

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form **990-EZ**

Short Form 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)

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form

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

Open to Public Inspection

OMB No 1545-1150

2009

Department of the Treasury Internal Revenue Service

DAA

and ending For the 2009 calendar year, or tax year beginning D Employer identification number Check if applicable Please Name of organization use IRS X Address change label or 35-2072715 REALIFE MEDIA, INC Name change print or Number and street (or P O box, if mail is not delivered to street address) Telephone number Room/suite Initial return type. See 812-876-1731 1527 S ROGERS ST. Termination Specific City or town, state or country, and ZIP + 4 Group Exemption Amended return instruc-IN 47403 BLOOMINGTON Number tions Application pending X • Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach Cash G Accounting method Accrua a completed Schedule A (Form 990 or 990-EZ). Other (specify) N/A Check > if the organization is not Website: required to attach Schedule B (Form 990, 990-EZ, or 990-PF) **X** 501(c) (3) **◄** (insert no.) 4947(a)(1) or 527 Tax-exempt status (check only one) if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return 114,060 Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.) Part I 37,565 1 Contributions, gifts, grants, and similar amounts received 68,514 2 2 Program service revenue including government fees and contracts 3 Membership dues and assessments 3 4 4 Investment income 5a Gross amount from sale of assets other than inventory 5a b Less cost or other basis and sales expenses 5b Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 5c C SCANNED NOW 269 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here of contributions Gross revenue (not including \$ reported on line 1) 6a 6b Less direct expenses other than fundraising expenses Net income or (loss) from special events and activities (Subtract line 6b from line 6a) 6c Gross sales of inventory, less returns and allowances 7a 7b b Less cost of goods sold Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c C 7,981 SEE STATEMENT 1 8 8 Other revenue (describe 114,060 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 9 10 10 Grants and similar amounts paid (attach schedule) 11 11 Benefits paid to or for members 17,743 12 Salaries, other compensation, and employee benefits 12 7,435 Professional fees and other payments to independent contractors 13 13 58,844 14 Occupancy, rent, utilities, and maintenance 14 1,722 15 15 Printing, publications, postage, and shipping Other expenses (describe > SEE STATEMENT 75,526 16 16 161,2<u>70</u> 17 Total expenses. Add lines 10 through 16 17 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 -47,210 18 Net Assets 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 241,482 end-of-year figure reported on prior year's return) 19 20 Other changes in net assets or fund balances (attach explanation) 20 194,272 Net assets or fund balances at end of year Combine lines 18 through 20 21 Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ (A) Beginning of year (B) End of year (See the instructions for Part II) 22 Cash, savings, and investments 1,599 22 23 Land and buildings 23 224,812SEE STATEMENT 3 276,592 24 24 Other assets (describe 224,812 278,191 25 Total assets 25 SEE STATEMENT 4 36,709 26 30,540 26 Total liabilities (describe 241,482 194,272 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) Form 990-EZ (2009) For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

31	5ー2	O7	127	15

Page 3

	It V Other information (Note the statement requirements in the instructions los	i ait v.j			
				Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed				
	description of each activity		33		X
34	Were any changes made to the organizing or governing documents? If "Yes," attached a conformed copy of				x
	the changes		34	<u> </u>	
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but no	ot reported			
	on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T				
а	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section		35a		x
L	6033(e) notice, reporting, and proxy tax requirements?		35b		
36	If "Yes," has it filed a tax return on Form 990-T for this year? Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets		330		-
30	during the year? If "Yes," complete applicable parts of Schedule N		36		x
37a	Enter amount of political expenditures, direct or indirect, as described in the instr	او	30		
o, a b	Did the organization file Form 1120-POL for this year?	<u>a j</u>	37b		х
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or we	ro	376		 -
Jua	any such loans made in a prior year and still outstanding at the end of the period covered by this return?	16	38a		x
ь	If "Yes," complete Schedule L, Part II and enter the total amount involved	h l	304		
39	Section 501(c)(7) organizations Enter		1		
ээ a		a l			
-	Gross receipts, included on line 9, for public use of club facilities		1		
40a			1		
	section 4911 ▶, section 4912 ▶, section 4955 ▶				
ь	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefits	efit			
-	transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified				
	person in a 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 L, Part I		40b		X
С	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on				
	organization managers or disqualified persons during the year under sections 4912,				
	4955, and 4958				
ď	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c				
	reimbursed by the organization				
0	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter				
	transaction? If "Yes," complete Form 8886-T		40e		X
41	List the states with which a copy of this return is filed IN				
42a	The organization's books are in care of DAVID WEIL	Telephone no ► 812	2-33	3-3	951
	1527 S ROGERS ST				
	Located at ► BLOOMINGTON, IN	ZIP+4 ▶ 47 4	103		
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			Yes	No
	account)?		42b		X
	If "Yes," enter the name of the foreign country			ı	l
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank				
	and Financial Accounts.				7.7
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.?		42c		<u> </u>
42	If "Yes," enter the name of the foreign country.				
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here	.			
	and enter the amount of tax-exempt interest received or accrued during the tax year	► <u>43</u>			
			ı	V 1	N -
4.4	Did the organization maintain any depart educed funds 2 if "Voc." Form 000 must be assented.		\Box	Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		ا 🚛 ا	ŀ	X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If		44		
	"Yes," Form 990 must be completed instead of Form 990-EZ		45		x
	100, 1 Viiii 000 illust be completed ilistead of Form 350°EZ		orm 99	0-FZ	
		r,			(4000)

Pa	501(c)(3) organizations and section 4947 501(c)(3) organizations and section 4947(a)(1) non and complete the tables for lines 50 and 51.									
46	Did the organization engage in direct or indirect political campaign activities o	n hehalf of or in oppos	ution to			Yes	No			
40	candidates for public office? If "Yes," complete Schedule C, Part I	in benan of or in oppos	MOIT TO		46	103	X			
 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II 48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 										
49a	Did the organization make any transfers to an exempt non-charitable related		ilicodic L		48 49a		X			
b	If "Yes," was the related organization a section 527 organization?									
50	Complete this table for the organization's five highest compensated employee	es (other than officers	directors trustees	and key	49b	1				
-	employees) who each received more than \$100,000 of compensation from th									
	(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	ac	Expen	nd			
f 51	Total number of other employees paid over \$100,000 Complete this table for the organization's five highest compensated independent			han						
	\$100,000 of compensation from the organization. If there is none, enter "None	e "		···	_					
NO	(a) Name and address of each independent contractor paid more than \$100,000 NE	(b)	Type of service	(c) C	ompen	sation				
d	Total number of other independent contractors each receiving over \$100,000	•								
Sigr Here	e Signature of officer									
•	Preparer's signature Firm's name (or yours TALIESIN GROUP, CPAS 3100 JOHN HINKLE PL		Check if self-employed)	·			
	address, and Z + 4 BLOOMINGTON, IN 474	08		no ▶ 812			<u> 273</u>			
May	the IRS discuss this return with the preparer shown above? See instructions	· · · · · · · · · · · · · · · · · · ·			X Ye		No (2009)			

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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.

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

REALIFE MEDIA, INC

Employer identification number 35-2072715

P	art I	Reas	on for Public Charity	Status (All organizations	must c	omplete	this p	art.) S	ee ins	struction	ons.		
The	orgar	nization is not	a private foundation because	et is (For lines 1 through 11, che	eck only o	ne box)							
1		A church, co	nvention of churches, or asso	ociation of churches described in	section 1	70(b)(1)(A)(i).						
2	-	A school des	chool described in section 170(b)(1)(A)(ii). (Attach Schedule E)										
3	,	A hospital or	a cooperative hospital service organization described in section 170(b)(1)(A)(iii).										
4	Ī	A medical re	dical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,										
	L	city, and state:											
5		•		f a college or university owned or	operated	by a gove	ernmenta	al unit de	escribed	l ın			
		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II)											
6	Γ:				tion 170/	h\/1\/ A \/\	Λ						
7	1-1	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public											
•	لسا	•	section 170(b)(1)(A)(vi). (Co	• • • • • • • • • • • • • • • • • • • •	i a govern	illiciikai ui	III OI 1101	ii tile ge	nerai pe	JUIC			
			, ,, ,, ,,	•									
8	X	-		70(b)(1)(A)(vi). (Complete Part II	•					d			
9	Δ	•	• , ,	more than 33 1/3 % of its suppo				•		-			
		'	•	ot functions—subject to certain e	•		_						
		• •	•	d unrelated business taxable inco			iitax) ii	om busi	nesses				
			-	, 1975 See section 509(a)(2). (•							
10	ļ -'	J	•	xclusively to test for public safety		•							
11		-	•	xclusively for the benefit of, to pe				-		41			
				d organizations described in sec						tion			
		``` ``		e type of supporting organization		-		ĭ					
		a Type	··	c Type III–Functiona	, ,		d		e III–Ot	her			
е		•	•	nization is not controlled directly				-					
		persons othe	r than foundation managers a	and other than one or more public	cly suppor	ted organ	ızatıons	describe	ed in se	ction			
			section 509(a)(2).										
f		If the organiz	ation received a written deter	mination from the IRS that it is a	Type I, Ty	/pe II, or 1	ype III s	upportin	g				
		organization,	check this box										
g		Since August	t 17, 2006, has the organization	on accepted any gift or contributi	on from a	ny of the							
		following per	sons?										
		(i) A persor	n who directly or indirectly cor	ntrols, either alone or together wi	th persons	s describe	ed in (ii)					Yes	No
		and (III) l	below, the governing body of	the supported organization?							11g(i)		
		(ii) A family	member of a person describe	ed in (i) above?							11g(ii)		
		(iii) A 35% c	ontrolled entity of a person de	escribed in (i) or (ii) above?							11g(iii)		
h		Provide the f	ollowing information about the	e supported organization(s)			•						
(i)	Name	of supported	(ii) EIN	(iii) Type of organization	(iv) is the d	organization	(v) Did y	ou notify	(vi)	ls the	(vii) Amo	ount of	
	orga	anization		(described on lines 1–9		sted in your	· · · · · ·	nization in	organizat	ion in col zed in the	supp	ort	
				above or IRC section (see instructions))	governing	document?		of your oort?		S?			
				(occ mon donono),	Yes	No	Yes	No	Yes	No			
					ì								
									İ				
					ļ <u>.</u>				ļ				
									<u> </u>				
otal													

14 15 Public support percentage from 2008 Schedule A, Part II, line 14 15

33 1/3 % support test-2009. If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization

33 1/3 % support test—2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization

10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

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

OUL	stule A (1 01111 330 01 330-LZ) 2003 1444		,				, ago c
P	art III Support Schedule for O						
	(Complete only if you che	ecked the box o	n line 9 of Part	:1.)			
	ction A. Public Support						
Ca	llendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	26,060	67,473	104,566	43,698	37,565	279,362
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	12,271	43,657	131,929	76,225	68,514	332,596
3	Gross receipts from activities that are not an unrelated trade or business under section 513					7,981	7,981
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	38,331	111,130	236,495	119,923	114,060	619,939
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons					3,400	3,400
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	7,271	38,657	126,929	71,225		244,082
C	Add lines 7a and 7b	7,271	38,657	126,929	71,225	3,400	247,482
8	Public support (Subtract line 7c from line 6)					Ì	372,457
	tion B. Total Support						
Ca	lendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6	38,331	111,130	236,495	119,923	114,060	619,939
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources		;				
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
C	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carned on					0	
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12)	38,331	111,130	236,495	119,923	114,060	619,939
14	First five years. If the Form 990 is for the organization, check this box and stop here	-	econd, third, fourth,	or fifth tax year as	a section 501(c)(3)	1	▶ □
Sec	tion C. Computation of Public Su		ge	·-····································			
5	Public support percentage for 2009 (line 8,	column (f) divided by	/ line 13, column (f))		15	60.08%
6	Public support percentage from 2008 Schee					16	55.79%
Sec	tion D. Computation of Investme	nt Income Perc	entage				
7	Investment income percentage for 2009 (lin	,	•	umn (f))		17	%
l R	Investment income percentage from 2009	Schodulo A Bort III I	ino 17			أمدا	0/

19a 33 1/3 % support tests—2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line

17 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3 % support tests—2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization

Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions 20

Schedule A (Form 990 or 990-EZ) 2009 REALIFE MEDIA, INC

35-2072715

Page 4

V Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

Form **4562**

Department of the Treasury Internal Revenue Service

Depreciation and Amortization

(Including Information on Listed Property)

► See separate instructions.

► Attach to your tax return.

OMB No 1545-0172 2009

Attachment Sequence No 67

Identifying number Name(s) shown on return 35-2072715 REALIFE MEDIA, INC Business or activity to which this form relates INDIRECT DEPRECIATION Part I **Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I. 1 1 Maximum amount. See the instructions for a higher limit for certain businesses. 2 Total cost of section 179 property placed in service (see instructions) 2 800,000 3 3 Threshold cost of section 179 property before reduction in limitation (see instructions) Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0-4 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0- If married filling separately, see instructions 5 5 (a) Description of property (b) Cost (business use only) (c) Elected cost 6 7 7 Listed property Enter the amount from line 29 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 8 9 Tentative deduction Enter the smaller of line 5 or line 8 9 10 10 Carryover of disallowed deduction from line 13 of your 2008 Form 4562 11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 12 12 13 13 Carryover of disallowed deduction to 2010, Add lines 9 and 10, less line 12 Note: Do not use Part II or Part III below for listed property. Instead, use Part V Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instr.) Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) 14 15 Property subject to section 168(f)(1) election 15 49,138 Other depreciation (including ACRS) 16 16 MACRS Depreciation (Do not include listed property.) (See instructions.) Section A 17 MACRS deductions for assets placed in service in tax years beginning before 2009 17 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B—Assets Placed in Service During 2009 Tax Year Using the General Depreciation System (c) Basis for depreciation (b) Month and year (d) Recoven (a) Classification of property (business/investment use (e) Convention (f) Method (g) Depreciation deduction placed in period only-see instructions) service 19a 3-year property b 5-year property 7.01,090 HY 200DB C 7-year property d 10-year property 0 15-year property f 20-year property 25 yrs. S/L 25-year property S/L Residential rental 27 5 yrs. MM property 27 5 yrs. MM S/L Nonresidential real MM S/L 39 yrs property MM S/L Section C-Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System 20a Class life 12-year 12 yrs b S/L 40-year C 40 vrs MM S/L Part IV Summary (See instructions.) 21 Listed property Enter amount from line 28 21 1,160 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here 50,454 and on the appropriate lines of your return Partnerships and S corporations—see instructions 22 23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs 23

REALIFE MEDIA, INC 35-2072715 Form 4562 (2009) Part V : Listed Property (Include automobiles certain other vehicles cellular telephones certain computers and

Г	ail V	property use	d for entertai	nment, red	creation	, or a	amuse eage ra	ment.) te or ded	ucting lea						o, and	
		24b, columns (a)	through (c) of S -Depreciation							for limit	s for na	essenger	automol	ules I		
240							Yes	No	1			evidence			X Yes	N
	(a) of property	(b) Date placed in	(c) Business/ investment use	(d) Cost or o		Basi	(e) s for dep	reciation	(f) Recovery		(g) lethod/		(h) Deprecia	tion	Elected	i) I section
(lıs	t vehicles first)	service	percentage	bası	S	(bus	iness/inv use onl		period	Co	nventior	'	deduction	on	179	cost
25	Special	depreciation allowa	nce for qualified	listed propert	y placed i	n serv	ice durir	ng the								
	tax year	and used more tha	ın 50% ın a qualı	fied business	use (see	ınstru	ctions)				:	25				
26		used more than 50		business use											,	
C	LASS	B SEMI TR		_									-			
		01/25/08	100.00%		5,800		5	<u>,800</u>	5.0) S	<u> </u>		1	,160		
		1.500/	<u> </u>												<u> </u>	
<u>27</u>	Property	used 50% or less	in a qualified bus	iness use		Γ			·····	т					Ι	
			%							S/L	_				}	
					_					1					1	
			%							S/L	<u>-</u>					
28	Add amo	ounts in column (h)	, lines 25 through	27 Enter he	re and on	line 2	1, page	1		1		28	1	,160	1	
29		ounts in column (i),					•							29		
				Sect	ion B—In	forma	tion on	Use of \	/ehicles	_				•		
Con	plete this	section for vehicles	used by a sole p	proprietor, pai	rtner, or o	ther "n	nore tha	n 5% owi	ner," or re	lated po	erson	lf you pro	vided ve	hıcles		
to yo	ur employee	s, first answer the que	estions in Section C	to see if you m	neet an exc	eption 1	o comple	ting this se	ection for th	ose veh	icles.		,			
30	Total bus	siness/investment r	niles driven		(a)		(b)	(с	,		(d)	(e)	(f)
	during th	e year (do not incl	ot include Vehicle 1 Vehicle 2 Vehicle 3 Vehicle 4		hicle 4	cle 4 Vehicle 5		Veh	de 6							
		ng miles)		-			ļ						-	-		
31		mmuting miles drive	• •												 	
32		er personal (nonco	•	driven												
33		es driven during the through 32	e year Add												}	
34		vehicle available fo	or nersonal	-	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
•		ng off-duty hours?	or pordonal	j								1	1.00	1	1.55	-110
35		vehicle used prima	anly by a	Ī												
		in 5% owner or rela												l		
36	Is anothe	er vehicle available	for personal use	2												
			Section C—Qu	estions for E	Employer	s Who	Provid	e Vehicle	s for Us	e by Th	eir Em	ployees				
		questions to determ			to comple	ting Se	ection B	for vehicl	es used l	y empl	oyees v	who are r	ot			
more	than 5%	owners or related p	ersons (see inst	ructions)										_		
37	-	naintain a written p	olicy statement t	hat prohibits a	all persona	al use	of vehic	les, ınclu	ding comi	nuting,	by				Yes	No
	your emp	•						_								
38		naintain a written p									ur					
39		es? See the instruction reat all use of vehice		•	•	icers, c	Jii ectors	5, OF 176 C	or more o	viieis						
40	•	rovide more than fi		•		nforma	ition from	n vour er	nniovees	ahout ti	he					
		e vehicles, and reta			o, obtain n			ii youi ci	iipioyees	about t						
41		neet the requireme			nobile den	nonstr	ation us	e? (See ı	nstruction	s)						
	-	our answer to 37,	• ,					•		•						
Pa	art VI	Amortization	<u> </u>													
				(b)				(c)		(d)		(e) Amortiza			(f)	
		(a) Description of costs		Date amort				rtızable	}	Cod	e	period		Amortiza	tion for th	ıs year
				begins				nount		section)II	percent	age			
42	Amortiza	tion of costs that be	egins during you	2009 tax yea	ar (see ins	tructio	ns)		··· ·							
	A			. 0000 /							1		10			
43 44		tion of costs that be	_										43		_	

7477 REALIFE MEDIA, INC 35-2072715 FYE: 12/31/2009

Federal Statements

Statement 1 - Form 990-EZ, Part I, Line 8 - Other Revenue

Description	<i></i>	Amount
INSURANCE REIMBURSEMENT PROJECTION EQUIP INSTALL	\$	4,981 3,000
TOTAL	\$	7,981

Statement 2 - Form 990-EZ, Part I, Line 16 - Other Expenses

Description	Amount
EXPENSES	\$
OFFICE SUPPLIES	2,445
COMPUTER FEES/SOFTWARE	1,343
TRAVEL	725
INTEREST	6,841
INSURANCE	2,674
PRODUCTION EXPENSES	28,928
BANK/CREDIT CARD FEES	904
FOOD EXPENSE	4,817
CONFERENCES/MEETINGS	2,948
EQUIPMENT RENTAL/MAINT	5,117
FUNDRAISING	168
OTHER EXPENSES	253
INTERNATIONAL MISSIONS	5,532
SUPPLIES	2,115
TELEPHONE	4,277
VEHICLE EXPENSE	6,439
TOTAL	\$ 75,526

Statement 3 - Form 990-EZ, Part II, Line 24 - Other Assets

Description	 Beginning of Year		End of Year
ACCOUNTS RECEIVABLE EQUIPMENT LESS ACCUMULATED DEPRECIATION PREPAID EXPENSES	\$ 7,106 458,940 189,854 400	\$	5,090 460,030 240,308
	 276,592	_	224,812

Statement 4 - Form 990-EZ, Part II, Line 26 - Total Liabilities

Description	Beginning of Year	 End of Year
ACCOUNTS PAYABLE AND ACCRUED EXPENSES CREDIT CARDS PAYABLE PAYROLL LIABILITIES THE WAREHOUSE	\$ 4,432 31,286 991	\$ 2,649 23,116 1,265 3,510
	 36,709	 30,540

7477 REALIFE MEDIA, INC 35-2072715

Federal Statements

10/20/2010 10:47 AM

FYE: 12/31/2009

Statement 5 - Form 990-EZ, Part III, Line 28 - Statement of Program Service Accomplishments

Description

YOUTH DEVELOPMENT: PROVIDE PRESENTATIONS TO STUDENTS ON PREVENTION OF RISKY BEHAVIOR (DRUG AND ALCOHOL). ENCOURAGE POSITIVE LIFE DECISIONS THROUGH STUDENT CREATED DIGITAL RESOURSES. PRESENTATIONS REACHED 90,000 STUDENTS IN 2009.