Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

2009

OMB No 1545-1150

Department of the Treasury Internal Revenue Service

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

	A	For the 2009 ca	alendar	year, or tax year beginning	, 2009, and e	nding		,	
	В	Check if applicable		C			D Emp	loyer ic	lentification number
		Address change	Please use IRS	Crosslife International,	Inc.		59	-26	97394
		Name change	label or	2155 15th Avenue			E Tele		
		Initial return	print or type.	Vero Beach, FL 32960			ſ		63-0430
		Termination	See Specific	•			⊢ ′′′	<u> </u>	03-0430
		Amended return	Instruc- tions.						emption
	Ш	Application pending						nber	
		• Section :	501(c)(3 Just atta	8) organizations and 4947(a)(1) nonexen ach a completed Schedule À (Form 990	npt charitable trusts or 990-EZ).	G Accounting Other (spec		X	Cash Accrual
	ı	Website: ► N	I/A				attach	Sche	janization is not dule B (Form 990,
	_	Tax-exempt status				990-EZ, or			<u></u>
		Check ►lf \$25,000. A Forn	the org	panization is not a section 509(a)(3) sup Z or Form 990 return is not required, but if	porting organization and its the organization chooses to fi	gross receipts a le a return, be sur	re to file	nally i a con	not more than net return.
		instead of Forn	n 990-E					▶\$	96,358.
	Pa	rt I Rev	enue,	Expenses, and Changes in Net	<u>Assets or Fund Balan</u>	ces (See the	<u>ınstru</u>	ction	s for Part I.)
		1 Contribut	ions, gi	ifts, grants, and similar amounts receive	d		L	1	53,755.
		2 Program	service	revenue including government fees and	d contracts	•	L	2	24,995.
		3 Members	hip due	es and assessments				3	
		4 Investme	nt incoi	me			L	4	
		5a Gross an	nount fr	om sale of assets other than inventory	5a			İ	
		b Less: cos	st or oth	ner basis and sales expenses	5b				
	R E V			sale of assets other than inventory (Subtract In 5b f			_	5c	
	V E	6 Special eve	nts and a	ctivities (complete applicable parts of Schedule G).	• •	eck here	\sqcup	1	
	Ŋ	a Gross rev	venue (not including \$	of contributions				
20	ē	reported	on line	1)	6a	12,0			
.8		b Less dire	ect exp	enses other than fundraising expenses	6b	8,	778.		
SCARRIED SEP		c Net income	or (loss)	from special events and activities (Subtract line 6	o from line 6a) .		<u> </u>	6c	3,254.
25		7a Gross sa	les of ır	nventory, less returns and allowances	7a		576.		
23		b Less cos			7b	3,8	398.	- 1	
		c Gross pro	ofit or (loss) from sales of inventory (Subtract I	ne 7b from line 7a)		Ĺ	7c	1,678.
S		8 Other reven	ue (desci	ribe C			_)	8	
Щ		9 Total rev	ر enue	Ade Tipe 1, 2, 3, 4, 50, 6c, 70 and 8 .			▶	9	83,682.
		10 Grants a	nd simil	lar amounts paid (attach schedule)			1	10	
ယ	_	11 Benefits	paidto	of for members.			Γ	11	
0	E X P	12 Salaries,	othe	empensatron, and employee benefits.				12	58,084.
2010	P			and other payments to independent c	ontractors			13	39.
=	N S	14 Occupan	cy, rent	t, utilities, and maintenance			. Г	14	13,283.
	Ě	15 Printing.	publica	ations, postage, and shipping .			Γ	15	2,460.
	3			cribe See Statement 1) [16	16,039.
				. Add lines 10 through 16	•		▶	17	89,905.
		18 Excess of	r (defic	at) for the year (Subtract line 17 from lin	e 9)	•		18	-6,223.
	N S	19 Net asse	ts or fu	nd balances at beginning of year (from	line 27, column (A)) (must a	agree with end-o	f-year		
	ËŠ	figure re	orted o	on prior year's return).		ū	L	19	11,297.
	Ţ	20 Other ch	anges i	n net assets or fund balances (attach ex	(planation)		⊢	20	
	_			nd balances at end of year. Combine lin				21	5,074.
	Pa	rt II Bala	nce S	heets. If Total assets on line 25, colur	nn (B) are \$1,250,000 or m	ore, file Form 99	0 instea	ad of	Form 990-EZ
				(See the instructions for Part II.)		(A) Beginning			(B) End of year
	22	Cash, saving	s, and	investments .		6	<u>,850.</u>		3,180.
	23				•			23	
	24	Other assets	(descri	be ► <u>See Statement 2</u>)		<u>, 436.</u>	24	2,123.
	25						,286.	25	5,303.
	26	Total liabiliti	es (des	cribe <u>See Statement 3</u>) .		<u>,989.</u>		229.
	_27	Net assets o	r fund t	palances (line 27 of column (B) must ag	ree with line 21).	11	,297.	27	5,074.
	BA	A For Privacy	Act and	Paperwork Reduction Act Notice, see	separate instructions.				Form 990-EZ (2009)

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

Form	990-EZ (2009) Crosslife Inter				-269	97394 Page 2
Par	t III Statement of Program Ser	rvice Accomplishments	(See the instruction	ons.)	_	Expenses
What i	s the organization's primary exempt purpose? See	e Statement 4			(Reg	juired for section
Desc	ribe what was achieved in carrying out the	e organization's exempt purp	oses In a clear and co	oncise manner,	orga	juired for section c)(3) and (4) nizations and section
desc	ribe the services provided, the number of ram title	persons benefited, or other	relevant information for	reach	494/	(a)(1) trusts, optional thers.)
	Counseling appointments	· · · · · · · · · · · · · · · · · · ·			10. 0	
20	counsering appointments _				1	
					_	
			· -,,, - -			27 225
	- 	is amount includes foreign gr			28 a	37,235.
29	Conduct training conferen		- 		1	
	to help people understand	<u>l_and_experience_th</u>	eir_identity_i	n Jesus	1	
	Christ.				1	
	(Grants \$) If th	iis amount includes foreign gr	ants, check here.	>	29 a	9,370.
30	In-depth training of pers	ons pursuing train	ing in Christi	an		1
	counseling					
					1	
	(Grants \$) If th	is amount includes foreign gr	ants, check here		30 a	6,574.
31	Other program services (attach schedule	e)				
	(Grants \$) If th	is amount includes foreign gr	ants, check here	▶ □	31 a	
32	Total program service expenses (add li	nes 28a through 31a)			32	53,179.
Par	t IV List of Officers, Directors	, Trustees, and Key Em	ployees. List each or	ne even if not cor	npens	ated. (See the instrs.)
		(b) Title and average hours	(c) Compensation (If	(d) Contributions		(e) Expense account
	(a) Name and address	per week devoted to position	not paid, enter -0)	employee benefit pla deferred compens	ns and	and other allowances
D	and December 15		18,000.	deterred compens	0 .	0.
	ald_Burzynski	Executive Direc	18,000.		υ.	0.
	5 51st Avenue	40.00]
	o Beach, FL 32967-5320					
	athan Lones	Director	0.	1	0.	0.
	5 50th Avenue] 0				
Ver	o Beach, FL 32967		· · ·			
Spe	encer Simmons	Director	0.		0.	0.
643	5 Tropical Way	0				
Ver	o Beach, FL 32967					
	Baird	Director	0.		0.	0.
	18th Place SW	ĺ				
	o Beach, FL 32962-6916	1				
	th Jacobs	Treasurer	0.		0.	0.
	0. Box 650143	i i i i i i i i i i i i i i i i i i i			٠.	
		1				
	o Beach, FL 32965-0143	Sameta ma	0.		0.	0.
	elley Caci	Secretary	0.		υ.	0.
	Marbrisa River Lane	Į U				
	o Beach, FL 32963-4285					
	in_Clements	Director	0.	}	0.	0.
	Lions Gate Drive	Į o				
St.	Augustine, FL 32080-5398		<u> </u>	ļ		
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TEEA0812L 01/30/10

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Га	See Statement requirements in the instriction Part v.)	reme	ent	5
			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,' attach a conformed copy of the changes	34		Х
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.			
•	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?	35 a		х
	b If 'Yes,' has it filed a tax return on Form 990-T for this year?	35 b		
	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		х
	a Enter amount of political expenditures, direct or indirect, as described in the instructions 0. b Did the organization file Form 1120-POL for this year?	37b		Χ_
38	a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or w ere any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38 a		х
1	b If 'Yes,' complete Schedule L, Part II and enter the total amount involved			
	Section 501(c)(7) organizations. Enter.			
	a Initiation fees and capital contributions included on line 9 b Gross receipts, included on line 9, for public use of club facilities N/A 39a N/A	+		
	a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:	1		
	section 4911 ► 0., section 4912 ► 0.; section 4955 ► 0.			
ı	b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit	İ		ĺ
•	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	40 b		х
	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	1		
(d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization .			
(e 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	40 e		Х
41	List the states with which a copy of this return is filed None			
42:	a The organization's			
7	books are in care of ► Crosslife International, Inc. Telephone no. ► 772-5 Located at ► 2155 15th Avenue Vero Beach FL ZIP + 4 ► 32960	63-0 	<u>430</u>	-
		[Yes	No
	b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country:	42b	162	X
	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 a Foreign Bank and Financial Accounts.	40-		v
•	c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If 'Yes,' enter the name of the foreign country	42c	_	Х
				27 / 2
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here	,	-	N/A
	and enter the amount of tax-exempt interest received or accrued during the tax year	···-		N/A
			Yes	No
44	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44		х
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		Х
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orm	990-F7	(2009)	Crossl	i fe	International.	Inc
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Page 4

Part VI	Section 501(c)(3) organizations 501(c)(3) organizations and sec 46-49b and complete the tables	ction 4947(a)(1) no	nexempt charitab	t charitable trusts only. le trusts must answer o	All se juestio	ction	l I
46 Did t	the organization engage in direct or indirect object of indirect of indirect of indirect of indirect or indirect of indirect or indirect of indirect of indirect or indirect o	ct political campaign ac	tivities on behalf of o	or in opposition to candidates	46	Yes	No X
	the organization engage in lobbying activit			•	47		X
	e organization a school as described in se		•	nedule E	48		X
	the organization make any transfers to an		· · · · · · · · · · · · · · · · · · ·		49a		X
	es,' was the related organization a section	·	•		49b		
50 Com	plete this table for the organization's five loyees) who each received more than \$10	highest compensated e 0,000 of compensation	mployees (other than from the organization	officers, directors, trustees and If there is none, enter 'Non	and key e.'		
(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 and deferred compensation	(e) Ex accou other all	nt and	š
None							
							
							
f Total	I number of other employees paid over \$1	00,000					
51 Com	plete this table for the organization's five pensation from the organization. If there is	highest compensated in s none, enter 'None '	ndependent contracto	rs who each received more to	han \$10	0,000	of
None_	(a) Name and address of each independent contr	actor paid more than \$100,000		(b) Type of service	(c) Comp	ensatio	<u> </u>
							
					···		
					_		
				-			
d Total	I number of other independent contractors	each receiving over \$1	100,000	-			
Sign Here	Under penalties of perjury, I declare that I have examine, correct, and complete Declaration of preparer (in Signature of officer	ined this return, including according to the other than officer) is based on a	mpanying schedules and sta all information of which prep	itements, and to the best of my knowled arer has any knowledge 9/3/10 Date	dge and be	elief, it i	5
	Patti G. Metz Type or print name and title			Treasurer			
Paid Pre-	Preparer's Non-Paid Prepare	er	Date	Check if self- employed Prepar (See in	er's Identif structions)	ying Nu	mber
parer's	Firm's name (or yours if self-						
Use	employed), address, and			EIN •			
Only	ZIP + 4			Phone no		Të i	
May the IF	RS discuss this return with the preparer sh	iown above? See instru	ctions	F	Yes orm 99 0		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.

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990 or Form 990-EZ. ► See separate instructions. Employer identification number

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OMB No 1545-0047

		<u>life Internat</u>								<u> 597394</u>		
Par	<u>t I</u> _	Reason for Pul	blic Charity Statu	s (All organizations	must d	omple	te this	part.)	See I	nstruct	ions	
he c	organ	nization is not a priv	vate foundation becau	ise it is: (For lines 1 thro	ugh 11,	check o	nly one	box.)				
1		A church, convention	on of churches or asso	ociation of churches desc	cribed in	section	170(b)	(i)(A)(i)	•			
2		A school described	in section 170(b)(1)(4	A)(ii). (Attach Schedule E	Ξ.)							
3	П	A hospital or coope	rative hospital service	e organization described	ın secti e	on 170(l)(1)(A)(iii).				
4	П	A medical research	organization operate	d in conjunction with a h	ospital o	describe	d in sec	tion 17	0(b)(1)(A)(iii) Er	nter the hospital	's
		name, city, and sta	te:									
5		An organization opi	erated for the benefit Complete Part II)	of a college or university	owned	or oper	ated by	a gover	nmenta	unit des	scribed in secti on	on
6				governmental unit descri								
7		in section 170(b)(1)	(A)(vi). (Complete Pa			,	vernme	ntal uni	t or from	the ger	neral public des	cribed
8	_	-		170(b)(1)(A)(vi). (Comple								
9		from activities related investment income	d to its exempt function	more than 33-1/3 % of its s s – subject to certain exce ss taxable income (less omplete Part III.)	eptions, a	and (2) n	o more t	han 33-	1/3 % of	its suppo	ort from aross	after
10		An organization org	ganized and operated	exclusively to test for pu	ıblıc safe	ety See	section	509(a)	(4).			
11		An organization org	ganized and operated orted organizations d	exclusively for the beneficial exclusively for the beneficial exclusive fo	fit of, to a)(1) or	perform section	the fun 509(a)(2	ctions o	of, or car	ry out th 509(a)(3	ne purposes of o	one or ox that
		a Type I	b Type II	c Type III		-		ed		dП	Type III- Othe	er
е		By checking this bo	x, I certify that the or	ganization is not controll n one or more publicly si	ed direc	tly or in	directly	by one	or more ed in sec	disquali tion 509	fied persons of P(a)(1) or section	her n
f			received a written det	ermination from the IRS	that is a	туре І,	Type II	or Typ	e III sup	porting o	organization,	
g		Since August 17, 20	006, has the organiza	tion accepted any gift o	r contrib	ution fro	om any	of the fo	ollowing	persons	7	
											Yes	No
		(i) a person who below, the go	directly or indirectly overning body of the si	controls, either alone or cupported organization? .	together	with pe	rsons d	escribed	d ın (ıı) a	and (III)	11 g (i)	
		(ii) a family mem	ber of a person desc	ribed in (i) above? .							11 g (ii)	
		(iii) a 35% control	lled entity of a person	described in (i) or (ii) a	bove?						11 g (iii)	
h		Provide the following	ng information about t	he supported organization	ns.							<u></u>
	Ø	Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	organizat (i) listed gove	s the ion in col in your rning ment?	(v) Did y the organ col (your st	ization în	(vi) I organizat (i) organi U S	on in col	(vii) Amount of Si	ipport
					Yes	No	Yes	No	Yes	No		
•												
	-										* **	
				·-··							· · · · · · · · · · · · · · · · · · ·	
				· · · · · · · · · · · · · · · · · · ·								

Schedule A (Form 990 or 990-EZ) 2009 Crosslife International, Inc. 59-2697394 Page 2 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I.) Section A. Public Support Calendar year (or fiscal year (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total beginning in) > Gifts, grants, contributions and membership fees received (Do not include 'unusual grants') 63,725 80,509 77,295 <u>66, 1</u>21 65,787 353,437. Tax revenues levied for the organization's benefit and either paid to it or expended 0. on its behalf. The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to 0. the public without charge 63,725 66,121 80,509 77,295 65,787 353,437. Total. Add lines 1-through 3 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 0. shown on line 11, column (f). Public support. Subtract line 5 353,437. from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) > (a) 2005 (c) 2007 (d) 2008 (e) 2009 (f) Total (b) 2006 63,725 80,509 77,295 66,121 65,787 353,437. 7 Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form 0. similar sources Net income from unrelated business activities, whether or not the business is regularly 0. carried on Other income Do not include gain or loss from the sale of capital assets (Explain in 0. Part IV.) Total support. Add lines 7 353,437. through 10 12 Gross receipts from related activities, etc. (see instructions) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ | Section C. Computation of Public Support Percentage 100.0% 14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f). 14 15 100.0% 15 Public support percentage from 2008 Schedule A, Part II, line 14 16a 33-1/3 support test - 2009. If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and **stop here.** The organization qualifies as a publicly supported organization. b 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. 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%-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 Private foundation. If the organization did not check a box on line, 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2009

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Page 3 Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.) Section A. Public Support (e) 2009 (f) Total (a) 2005 **(b)** 2006 (c) 2007 (d) 2008 Calendar year (or fiscal yr beginning in) ► Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants') Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge. 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the c Add lines 7a and 7b 8 Public support (Subtract line 7c from line 6) Section B. Total Support (a) 2005 (d) 2008 (e) 2009 (f) Total Calendar year (or fiscal yr beginning in) **(b)** 2006 (c) 2007 9 Amounts from line 6 10a Gross income from interest. dividends, payments received on securities loans, rents, royalties and income form similar sources **b** Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. c Add lines 10a and 10b Net income from unrelated business activities not included inline 10b. whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) 13 Total support. (add ins 9, 10c, 11, and 12) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) 15 16 Public support percentage from 2008 Schedule A, Part III, line 15 16 Section D. Computation of Investment Income Percentage 17 % 17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) 18 % 18 Investment income percentage from 2008 Schedule A, Part III, line 17 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 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

Dort IV	Comm 990 0	1 990-EZ) 2	2009 CIC	OSSITIE	: Inter	national,	IIIC.		39-209/394	Page 4
Partiv	Part II, Iin	e 17a or	mation. 17b; and	Part III,	line 12.	Provide any	e the expla y other add	nations requ itional inforn	red by Part Ination. See in	structions.
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			. – – – –		-					
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			-					- -	· 	
										
										
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2009 Federal State	3	
Crosslife Internation	onal, Inc. 59-2697	394
Statement 1 Form 990-EZ, Part I, Line 16 Other Expenses Advertising and Promotion Bank charges/late fees Conferences, Conventions, and Meetings Depreciation Information Technology Insurance Office Expenses Travel	\$ 2,436 134 539 773 678 556 9,946 977 Total \$ 16,039	3.
Statement 2 Form 990-EZ, Part II, Line 24 Other Assets		
Furniture and Fixtures Inventories Security deposits		52. 50.
Statement 3 Form 990-EZ, Part II, Line 26 Total Liabilities		
Accounts Payable and Accrued Expenses	Beginning Ending \$ 1,989. \$ 22 Total \$ 1,989. \$ 22	
Statement 4 Form 990-EZ, Part III Organization's Primary Exempt Purpose Christian counseling, training for counseling,	, world and local mission outreach	
Statement 5 Form 990-EZ, Part V Regarding Transfers Associated with Personal Benefit Co	ontracts	
 (a) Did the organization, during the year, reindirectly, to pay premiums on a personal benefit) (b) Did the organization, during the year, paindirectly, on a personal benefit contract? 	efit contract? No	

009	Federal Supporting Detail		Page 1
•	Crosslife International, Inc.		59-2697394
Balance Sheet Accounts payable and accrued of	expenses		
Credit card payable Accrued sales taxes . Payroll taxes payable .		\$ Total \$	108. 181. 1,700. 1,989.
Balance Sheet Accounts payable and accrued o	expenses		
Accounts payable Credit card payable Accrued sales taxes.		\$ Total \$	101. 15. 113. 229.