# Form **990**

Department of the Treasury Internal Revenue Service

## **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)

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

OMB No 1545-0047
2009

Open to Public Inspection

<u>A</u>	For the	2009 cale	ndar yea	ır, o <u>r tax year beginning</u>		7/1/200	9	<u>,</u> and	d ending	_	6/30/	/2010				
В	Check if ap	plicable	Please	C Name of organization	Life-Line I	nc	. ==			D Empl	oyer ic	dentification	n number			
	Address o	change	use IRS label or	Doing Business As						74-2504	74-2504370					
$\sqcap$	Name cha	ange	print or	Number and street (or P (	∩ hov if mail is n	not delivered t	o street addr	-acc/	Room/suite			umber				
=	nitial retu	•	type See	1	o box ii iiidii is i	iot delivered t	o succi addi	033)	1 (COIII) Suite							
=			Specific	1130 West Center		<del></del> -				(801) 93	<u>6-400</u>	<u> </u>				
=	Terminate		Instruc-	City or town, state or cour	ntry, and ZIP + 4			0.405.4					_			
=	Amended			North Salt Lake			JT	84054		<b>G</b> Gross	receip	ots \$	2	<u>,396,937</u>		
	Application	n pending	F N	ame and address of princip	oal officer				H(a) Is	this a group	return	for affiliates	s?	s X No		
			Shane F	Petersen 1130 West Cer	nter St , North	n Sale Lake	e, UT 840	88	H(b) A	re all affiliate	s inclu	ıded?	Ye	s No		
	`av-6v6r	npt status	X 50			4947(a)(1)		527		"No," attach				- — …		
		<u> </u>			110)	4947 (a)(1)	ы,	321								
		: Nwv						<del> </del>	H(c) G	roup exempt	ion nu	mber ▶				
KF	orm of o	ganızatıon	X Co	prporation Trust	Association	Other ▶		L	Year of form	ation 19	986	M State of	of legal domicil	le UT		
P	art I	Sur	mmary													
	1			he organization's missio	n or most sig	nificant ac	tivities	For 20	vears Lr	fe Line ha:	s bro	uaht hope	and healin			
				amilies suffering from su										9		
ce				s, pornography, out of co												
Ē				essful We help both tee						outil lioni	Deili	9				
Ver						<b></b>			· <b>-</b>			•				
တိ	school problems, pornography, out of control and other destructive behaviors that prevent youth from behappy and successful. We help both teens and their families make positive changes for life.  Check this box  if the organization discontinued its operations or disposed of more than 25% of Number of voting members of the governing body (Part VI, line 1a).  Number of independent voting members of the governing body (Part VI, line 1b).  Total number of employees (Part V, line 2a).  Total number of volunteers (estimate if necessary).										of its	_ 1	S			
∞5											L	3		7		
ţ	4			endent voting members		ning body (	Part VI, Iır	ne 1b)			L	4		7		
Ę	5	Total nui	mber of e	employees (Part V, line :	2a)						L	5		65		
¥	6	Total nui	mber of v	volunteers (estimate if n	ecessary)						L	6		11		
	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12									L	7a		0		
	b	Net unre	lated bus	siness taxable income fr	rom Form 990	0-T, line 34	<u> </u>					7b		0		
										Prior Yea	ar .		Current Ye	ar		
, r	8	Contribu	itions and	d grants (Part VIII, line 1	h)						55.	,202		131,560		
Revenue	9	Program	service	revenue (Part VIII, line 2	2g)					2	2,456,	,263	2	,238,637		
e e	10	Investme	ent incom	ne (Part VIII, column (A)	, lines 3, 4, a	nd 7d)					20.	,747		26,740		
2 00	11	Other re	venue (P	Part VIII, column (A), line	s 5, 6d, 8c, 9	c, 10c, and	d 11e)							0		
	12	Total reve	enue—ado	d lines 8 through 11 (must	equal Part VIII,	column (A)	Hipe 12)	L		2	2,532,	,212	2	,396,937		
5	13	Grants a	ind simila	ar amounts paid (Part IX	gelumn (AT	mes 123	<u>. U - ()</u>							0		
	14	Benefits	paid to d	or for members (Part IX.												
= = = (A	15	Salaries	, other co	ompensation, employee	benefits (Par	rt IX, colum	mudA). Ilnfe	k 5–10)		1	,628,	.925	1	,328,295		
Expenses	16a	Professi	onal fund	draising fees (Part IX, co	olume (A) tine	P11817 6	nu / 6	2 5–10)		3,000						
ս ed	b	Total fun	ndraising	expenses (Part IX, colu	mn (P) line	25)		<u>-\</u> 12,1	24	<u> </u>		-				
» <u>×</u>	17	Other ex	nenses (	(Part IX, column (A), line	s 1/1 a 1/1/1	115-246NI	<b>TIT</b>	-7-:-:		1	,274,	686	1	,138,176		
<b>.</b>	18	Total ex	nenses /	Add lines 13-17 (must e	oual Part Q	GUELL	Ting 25)				, <u>277,</u> 2,906,			,466,471		
୬ ວ ≅	19			penses Subtract line 18			.), III ( 20)				.,300, -374.					
P S		revenue	5 1035 CA	perises Subtract line 10	non me 12		<del> </del>		Bogu	nning of Cui		<del>·                                    </del>	End of Ye	<u>-69,534</u>		
sts c	20	Total acc	sate (Par	rt X, line 16)					Degi		2,607,					
Asse Bal	21			Part X, line 26)							,010,			,482,066		
Net Assets of Fund Balanc	22		•	nd balances Subtract lin	e 21 from line	20								954,499		
	rt II		nature		e z i iioiii iiiie	5 20				···· <u> </u>	<u>,597,</u>	,1011	<u> </u>	,527,567		
I C				of perjury I declare that I have	e evamined this	return includu	na accompar	vina schea	tules and st	atomosts as	d to th	a bast of my	, knowledge			
				rue, correct, and complete De												
				1		,	,					/ /	<b>3</b> -			
٠.				LDVI						12	? /r.	5/2				
Sig	jn		Signature	of officer					_		<del>// `</del>	1/20				
He	re		$\leq$	D 26-		xecut.	Le D.	1.1			110	•				
			Type or pr	rint name and title	en / E	XECUTI	y Di	<u> ~CC10</u>	<u> </u>		—					
_		Pren	arer's	and title	-		Date	<del></del> 1	Check if		<del></del>	Drenarer's "	dentifying num	her		
Pai	d	signa					5016	ĺ	self-	·		(see instructio		DCI		
	u parer's	.	<b></b>	SELF-PREPA	RED RETUR	N.			employed	▶_						
	•	Firm'	s name (or	yours						EIN	_					
USE	Only		f-employed	•												
	.,		ess, and ZII			<del> </del>				Phone no			<del></del>	<del></del>		
Ma	y the IR	S discus	s this reti	urn with the preparer sh	own above?	(see instru	ctions)						Yes	No		

orm	990 (2009)	Life-Line I	nc						74-2504370	Page <b>2</b>
Pa	irt III S	Statement	of Program Se	rvice Acco	mplishment	s				
1	For 20 year abuse, depr of control ar	Life Line lession, fand other de	janization's missio has brought hope nily relationship pr structive behavior eir families make p	and healing oblems, crim s that preven	inal behavior, It youth from b	school proble	ms, pornogra	phy, out		
2	the prior Fo	orm 990 or 9	ndertake any signi 1990-EZ? e new services on		m services dui	ing the year v	vhich were no	t listed on	Yes	X No
3	services?		ease conducting, of each	_	ficant changes	in how it con-	ducts, any pro	ogram	Yes	X No
4	Describe th Section 501	e exempt p 1(c)(3) and	urpose achieveme 501(c)(4) organiza ne total expenses,	ents for each itions and se	ction 4947(a)(	1) trusts are re	equired to rep	ort the amour		
4a	Operation of and young a eating disor provides coneducational eating disor and profess	of a day trea adults suffer rders and of ounseling to I activities re rders and of sionals	) (Expenses \$ atment and child plant and child plant and child plant and sibling to drug depther compulsive between the computer of the co	lacement ce pendence an ehaviors Th igs of patient pendence and ehaviors to b	nter for adoles d alcohol abus e organization s and provides d alcohol abus oth lay person	cent e, also e e				
4b			) (Expenses \$ _							
4c	(Code		) (Expenses \$ _		O including o	rants of \$	0	) (Revenue	\$	0)
4d	Other progr (Expenses		s (Describe in Sc 0 incli	hedule O) uding grants	of \$	0)(	Revenue \$		0)	
40	Total prog	ram convic	e evnences		2 267 884					

		74-2504370	F	age 3
Par	t IV Checklist of Required Schedules		T.,	T
	1 11		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A		x	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	1 2	+^	Х
2 3	Did the organization required to complete Scriedule B, Scriedule of Contributors?  Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	<u>-</u> 2	+	<del>  ^</del>
3	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If</i> "Yes," <i>complete Schedule</i>		+	<del>  ^</del>
4	Part II	C, 4		Х
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notic		+-	<del>  ^</del>
3	and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have	"		l .
J	the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes,"			
	complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	<u> </u>		
•	the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i>	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
•	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part			<u> </u>
	X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			]
	complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or			
	quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable	11	X	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete			
	Schedule D, Part VI			
•	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII			
•	,			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII			
•				
_	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX			
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X			
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that	V		
	addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			V
404	Schedule D, Parts XI, XII, and XIII	12 No		X
12A	Was the organization included in consolidated, independent audited financial statements for the tax  Yes	_		
42	year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional  [12A]	X 42		V
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  Did the organization maintain an office, employees, or agents outside of the United States?	13 14a	<u> </u>	X
	Did the organization maintain an office, employees, or agents outside of the officed states?  Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,	144	+	+^
D	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any	145	†	<del>  ^</del>
••	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance		<del>                                     </del>	<del>                                     </del>
	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services		†	
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	1	Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	L	Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		Х
20	Did the organization operate one or more hospitals? If "Ves." complete Schedule H	20	1	Ιx

Ves.   No   No   No   No   No   No   No   N	Form 9	990 (2009) Life-Line Inc	74-2504370	F	age <b>4</b>
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 147 Yes," complete Schedule I, Parts I and III  22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 27th "Yes," complete Schedule I, Parts I and III  23 Did the organization and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule I, one 24, or 50,000 as of the last day of the year, that was issued after December 31, 20027" "Yes," answer lines 24b through 24d and complete Schedule I, If "No," or lot line 25  24b Dto the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 20027" "Yes," answer lines 24b through 24d and complete Schedule II. If "No," or lot line 25  25 Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  26 Did the organization and as an "on behalf of" issuer for bonds outstanding at any time during the year?  27 Did the organization and that the transaction bid the organization engage in an excess benefit transaction with a disqualified person during the year? "Yes," complete Schedule I, Part II  27 Did the organization and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? if "Yes," complete Schedule I, Part II  28 Was the organization are that the graged in an excess benefit transaction with a disqualified person outstanding as of the end of the organization with a disqualified person in prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? if "Yes," complete Schedule I, Part II  29 Did the organization are prior to a part or the end of the organization's prior Forms 990 or 990-EZ? if "Yes," complete Schedule I, Part	Par	t IV Checklist of Required Schedules (continued)			
In the United States on Part IX, column (A), line 13ff "Yes," complete Schedule I, Parts I and II  20 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 27ff "Yes," complete Schedule I, Parts I and III  21 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization of former officers, directors, fusities, key employees, and highest compensated employees? If "Yes," complete Schedule I, Parts I and III  22 Did the organization and officers of the section A, line 3, 4, or 5 about compensation of the organization of more of the state and the properties of the section A, line 3, 4, or 5 about compensation of the organization of the section A, line 3, 4, or 5 about compensation of the organization of the organization of the organization of the organization of the section A, line 3, 4, or 5 about compensation of the organization of the section A, line 3, 4, or 5 about compensation of the organization of the section 3, 200, 200, 200, 200, 200, 200, 200, 2				Yes	No
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 27/8 "Yes," complete Schedule I, Parts I and III content organization answer "Yes" to Part VII. Section A, line 3, 4, or 5 about compensation of the organization answer "Yes" to Part VII. Section A, line 3, 4, or 5 about compensation of the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the least day of the year, that was issued after December 31, 2002/8" "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25  b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  c Did the organization amination a escrow account other than a refunding escrow at any time during the year?  24d Did the organization amination are sort of secretary and that the transaction with a disqualified perison during the year? 12d Did the organization amination are sort of secretary and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E27 if "Yes," complete Schedule L, Part I 1 25b X  25a	21				
United States on Part IX, column (A), line 27ff "Yes," complete Schedule I, Parts I and III  2Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization scurrent and former officers, directors, trustees, key employees, and highest compensated employees" If "Yes," complete Schedule J. Part III  21 A Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to hine 25  22 b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  2 c Did the organization maintain an escrow account other than a refunding escrow at any time during the year.  2 d Did the organization as an "on behalf of" issuer for bonds outstanding at any time during the year?  2 d Did the organization as an "on behalf of" issuer for bonds outstanding at surpline depreson in prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E27 if "Yes," complete Schedule L, Part II  2 b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E27 if "Yes," complete Schedule L, Part II  2 d Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax yeard!" "Yes," complete Schedule L, Part II  2 d Was the organization provide a grant or other assistance to an officer, director, trustee, key employee? If "Yes," complete Schedule L, Part IV  2 d Was the organization and party to a business transaction with one of the following parties (see Schedule L, Part IV  2 d Was the organization and party to a business transaction with one of the f		·	21		X
23 Did the organization answer "Yee" to Part VII, Section A, Ime 3.4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J 23 X 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the liast day of the year, that was issued after December 31, 2002/1f "Yes," answer lines 24b through 24d and complete Schedule K If "No." go to line 25  2 b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24d Did the organization maintain an escrow account other than a refunding escrow at any time during the year? 24d Did the organization at as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d Did the organization at as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d Did the organization aware that it engaged in an excess benefit transaction with a disqualified person in prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E27 if "Yes," complete Schedule L, Part I USA as a loan to or by a current or former officer, director, fustee, key employee, or disqualified person outstanding as of the end of the organization's tax year? "Yes," complete Schedule L, Part I USA as a loan to organize schedule L, Part I USA as a loan to organize schedule L, Part I USA as a loan to organize schedule L, Part I USA as a loan to organize schedule L, Part I USA as a loan to organize schedule L, Part I USA as a loan to organize schedule L, Part I USA as a loan to organize schedule L, Part I USA as a loan to organize schedule L, Part I USA as a loan to organize schedule L, Part I USA as a loan to organize schedule L, Part I USA as a loan to organize schedule L, Part I USA as a loan to organize schedule L,	22	· · · · · · · · · · · · · · · · · · ·			
organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J. 23  24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100.000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No." go to line 25  b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year? d Did the organization act as an "no behalf of" issuer for bonds outstanding at any time during the year? 24d			22		Х
employees? If "Yes," complete Schedule J  24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$10,000 as of the last day of the year, that was issued after December 31, 2002*If "Yes," answer lines 24b through 24d and complete Schedule K II "No," go to line 25 b. Did the organization meets any proceeds of tax-exempt bonds beyond a temporary period exception? c. Did the organization maintain an escrow account other than a refunding escrow at any time during the ye. to defease any tax-exempt bonds? d. Did the organization during the year? 24d Did the organization as an "no behalf of" issuer for bonds outstanding at any time during the year? 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? "Yes," complete Schedule L, Part I Learn or year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E27 if "Yes," complete Schedule L, Part I Learn or year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E27 if "Yes," complete Schedule L, Part I Learn or year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E27 if "Yes," complete Schedule L, Part I Learn or year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E27 if "Yes," complete Schedule L, Part I Learn	23	· · · · · · · · · · · · · · · · · · ·			
Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 20027f "Yes," inswer lines 24b through 24d and complete Schedule K if "No," go to line 25  b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the yea. The december 31, 20027f "Yes," and the general proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the yea. The december 31, 20027f "Yes," and the during the year of the december 31, 20027f yes," and the temptor year, and the the transaction that a disqualified person during the year of year. The december 31, 20027f yes," and the general transaction with a disqualified person of the did year of year. The year of year, and that the transaction was not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I if yes," complete Schedule L, Part II if yes," complete Schedule L, Part II if yes," complete Schedule L, Part II if yes, "complete Schedule L, Part II if yes," complete Schedule L, Part II if yes," complete Schedule L, Part II if yes, "complete Schedule L, Part II if yes," complete Schedule L, Part II if yes, "complete Schedule L, Part II if yes," complete Schedule L, Part II if yes, "complete Schedule L, Part II if yes," complete Schedule L, Part II if yes, "complete Schedule L, Part II if yes," complete Schedule L, Part II if yes, "complete Schedule L, Part II if yes," complete Schedule L, Part II if yes, "complete Schedule L, Part II if yes," complete Schedule L, Part II if yes, "complete Schedule L, Part II if yes," complete Schedule L, Part II if yes, "complete Schedule L, Part II if yes," complete Schedule L, Part II if yes, "complete Schedule L, Part II if yes," complete Sch			}		
\$100,000 as of the last day of the year, that was issued after December 31, 2002/ff "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25  b Did the organization invest any proceeds of fax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year. d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  24d 25s Section 501(c)(3) and 501(c)(14) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? "Yes," complete Schedule L, Part I year. If year year. If "Yes," complete Schedule L, Part I year. If year.			23		X
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Schedule L, Part IV  An entity of which a current or former officer, director, trustee, or key employee of the organization (or family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L Part IV  Did the organization receive more than \$25,000 in non-cash contributions # "Yes," complete Schedule M  Did the organization receive contributions of art, historical treasures, or other similar assets, or qualifie conservation contributions? "Yes," complete Schedule M  Did the organization liquidate, terminate, or dissolve and cease operations # "Yes," complete Schedule N, Part I  Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?  If "Yes," complete Schedule N, Part II  Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I  Was the organization related to any tax-exempt or taxable entity # "Yes," complete Schedule R, Parts II,  III, IV, and V, line 1  Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			28a	<u> </u>	
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family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L Part IV  29 Did the organization receive more than \$25,000 in non-cash contributions? "Yes," complete Schedule M  29 X  30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualifie conservation contributions? "Yes," complete Schedule M  30 X  31 Did the organization liquidate, terminate, or dissolve and cease operations? "Yes," complete Schedule N, Part I  31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II  31 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I  31 AX  32 AX  33 Was the organization related to any tax-exempt or taxable entity? "Yes," complete Schedule R, Part II  33 AX  34 Was the organization a controlled entity within the meaning of section 512(b)(13) "Yes," complete Schedule R, Part V, line 2  35 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			28b		X
Part IV  29 Did the organization receive more than \$25,000 in non-cash contributions # "Yes," complete Schedule M  29 X  30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualifie conservation contributions? # "Yes," complete Schedule M  30 X  31 Did the organization liquidate, terminate, or dissolve and cease operations # "Yes," complete Schedule N, Part I  31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?  32 If "Yes," complete Schedule N, Part II  33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? # "Yes," complete Schedule R, Part I  34 Was the organization related to any tax-exempt or taxable entity # "Yes," complete Schedule R, Parts II, III, IV, and V, line 1  35 Is any related organization a controlled entity within the meaning of section 512(b)(13) # "Yes," complete Schedule R, Part V, line 2  36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related	С		1		
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Part I  Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?  If "Yes," complete Schedule N, Part II  Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I  Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,  III, IV, and V, line 1  Schedule R, Part V, line 2  35 X  36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related	0.4	·	30		Χ.
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III, IV, and V, line 1  35 Is any related organization a controlled entity within the meaning of section 512(b)(13)// "Yes," complete Schedule R, Part V, line 2  36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related	24		33		
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Schedule R, Part V, line 2  35 X  36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related	25		34	<del>                                     </del>	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related	ან		2.5		_
	36		35		
	50		36		×

37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? "Yes," complete Schedule R, Part

38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and

19? Note. All Form 990 filers are required to complete Schedule O

VI

37

		504370	F	age 5
Par	V Statements Regarding Other IRS Filings and Tax Compliance		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			
	U S Information Returns Enter -0- if not applicable 1a 7			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 65			ļ
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	L
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see			
	instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by			
	this return?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	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			
L	account)?	4a		X
b	If "Yes," enter the name of the foreign country ►  See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank			
	and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		×
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding	- 5.5		<u> </u>
Ū	Prohibited Tax Shelter Transaction?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	_		١.,
	required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal		<del> </del>	
£	benefit contract?	7e 7f		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		x
g h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as	, <del>9</del>		<del>  ^</del>
	required?	7h		X
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
_	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
	organization, have excess business holdings at any time during the year?	8		x
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		<u> </u>
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12			
þ	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	-	1	
11	Section 501(c)(12) organizations. Enter			1
a	Gross income from members or shareholders  11a	-		
b	Gross income from other sources (Do not net amounts due or paid to other sources			
42-	against amounts due or received from them )  Section 4047(a)(4) non-exempt charitable trusts. Is the exemptation filing Form 200 in liquid Form 10412	12-		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  If "Yes," enter the amount of tax-exempt interest received or accrued during the year   12b	12a	+-	
b	n res, enter the amount of tax-exempt interest received of accided duning the year 120   120	1	1	1

Governance, Management, and DisclosureFor each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Sehedule O See instructions

Sect	tion A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body	1a	,	7]		
b	Enter the number of voting members that are independent	1b		7		İ
2	Did any officer, director, trustee, or key employee have a family relationship or a business relation	nship	with	ļ	ļ	
	any other officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or under					
	supervision of officers, directors or trustees, or key employees to a management company or other			3		<u> </u>
4	Did the organization make any significant changes to its organizational documents since the prior Form 990			4		X
5	Did the organization become aware during the year of a material diversion of the organization's a	issets'	>	5		X
6	Does the organization have members or stockholders?			6		Х
7a	Does the organization have members, stockholders, or other persons who may elect one or mor	e mem	bers	1_		<u>, ,                                   </u>
	of the governing body?		•	7a	ļ	X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertail	en au	ring			'
_	the year by the following					1
a	The governing body?  Each committee with authority to act on behalf of the governing body?			8a	X	X
ь 9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be	roock	od	8b		<del>  ^-</del>
9	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	reaci	ieu	9a		×
Sect	tion B. Policies (This Section B requests information about policies not required by the	o Into	rnal	] 3a		
	enue Code )		· · · · ·			
					Yes	No
10a	Does the organization have local chapters, branches, or affiliates?			10a		X
		ich ch	apters,			
	affiliates, and branches to ensure their operations are consistent with those of the organization?			10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before	re filin	g th <sub>'</sub>			
	form?			11	Х	
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990					
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	<u> </u>
b	Are officers, directors or trustees, and key employees required to disclose annually interests that	could	give			
	rise to conflicts?			12b	X	<u> </u>
С	Does the organization regularly and consistently monitor and enforce compliance with the policy	If "Yes	5, "			
	describe in Schedule O how this is done			12c	X	<u> </u>
13	Does the organization have a written whistleblower policy?			13	X	<u> </u>
14	Does the organization have a written document retention and destruction policy?			14	X	<u> </u>
15	Did the process for determining compensation of the following persons include a review and app		•			ì
	independent persons, comparability data, and contemporaneous substantiation of the deliberation	n and	decision?			
a	The organization's CEO, Executive Director, or top management official			15a	X	<u> </u>
b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)			15b	<del>  ^-</del>	<u> </u>
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arra	naomo	.nt	-		·
ıva	with a taxable entity during the year?	ngeme	erit.	16a		x
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to	evalus	to	104	<del> </del>	<del>  ^-</del>
	its participation in joint venture arrangements under applicable federal tax law, and taken steps t					1
	the organization's exempt status with respect to such arrangements?	0 00.0;	gaara	16b		'
Sect	tion C. Disclosure			1 .02	1	<u> </u>
17	List the states with which a copy of this Form 990 is required to be filed ▶ UT					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and	990-T (	501(c)(3)s only)			
	available for public inspection. Indicate how you make these available. Check all that apply	•				
	Own website Another's website X Upon request					
19	Describe in Schedule O whether (and if so, how), the organization makes its governing document	its, coi	iflict of interest			
	policy, and financial statements available to the public					
20	State the name, physical address, and telephone number of the person who possesses the bool	s and	records of the			
	organization ► Ray Barrett		(801) 936-4	000	. <b>.</b>	
	1130 West Center, North Salt Lake, UT 84054					

74-2504370

# Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complète this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees. See instructions for definition of "key employee."
- List the organization's five**current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highercompensated employees, and former such persons

Check this box if the organization did not compen	sate any current	office	r, d	ire	ctor	, or tru	ıste	e		
(A)	(B)			(	C)			(D)	(E)	(F)
Name and Title	Average hours per week	श्री Individual trustee Por director	_		a Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
Shane Petersen CEO	50	х		х				76,128	0	C
Bill Whitney Board Member - Pres	5	х						0	0	C
Jodi Call Board Member	5	х						0	0	C
Bob Call Board Member	3	х						0	0	С
Steve Beazer Board Member	5	х						0	0	С
Jason Kassing Board Member	3	х						0	0	C
Cheryl Peck Board Member	3	х						0	0	C
Judith Atherton Board Member	3	Х	ļ					0	0	C
David Crapo Board Member	5	Х						0	0	
Barry Dickerson Board Member	5	х						0	0	C
Janice Taylor Board Member	3	Х						0	0	c

more than \$100,000 in compensation from the organization

Form 99	0 (2009	E) Life-Line Inc						74-25043	370 Page <b>9</b>
Part	VIII	Statement of Revenue			·				
		,				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	ļ	1a	0				
gra	b	Membership dues		1b	0				
ts, am	С	Fundraising events		1c	14,642				
gif Iar	d	Related organizations		1d	0				
ns, imi	е	Government grants (contributions)		1e	0				
ıtio er s	f	All other contributions, gifts, grants,	and						
ë ë		similar amounts not included above	ļ	1f	116,918				
ont	g	Noncash contributions included in lir	nes 1a-1f \$		O				
<u>ة ٽ</u>	h	Total. Add lines 1a–1f			<b>•</b>	131,560			
ne					Business Code	<del></del>			
Program Service Revenue	2a			.		2,220,396	2,220,396		
Se .	b	Clinical & Diagnostic Fees		.		7,825	7,825		
VIC6	С	Miscellaneous				10,416	10,416		
Ser	d			.		0			
a H	е			.		0			
rogr	f	All other program service revenue				0			<u>-</u>
	g	Total. Add lines 2a–2f			<b>•</b>	2,238,637			
	3	Investment income (including divide	nds, interest,	and					
		other sımılar amounts)			▶	26,740			26,740
	4	Income from investment of tax-exem	pt bond proce	eeds	▶	0			
	5	Royalties			<b>•</b>	0			
			(ı) Real		(II) Personal				
	6a	Gross Rents							
	b	Less rental expenses							
	С	Rental income or (loss)		0	0				_
	d	Net rental income or (loss)			•	0			
	7a	Gross amount from sales of	(i) Secunties	S	(II) Other				
		assets other than inventory		0	0				
	b	Less cost or other basis							
		and sales expenses		0	0				
	С	Gain or (loss)		0	0				
	d	Net gain or (loss)			<b>•</b>	0			
41	8a	Gross income from fundraising							
'n		events (not including \$	0						
- Ve		of contributions reported on line 1c)							
æ		See Part IV, line 18		а	0				
Other Revenue	b	Less direct expenses		b	0	_			
ŧ	С	Net income or (loss) from fundraising	g events		<b>•</b>	0			
_	9a	Gross income from gaming activities	5						
		See Part IV, line 19		а	0				
		Less direct expenses		b	0				
	С	Net income or (loss) from gaming ac	ctivities		<b>•</b>	0			
	10a	Gross sales of inventory, less							
		returns and allowances		а	0				
		Less cost of goods sold		b	0	~-			
	С	Net income or (loss) from sales of in	ventory			0			
		Miscellaneous Revenue			Business Code		_		
	11a			. [		0			
	b		<b></b>	_		0			
	c		•••••	_		0			
	d	All other revenue				0			
	e	Total. Add lines 11a-11d			<b>•</b>	0			
	12	Total revenue. See instructions			<b>•</b>	2,396,937	2,238,637	0	26,740

#### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D). Do not include amounts reported on lines 6b, (A) (C) (D) Total expenses Program service Management and Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 2 Grants and other assistance to individuals in the U.S. See Part IV, line 22 0 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 Benefits paid to or for members 0 Compensation of current officers, directors, trustees, and key employees 76,128 53,290 22,838 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 989,000 Other salaries and wages 930,277 58.723 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) 20,692 13,657 7.035 Other employee benefits 161,380 154,118 7,262 10 Payroll taxes 81,095 74,885 6,210 Fees for services (non-employees) Management а 0 Legal b 54,239 54,239 C Accounting d Lobbying 0 0 Professional fundraising services See Part IV, line 17 е 0 f Investment management fees g Other 0 12 Advertising and promotion 187.726 182,094 5,632 Office expenses 41,040 26,918 2.026 12,096 13 Information technology 0 14 0 15 Royalties 16 Occupancy 68,134 63,365 4,769 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 3.701 3.701 Conferences, conventions, and meetings 46,354 20 Interest 43,109 3,245 21 Payments to affiliates Depreciation, depletion, and amortization 121,628 117,979 3,649 22 52,842 23 Insurance 49,143 3,699 24 Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below ) a Bad Debt Expense 186.000 186.000 **b** Treatment Consulting 98,519 98,519 c Group Food & Supplies 129,765 129,765 37,313 34,701 2,612 **d** Telephone 49,042 48,820 194 Transportation 61,873 57,543 4,330 f All other expenses Total functional expenses. Add lines 1 through 24f 2,466,471 2,267,884 186,463 12,124 25 Joint costs. Check here ▶ if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation

	990 (20						74-2504370	Page <b>11</b>
Pa	ırt X	Balance Sheet						
		•			(A) Beginning of year		(B) End of y	ear
	1	Cash—non-interest-bearing			431,702	1		413,295
	2	Savings and temporary cash investments				2		
	3	Pledges and grants receivable, net			0	3		(
	4	Accounts receivable, net			346,081	4		342,74
	5	Receivables from current and former officers,	directors	s, trustees, key				
		employees, and highest compensated employ	ees Co	mplete Part II of				
		Schedule L				5		
	6	Receivables from other disqualified persons (a	as define	ed under section				
		4958(f)(1)) and persons described in section 4	1958(c)(3	B)(B) Complete				
		Part II of Schedule L				6		
ets	7	Notes and loans receivable, net			0	7		
Assets	8	Inventories for sale or use				8		
⋖	9	Prepaid expenses and deferred charges		L	50,512	9		45,880
	10a	Land, buildings, and equipment cost or	10a	2,575,795				
		other basis Complete Part VI of Schedule D						
	b	Less accumulated depreciation	10b	917,881	1,779,542	10c		1,680,150
	11	Investments—publicly traded securities		L	0	11		(
	12	Investments—other securities See Part IV, lin			0	12		
	13	Investments—program-related See Part IV, lii	ne 11	_	0	13		1
	14	Intangible assets		_	0	14		
	15	Other assets See Part IV, line 11		L	0	15		
	16	Total assets. Add lines 1 through 15 (must ed	qual line	34)	2,607,837	16		2,482,066
	17	Accounts payable and accrued expenses		L	171,703	17		167,898
	18	Grants payable		18				
	19	Deferred revenue	-	·	19			
۰.	20	Tax-exempt bond liabilities		a <b>.</b> .		20		
ĕ	21	Escrow or custodial account liability Complete		<u> </u>		21		
	22	Payables to current and former officers, direct		•				
Liabilities		employees, highest compensated employees,	and dis	qualified				
_		persons Complete Part II of Schedule L	-1-414-		000 000	22	-	700.000
	23	Secured mortgages and notes payable to unre		<b></b>	833,000	23		783,000
	24 25	Unsecured notes and loans payable to unrelate		parties	0	24		2.00
	26	Other liabilities Complete Part X of Schedule <b>Total liabilities</b> . Add lines 17 through 25	U	-	6,033			3,60
	20	· · · · · · · · · · · · · · · · · · ·			1,010,736	26		954,499
Š		Organizations that follow SFAS 117, check		► X and				
ž		complete lines 27 through 29, and lines 33	and 34.	_		-		
<u>a</u>	27	Unrestricted net assets			1,597,101	27		1,527,567
ñ	28	Temporarily restricted net assets		<u> </u>		28		
ב	29	Permanently restricted net assets				29		
Net Assets or Fund Balances		Organizations that do not follow SFAS 117, and complete lines 30 through 34.	, check	here ▶				
ţ	20	·	_	-				
SSE	30	Capital stock or trust principal, or current fund				30		
Ä	31	Paid-in or capital surplus, or land, building, or		<u> </u>		31		<del></del>
ē	32	Retained earnings, endowment, accumulated	income,	or other tunds	4 507 404	32		4 507 50
_	33	Total helyltres and not assets/fund helphase		<u> </u>	1,597,101	33		1,527,567
	34	Total liabilities and net assets/fund balances			2,607,837	34	L	2,482,066

If the Sci <b>2a</b> We	counting method used to prepare the Form 990		Yes	No
If the Sci <b>2a</b> We	ne organization changed its method of accounting from a prior year or checked "Other," explain in medule O	_		
Scl 2a We	nedule O	20		
<b>2a</b> We		30		
	re the organization's financial statements compiled or reviewed by an independent accountant?	20		
b We		Za		Х
	re the organization's financial statements audited by an independent accountant?	2b		Х
c If "	Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			
the	audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		
If t	ne organization changed either its oversight process or selection process during the tax year, explain in			
Sc	nedule O			
d If "	Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were			
ISS	ued on a consolidated basis, separate basis, or both			
X	Separate basis Consolidated basis Both consolidated and separate basis			
3a As	a result of a federal award, was the organization required to undergo an audit or audits as set forth in			
	Single Audit Act and OMB Circular A-133?	3a		Х
b If "	Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
rec	uired audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

#### **SCHEDULE A** (Form 990, or 990-EZ)

## **Public Charity Status and Public Support**

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

► See separate instructions.

Open to Public Inspection

Name of the	e organization							Employer	identificati	on numbe	٢	
Life-Line										504370		
Part I			arity Status (All orga						tructions			
. —			tion because it is (For		_		-	•				
1			ches, or association of			in section	n 170(b)(	(1)(A)(i).				
2			n 170(b)(1)(A)(ii). (Atta		•							
3 📙	-	•	ospital service organiza									
4 📙		search organizat me, city, and sta	ion operated in conjun te	ction with	a hospital	describe	d in secti	on 170(b) 	(1)(A)(iii) 	. Enter t	he 	
5			the benefit of a college Complete Part II)	e or univer	sity owne	d or opera	ited by a (	governme	ntal unit d	escribed	t	
6	A federal, sta	ate, or local gove	rnment or government	al unit des	scribed in	section 1	70(b)(1)(	A)(v).				
7			receives a substantial		s support f	rom a gov	ernmenta	il unit or fr	om the ge	eneral pi	ublic	
8			in section 170(b)(1)(A		mplete Pa	art II )						
9 X	An organizat	on that normally	receives (1) more tha	an 33 1/3 <sup>c</sup>	% of its su	pport from	n contribu	tions, mer	nbership t	fees, an	d gross	3
	receipts from support from	activities related gross investmen	d to its exempt function nt income and unrelate after June 30, 1975 Si	ns—subjed d busines	ct to certai s taxable	n exception	ons, and ( ess sectio	2) no mor n 511 tax)	e than 33	1/3 % o	-	
10	An organizat	ion organized ar	nd operated exclusively	to test fo	r public sa	ifety See	section 5	609(a)(4).				
11 📗	purposes of o	one or more pub	nd operated exclusively licly supported organiz t describes the type of	ations des	scribed in	section 50	09(a)(1) o	r section 5	609(a)(2)	See se	ction	
	a Type	<b>b</b>	Type II c	Туре	e III–Func	tionally in	tegrated		d 🔲 T	ype III-	-Other	
е 🗌	By checking	this box, I certify	that the organization i	s not cont	rolled dire	ctly or ind	irectly by	one or mo	ore disqua	lified		
_	persons othe	•	n managers and other			•			•		ction	
f	_	ation received a check this box	written determination	from the II	RS that it	ıs a Type	I, Type II,	or Type II	I supporti	ng		
g	Since Augus following per		he organization accept	ted any git	ft or contri	bution froi	m any of t	he				
			or indirectly controls, e				ersons de	scribed in	(II)		Yes	No
	•		erning body of the sup		ganization	7				11g(i)		
		•	person described in (i) of a person described		u) ahova?					11g(ii) 11g(iii)		
h	, ,		tion about the supporte		•					[''9(''')		
•	ne of supported	(II) EIN	(III) Type of organization	(IV) Is the	organization		ou notify		Is the		Amount	t of
	ganization	``	(described on lines 1–9 above or IRC section		sted in your document?		nization in of your		tion in col ized in the	ŀ	support	
			(see instructions))	L	T		port?	<b>!</b>	S?	-{		
	· · · · · · · · · · · · · · · · · · ·			Yes	No	Yes	No	Yes	No			
												0
												0
	<del>.</del>											<u> </u>
						-						0
					_							0

18

Sched	ule A (Form 990 or 990-EZ) 2009 Life-Line Inc					74-250437	Page 2					
Par	t II Support Schedule for Organiz	zations Descr	ibed in Secti	ions 170(b)(1	)(A)(iv) and 1	I70(b)(1)(A)(v	)					
	(Complete only if you checked t	the box on line	5, 7, or 8 of 1	Part I)								
Sect	tion A. ,Public Support			•								
	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total					
1	Gifts, grants, contributions, and	` '		<u> </u>		· /						
•	membership fees received (Do not											
	include any "unusual grants")											
_	-	-										
2	Tax revenues levied for the organization's											
	benefit and either paid to or expended on						_					
	its behalf						<u></u> č					
3	The value of services or facilities											
	furnished by a governmental unit to the											
	organization without charge											
4	Total. Add lines 1 through 3		0	0	0	o	C					
5	The portion of total contributions by each											
	person (other than a governmental unit											
	or publicly supported organization)											
	included on line 1 that exceeds 2% of the											
	amount shown on line 11, column (f)											
6	Public support. Subtract line 5 from line 4						C					
	tion B. Total Support											
Cale	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total					
7	Amounts from line 4	o	0	0	0	o	(					
8	Gross income from interest, dividends,											
	payments received on securities loans,											
	rents, royalties and income from similar	İ										
	sources						(					
9	Net income from unrelated business											
	activities, whether or not the business is											
	regularly carried on						C					
10	Other income Do not include gain or	l										
	loss from the sale of capital assets											
	(Explain in Part IV)						(					
11	Total support. Add lines 7 through 10						(					
12	Gross receipts from related activities, etc. (se	ee instructions)				12						
13	First five years. If the Form 990 is for the org	ganization's first,	second, third,	fourth, or fifth ta	ax year as a se	ction 501(c)(3)						
	organization, check this box and stop here						▶∟					
Sect	tion C. Computation of Public Support	Percentage										
14	Public support percentage for 2009 (line 6, co		by line 11, col	umn (f))		14	0 00%					
15	Public support percentage from 2008 Schedu	ule A, Part II, line	14			15	0 00%					
16a	33 1/3% support test-2009. If the organization			e 13 and line 14	4 is 33 1/3% or	more check this	s box					
	and <b>stop here</b> . The organization qualifies as				. 10 00 17070 01	THOUS, OTTOOK IIII	▶ [					
b	33 1/3% support test-2008. If the organization		=		ine 15 ie 33 1/3	% or more char						
b	box and <b>stop here</b> . The organization qualifies				10 10 10 00 170	7/8 OF THORE, CHE						
172					3 16a or 16h	and line 14 is 10	<b>▶</b> _					
17a	10%-facts-and-circumstances test-2009.If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 109 or more, and if the organization meets the "facts-and-circumstances" test, check this box and top here. Explain in Part IV how											
	the organization meets the "facts-and-circum				-		ow ▶ [					
b	10%-facts-and-circumstances test-2008.lf		-	•	• • •	_						
D	or more, and if the organization meets the "fa	-										
	or more, and it the organization meets the la	2013-and-011001113	tarices lest, C	HECK HIS DUX AI	ISTOP HEIG. EX	piani ni Faitivi	IOVV					

the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

#### 74-2504370 Support Schedule for Organizations Described in Section 509(a)(2) Part III (Complete only if you checked the box on line 9 of Part I)

Sec	tion A. Public Support							
	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009		(f) Total
4	Ciffo grants contributions and			, ,	, ,		1	
1	Gifts, grants, contributions, and membership fees received (Do not							
	include any "unusual grants")	207,946	154,775	252,413	55,202	131,5	60	801,896
_	• • •	207,040	104,770	202,410		101,0		001,000
2	Gross receipts from admissions, merchandise							
	sold or services performed, or facilities furnished							
	in any activity that is related to thε	2 720 766	2 572 224	2 025 175	2.456.262	2 220 6		12 042 165
3	organization's tax-exempt purpose Gross receipts from activities that are not an	2,739,766	3,572,324	2,835,175	2,456,263	2,238,6	137	13,842,165
J	unrelated trade or business under section 51:							0
4	Tax revenues levied for the organization's			_			_	
•	benefit and either paid to or expended on	1						
	its behalf							0
5	The value of services or facilities							
	furnished by a governmental unit to the							
	organization without charge							0
6	Total. Add lines 1 through 5	2,947,712	3,727,099	3,087,588	2,511,465	2,370,1	97	14,644,061
7a	Amounts included on lines 1, 2, and 3							
	received from disqualified persons							0
b	Amounts included on lines 2 and 3 received							
-	from other than disqualified persons that							
	exceed the greater of \$5,000 or 1% of the							
	amount on line 13 for the year	14,690	0	61,100	233,349	220,4	85	529,624
С	Add lines 7a and 7b	14,690	0	61,100	233,349	220,4	85	529,624
8	Public support (Subtract line 7c from							
	line 6)							14,114,437
	tion B. Total Support							
Cale	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009		(f) Total
9	Amounts from line 6	2,947,712	3,727,099	3,087,588	2,511,465	2,370,1	97	14,644,061
10a	Gross income from interest, dividends,	-,- ,	, ,	-,,	,			., ,
	payments received on securities loans,							
	rents, royalties and income from similar							
	sources	48,233	73,359	66,393	20,747	26,7	40	235,472
b	Unrelated business taxable income (less							
	section 511 taxes) from businesses							
_	acquired after June 30, 1975	40.222	70.050	66.202	20.747	20.7	140	225.472
с 11	Add lines 10a and 10b  Net income from unrelated business	48,233	73,359	66,393	20,747	26,7	40	235,472
••	activities not included in line 10b,							
	whether or not the business is regularly							
	carried on							0
12	Other income Do not include gain or							
	loss from the sale of capital assets							
	(Explain in Part IV )					7,5	18	7,518
13	Total support. (Add lines 9, 10c, 11,							
	and 12 )	2,995,945	3,800,458		2,532,212	2,404,4		14,887,051
14	First five years. If the Form 990 is for the orga	anization's first,	second, third, f	ourth, or tifth tax	year as a sec	tion 501(c)(3	3)	. $\Box$
	organization, check this box and stop here	_						▶ □_
Sec	tion C. Computation of Public Support							
15	Public support percentage for 2009 (line 8, colo		•	mn (f))		15		94 81%
16	Public support percentage from 2008 Schedule					16		0 00%
<u>Sec</u>	tion D. Computation of Investment Inco					,		
17	Investment income percentage for 2009 (line 1			3, column (f))		17		1 58%
18	Investment income percentage from 2008 Sche				_	18		0 00%
19a	33 1/3% support tests-2009. If the organization						d line	
_	not more than 33 1/3%, check this box and sto					-		► X
b	33 1/3% support tests-2008 If the organization did							. —
	line 18 is not more than 33 1/3%, check this box and	-	-	-	-			▶Щ
20	Private foundation. If the organization did not	t check a box or	n line 14, 19a, c	or 19b, check the	s box and see	instructions		▶

Schedule A (Form 9	990 or 990-EZ) 2009	Life-Line Inc					74-2504370	Page 4
Part IV							by Part II, line 10,	
<del></del>	Part II, line 17a	or 17b, and Pa	art III, line 12	Provide any	other additiona	al information	See instructions	
Part III Line Lir	ne 12 Other revenu	e is from a golf	tournament fur	ıd raiser				
		•••••		• • • • • • • • • • • • • • • • • • •	••		·	
						· • • • • • • • • • • • • • • • • • • •		
						• • • • • • • • • • • • • • • • • • • •		
								<b>-</b>
						• • • • • • • • • • • • • • • • • • • •		
						<b></b>		
						<b></b>		
						<b></b>		
							<del>-</del> -	·

#### SCHEDULE D (Form 990)

**Supplemental Financial Statements** 

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990.

► See separate instructions.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Name of the organization Employer identification number 74-2504370 Life-Line Inc Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if Part I the organization answered "Yes" to Form 990, Part IV, line 6 (b) Funds and other accounts Total number at end of year 1 Aggregate contributions to (during year) 2 Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year Total number of conservation easements 2a 2b Total acreage restricted by conservation easements Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 8/17/06 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Yes violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section Yes 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describe the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works c art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of ar historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide th following amounts required to be reported under SFAS 116 relating to these items Revenues included in Form 990, Part VIII, line 1

Assets included in Form 990. Part X

Part	Organizations Maintaining	Collections of	Art, Histo	orical II	reasures, c	or Othe	r Similar Ass	ets(COH	uriuec	<u>ار</u>
3	Using the organization's acquisition, a use of its collection items (check all the		er records	, check a	any of the fol	lowing t	hat are a signific	ca		
а	Public exhibition		d $\square$	Loan o	or exchange	progran	ns			
b	Scholarly research		e 🗔	Other	J					
	=		٠ ــــا	Other	• • • • • • • • • • • • • • • • • • • •					
С	Preservation for future general									
4	Provide a description of the organizar Part XIV	tion's collections ar	nd explain	how they	y further the	organiza	ation's exempt p	ourpose		
5	During the year, did the organization assets to be sold to raise funds rathe							Ye	es 🔲	No
Part	IV Escrow and Custodial Ar	rangements. Co	mplete if	the orga	anızatıon aı	nswere	d "Yes" to For	m 990,	Part	
	IV, line 9, or reported an ar	nount on Form 9	90, Part 2	X, line 2	1					
1a	Is the organization an agent, trustee, included on Form 990, Part X?			·		or other	assets not	Ye	s 🔲	No
b	If "Yes," explain the arrangement in F	Part XIV and compl	ete the fol	lowing ta	ible					
						4.	<del>                                     </del>	mount		
C	Beginning balance					1c				
d	Additions during the year					1d				
e	Distributions during the year					1e 1f				0
f	Ending balance						1.			
2a	Did the organization include an amou		art X, line	217				Ye	es X	No
b	If "Yes," explain the arrangement in F				"Vaa" ta E	OO	O Dort IV line	10		
Part	V Endowment Funds. Comp									haak
		(a) Current year	(b) Pric	or year	(c) Two years	S DACK	(d) Three years back	(e) F0	our years	Dack
1a	Beginning of year balance	<u> </u>								
b	Contributions									
С	Net investment earnings, gains,					1				
	and losses		<u> </u>					+		-
d	Grants or scholarships Other expenditures for facilities	<u> </u>	<u> </u>					<del> </del>		
е	and programs									
•	Administrative expenses									
' '	End of year balance	0		0			-	+		
g 2	Provide the estimated percentage of		L		<u> </u>					
a	Board designated or quasi-endowme		%							
b	Permanent endowment	%								
c	Term endowment	%								
3a	Are there endowment funds not in th		e organiza	tion that	are held and	d admini	stered for th			
	organization by	,	Ū						Yes	No
	(i) unrelated organizations							3a(i)		
	(ii) related organizations							3a(ii)		
b	If "Yes" to 3a(ii), are the related orga	nizations listed as	required o	n Sched	ule R?			3b		
4	Describe in Part XIV the intended us									
Part						X, line	10			
	Description of investment	(a) Cost or o (investri			st or other s (other)		ccumulated preciation	( <b>d</b> ) Bo	ook valu	e
1a	Land		0		86,175				8	6,175
b	Buildings		0		1,826,427		455,812			0,615
c	Leasehold improvements		0		298,193		162,291			5,902
d	Equipment		0		252,670		208,989			3,681
е	Other		0		134,566		90,789		4	3,777
Tota	II. Add lines 1a through 1e (Column (d	must equal Form	990, Part	X, colum	n (B), line 10	)(c) )	<b>•</b>		1,68	30,150

organization's liability for uncertain tax positions under FIN 48

Page 3
--------

Closely-held equity interests	
Closely-held equity interests	
Other	
Other	
O   O   O   O   O   O   O   O   O   O	
O   O   O   O   O   O   O   O   O   O	
0   0   0   0   0   0   0   0   0   0	
O   O   O	
O   O   O	
O   O	
O   O	
Total (Column (b) must equal Form 990, Part X, col (B) line 12)	
Total (Column (b) must equal Form 990, Part X, col (B) line 12)  Part VIII Investments—Program Related. See Form 990, Part X, line 13  (a) Description of investment type  (b) Book value  (c) Method of valuation Cost or end-of-year market value  0  0  0  0  0  10  0  10  10  10  10	
Part VIII Investments—Program Related. See Form 990, Part X, line 13  (a) Description of investment type  (b) Book value  (c) Method of valuation Cost or end-of-year market value  0  0  0  0  0  0  10  0  10  10  10	
(a) Description of investment type (b) Book value (c) Method of valuation Cost or end-of-year market value  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
Cost or end-of-year market value  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
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0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
Total (Column (b) must equal Form 990, Part X, col (B) line 13)  Part IX Other Assets. See Form 990, Part X, line 15	
Total (Column (b) must equal Form 990, Part X, col (B) line 13)  Part IX Other Assets. See Form 990, Part X, line 15	
Total (Column (b) must equal Form 990, Part X, col (B) line 13 )   Part IX Other Assets. See Form 990, Part X, line 15	
Part IX Other Assets. See Form 990, Part X, line 15	
(a) Description (b) Book val	
	0
	0
<del></del>	0
	0
<del></del>	0
	0
	0
	0
	0
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	0
Part X Other Liabilities. See Form 990, Part X, line 25	
Federal income taxes 0	
Capital Leases 3,601	
0	
<u>-</u>	
······································	
0	
0  Total (Column (b) must equal Form 990, Part X, col (B) line 25) ▶ 3 601	
Total (Column (b) must equal Form 990, Part X, col. (B) line 25)   ■ 3,601  2. FIN 48 Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the	

Life-Line Inc 74-2504370 Schedule D (Form 990) 2009 Page 5 Part XIV Supplemental Information (continued)

#### SCHEDULE L (Form 990 or 990-EZ)

Department of the Treasury

### **Transactions With Interested Persons**

OMB No 1545-0047
2009

► Complete if the organization answered
"Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V, line 38a or 40b.

Attach to Form 990 or Form 990-EZ. ▶See separate ınstruc

Open To Public

Name of the or		J FOIIII 99	o or Form	1 990-62.	- 366.8	eparate mstr	uctions		nployer	ıdentıfı	cation n		
Life-Line Inc	•								-25043				
Part I	Excess Benefit Transaction Complete if the organization answ							only)					
	(a) Name of discussified a second					(h) D						(c) Cor	rrected?
	(a) Name of disqualified person		_			(b) Description	on of trans	saction				Yes	No
													-
		-						•					
						·							
unde	the amount of tax imposed on r section 4958 the amount of tax, if any, on li	ne 2, abo	ve, reiml	bursed by		•	ns durır	ng the	yea	<b>&gt;</b>	\$ \$		
Part II	Loans to and/or From In Complete if the organization				0 Part I	V line 26 oi	r Form s	990-F	7 Part	V line	- 38a		
(a) Name	e of interested person and purpose	(b) Loan	to or from	(c) Ori principal	gınal	(d) Balance		ı	default?	(f) Ap	proved pard or nittee?		Vritten ement?
		То	From					Yes	No	Yes	No	Yes	No
			<del>                                     </del>		0		0				<del> </del>	<del> </del>	-
					0		0		<u> </u>		<del> </del>	<del>                                     </del>	
					0		0					<del>                                     </del>	<u> </u>
					0		0						
					0		0					ļ	
Total	<u>-</u> -				▶ \$		0			<u> </u>			,
Part III	Grants or Assistance Be Complete if the organization	_				V, line 27							
(a	) Name of interested person	(b)	Relationship	p between int organiza		rson and the		(c) Am	ount of g	rant or t	ype of as	ssistance	)
					<del></del>								
Part IV	Business Transactions I Complete if the organization		_			V line 28a	28h or	280					
(a	n) Name of interested person	( <b>b</b> ) R	elationship ested persoi organization	between n and the	(c) A	Amount of insaction	1		iption of	transact	ion	organi	aring of zation's nues?
		<u> </u>					<u> </u>					Yes	No
Jason Kass	ing	Board	Member			<u>:</u>	TV ad	is and	brochi	ures		┼	×_
	<del></del>	<del>                                     </del>				(	2					+	<del>  -</del>
		<del>                                     </del>											
		<del></del>	_	+								1	

#### **SCHEDULE O** (Form 990)

## **Supplemental Information to Form 990**

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information. Attach to Form 990.

OMB No 1545-0047 2009 Open to Public Inspection

Department of the Treasury Internal Rèvenue Service

Employer identification number

Name of the organization 74-2504370 Life-Line Inc Form 990 Part Part VI Section SectionA Line Line 8b Life Line does not have any committees with authority to act on behalf of the governing body Form 990 Part Part VI Section Section B Line Line 11 The process to complete and review the 2009 form 990 prior to filing is a collaborative effort on the part of senior management of the company The completed documents are the result of various meetings and discussions and emails between all parties Each member of the board of directors receives a PDF copy of a draft for review and comment Form 990 Part Part VI Section Section B Line Line 12C All supervisors, managers, and admin staff are required to fill out a conflict of interest form. Board members disclose and discuss any conflicts of interest that apply to them. Board members who have conflicts of interest with respect to certain issues declares the conflict and abstains from voting on that issue Form 990 Part Part VI Section Section B Line Line 15 The board compares compensation with that of other exempt organizations. Only independent members of the board are allowed to vote with regard to compensation. A raise percentage given to all staff is also approved by the board Form 990 Part Part VI Section Section C Line Line 19 These documents are provided to various state agencies. They are available to the public upon request

Part VIII, Lines 1a-h (990) - Contributions, Gifts, Grants, and Other Amounts

	Cash	Noncash
1 Federated Campaigns		1
2 Membership dues		2
3 Fundraising events	14,642	3
4 Related organizations	<del></del>	4
5 Government grants (contributions)		5
6 All other contributions, gifts, grants, and similar amounts not included above		
Donations	116,918	
		<del></del>
Other contributions total	116,918	6
7 Total	131,560	7

Part IX, Line 22 (990) - Depreciation, Depletion, and Amortization

	•	(A)	(B)	(C)	(D)
		Total	Program services	Management and general	Fundraising
1 Depreciation	1	121,628	117,979	3,649	
2 Depletion	2	0		<del></del>	
3 Amortization	3	0			
4 Total	4	121,628	117,979	3,649	0

Part X, Line 4 (990) - Accounts Receivable

		Accounts red	eıvable	Allowance for doub	tful accounts
		Beginning	End	Beginning	End
Accounts Receivable	1	511,860	596,828	165,779	254,087
	2				
	3 [				
	4				
	5		****		
	6				
	7				
	8				
	9 [				
)	10				
1 Total accounts receivable	11	511,860	596,828	165,779	254,087

## Part X, Lines 23 and 24 (990) - Secured and Unsecured Notes Payable

•			833,000	783,000
	Lender's name	Check if Unsecured	Balance due beginning of year	Balance due end of year
1	Wells Fargo		833,000	783,000
2				
3				
4				
5				
6				
7				
8				
9				
10				
11_				
12				
13				
14				
15				
16				
17				
18				
19				
20		ľ		1

<b>Part</b>	X, Line 25 (990) - Other Liabilities	6,033	3,601
	Description	Beginning	End
1	Capital Leases	6,033	3,601
2			
3			_
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			

# Life-Line Inc

Part X, Lines 10a and 10b (990) - Land, Buildings, and Equipment

	, ,													
									2,575,795	796,253	917,881	22,236	1,779,542	1,680,150
L				Leasehold			Check If	Check If		Beginning	Ending			
				Improve-			Investment	Asset	Cost/Other	Accumulated	Accumulated	Disposals/	Beginning .	Ending
	Category or Item	Land	Buildings		Equipment	Other	Asset	Disposed	Basis	Depreciation	Depreciation	Adjustments	Balance	Balance
Ľ	Land	×							86,175	0			86,175	86,175
	2 Buildings		×						1,826,427	394,572	455,812		1,431,855	1,370,615
									288,796			9,397	142,046	135,902
_	4 Equipment				×				243,041			9,629	62,838	43,681
	5 Furniture & Fixtures					×			77,612	44,153	53,734	3,210	33,459	27,088
						×			53,744				23,169	16,689
Ľ	Г			×						0			0	0
_									0	0			0	0
	6								0	0			0	0
_	10								0	0			0	0
F	-								0	0			0	0
-	12								0	0			0	0
-	13								0	0			0	0
-	14								0	0			0	0
_	15								0	0			0	0
_	16								0	0			0	0
17								-	0	0			0	0
_	18								0	0			0	0
_	19		_						0	0			0	0
	20								0	0			0	0

1	Form 990 Form 990	Part VI	Section SectionA Section B	Line Line 8b	Explanation  Life Line does not have any committees with authority to act on behalf of the governing body
1	,	•			
	Form 990	Part VI	Section B	Line 11	
	FOITH 990	Part VI	Section B	Line i i	The process to complete and review the 2000 form 000 prior to filing is a
2					The process to complete and review the 2009 form 990 prior to filing is a collaborative effort on the part of senior managment of the company. The completed documents are the result of various meetings and discussions and emails between all parties. Each member of the board of directors receives a PDF copy of a draft for review and comment.
	Form 990	Part VI	Section B	Line 12C	All supervisors, managers, and admin staff are required to fill out a conflict of interest form. Board members disclose and discuss any conflicts of interest that apply to them. Board members who have conflicts of interest with respect to certain issues declares the conflict and abstains from voting on that issue.

	Form 990	Part VI	Section B		The board compares compensation with that of other exempt organizations. Only independent members of the board are allowed to vote with regard to compensation. A raise percentage given to all staff is also approved by the board.
	ì	•			
4	Form 990	Part VI	Section C	Line 19	These documents are provided to various state agencies They are available to
					the public upon request
5					
6					