\* Form 990-EZ

Department of the Treasury Internal Revenue Service

## 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)

Sponsoning 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.

OMB No. 1545-1150 2009

Open to Public Inspection

ΑI	or th	ie 2009 calend	ar year,	or tax year beginning , 2009, an	ia enaing				, 20	
B	heck r	f applicable	Ptease	C Name of organization		D Empl	oyer ide	ntification	number	
	Addres	s change	thange use IRS RewLife Behavior International				20-8856240			
=		change	print or Number and street (or P.O. box, if mail is not delivered to street address) Room/suite E Telei					elephone number		
	Indial r Termin		type. See	305 Spring Creek Center	627		97	22380463		
⋍		ed return	Specific Instruc-	City or town, state or country, and ZIP + 4		F Grou	ıp Exen	nption		
=		ition pending	tions.	Dallas, TX 75248		Num	nber ▶			
	• Se	ction 501(c)(3)	organiz	rations and 4947(a)(1) nonexempt charitable trusts must attach	G Accou	nting M	ethod:	✓ Cash	Accrual	
			a coi	npleted Schedule A (Form 990 or 990-EZ).		(specify				
					H Check	: ▶ ∐	if the o	rganization	i is <b>not</b>	
			.nibi.ne			ed to att	ach Sc	hedule B (l	F <b>orm 990</b> ,	
<u>J 1</u>	ах-е	xempt status (	check o	nty one) — 🗹 501(c) ( 🥱 ) ◀ (insert no.) 🗌 4947(a)(1) or 📗 527	990-E	Z, or 99	0-PF).			
K	Check	ເ▶ D2∕ifth	e organi	zation is not a section 509(a)(3) supporting organization and its gross re	eceipts are n	ormally	<b>not</b> mo	re than \$28	5,000. A	
				turn is not required, but if the organization chooses to file a return, be			lete retu	ım.	· · · · · · · · · · · · · · · · · · ·	
<u>L /</u>	Add lir	nes 5b, 6b, and 7	7b, to line	9 to determine gross receipts; if \$500,000 or more, file Form 990 instead	of Form 990	-EZ. 🕨	\$			
Р	art l	Revenu	ie, Exp	enses, and Changes in Net Assets or Fund Balances	s (See the	instru	ctions	for Part	<u>l.)</u>	
	1	Contribution	ons, gif	s, grants, and similar amounts received			1		42329	
	2	Program s	ervice i	evenue including government fees and contracts			2			
	3	Membersh	nip due:	and assessments			3			
	4	Investmen	t incom	e			4		635	
	5	a Gross amo	ount fro	m sale of assets other than inventory 5a				•		
	1			er basis and sales expenses						
	Ι.			n sale of assets other than inventory (Subtract line 5b from line	e 5a)		5c		0	
9	6			ivities (complete applicable parts of Schedule G). If any amount is from gaming						
Revenue	· -	-		ot including \$ of contributions		_				
_ ≥	`		•	) 6a		16322				
Œ	1	•		nses other than fundraising expenses 6b		8931	İ			
	1			ss) from special events and activities (Subtract line 6b from lin	e 6a)		6c		7391	
	ł _			rentory, less returns and allowances	o oa)	• •	- <del>-</del>			
	7									
		b Less: cost	•				7c		0	
		-	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)					<del>, ,</del>	<del></del>	
	8		•				9		50555	
	9			dd lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	· · · ·	. –			00000	
	10			r amounts paid (attach schedule)		• •	10 11			
	11	Benefits paid to or for members								
Expenses	12		Salaries, other compensation and employee benefits						70000	
Ë	13	[ (45)	Professional fees and other payments to independent contractors						73609	
2	14	Occupancy, tent vutilities, and maintenance						<del></del>	0	
ш	٠. ا	Printing, publications, postage, andustipping					15		3194	
	16	Other exp	enses (	lescribe Travel to teach seminars		)	16		32288	
	17	Total exp	enses	Additiones 10 through 16	<u> </u>	. •	17		109091	
8	18			Tor the year (Subtract line 17 from line 9)			18		-58536	
386	ġi j			d balances at beginning of year (from line 27, column (A)) (i			19			
₹	١	end-of-year figure reported on prior year's return)							82903	
Net Assets	20		-	net assets or fund balances (attach explanation)			20 21		0	
	21 Net assets or fund balances at end of year. Combine lines 18 through 20								24367	
نج	art l	Balanc	e Shee	ets. If Total assets on line 25, column (B) are \$1,250,000 or mo						
_	_			(See the instructions for Part II.)	<u></u>	inning of	<del></del>		d of year	
2				vestments			32903		24637	
23					·			23		
24		Other assets (	•	e▶	.)			24		
2!		Total assets			·		32903		24637	
2	•	Total liabilitie	es (desc	ribe	.)		8758		0	
2	, (	Nat seeste ni	r fund l	valances (line 27 of column (B) must scree with line 21)	1	•	22002	77	24637	

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 106428

Form **990-EZ** (2009)



Part	III Statement of Program Service Accom	plishments (See the instr	uctions for Part II	l.)		Expenses		
What	is the organization's primary exempt purpose?	Develop and supply curricu	lum and train instru	uctors	(Requ	ired for section		
	ibe what was achieved in carrying out the org					)(3) and 501(c)(4) izations and section		
each	program title.				for ot	a)(1) trusts; optional hers.)		
28	Develop videos of training materials for internationa benefiting over 16,000 students and 1600 instructors			Now				
	Grants \$ ) If this amount	includes foreign grants, ch	ock hore		28a	60014		
	Supply resources to Felix Garlitos in Philippines, Fr			uro	200	00014		
	Martinez in Mexico to counsel university and high so							
	Benefits about 16,000 people.							
		includes foreign grants, ch	eck here	. ▶ 🗍	29a	33466		
	Supply resources to Phil Payne in Tomsk, Russia ar			eachers				
	in several regions of Russia and to translate curricu	lem into Russian and develo	p Russian website.	Benefits				
	about 500 people.							
	Grants \$ ) If this amount	includes foreign grants, ch	eck here	. ▶ 🗆	30a	12417		
	Other program services (attach schedule)							
		includes foreign grants, ch		. ▶ 🗆	31a			
	Total program service expenses (add lines 28a			•	32	105897		
Part	List of Officers, Directors, Trustees, and Key	<del></del>		<del>, , , , , , , , , , , , , , , , , , , </del>				
	(a) Name and address	(b) Title and average hours per week	(c) Compensation (If not paid,	(d) Contribute employee benefit	plans &	(e) Expense account and		
	Matriman 9200 Manager & Dellas TV 75000	devoted to position	enter -0)	deferred compe	nsation	other allowances		
	Motsinger, 8308 Moorcroft, Dallas, TX 75228	President, 30 hrs/wk				•		
Kenn	eth G. Sewell, 7661 La Bolsa Dr., Dallas, TX 75248		0	<u></u>	0	0		
	THE O. OCHUR, 1001 La Doisa Dr., Danas, 1X 13240	Treasurer, 10 hrs/wk.	o			0		
Jame	s Ard, 5200 Keller Springs Rd, #822, Dallas, TX 7524			<del></del>	0			
	,,,,,,,	Chairman, 1 hrs/wk	0			0		
Bonn	ie Green, 170 Pecos Dr., Southlake, TX 76092				- 0			
	<del></del>	Secretary, 1 hr./wk	l 0		0	0		
Lynd	nh Drum, 10817 Ridge Springs, Dallas, TX 75218							
		1 hr./wk	0		0	0		
Thur	nan Alexander, 4910 dublin Cr. Ln,	d be hide						
Parke	r, TX 75002	1 hr./wk	0		0	0		
	Tucker, 4200 Via Arbolada, #116,	1 hr./wk						
	ngeles, CA 90042	1102WK	0		0	0		
Ray F	ooper, 1070 E. FM 544, Wylie, TX 75098	- 10 hr./wk	0		٥	0		
Mike	Folleson, 142 N. Paschal, Sunnyvale,TX 75182	1			-			
		- 1 hr./wk	o		0	0		
	<del></del>			<del> </del>		·		
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Part	Other Information (Note the statement requirements in the instructions for Part V.)			
			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		1
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		✓
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not 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 6033(e) notice, reporting, and proxy tax requirements?	35a		1
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		✓
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0			
b	Did the organization file Form 1120-POL for this year?	37b		✓
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were any such loans made in a prior year and still outstanding at the end of the penod covered by this return?	38a		1
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b			1
39	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on line 9	1		ĺ
b	Gross receipts, included on line 9, for public use of club facilities			1
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit 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		✓
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			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	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	~	1
41	List the states with which a copy of this return is filed. ▶			
42a	The organization's books are in care of ▶ Telephone no. ▶			
	Located at ► ZIP + 4 ►			
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		<b>✓</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.			
C	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		
43	If "Yes," enter the name of the foreign country: ► Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here		. 1	▶ 🗍
	and enter the amount of tax-exempt interest received or accrued during the tax year			
44	Did the secretarity of the secre		Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of			
AE	Form 990-EZ	44		<b>✓</b>
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45		1
	_	. 000	ET	

Page	4
, ago	

Part \	Section 501(c)(3) organizations and s 501(c)(3) organizations and section 494 and complete the tables for lines 50 and	section 4947(a)(1) non 17(a)(1) nonexempt cha nd 51.	exempt charitab critable trusts mus	le trusts only. Alst answer question	l sections 46	on 49b		
46	Did the organization engage in direct or indirect	political campaign activ			$\overline{}$	es No		
	candidates for public office? If "Yes," complete \$				46	<del></del>		
47	Did the organization engage in lobbying activities	s? If "Yes," complete Sch	nedule C, Part II .		47	<del></del>		
48	Is the organization a school as described in section				48 49a	<del></del>		
<b>49</b> a								
b	If "Yes," was the related organization a section 5	27 organization?			49b			
50	Complete this table for the organization's five his employees) who each received more than \$100,000.	ghest compensated emp 000 of compensation from	n the organization.	officers, directors, t If there is none, ent	rustees er "Non	and key ie."		
	(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	accou	owances		
None								
					<del></del>			
			<del></del>			<del></del>		
			į					
f	Total number of other employees paid over \$100	0.000	None					
	\$100,000 of compensation from the organizatio  (a) Name and address of each independent contractor		····	pe of service	(c) Comp	ensation		
None	(a) Name and address of each independent contractor	paid more dian proc,000	(0) 1)	po or sorvice	(0) 00p	-		
None				1				
						<del></del>		
	· · · · · · · · · · · · · · · · · · ·					<del>- , <u>u</u>q</del>		
				İ				
d	Total number of other independent contractors	each receiving over \$100.	,000 ▶	None				
	Under penalties of perjury, I declare that I have examin	ed this return, including accomp	anvino schedules and st	atements, and to the bes	t of my kr	nowledge		
	and belief, it is true, correct, and complete Declaration	of preparer (other than officer)	s based on all information	n of which preparer has a	ny knowl	edge		
Sign				716		7211		
Here	unter	ne		Man	12	70/0		
11010	Signature of officer			Date (/	, –			
	Kenneth G. Sewell, Treasurer							
	Type or print name and title							
Paid	Preparer's	Date	Check if self-	Preparer's identifying nun	rber (See in	structions)		
repar	signature		employed ▶	J[				
Use O	Firm 8 name (or		E	N				
	The state of the s							
	address, and ZIP + 4	<del> </del>	<del></del>	none no 🕨		<del></del>		
May th	address, and ZIP + 4	n above? See instruction	<del></del>	▶ 🗀	Yes	No EZ (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 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

Nev	vLife	Behavior li	nternational						20	1	8856240	
Pa	rt I	Reason	for Public Ch	narity Status (All or	ganizati	ons mus	st compl	ete this	part.) Se	e instru	ctions.	
		An ization is n A church, co A school de A hospital o A medical re hospital's na An organiza section 170 A federal, st An organiza described in A communit An organizat	ot a private four provention of church convention of church convention of church convention operative for (b)(1)(A)(iv). (Convention that normally section 170(b) y trust described tion that normally trust described tion that normally that normaly that normally that normally that normally that normally that no	ndation because it is: rches, or association on 170(b)(1)(A)(ii). (At hospital service organ ation operated in con ate: the benefit of a colle	(For lines of church tach Scholization of junction of junction of the control of	s 1 throughes described with a hotoversity or describe its support of the support	in sections in sections spital de wheel or of the din section and in section and	neck only section 1 on 170(b) escribed i operated tion 170(l a government	part.) Se one box. 170(b)(1)(iii). (1)(A)(iii). n section by a gov b)(1)(A)(v) nental uni	e instruction  A)(i).  170(b)(1  ernmenta  . t or from	ctions.  ()(A)(iii). Enter to the unit described the general public lip fees, and gro	d ir
10 11		support from acquired by An organizar An organizar purposes of 509(a)(3). Cla Type By checking persons other	n gross investmenthe organization tion organized attion organized attion organized attion or more pulheck the box that because it because it is because it is because it is because it is because it is because it is because it is because it is because it is because it is in the content of the properties in the properti	ent income and unreal after June 30, 1975.  Ind operated exclusive and operated exclusive and operated organizated describes the type  Type II  Type II  Type that the organizated managers and othe	elated but. See second to test of support of	siness ta tion 509 t for public he benefic describe orting organic be III-Fun ot control	xable ind (a)(2). (Co lic safety it of, to a d in sectionally ctionally lled directionally	come (lescomplete I . See secomperform to ion 509(a and com- integrate otly or inc	s section Part III.) ction 509 the functi (1) or secuplete line d	(a)(4). ons of, oction 509(as 11e thing)	or to carry out to (a)(2). See section out 11h.  Type III-Other more disqualification of the control of the con	the ion
f g		If the organiorganization Since August following pe (i) A persor and (iii) the control of the co	ization received, check this box st 17, 2006, has rsons? In who directly on below, the governmenber of a percentrolled entity	a written determination	epted any either alo ported or above? d in (i) or	gift or control ganizatio (ii) above		on from a	iny of the			lo
		Provide the of supported anization	following inform	ation about the support (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) is the o	anization organization sted in your document?	(v) Did y the organ col. (i)	vou notify nization in of your port?	organizat	zed in the	(vii) Amount of support	

Total

Sched	lule A (Form 990 or 990-EZ) 2009		· ··	<del></del>			Page 2
Par	(Complete only if you chec	anizations I ked the box	Described in on line 5, 7,	Sections 17 or 8 of Part I.	0(b)(1)(A)(iv) )	and 170(b)(	I)(A)(vi) 
Sec	tion A. Public Support					,	
Ca	lendar year (or fiscal year beginning in) 🕨	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and 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				,		
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
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.	L				J	
	tion B. Total Support lendar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
		(a) 2003	(6) 2000	(0) 2007	(4) 2000	(6) 2003	(1) 10121
7 8	Amounts from line 4			!			
	rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11	Total support. Add lines 7 through 10 .				<u></u>	<del> </del>	
12	Gross receipts from related activities, etc	•	•			12	
13	First five years. If the Form 990 is for organization, check this box and stop he	ге	<u></u>	nd, third, fourth			
	tion C. Computation of Public Su						
14	Public support percentage for 2009 (line		•	1, column (t))		15	<u>%</u> %
15	Public support percentage from 2008 Sci						_
16a	33% % support test—2009. If the organiand stop here. The organization qualifies						
_							
b	33% % support test—2008. If the organization quality and stop here. The organization quality						
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 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 ▶						
b 10	10%-facts-and-circumstances test—2008 more, and if the organization meets the "facts-and-circumsta" <b>Private foundation.</b> If the organization did	acts-and-circun inces" test. The	nstances" test, o organization qua	check this box a alifies as a public	and <b>stop here.</b> By supported or	Explain in Part ganization	IV how the ▶ □
18	i made roundadon. Il tile organization dio	HOLDINGUR A DU	,, on mic 13, 10	ם, וטט, וומ, טוו	, D, GIRCA UIIS	DON AND SEE IN	

Sche	dule A (Form 990 or 990-EZ) 2009						Page 3
Pa	Support Schedule for Organ (Complete only if you checke	nizations De	escribed in S n line 9 of Pa	<b>section 509(a)</b> rt I.)	(2)		
Sec	tion A. Public Support						
Ca	alendar year (or fiscal year beginning in) 🕨	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")			77250	95380	42329	214959
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			1468	2128	7391	10987
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
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			78718	97508	49720	225946
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .						
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						
c	Add lines 7a and 7b		ļ				ļ
8	Public support (Subtract line 7c from line 6)						225946
Sec	tion B. Total Support						
Ca	llendar year (or fiscal year beginning in) ▶	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6			78718	97508	42329	218555
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources			34	1380	635	2049
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b			34	1380	635	2049
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13	<b>Total support.</b> (Add lines 9, 10c, 11, and 12)						220604
14	First five years. If the Form 990 is for the organization, check this box and stop h			nd, third, fourth,			
Sec	tion C. Computation of Public Sup						
15 16	Public support percentage for 2009 (line Public support percentage from 2008 S			e 13, column (f	» 	15 16	% %
Sec	tion D. Computation of Investmen	t Income Pe	ercentage				
17 18	Investment income percentage for 2009 Investment income percentage from 200				umn (f)) .	17	<u>%</u>
	331/3 % support tests—2009. If the orga 17 is not more than 331/3 %, check this bo	nization did n	ot check the bo	ox on line 14, ar		ore than 331/3	
b	33% % support tests—2008. If the organiline 18 is not more than 33% %, check this	zation did not	check a box on	line 14 or line 1	9a, and line 16	is more than	331/3 %, and
20	<b>Private foundation.</b> If the organization of	•	_	•			

ichedule A (Fo	rm 990 or 990-EZ) 2009				Page 4
Part IV	Supplemental Information. Part II, line 17a or 17b; and F	Complete this Part III, line 12.	part to provide the Provide any other	explanations required additional information.	by Part II, line 10; See instructions.
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