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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)**2006****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 2006 calendar year, or tax year beginning** 7/01, **2006, and ending** 6/30, **2007****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.**C**LIFE-LINE, INC.  
1130 WEST CENTER  
NORTH SALT LAKE, UT 84054**D** Employer Identification Number

74-2504370

**E** Telephone number

(801) 936-4000

**F** Accounting method:
☐ Cash ☒ Accrual  
☐ 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).**

**G** Web site: ▶ WWW.LIFELINEUTAH.COM**J** Organization type (check only one)
☒ 501(c) 3 (insert no.) ☐ 4947(a)(1) or ☐ 527

**K** Check here ☐ if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return

**L** Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 3,800,958.

H and I are not applicable to section 527 organizations

**H (a)** Is this a group return for affiliates? ☐ Yes ☒ No**H (b)** If 'Yes,' enter number of affiliates ▶**H (c)** Are all affiliates included? ☐ Yes ☐ No

(If 'No,' attach a list. See instructions.)

**H (d)** Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No**I** Group Exemption Number ▶**M** Check ☐ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)****1** Contributions, gifts, grants, and similar amounts received**a** Contributions to donor advised funds**b** Direct public support (not included on line 1a)**c** Indirect public support (not included on line 1a)**d** Government contributions (grants) (not included on line 1a)**e** Total (add lines 1a through 1d) (cash \$ 151,310. noncash \$ 3,465.)**1a****1b****1c****1d****1e** 154,775.**2** Program service revenue including government fees and contracts (from Part VII, line 93)**2** 3,572,324.**3** Membership dues and assessments**3****4** Interest on savings and temporary cash investments**4** 73,359.**5** Dividends and interest from securities**5****6a** Gross rents**6a****b** Less: rental expenses**6b****c** Net rental income or (loss) Subtract line 6b from line 6a**6c****7** Other investment income (describe ▶)**7****8a** Gross amount from sales of assets other than inventory

(A) Securities

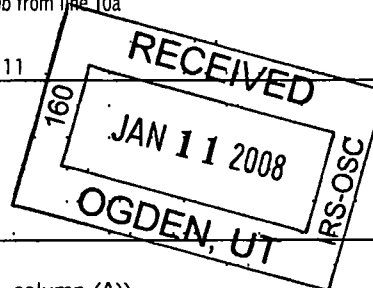
(B) Other

**8a****b** Less: cost or other basis and sales expenses**8b****c** Gain or (loss) (attach schedule)

STATEMENT. 1

**8c****8d** -1,209.**d** Net gain or (loss) Combine line 8c, columns (A) and (B)**9** Special events and activities (attach schedule) If any amount is from gaming, check here ☐**a** Gross revenue (not including \$ of contributions reported on line 1b)**9a****b** Less: direct expenses other than fundraising expenses**9b****c** Net income or (loss) from special events Subtract line 9b from line 9a**9c****10a** Gross sales of inventory, less returns and allowances**10a****b** Less: cost of goods sold**10b****c** Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a**10c****11** Other revenue (from Part VII, line 103)**11****12** Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11**12** 3,799,249.**13** Program services (from line 44, column (B))**13** 2,966,621.**14** Management and general (from line 44, column (C))**14** 315,345.**15** Fundraising (from line 44, column (D))**15** 80,612.**16** Payments to affiliates (attach schedule)**16****17** Total expenses. Add lines 16 and 44, column (A)**17** 3,362,578.**18** Excess or (deficit) for the year Subtract line 17 from line 12**18** 436,671.**19** Net assets or fund balances at beginning of year (from line 73, column (A))**19** 1,769,848.**20** Other changes in net assets or fund balances (attach explanation)**20****21** Net assets or fund balances at end of year. Combine lines 18, 19, and 20**21** 2,206,519.

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

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
<b>22 a</b> Grants paid from donor advised funds (attach sch) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>22 a</b>			
<b>22 b</b> Other grants and allocations (att sch) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>22 b</b>			
<b>23</b> Specific assistance to individuals (attach schedule)	<b>23</b>			
<b>24</b> Benefits paid to or for members (attach schedule)	<b>24</b>			
<b>25 a</b> Compensation of current officers, directors, key employees, etc listed in Part V-A (attach sch) SEE STMT 2	<b>25 a</b> 499,698.	479,149.	20,549.	0.
<b>b</b> Compensation of former officers, directors, key employees, etc listed in Part V-B (attach sch)	<b>25 b</b> 0.	0.	0.	0.
<b>c</b> 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)	<b>25 c</b> 0.	0.	0.	0.
<b>26</b> Salaries and wages of employees not included on lines 25a, b, and c	<b>26</b> 1,157,727.	1,080,270.	77,457.	
<b>27</b> Pension plan contributions not included on lines 25a, b, and c	<b>27</b> 31,933.	27,406.	4,527.	
<b>28</b> Employee benefits not included on lines 25a - 27	<b>28</b> 91,138.	70,529.	20,609.	
<b>29</b> Payroll taxes	<b>29</b> 124,852.	117,557.	7,295.	
<b>30</b> Professional fundraising fees	<b>30</b>			
<b>31</b> Accounting fees	<b>31</b>			
<b>32</b> Legal fees	<b>32</b>			
<b>33</b> Supplies	<b>33</b>			
<b>34</b> Telephone	<b>34</b> 48,682.	43,876.	4,775.	31.
<b>35</b> Postage and shipping	<b>35</b>			
<b>36</b> Occupancy	<b>36</b>			
<b>37</b> Equipment rental and maintenance	<b>37</b>			
<b>38</b> Printing and publications	<b>38</b> 12,186.	9,870.	2,139.	177.
<b>39</b> Travel	<b>39</b>			
<b>40</b> Conferences, conventions, and meetings	<b>40</b>			
<b>41</b> Interest	<b>41</b> 54,213.		54,213.	
<b>42</b> Depreciation, depletion, etc (attach schedule)	<b>42</b> 95,256.	85,731.	9,525.	
<b>43</b> Other expenses not covered above (itemize): <b>a</b> SEE STATEMENT 3	<b>43 a</b> 1,246,893.	1,052,233.	114,256.	80,404.
<b>b</b> -----	<b>43 b</b>			
<b>c</b> -----	<b>43 c</b>			
<b>d</b> -----	<b>43 d</b>			
<b>e</b> -----	<b>43 e</b>			
<b>f</b> -----	<b>43 f</b>			
<b>g</b> -----	<b>43 g</b>			
<b>44</b> Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B) - (D), carry these totals to lines 13 - 15)	<b>44</b> 3,362,578.	2,966,621.	315,345.	80,612.

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 IV Balance Sheets** (See the instructions.)**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only

		(A) Beginning of year		(B) End of year
<b>ASSETS</b>	<b>45</b> Cash — non-interest-bearing	300.	<b>45</b>	
	<b>46</b> Savings and temporary cash investments	1,153,201.	<b>46</b>	1,091,289.
	<b>47a</b> Accounts receivable	<b>47a</b> 712,212.		
	<b>b</b> Less: allowance for doubtful accounts	<b>47b</b> 304,460.	357,093.	<b>47c</b> 407,752.
	<b>48a</b> Pledges receivable	<b>48a</b>		
	<b>b</b> Less: allowance for doubtful accounts	<b>48b</b>		<b>48c</b>
	<b>49</b> Grants receivable		<b>49</b>	
	<b>50a</b> Receivables from current and former officers, directors, trustees, and key employees (attach schedule)		<b>50a</b>	
	<b>b</b> Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)		<b>50b</b>	
	<b>51a</b> Other notes and loans receivable (attach schedule)	<b>51a</b>		
	<b>b</b> Less: allowance for doubtful accounts	<b>51b</b>		<b>51c</b>
	<b>52</b> Inventories for sale or use		<b>52</b>	
	<b>53</b> Prepaid expenses and deferred charges	25,415.	<b>53</b>	42,461.
	<b>54a</b> Investments — publicly-traded securities	<input type="checkbox"/> Cost <input type="checkbox"/> FMV		<b>54a</b>
	<b>b</b> Investments — other securities (attach sch)	<input type="checkbox"/> Cost <input type="checkbox"/> FMV		<b>54b</b>
<b>55a</b> Investments — land, buildings, & equipment basis	<b>55a</b>			
<b>b</b> Less: accumulated depreciation (attach schedule)	<b>55b</b>		<b>55c</b>	
<b>56</b> Investments — other (attach schedule)		<b>56</b>		
<b>57a</b> Land, buildings, and equipment basis	<b>57a</b> 2,609,785.			
<b>b</b> Less: accumulated depreciation (attach schedule) <b>STATEMENT 5</b>	<b>57b</b> 646,619.	877,053.	<b>57c</b> 1,963,166.	
<b>58</b> Other assets, including program-related investments (describe <input type="checkbox"/> _____)		<b>58</b>		
<b>59 Total assets</b> (must equal line 74). Add lines 45 through 58	2,413,062.	<b>59</b>	3,504,668.	
<b>LIABILITIES</b>	<b>60</b> Accounts payable and accrued expenses	331,710.	<b>60</b>	359,859.
	<b>61</b> Grants payable		<b>61</b>	
	<b>62</b> Deferred revenue		<b>62</b>	
	<b>63</b> Loans from officers, directors, trustees, and key employees (attach schedule)		<b>63</b>	
	<b>64a</b> Tax-exempt bond liabilities (attach schedule)		<b>64a</b>	
	<b>b</b> Mortgages and other notes payable (attach schedule)	311,504.	<b>64b</b>	938,290.
	<b>65</b> Other liabilities (describe <input type="checkbox"/> _____)		<b>65</b>	
	<b>66 Total liabilities.</b> Add lines 60 through 65	643,214.	<b>66</b>	1,298,149.
<b>NET ASSETS OR FUND BALANCES</b>	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74</b>			
	<b>67</b> Unrestricted	1,452,383.	<b>67</b>	1,909,663.
	<b>68</b> Temporarily restricted	317,465.	<b>68</b>	296,856.
	<b>69</b> Permanently restricted		<b>69</b>	
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.</b>			
	<b>70</b> Capital stock, trust principal, or current funds		<b>70</b>	
	<b>71</b> Paid-in or capital surplus, or land, building, and equipment fund		<b>71</b>	
	<b>72</b> Retained earnings, endowment, accumulated income, or other funds		<b>72</b>	
<b>73 Total net assets or fund balances.</b> Add lines 67 through 69 or lines 70 through 72 (Column (A) must equal line 19 and column (B) must equal line 21)	1,769,848.	<b>73</b>	2,206,519.	
<b>74 Total liabilities and net assets/fund balances.</b> Add lines 66 and 73	2,413,062.	<b>74</b>	3,504,668.	

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Form 990 (2006)





**Part VI Other Information** (continued)

		Yes	No
<b>82 a</b>	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?		X
<b>82 b</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.)		
<b>83 a</b>	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
<b>83 b</b>	Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?	X	
<b>84 a</b>	Did the organization solicit any contributions or gifts that were not tax deductible?		X
<b>84 b</b>	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		N/A
<b>85 a</b>	<b>501(c)(4), (5), or (6) organizations</b> Were substantially all dues nondeductible by members?		N/A
<b>85 b</b>	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		N/A
	If 'Yes' was answered to either 85a or 85b, <b>do not</b> complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year		
<b>85 c</b>	Dues, assessments, and similar amounts from members		N/A
<b>85 d</b>	Section 162(e) lobbying and political expenditures		N/A
<b>85 e</b>	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		N/A
<b>85 f</b>	Taxable amount of lobbying and political expenditures (line 85d less 85e)		N/A
<b>85 g</b>	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		N/A
<b>85 h</b>	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?		N/A
<b>86 a</b>	<b>501(c)(7) organizations</b> Enter: <b>a</b> Initiation fees and capital contributions included on line 12		N/A
<b>86 b</b>	Gross receipts, included on line 12, for public use of club facilities		N/A
<b>87 a</b>	<b>501(c)(12) organizations</b> Enter: <b>a</b> Gross income from members or shareholders		N/A
<b>87 b</b>	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)		N/A
<b>88 a</b>	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		X
<b>88 b</b>	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Part XI		X
<b>89 a</b>	<b>501(c)(3) organizations</b> Enter: Amount of tax imposed on the organization during the year under section 4911 <u>0</u> ; section 4912 <u>0</u> ; section 4955 <u>0</u>		
<b>89 b</b>	<b>501(c)(3) and 501(c)(4) organizations</b> 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		X
<b>89 c</b>	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <u>0</u>		
<b>89 d</b>	Enter: Amount of tax on line 89c, above, reimbursed by the organization <u>0</u>		
<b>89 e</b>	<b>All organizations</b> At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?		X
<b>89 f</b>	<b>All organizations.</b> Did the organization acquire a direct or indirect interest in any applicable insurance contract?		X
<b>89 g</b>	<b>For supporting organizations and sponsoring organizations maintaining donor advised funds</b> Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		X
<b>90 a</b>	List the states with which a copy of this return is filed <u>NONE</u>		
<b>90 b</b>	Number of employees employed in the pay period that includes March 12, 2006 (See instructions.)		45
<b>91 a</b>	The books are in care of <u>RAY BARRETT</u> Telephone number <u>801-936-4000</u> Located at <u>1130 WEST CENTER, NORTH SALT LAKE, UTAH,</u> ZIP + 4 <u>84054</u>		
<b>91 b</b>	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country _____		X
	See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts</b>		

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Form 990 (2006)



**Part VI Other Information** (continued)

c At any time during the calendar year, did the organization maintain an office outside of the United States?

91 c

Yes	No
	X

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.

N/A

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 the instructions.)

Note: Enter gross amounts unless otherwise indicated

93 Program service revenue

a CLINICAL &amp; DIAGNOSTIC

b MISCELLANEOUS

c TREATMENT FEES

7,153.

49,363.

3,515,808.

94 Membership dues and assessments

95 Interest on savings &amp; temporary cash invmnts

14

73,359.

96 Dividends &amp; 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

18

-1,209.

101 Net income or (loss) from special events

102 Gross profit or (loss) from sales of inventory

103 Other revenue: a

104 Subtotal (add columns (B), (D), and (E))

72,150.

3,572,324.

105 Total (add line 104, columns (B), (D), and (E))

3,644,474.

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)

SEE STATEMENT 7

**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
N/A	%			
	%			
	%			
	%			

**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

X No

b Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

Yes

X No

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

**Part XI** Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13).**106** Did the reporting organization **make** any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If 'Yes,' complete the schedule below for each controlled entity

Yes	No
	X

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

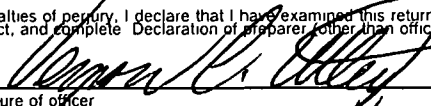

**107** Did the reporting organization **receive** any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If 'Yes,' complete the schedule below for each controlled entity

Yes	No
	X

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

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

Yes	No
	X

<b>Please Sign Here</b>	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		27 Dec 2007 Date	
	Vernon C. Utley Type or print name and title			
<b>Paid Preparer's Use Only</b>	Preparer's signature	 ROGER O. RICHINS, CPA	Date	12/20/07
	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		
	Check if self-employed	<input type="checkbox"/> Preparer's SSN or PTIN (See General Instruction W) P00116555		
	EIN	87-0381988		
	Phone no	(801) 533-0409		

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Form 990 (2006)

**SCHEDULE A**  
**(Form 990 or 990-EZ)**Department of the Treasury  
Internal Revenue Service**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

**2006**

Name of the organization

LIFE-LINE, INC.

Employer identification number

74-2504370

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**

(See 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 and deferred compensation	(e) Expense account and other allowances
SEE STATEMENT 8		305,559.	63,740.	0.
Total number of other employees paid over \$50,000	0			

**Part II — A 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
RALPH KNAPP 2725 BLACK BURN CIRCLE HOLLADAY, UT 84117	PSYCHIATRY	85,500.
Total number of others receiving over \$50,000 for professional services	0	

**Part II — B Compensation of the Five Highest Paid Independent Contractors for Other Services**

(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter 'None.' See instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
KASSING ANDREWS 1935 EAST VINE STREET SUITE 290 MURRAY, UT 84121	ADVERTISING	66,839.
ASCENT CONSTRUCTION 25 SOUTH MAIN STREET SUITE 200 CENTERVILLE, UT 84014	CONSTRUCTION	908,562.
Total number of other contractors receiving over \$50,000 for other services	0	

**BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 and Form 990-EZ.**

Schedule A (Form 990 or 990-EZ) 2006

**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 ▶ \$ N/A  
(Must equal amounts on line 38, Part VI-A, or line i of Part VI-B)

1 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)

SEE STATEMENT 9

- a** Sale, exchange, or leasing of property?

2a X

- b** Lending of money or other extension of credit?

2b X

- c** Furnishing of goods, services, or facilities?

2c X

SEE FORM 990, PART V

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

2d X

- e** Transfer of any part of its income or assets?

2e X

- 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)

3a X

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

3b X

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

3c X

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

3d X

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

4a X

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

4b N/A

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

4c N/A

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

N/A

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

N/A

- 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 ▶

0

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

0.

**Part IV Reason for Non-Private Foundation Status** (See 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.)
- 11 a ☐ 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.)
- 11 b ☐ 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 instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
<b>Total</b>					0.

- 14 ☐ An organization organized and operated to test for public safety. Section 509(a)(4). (See instructions.)

BAA

Schedule A (Form 990 or 990-EZ) 2006

**Part IV-A Support Schedule** (Complete only if you checked a box on line 10, 11, or 12) *Use cash method of accounting.***Note:** You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
<b>15</b> Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	207,946.	170,355.	87,129.	82,347.	547,777.
<b>16</b> Membership fees received					0.
<b>17</b> 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	2,684,903.	1,812,987.	1,694,168.	1,985,973.	8,178,031.
<b>18</b> 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	48,233.	31,629.	14,223.	32,674.	126,759.
<b>19</b> Net income from unrelated business activities not included in line 18					0.
<b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0.
<b>21</b> 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.					0.
<b>22</b> Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets.					0.
<b>23</b> Total of lines 15 through 22	2,941,082.	2,014,971.	1,795,520.	2,100,994.	8,852,567.
<b>24</b> Line 23 minus line 17	256,179.	201,984.	101,352.	115,021.	674,536.
<b>25</b> Enter 1% of line 23	29,411.	20,150.	17,955.	21,010.	
<b>26 Organizations described on lines 10 or 11:</b>	a Enter 2% of amount in column (e), line 24 N/A				<b>26a</b>
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.					<b>26b</b>
c Total support for section 509(a)(1) test. Enter line 24, column (e)					<b>26c</b>
d Add: Amounts from column (e) for lines 18 _____ 19 _____					<b>26d</b>
22 _____ 26b _____					<b>26e</b>
e Public support (line 26c minus line 26d total)					<b>26f</b>
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					%
<b>27 Organizations described on line 12:</b>					
a For amounts included in lines 15, 16, and 17 that were received from a 'disqualified person,' prepare a list for your records to show the name of, and total amounts received in each year from, each 'disqualified person.' Do not file this list with your return. Enter the sum of such amounts for each year.	(2005) 0. (2004) 0. (2003) 0. (2002) 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 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year.	(2005) 17,880. (2004) 203,696. (2003) 0. (2002) 0.				
c Add: Amounts from column (e) for lines 15 _____ 16 _____					<b>27c</b>
17 8,178,031. 20 _____ 21 _____					<b>27d</b>
d Add: Line 27a total 0. and line 27b total 221,576.					<b>27e</b>
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 8,852,567.				
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g 96.07 %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h 1.43 %
<b>28 Unusual Grants:</b> 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 instructions.)

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

N/A

	Yes	No
<b>29</b> 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?		
<b>30</b> 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?		
<b>31</b> 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 ) ----- ----- -----		
<b>32</b> Does the organization maintain the following		
<b>a</b> Records indicating the racial composition of the student body, faculty, and administrative staff?		
<b>b</b> Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
<b>c</b> Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
<b>d</b> 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 ) ----- -----		
<b>33</b> Does the organization discriminate by race in any way with respect to:		
<b>a</b> Students' rights or privileges?		
<b>b</b> Admissions policies?		
<b>c</b> Employment of faculty or administrative staff?		
<b>d</b> Scholarships or other financial assistance?		
<b>e</b> Educational policies?		
<b>f</b> Use of facilities?		
<b>g</b> Athletic programs?		
<b>h</b> Other extracurricular activities?  If you answered 'Yes' to any of the above, please explain (If you need more space, attach a separate statement ) ----- ----- -----		
<b>34a</b> Does the organization receive any financial aid or assistance from a governmental agency?		
<b>b</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		
<b>35</b> 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 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
<b>36</b> Total lobbying expenditures to influence public opinion (grassroots lobbying)	<b>36</b>		
<b>37</b> Total lobbying expenditures to influence a legislative body (direct lobbying)	<b>37</b>		
<b>38</b> Total lobbying expenditures (add lines 36 and 37)	<b>38</b>		
<b>39</b> Other exempt purpose expenditures	<b>39</b>		
<b>40</b> Total exempt purpose expenditures (add lines 38 and 39)	<b>40</b>		
<b>41</b> Lobbying nontaxable amount Enter the amount from the following table –			
<b>If the amount on line 40 is –</b>	<b>The lobbying nontaxable amount is –</b>		
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	<b>41</b>	
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.		
<b>42</b> Grassroots nontaxable amount (enter 25% of line 41)	<b>42</b>		
<b>43</b> Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	<b>43</b>		
<b>44</b> Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	<b>44</b>		

**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) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
<b>45</b> Lobbying nontaxable amount					
<b>46</b> Lobbying ceiling amount (150% of line 45(e))					
<b>47</b> Total lobbying expenditures					
<b>48</b> Grassroots non-taxable amount					
<b>49</b> Grassroots ceiling amount (150% of line 48(e))					
<b>50</b> 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**.)

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

Yes	No	Amount

BAA

Schedule A (Form 990 or 990-EZ) 2006



**Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations** (See 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:**

**(i) Cash**

**(ii) Other assets**

**b Other transactions.**

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

**(ii) Purchases of assets from a noncharitable exempt organization.**

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

**(iv) Reimbursement arrangements**

**(v) Loans or loan guarantees**

**(vi) Performance of services or membership or fundraising solicitations**

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

d If the answer to any of the above is 'Yes,' complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received

	Yes	No
<b>51 a (i)</b>		X
<b>a (ii)</b>		X
<b>b (i)</b>		X
<b>b (ii)</b>		X
<b>b (iii)</b>		X
<b>b (iv)</b>		X
<b>b (v)</b>		X
<b>b (vi)</b>		X
<b>c</b>		X

[illegible]

**52 a** 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

[illegible]

**STATEMENT 1**  
**FORM 990, PART I, LINE 8**  
**NET GAIN (LOSS) FROM NONINVENTORY SALES**

**OTHER ASSETS**

DESCRIPTION: SIGN ON BUILDING  
 DATE ACQUIRED: 10/09/1995  
 HOW ACQUIRED: PURCHASE  
 DATE SOLD: 6/30/2007  
 TO WHOM SOLD:  
 GROSS SALES PRICE: 0.  
 COST OR OTHER BASIS: 2,113.  
 DEPRECIATION: 2,113.

GAIN (LOSS) 0.

DESCRIPTION: CLIMBING WALL  
 DATE ACQUIRED: 1/31/2003  
 HOW ACQUIRED: PURCHASE  
 DATE SOLD: 2/28/2007  
 TO WHOM SOLD:  
 GROSS SALES PRICE: 500.  
 COST OR OTHER BASIS: 4,088.  
 DEPRECIATION: 2,379.

GAIN (LOSS) -1,209.

TOTAL GAIN (LOSS) OTHER ASSETS \$ -1,209.

TOTAL NET GAIN (LOSS) FROM NONINVENTORY SALES \$ -1,209.

**STATEMENT 2**  
**FORM 990, PART II, LINE 25A**  
**COMPENSATION OF OFFICERS, DIRECTORS, ETC.**

COMPENSATION RECEIVED	(A)	(B)	(C)	(D)
NAME	TOTAL	PROGRAM SERVICES	MANAGEMENT & GENERAL	FUNDRAISING
VERNON C. UTLEY	175,869.	158,282.	17,587.	0.
JAMES K. SMITH	167,327.	167,327.	0.	0.
SHANE PETERSEN	81,351.	81,351.	0.	0.
TOTAL	\$ 424,547.	\$ 406,960.	\$ 17,587.	\$ 0.

EMPLOYEE BENEFIT PLAN CONTRIBUTION	(A)	(B)	(C)	(D)
NAME	TOTAL	PROGRAM SERVICES	MANAGEMENT & GENERAL	FUNDRAISING
VERNON C. UTLEY	29,617.	26,655.	2,962.	0.
JAMES K. SMITH	23,353.	23,353.	0.	0.
SHANE PETERSEN	22,181.	22,181.	0.	0.
TOTAL	\$ 75,151.	\$ 72,189.	\$ 2,962.	\$ 0.

EXPENSE ACCT. & OTHER ALLOWANCES	(A)	(B)	(C)	(D)
NAME	TOTAL	PROGRAM SERVICES	MANAGEMENT & GENERAL	FUNDRAISING
VERNON C. UTLEY	0.	0.	0.	0.
JAMES K. SMITH	0.	0.	0.	0.

**STATEMENT 2 (CONTINUED)**  
**FORM 990, PART II, LINE 25A**  
**COMPENSATION OF OFFICERS, DIRECTORS, ETC.**

SHANE PETERSEN	0.	0.	0.	0.
TOTAL \$	0.\$	0.\$	0.\$	0.

**STATEMENT 3**  
**FORM 990, PART II, LINE 43**  
**OTHER EXPENSES**

	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT & GENERAL	(D) FUNDRAISING
BAD DEBT EXPENSE	295,653.	295,653.		
BANK FEES	33,291.	32,034.	1,187.	70.
GOLF TOURNAMENT	51,727.			51,727.
GROUP FOODS AND SUPPLIES	151,836.	151,772.	44.	20.
INSURANCE	46,736.	46,736.		
LICENSES AND FEES	7,416.	6,364.	827.	225.
MAINTENANCE AND REPAIRS	37,411.	33,629.	3,782.	
MARKETING AND ADVERTISING	111,862.	109,306.	2,556.	
MEDICAL EXPENSES	45,677.	43,121.	2,556.	
MISCELLANEOUS	75,286.	62,662.	11,476.	1,148.
OFFICE SUPPLIES	24,590.	21,923.	2,594.	73.
PROFESSIONAL FEES	114,868.	4,624.	83,707.	26,537.
SEMINARS AND TRAINING	7,075.	5,481.	1,594.	
TRANSPORTATION AND VEHICLE	42,530.	41,618.	308.	604.
TREATMENT CONSULTING	164,692.	164,692.		
UTILITIES	36,243.	32,618.	3,625.	
TOTAL \$	\$ 1,246,893.	\$ 1,052,233.	\$ 114,256.	\$ 80,404.

**STATEMENT 4**  
**FORM 990, PART III, LINE A**  
**STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS**

DESCRIPTION	GRANTS AND ALLOCATIONS	PROGRAM SERVICE EXPENSES
OPERATION OF A DAY TREATMENT AND CHILD PLACEMENT CENTER FOR ADOLESCENT AND YOUNG ADULTS SUFFERING FROM DRUG DEPENDENCE AND ALCOHOL ABUSE, EATING DISORDERS AND OTHER COMPULSIVE BEHAVIORS. THE ORGANIZATION ALSO PROVIDES COUNSELING TO PARENTS AND SIBLINGS OF PATIENTS AND PROVIDES EDUCATIONAL ACTIVITIES RELATING TO DRUG DEPENDENCE AND ALCOHOL ABUSE, EATING DISORDERS AND OTHER COMPULSIVE BEHAVIORS TO BOTH LAY PERSONS AND PROFESSIONALS.		2,966,621.
INCLUDES FOREIGN GRANTS: NO		
	\$ 0.	\$ 2,966,621.

**STATEMENT 5**  
**FORM 990, PART IV, LINE 57**  
**LAND, BUILDINGS, AND EQUIPMENT**

CATEGORY	BASIS	ACCUM. DEPREC.	BOOK VALUE
FURNITURE AND FIXTURES	\$ 136,749.	\$ 73,657.	\$ 63,092.
MACHINERY AND EQUIPMENT	241,802.	153,623.	88,179.
BUILDINGS	1,826,427.	272,590.	1,553,837.
IMPROVEMENTS	253,628.	116,741.	136,887.
LAND	86,175.		86,175.
MISCELLANEOUS	65,004.	30,008.	34,996.
<b>TOTAL</b>	<b>\$ 2,609,785.</b>	<b>\$ 646,619.</b>	<b>\$ 1,963,166.</b>

**STATEMENT 6**  
**FORM 990, PART V-A**  
**LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES**

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
VERNON C. UTLEY 646 NORTH 610 EAST ALPINE, UT 84004	EXECUTIVE DIR 55	\$ 175,869.	\$ 29,617.	\$ 0.
JAMES K. SMITH 2899 BRANCH DRIVE SALT LAKE CITY, UT 84117	PRESIDENT 55	167,327.	23,353.	0.
SHANE PETERSEN 3523 WEST 1025 NORTH LAYTON, UT 84041	DIR CLIENT SUPP 55	81,351.	22,181.	0.
JUDITH ATHERTON 778 11TH AVENUE SALT LAKE CITY, UT 84103	BOARD MEMBER 0	0.	0.	0.
CATHY BAICH 1482 EAST 8255 SOUTH SANDY, UT 84093	BOARD MEMBER 0	0.	0.	0.
CAROL VOORHEES 2040 E. MURRY-HOLLADY RD. #211 SALT LAKE CITY, UT 84117	BOARD MEMBER 0	0.	0.	0.
DAVID CRAPO 1686 S. STONE HOLLOW COURT BOUNTIFUL, UT 84010	BOARD MEMBER 0	0.	0.	0.
BILL WHITNEY 5829 S. MEADOW CREST DR. MURRAY, UT 84107	CHAIRMAN 0	0.	0.	0.

## STATEMENT 6 (CONTINUED)

## FORM 990, PART V-A

## LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
JASON KASSING 13742 S. BROWN FARM LANE DRAPER, UT 84020	BOARD MEMBER 0	\$ 0.	\$ 0.	\$ 0.
VANESSA LAURELLA 3986 QUARRY MOUNTAIN RD. PARK CITY, UT 84098	BOARD MEMBER 0	0.	0.	0.
BARRY DICKERSON 10150 SOUTH CENTENNIAL PARKWAY SANDY, UT 84070	SECRETARY-TREAS 0	0.	0.	0.
JORY WALKER 3115 EAST LION LANE #200 HOLLADAY, UT 84121	BOARD MEMBER 0	0.	0.	0.
	TOTAL	\$ 424,547.	\$ 75,151.	\$ 0.

## STATEMENT 7

## FORM 990, PART VIII

## RELATIONSHIP OF ACTIVITIES TO THE ACCOMPLISHMENT OF EXEMPT PURPOSES

LINE #	EXPLANATION OF ACTIVITIES
93	OPERATION OF A DAY TREATMENT AND CHILD PLACEMENT CENTER FOR ADOLESCENT AND YOUNG ADULTS SUFFERING FROM DRUG DEPENDENCE AND ALCOHOL ABUSE, EATING DISORDERS AND OTHER COMPULSIVE BEHAVIORS. THE ORGANIZATION ALSO PROVIDES COUNSELING TO PARENTS AND SIBLINGS OF PATIENTS AND PROVIDES EDUCATIONAL ACTIVITIES RELATING TO DRUG DEPENDENCE AND ALCOHOL ABUSE, EATING DISORDERS AND OTHER COMPULSIVE BEHAVIORS TO BOTH LAY PERSONS AND PROFESSIONALS.
95	INCOME HELPS ADD TO THE TREATMENT OF PATIENTS AS WELL AS HELPS DEFRAY THE COSTS OF OPERATIONS.

## STATEMENT 8

## SCHEDULE A, PART I

## COMPENSATION OF FIVE HIGHEST PAID EMPLOYEES

NAME AND ADDRESS	TITLE & AVERAGE HOURS WORKED	COMPEN- SATION	CONTRIBUT. EBP & DC	EXPENSE ACCOUNT
NEWEL NELSON 118 EAST 2200 SOUTH BOUNTIFUL, UT 84010	THERAPIST 45	65,581.	7,794.	0.
DENICE PACHECO 5748 SOUTH 2200 WEST ROY, UT 84067	THERAPIST 40	74,381.	8,694.	0.

**STATEMENT 8 (CONTINUED)**  
**SCHEDULE A, PART I**  
**COMPENSATION OF FIVE HIGHEST PAID EMPLOYEES**

NAME AND ADDRESS	TITLE & AVERAGE HOURS WORKED	COMPEN- SATION	CONTRIBUT. EBP & DC	EXPENSE ACCOUNT
JAMIE PALMER 2027 SOUTH 1600 EAST SALT LAKE CITY, UT 84105	THERAPIST 40	59,574.	16,870.	0.
DEBRA LINETT 8014 OLD BARN DRIVE SANDY, UT 84094	REG NURSE 40	55,707.	16,597.	0.
DANIEL SHULTZ 291 EAST 750 NORTH BOUNTIFUL, UT 84010	THERAPIST 40	50,316.	13,785.	0.
	TOTAL	\$ 305,559.	\$ 63,740.	\$ 0.

**STATEMENT 9**  
**SCHEDULE A, PART III, LINE 2**  
**TRANSACTIONS WITH TRUSTEES, DIRECTORS, ETC.**

EXPLANATIONS FOR SCHEDULE A, PART III, LINE 2C:

A) \$5,000 WAS PAID TO RISUN TECHNOLOGIES (357 WEST 6160 SOUTH, MURRAY, UT 84104) FOR ARCHITECTURAL WORK RELATED TO THE CONSTRUCTION OF A NEW LIFE-LINE, INC. BUILDING. BILL WHITNEY, CHAIRMAN OF THE BOARD OF LIFE-LINE, INC., IS AN OWNER OF RISUN TECHNOLOGIES.

B) \$15,560.00 WAS PAID TO LINCOLN LOGS LOG FURNITURE (430 W STATE RD, PLEASANT GROVE, UT 84062) FOR FURNITURE FOR THE NEW LIFE-LINE, INC. BUILDING. JAMES UTLEY, THE OWNER OF LINCOLN LOGS LOG FURNITURE, IS THE SON OF VERN UTLEY, THE EXECUTIVE DIRECTOR OF LIFE-LINE, INC.

C) \$66,838.88 WAS PAID TO KASSING ANDREWS ADVERTISING, LLC (1935 EAST VINE STREET, MURRAY, UT 84121) FOR MARKETING AND ADVERTISING FOR LIFE-LINE, INC. JASON KASSING, A PARTNER OF KASSING ANDREWS ADVERTISING, LLC, IS A BOARD MEMBER OF LIFE-LINE, INC.

**Application for Extension of Time To File an  
Exempt Organization Return**

OMB No 1545-1709

▶ File a separate application for each return.

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

**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).Section 501(c) corporations required to file Form 990-T and requesting an automatic 6-month extension – check this box and complete Part I only ☐*All other corporations (including 1120-C filers), partnerships, REMICS, and trusts must use Form 7004 to request an extension of time to file income tax returns*

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

<b>Type or print</b>  File by the due date for filing your return. See instructions.	Name of Exempt Organization	Employer identification number
	LIFE-LINE, INC.	74-2504370
	Number, street, and room or suite number. If a P.O. box, see instructions	
	1130 WEST CENTER	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions	
	NORTH SALT LAKE, UT 84054	

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

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

- The books are in the care of ▶ RAY BARRETT

Telephone No. ▶ 801-936-4000 FAX No ▶ \_\_\_\_\_

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

**1** I request an automatic 3-month (6 months for a section 501(c) corporation required to file Form 990-T) extension of time until 2/15, 20 08, to file the exempt organization return for the organization named above.  
The extension is for the organization's return for

- ▶ ☐ calendar year 20\_\_ or
- ▶ ☒ tax year beginning 7/01, 20 06, and ending 6/30, 20 07

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

<b>3a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$ 0.
<b>b</b> If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$ 0.
<b>c Balance Due.</b> Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$ 0.

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

BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

NOV 06 2007

Form 8868 (Rev 4-2007)

RECEIVED  
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