from Pa	art VII, line 103)							11		
14 Management and general (from line 44, column (C)) 15 Fundraising (from line 44, column (D)) 16 Payments to affiliates (attach schedule) 17 Total expenses (add lines 16 and 44, column (A)) 18 Excess or (deficit) for the year (subtract line 17 from line 12) 19 Net assets or fund balances at beginning of year (from line 73, column (A)) 19 Other changes in net assets or fund balances (attach explanation) 20 Vertical expenses (and lines 16 and 44, column (A)) 21 Net assets or fund balances at end of year (combine lines 18, 19, and 20) 21 1,114,178		12	Total revenue	e (add line	s 1d, 2, 3, 4, 5, 6c, 7 <u>,</u> 8	3d, 9c, 1	0c, and 11)					12	2,100	,994.
18 Excess or (deficit) for the year (subtract line 17 from line 12) 19 Net assets or fund balances at beginning of year (from line 73, column (A)) 20 Other changes in net assets or fund balances (attach explanation) 21 Net assets or fund balances at end of year (combine lines 18, 19, and 20) 22 1, 114, 178	Е	13	_	-								13	1,434	,552.
18 Excess or (deficit) for the year (subtract line 17 from line 12) 19 Net assets or fund balances at beginning of year (from line 73, column (A)) 20 Other changes in net assets or fund balances (attach explanation) 21 Net assets or fund balances at end of year (combine lines 18, 19, and 20) 22 1, 114, 178	X	14		-		n (C))						14	344	,201
18 Excess or (deficit) for the year (subtract line 17 from line 12) 19 Net assets or fund balances at beginning of year (from line 73, column (A)) 20 Other changes in net assets or fund balances (attach explanation) 21 Net assets or fund balances at end of year (combine lines 18, 19, and 20) 22 1, 114, 178	E	15	Fundraising ((from line 4	14, column (D))							15	2	,628
18 Excess or (deficit) for the year (subtract line 17 from line 12) 19 Net assets or fund balances at beginning of year (from line 73, column (A)) 20 Other changes in net assets or fund balances (attach explanation) 21 Net assets or fund balances at end of year (combine lines 18, 19, and 20) 22 1, 114, 178	S	16	-		•							16		
N S 19 Net assets or fund balances at beginning of year (from line 73, column (A)) 19 794, 565 20 Other changes in net assets or fund balances (attach explanation) 20 Vet assets or fund balances at end of year (combine lines 18, 19, and 20) 21 1,114,178	S											17		
s 21 Net assets or fund balances at end of year (combine lines 18, 19, and 20) 21 1,114,178	A				-		-					18		
s 21 Net assets or fund balances at end of year (combine lines 18, 19, and 20) 21 1,114,178	N S											19	794	,565
	ŦĘ	20	=			-	-					20		
			Net assets or	fund bala	nces at end of year (co	mbine li	ines 18, 19, and 20)					21	1,114	, 178

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

E	o 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 \$	00							
23	non cash \$) Specific assistance to individuals (att sch)	22 23							
	Benefits paid to or for members (att sch)	24							
25		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			
	Professional fundraising fees	30							
31	Accounting fees	31	8,014	6,269	1,733	12.			
	Legal fees	32							
33	• •	33			T 606				
	Telephone.	34	26,011	20,345	5,626	40.			
	Postage and shipping	_35 _36							
	Occupancy	37	-						
37 20	' '	38							
39	Printing and publications Travel	39	2,745	2,147	594	4			
40	Conferences, conventions, and meetings	40	2,143	2,147	334				
41	Interest	41	28,955.		28,955				
42		42	55,063.	43,070	11,909	84.			
	Other expenses not covered above (Itemize)	 	33,003.	43,070	11,505				
	SEE STATEMENT 1	43a	451,869.	410,779	40,402	688			
Ŀ		43b	451,005.	110,775	40,402				
-		43c							
		43d							
•		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			
	t Costs Check If you are following	SOP 9				-,			
Are a	any joint costs from a combined education	al cam	paign and fundraising s	colicitation reported in (E	3) Program services?	► Yes X No			
	es,' enter (i) the aggregate amount of these				nount allocated to prog				
\$_	, (iii) the amount all	located	to management and ge	eneral \$, and (iv) the	e amount allocated			
	ndraising \$.)							
Parl					····				
	t is the organization's primary exempt purp			SORDER TREATMEN		Program Service Expenses (Required for 501(c)(3) and			
lien	rganizations must describe their exempt p ts served, publications issued etc. Discus ons and 4947(a)(1) nonexempt charitable	s achie	vements that are not m	easurable (Section 501	(c)(3) & (4) organ	(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts: but optional for others.)			
	SEE STATEMENT 2	irusis r	nust also enter the amo	unit or grants & allocatio	ons to others)	optional for others)			
a	JEE STATEMENT 2								
			(Grants and	allocations \$	·\	1,434,552			
ь				4		1,454,552			
(Grants and allocations \$									
С	:		•						
			(Grants and	allocations \$	-				
d									
			(Grants and	allocations \$)				
е	Other program services		<u> </u>	allocations \$)				
f	Total of Program Service Expenses (sho	uld eq	ual line 44, column (B),	program services)	_	1,434,552			
BAA			TEEA0102L 01	122/03		Form 990 (2002)			

72

73

794,565

1,308,158

rioni	990 (2002) LIFE HINE, INC.			200	1070 1090
Part	Balance Sheets (See Instructions)				
Note	Where required, attached schedules and amounts with column should be for end-of-year amounts only	hin the description	(A) Beginning of year		(B) End of year
$\neg \top$	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	47 Ь 70,049.	264,899	47 c	228,462
	48 a Pledges receivable	48a			
	b Less allowance for doubtful accounts	48b		48 c	
	49 Grants receivable			49	
A S	50 Receivables from officers, directors, trustees, and employees (attach schedule).	key		50	
ASSETS	51 a Other notes & loans receivable (attach sch)	51 a			
5	b Less allowance for doubtful accounts	51 b	1,613	51 c	
	52 Inventories for sale or use			52	
-	53 Prepaid expenses and deferred charges		6,791	53	12,161
- 1	54 Investments – securities (attach schedule)	► Cost FMV		54	
	55a Investments - land, buildings, & equipment basis	s 55a			
	 b Less accumulated depreciation (attach schedule) 	55 b		55 c	<u> </u>
	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	57 c	604,371
	58 Other assets (describe ►)		58	
	59 Total assets (add lines 45 through 58) (must equa	al line 74)	1,308,158.	59	1,744,258
	60 Accounts payable and accrued expenses		90,742.	60	232,073.
ㅏ	61 Grants payable	}		61	
₿	62 Deferred revenue			62	
LIABILITIES	63 Loans from officers, directors, trustees, and key employees (att	ach schedule)		64 a	
ţΙ	64a Tax-exempt bond liabilities (attach schedule) b Mortgages and other notes payable (attach schedule)	ŀ	422,851.	64b	398,007
É	65 Other liabilities (describe >	, h	422,031.	65	330,001
Ĭ	66 Total liabilities (add lines 60 through 65)	······································	513,593.	66	630,080
		and complete lines 67	,		,
¥	through 69 and lines 73 and 74	·			
	67 Unrestricted		753,448	67	1,010,300
AUSSET	68 Temporarily restricted		41,117	68	103,878
	69 Permanently restricted	إ		69	
	Organizations that do not follow SFAS 117, check here	▶ and complete lines			
ł	70 through 74				
D ND	70 Capital stock, trust principal, or current funds	., ,		70	
<u> </u>	71 Paid in or capital surplus, or land, building, and e	quipment fund		71	

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.

72 Retained earnings, endowment, accumulated income, or other funds

74 Total liabilities and net assets/fund balances (add lines 66 and 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)

74-2504370

Form	990 (2002) LIFE-LINE, INC				74-25	504	370 F	age 4
Par	t IV-A Reconciliation of Revenu Financial Statements with per Return (See Instruction	h Revenue	Pa	rt IV-B Reconcilia Financial per Return	Statements with	es p	per Audited penses	
a	Total revenue, gains, and other support per audited financial statements.	a 2,100,994.	а	Total expenses and financial statements		а	1,781,3	881
b	Amounts included on line a but not on line 12, Form 990		ь	Amounts included o on line 17, Form 99				
(1)	Net unrealized gains on investments \$		(Donated serv ices and use of facilities	<u>; </u>			
(2)	Donated serv ices and use of facilities \$		(2) Prior year adjust- ments reported on line 20, Form 990 \$	3			
• •	Recoveries of prior year grants \$			3) Losses reported on line 20, Form 990 \$ 4) Other (specify)	5		k	
(,,			`					
	Add amounts on lines (1) through (4)	ь		Add amounts on lines (1)	through (A)	ь		
С	Line a minus line b	c 2,100,994	c	Line a minus line b	y dirodgii (4)	С	1,781,3	81
d	Amounts included on line 12, Form 990 but not on line a*		d	Amounts included o Form 990 but not or	n line 17, n line a.		ra de la companya de	
(1)	Investment expenses not included on line 6b, Form 990. \$		(1) Investment expenses not included on line 6b, Form 990.	3		7	
(2)	Other (specify)		(2) Other (specify)				
	s		İ	<u>-</u>	:			
	Add amounts on lines (1) and (2)	d		Add amounts on lin	es (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 990 (line c plus line	line 17, Form	в	1,781,3	881
Parl	V List of Officers, Directors,		_					
	(A) Name and address	(B) Title and average ho per week devoted to position	urs	(C) Compensation (if not paid, enter -0-)	(D) Contributions employee benefit plans and deferred compensation	t	(E) Expense account and ot allowances	
SEE	STATEMENT 4							
				253,510	28,28	5		0_
		-						
					-	-		
						\dashv		
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			\dashv		<u> </u>			
						_		
		-						
75	Did any officer, director, trustee, or ke than \$100,000 from your organization \$10,000 was provided by the related of the trusted of trusted of the trusted of trusted of the trusted of trusted of the t	and all related organizations?	egate	e compensation of mor of which more than		\ • [Yes X	No

For	m 990 (2002) LIFE-LINE, INC 74-2	2504370		Ρ	age 5
Pa	rt 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?	L.	77		X
70	If 'Yes,' attach a conformed copy of the changes		-		
	b Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this rebif 'Yes,' has it filed a tax return on Form 990-T for this year?	_	78а 78ь	N	X / 7
			780		
79	 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' attach a statement 		79	j	X
90	la Is the organization related (other than by association with a statewide or nationwide organization) through comm			`	
00	membership, governing bodies, trustees, officers, etc. to any other exempt or nonexempt organization?		80 a		X
	b If 'Yes,' enter the name of the organization > N/A				
		exempt	ļ	ļ	
	a Enter direct or indirect political expenditures. See line 81 instructions. 81 a	0].		لــــــــــــــــــــــــــــــــــــــ
	b Did the organization file Form 1120-POL for this year?	L ⁱ	81 Ы		X
82	a 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?	ď	82a		X
	b If 'Yes,' you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.) 82b	N/A	ŀ		
	a Did the organization comply with the public inspection requirements for returns and exemption applications?		83a	X	
	b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	1	83 b	Х	
84	a Did the organization solicit any contributions or gifts that were not tax deductible?	[1	84a	. 1	Х
	b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts	were]
	not tax deductible?	<u> </u>	84Ь	N/	
	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?	_	85 a	N/	
	b Did the organization make only in house lobbying expenditures of \$2,000 or less?	-	В5 Ь	N/	A
	If 'Yes' was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization receivaiver for proxy tax owed for the prior year	elved a	i]	
	c Dues, assessments, and similar amounts from members 85c	N/A	ľ	i	
	d Section 162(e) lobbying and political expenditures 85d	N/A		ı	- 1
	e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e	N/A		- 1	ļ
1	f Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f	N/A			
9	g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	<u> </u>	35 g	<u>n∤</u>	<u>A</u>
1	h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of				
96	dues allocable to nondeductible lobbying and political expenditures for the following tax year? 501(c)(7) organizations Enter a Initiation fees and capital contributions included on	1	35 h	_N/	A
00	line 12	N/A		- {	j
ŀ	b Gross receipts, included on line 12, for public use of club facilities 86b	N/A]	
	501(c)(12) organizations Enter a Gross income from members or shareholders 87a	N/A		ĺ	
1	b Gross income from other sources (Do not net amounts due or paid to other sources		ŀ		1
	against amounts due or received from them).	N/A	L		
88		ership,		- 1	
	or an entity disregarded as separate from the organization under Regulations sections 301 7701 2 and 301 7701 If 'Yes,' complete Part IX		38	_ }	X
89 a	a 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	-	.	
Ŀ	b 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 state	n .	ı		
	explaining each transaction	ment 8	9ь		X
	c Enter Amount of tax imposed on the organization managers or disqualified persons during the	· ·			
	year under sections 4912, 4955, and 4958	<u> </u>			0
	d Enter Amount of tax on line 89c, above, reimbursed by the organization	-			0.
	a List the states with which a copy of this return is filed > NONE b Number of employees employeed in the cay period that includes March 12, 2002 (See instructions)		T.T		
	b Number of employees employed in the pay period that includes March 12 2002 (See instructions.) The books are in care of ► GABE UTLEY Telephone number ► 801-2	<u>9</u> 98-4000	0Ъ	-	38
٠.	Located at > 1130 WEST CENTER, NORTH SALT LAKE, UTAH ZIP + 4 >				
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here		N/A		77
	and enter the amount of tax exempt interest received or accrued during the tax year				N/A
BAA	·	Fr	orm S	90 (2	(002)

1 41 7 7 11	17 mary 515 or moonie i roud	omg monthes	(Occ manachoris	<u>'</u>		
	er gross amounts unless	Unrelated bu	siness income (B)	Excluded by :	section 512, 513, (D)	or 514 (E) Related or exempt
otherwise .		Business code	Amount	Exclusion code		function income
	ogram service revenue LINICAL & DIAGNOSTIC					155,360.
	SCELLANEOUS			+	 	1,177
	REATMENT FEES	 	•			1,829,436
d						
e						
	dicare/Medicaid payments					
-	8 contracts from government agencies					
	mbership dues and assessments rest on savings & temporary cash invinits	<u> </u>			-	22 674
	idends & interest from securities					32,674
	rental income or (loss) from real estate					
	at-financed property		•			
	debt-financed property		· · · · · ·	1		
	rental income or (loss) from pers prop					
	er investment income					
oth	n or (loss) from sales of assets er than inventory		·			
	income or (loss) from special events				<u> </u>	
	s profit or (loss) from sales of inventory		0.00	-	1	
	er revenue a				1	
		- -				
ď					 	
e			-		1	
	total (add columns (B), (D), and (E))				İ	2,018,647
	al (add line 104, columns (B), (D),		··	•		2,018,647
	105 plus line 1d, Part I, should equ					
	Relationship of Activities to					
Line No	Explain how each activity for which of the organization's exempt purposes.	h income is report	ted in column (E)	of Part VII cont	ributed important	y to the accomplishment
	 	oses (other than b	y providing lunds	ior such purpos	ses)	
	SEE STATEMENT 5					
	-		<u> </u>			
	- 					
Part IX	Information Regarding Tax	able Subsidia	res and Disre	narded Entiti	AS (See instruction	one \
	(A)	(B)		C)	(D)	(E)
Name	address, and EIN of corporation,	Percentage of				
	nership, or disregarded entity	ownership interest	Nature of	factivities	Total income	End of year assets
N/A		- 8				
	. -	8				
		<u> </u>	+			
D4 V	Information Demonstrate Tree	<u> </u>		15		
Part X	Information Regarding Trai					
	organization, during the year, receive any ful					Yes X No
	ie organization, during the year, pa <u>''Yes' to (b), file Form £870 and Fo</u>			n a personal be	nefit contract?	Yes X No
Note. II				schedules and state	ments, and to the best of	of my knowledge and belief it is
	Under penalties of perumy declare that I have true correct and corpolate Declaration of pre	perer (other than othicer) is based on all inform	ation of which prepare	er has any knowledge	in the second second to the second se
Please	- V "IMONE	Mille		<u>,_</u>	9/20	103
Sign Here	Signature of officer	1/2		4. /	Date	_
licic	Vernon G Ut	ley ex	ecutive	DIRECTO		
———	Type or print name and little		-	Tau	<u> </u>	In
Paid	Preparer's signature			Date	Check if	Preparer's SSN or PTIN (see General Instruction W)
Pre-		DDITUG POSS:	CDTCUTY2	9/14/03	employed ►	P00116558
parer's Use	MOURE	BBINS, POSEY			1	
ose Only	self employed) ► 136 E. SOU	JTH TEMPLE S				381988
BAA	ZIP+4 SALT LAKE	CITY, UT 84	111	<u> </u>		01) 533-0409
DAM					TEEA0106L 10/	/10/02 Form 990 (2002)

SCHEDULE A (Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

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

Supplementary Information — (See separate instructions.)

2002

OMB No 1545 0047

Department of the Treasury Internal Revenue Service

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

Name of the organization Employer identification number 74-2504370 LIFE-LINE Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees Part I (See instructions List each one If there are none, enter 'None') (d) Contributions (e) Expense account and other (a) Name and address of each (b) Title and average (c) Compensation to employee benefit plans and deferred compensation employee paid more than \$50,000 hours per week devoted to position allowances NONE Total number of other employees paid over \$50,000 Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services (See instructions List each one (whether individuals or firms) If there are none, enter 'None') (a) Name and address of each independent contractor paid more than \$50,000 (b) Type of service (c) Compensation Total number of others receiving over \$50,000 for professional services

Sch	edul	A (Form 990 or 990 EZ) 2002 LI	FE-LINE,	INC		74-25043	70	F	Page
Pa	rt II	Statements About Activitie	S (See instru	ctions)				Yes	No
1	to	ring the year, has the organization atter influence public opinion on a legislative	matter or refe	ence nati	'If 'Yes,' enter the total exp	on, including any attempt enses paid			
		incurred in connection with the lobbying ust equal amounts on line 38, Part VI-A		Part VI B	N/A		1 1		X
	Org	ganizations that made an election under anizations checking 'Yes,' must comple bying activities	section 5016	h) by filin	n Form 5768 must complete	Part VI-A Other led description of the			
2	sut tax	ring the year, has the organization, eith istantial contributors, trustees, directors able organization with which any such peficiary? (If the answer to any question	i, officers, cre person is affili	ators, key ated as a	r employees, or members of n officer, director, trustee, n	their families, or with any			
i	a Sa	e, exchange, or leasing of property?					2a		х
I	b Ler	iding of money or other extension of cre	edit?				2ь		х
(c Fui	nishing of goods, services, or facilities?	ı				2c		x
(d Pa	ment of compensation (or payment or	reimbursemei	nt of expe	SEE FORM 99 nses if more than \$1,000)?	O, PART V	2d	Х	
•	e Tra	nsfer of any part of its income or assets	57				2e		х
3	Do	es the organization make grants for sch	olarships, fell	owships,	student loans, etc? (See No	te below)	3	i	_ X
4		you have a section 403(b) annuity plan		•			4		X
		ach a statement to explain how the org loans from it in furtherance of its chari				ons receiving			
Pai	t IV	Reason for Non-Private For	undation S	tatus (S	ee instructions)	•			
The	orga	nization is not a private foundation beca	ause it is (Ple	ease chec	k only ONE applicable box)				_
5		A church, convention of churches, or a			Section 170(b)(1)(A)(i)				
6		A school Section 170(b)(1)(A)(ii) (Als							
7	Ц	A hospital or a cooperative hospital set	-						
8		A Federal, state, or local government of	_						
9		A medical research organization opera	ted in conjund	ction with	a hospital Section 170(b)(1)(A)(III) Enter the hospital	's name	e, city	•
		and state >		·					
10		An organization operated for the benef (Also complete the Support Schedule	in Part IV-A))(1)(A	\)(iv)
11 a	ם י	An organization that normally receives Section 170(b)(1)(A)(vi) (Also complet	a substantial e the Suppor	part of its t Schedu	s support from a governmen e in Part IV-A)	tal unit or from the general	public		
11 t	· 🔲	A community trust Section 170(b)(1)(A	(Also co	omplete ti	ne Support Schedule in Part	(IV A)			
12	X	An organization that normally receives from activities related to its charitable, from gross investment income and unroorganization after June 30, 1975. See s	etc, functions elated busine:	s — subjec ss taxable	t to certain exceptions, and income (less section 511 to	(2) no more than 33-1/3% ax) from businesses acquire	nt ite e	UDDOC	epts t
13		An organization that is not controlled by described in (1) lines 5 through 12 abo section 509(a)(3))	y any disquali ve, or (2) sec	fied perse tion 501(d	ons (other than foundation n c)(4), (5), or (6), if they mee	nanagers) and supports org t the test of section 509(a)(janizati (2) (Se	ons e	
		Provide the fo	llowing inforn	nation ab	out the supported organizati	ons (See instructions)			
		(a) Name(s) of	supported	organization(s)		(b) Lin	e num	nber e
		<u> </u>			-		<u> </u>		
		-					<u>_</u>		
1.						<u></u>		- .	
14	 	An organization organized and operated	to test for p	ublic safe	ty Section 509(a)(4) (See i	nstructions)			

Page 3

_	Vou may use the worksheet in the					unting.			
Cale	ndar year (or fiscal year	(a) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total			
	Gifts, grants, and contributions received (Do not include unusual grants See line 28)	25,188	30,390	66,566	22,709	144,853			
16		25,100			22//03				
	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								
	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.								
_	Other income Attach a schedule Do not include gain or (loss) from sale of capital assets								
	Total of lines 15 through 22	1,566,758	1,147,202	1,186,966	1,576,433	5,477,359			
	Line 23 minus line 17	32,183	38,853	70,153	29,942	171,131			
	Enter 1% of line 23 Organizations described on lines	15,668	11,472 er 2% of amount in co	11,870.	15,764 N/A ► 26a				
	Prepare a list for your records to show the			• • •					
•	supported organization) whose total gifts f return. Enter the total of all these excess	or 1998 through 2001 exceed	led the amount shown in li	ne 26a Do not file this list	with your 26b				
•	: Total support for section 509(a)(1) test. Enter line 24, o	column (e)		► 26c				
•	Add Amounts from column (e) for	or lines 18		19	<u> </u>	· · · · · · · · · · · · · · · · · · ·			
		22		26 Б	26d				
	Public support (line 26c minus lin		- J L., Ima 76 - (J		► 26e ► 26f				
	Public support percentage (line Organizations described on line		ed by line 200 (deno	minator))	- 201				
	For amounts included in lines 15, name of, and total amounts receisuch amounts for each year	. 16, and 17 that were	received from a 'disc , each 'disqualified p	qualified person,' prep erson ' Do not file thi	pare a list for your red is list with your return	cords to show the n Enter the sum of			
	(2001) 0	(2000)	0_(1999)	0	_ (1998)	0			
I	bFor 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 : Add Amounts from column (e) for	(2000) or lines 15	4,686_(1999) 144,853	12,202	_ (1998) _ <i></i>				
	Add Amounts from column (e) for 17 5, Add Line 27a total	306,228 20		21	27 c				
•	Add Line 27a total	0 and	d line 27b totat	16,	888 27d ► 27e				
•	Public support (line 27c total min	us line 27d total)			► 27e	5,434,193			
	Total support for section 509(a)(2								
	pPublic support percentage (line in Investment income percentage (•	• •	= , 9				

	(To be completed ONLY by schools that checked the box on line 6 in Part IV)	N/A		
_	······································		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	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)	1	1	1
	Does the organization maintain the following		l	
	a Records indicating the racial composition of the student body, faculty, and administrative staff?	32 a	 -	
	b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32 b		<u> </u>
	c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32 c		ĺ
	d Copies of all material used by the organization or on its behalf to solicit contributions?	32d	_	-
	a copied of an indicate and by the organization of the original to condition to condition to			
	If you answered 'No' to any of the above, please explain (If you need more space, attach a separate statement)			
			;	
				
33	Does the organization discriminate by race in any way with respect to			
,	a Students' rights or privileges?	33a		
I	b Admissions policies?	33 b		
	c Employment of faculty or administrative staff?	33c		
•	d Scholarships or other financial assistance?	33d		
(e Educational policies?	33e		
1	f Use of facilities?	331	_	
(g Athletic programs?	33 g	_	
1	h Other extracurricular activities?	33 h		
	If you answered 'Yes' to any of the above, please explain (If you need more space, attach a separate statement)			
34	a Does the organization receive any financial aid or assistance from a governmental agency?	34 a		
ı	b Has the organization's right to such aid ever been revoked or suspended?	34Ь		
	If you answered 'Yes' to either 34a or b, please explain using an attached statement	-	$\overline{}$	
25	Done the organization could, that it has complied with the configuration of the configuration			
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		

Schedule A (Form 990 or 990 EZ) 2002

Lobbying Expenditures by Electing Public Charities (See 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 (a) Affiliated group Limits on Lobbying Expenditures To be completed for ALL electing totals (The term 'expenditures' means amounts paid or incurred) organizations 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 41 Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000 Over \$17,000,000. \$1,000,000 42 Grassroots nontaxable amount (enter 25% of line 41) 42 43 Subtract line 42 from line 36 Enter -0 if line 42 is more than line 36 43 44 Subtract line 41 from line 38 Enter -0 if line 41 is more than line 38 44 Caution If there is an amount on either line 43 or line 44, you must file Form 4720 4 - Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below See the instructions for lines 45 through 50) Lobbying Expenditures During 4 - Year Averaging Period Calendar year (a) (b) (c) (d) (e) (or fiscal year 2002 2001 2000 1999 Total beginning in) > Lobbying nontaxable amount Lobbying ceiling amount (150% of line 45(e)) Total lobbying expenditures Grassroots non taxable amount Grassroots ceiling amount (150% of line 48(e)) 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 Yes No Amount attempt to influence public opinion on a legislative matter or referendum, through the use of 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.) If 'Yes' to any of the above, also attach a statement giving a detailed description of the lobbying activities

Schedule A (Form 990 or 990-EZ) 2002

BAA

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See instructions)

51 Did th	e reporting organization	directly or in	ndirectly engage in	any of the follows	ng with any other organization describiting to political organizations?	ed in sectio	on 50	1(c)
	fers from the reporting o						Yes	No
(i) Ca		gamzanom	to a nonchamable (,xompt organizati	o., o.	51a (ı)		X
• • •	ther assets					a (ii)		X
, ,	transactions							
(ı)Sa	ales or exchanges of ass	ets with a n	oncharitable exemp	t organization		b (i)		Х
(ii)Pu	urchases of assets from	a noncharita	ible exempt organiz	ation		b (II)		Х
(in)Re	ental of facilities, equipm	ent, or othe	r assets			b (III)		X
(iv)Re	eimbursement arrangeme	ents				b (iv)		Х
(v)Lo	oans or loan guarantees					b (v)		Х
(vi)Pe	erformance of services o	r membersh	ip or fundraising so	licitations		b (vi)		X
c Sharır	ng of facilities, equipmen	t, mailing lis	sts, other assets, or	paid employees.		c		<u>X</u>
d If the the go any tr	answer to any of the abo ods, other assets, or ser ansaction or sharing arra	ove is 'Yes,' vices given ingement, s	complete the follow by the reporting or how in column (d) t	ving schedule. Co ganization. If the he value of the g	lumn (b) should always show the fair r organization received less than fair ma oods, other assets, or services receive	market valu arket value d	ie of in	
(a) Line no	(b) Amount involved		(c) noncharitable exem		(d) Description of transfers, transactions, and			t s
N/A		-						
- -			 					
					 			
					 			
				_	· - · - · - · - · - · · · · · · · · · ·			
	- -							
					 			
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	· · · · · · · · · · · · · · · · · · ·		<u></u>					
descri	organization directly or i bed in section 501(c) of s,' complete the following	the Code (o	iliated with, or relat ther than section 50	ed to, one or moi 11(c)(3)) or in sec	re tax exempt organizations ction 527?	► Yes	X	No
<u> </u>		30Headic	(p.	· · · · · · · · · · · · · · · · · · ·	(c)			
	(a) Name of organization		(b) Type of org	anization	(c) Description of relation	nship		
N/A								
,			•				_	
	<u> </u>	_	···	_•				
						_		
-	<u>-</u>							
_								
								
								
<u> </u>			_					
			_ _		<u> </u>			
				ı				

TEEA0406L 08/12/02

2002	FEDERAL STATEMENTS	PAGE 1
CLIENT 2002	LIFE-LINE, INC.	74-250437
9/12/03 STATEMENT 1 FORM 990, PART II, LINE 43 OTHER EXPENSES		01 46PI
	(A) (B) PROGRAM TOTAL SERVICES	(C) (D) MANAGEMENT & GENERAL FUNDRAISING
ADVERTISING BAD DEBT EXPENSE GROUP FOODS AND SUPPLIES INSURANCE LICENSES AND FEES MAINTENANCE AND REPAIRS MEDICAL EXPENSES MISCELLANEOUS OFFICE EXPENSE PROFESSIONAL CONSULTING SEMINARS AND TRAINING UTILITIES	35,780 27,986 80,428 80,428 92,544 92,544 30,871 24,147 2,191. 1,713. 26,355. 20,615 17,226 17,226 41,218 31,925 23,023 18,009 74,467 74,467 2,705 2,116 25,061. 19,603. TOTAL \$451,869 \$410,779	5,700. 40 8,828 465 4,979 35 585. 4
	ESCRIPTION PROBLEMS, PROVIDING NON-RESIDENTIAL OUTH COMPULSIVE BEHAVIOR	GRANTS AND SERVICE EXPENSES 1,434,552.
STATEMENT 3 FORM 990, PART IV, LINE 57 LAND, BUILDINGS, AND EQUIPM	P	ACCUM BOOK
CATEGORY FURNITURE AND FIXTURES MACHINERY AND EQUIPMENT BUILDINGS IMPROVEMENTS	\$ 71,501 \$ 147,512. 601,577 81,124	EPREC. VALUE 63,562 \$ 7,939 103,836 43,676. 168,228 433,349 47,892 33,232

20	Λ	2
20	U	L

9/12/03

FEDERAL STATEMENTS

PAGE 2

CLIENT 2002

LIFE-LINE, INC.

74-2504370 01 46PM

STATEMENT 4 FORM 990, PART V

LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN-		ACCOUNT/
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

LINE #	EXPLANATION OF ACTIVITIES			
93	RECEIPTS FOR THE TREATMENT OF BEHAVORIAL 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