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Form **990-E**Z

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)

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

OMB No 1545-1150

2009

Open to Public Inspection

Name change Second Wind Dreams, Inc. 31-1519875 Second Wind Dreams, Inc. 31	Second Wind Dreams, Inc. Second Wind Dreams,	~	LOI IIIE	2005 Galeilu	ar year,			January 1		2009, and	a enaing	Dec	ember	31	, 20	09
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Avancedote return Secretic City or town, state or country, and ZIP+4 F Group Exemption Number Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach City or town, state or country, and ZIP+4 City or Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach City or City o	Percentide return Percentide Section Percenti	님				4343 Shalle	owford Road				Suite E6	678-624-0500				
* Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ). Website: ► www.secondwind.org	**Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ). Website: ▶ www.secondwind.org Tax-exempt status (check only one) ─ ☑ 501(c) (3) ◄ (insert no.) ☐ 4947(a)(1) or ☐ 527 Check ▶ ☐ 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 990-PF. Check ▶ ☐ 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, but 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, but if the organization chooses to file a return, be sure to file a complete return. Add lates 50, 8b, and 7b, to the 9t of determine gross receipts; if \$500,000 or more, file form 990 ester to file a complete return. Add lates 5b, 8b, and 7b, to the 9t of determine gross receipts; if \$500,000 or more, file form 990 estated of Form 990-EZ, but it is a \$27,307.54 and \$2	님			Specific			ZIP + 4								
** Section 601(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 590 or 590-EZ). Website: ► www.secondwind.org	**Section 501(c)(2) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 950 or 950-EZ). Website: ▶ www.secondwind.org Tax-exempt status (check only one) ─	H				_	•						•			
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Website: www.secondwind.org	Website: ► www.secondwind.org	_			a cor	тріетва Sch	eaule A (Form 990	or 990-E2).			+					
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Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990-EZ or Form 990-EZ or Form 990-EZ or Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.) 1	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.									s aross re	ceints are n	ormaily	not mo	re than	\$25,000) A
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9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 10 Grants and similar amounts paid (attach schedule) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe ► In-Kind,Office&Marketing&Bank&Travel&Programservices) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 19 Other changes in net assets or fund balances (attach explanation) 20 Other changes in net assets or fund balances (attach explanation) 21 Net assets or fund balances at end of year. Combine lines 18 through 20 22 Cash, savings, and investments 23 (B) End of year 24 (A) Beginning of year (B) End of year 25 (B) End of year 26 (B) End of year 27 (B) End of year 28 (B) End of year 28 (B) End of year 29 (B) End of year 30 (B) End of year 31 (B) End of year 32 (B) End of year 33 (B) End of year 34 (B) End of year 35 (B) End of year 36 (B) End of year 36 (B) End of year 37 (B) End of year 38 (B) End of year 39 (B) End of year 30 (B) End of year 30 (B) End of year	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 10 Grants and similar amounts paid (attach schedule) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe ▶ In-Kind, Office&Marketing&Bank&Travel&Program/services) 16 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 Excess or (deficit) for the year (Subtract line 17 from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (attach explanation) 21 Net assets or fund balances at end of year. Combine lines 18 through 20 22 1 132,038.44 23 Cash, savings, and investments 24 Cash, savings, and investments 25 Cash, savings, and investments 26 Cash, savings, and investments 27 Cash, savings, and investments 28 Cash, savings, and investments 29 Cash, savings, and investments 30 Cother assets (describe ▶ Fixed Assets & Other Assets 31 Total assets 32 Cother assets (describe ▶ Fixed Assets & Other Assets 33 Cother assets (describe ▶ Fixed Assets & Other Assets 34 Cother assets (describe ▶ Fixed Assets & Other Assets 35 Total assets 36 Total assets 37 Total assets 38 Cother Assets 39 17,385.00 24 22,355.12 39 252,732.00 25 137.643.92						or	abadot iii o 7 k		ш,		` ;	+			
10 Grants and similar amounts paid (attach schedule)	10 Grants and similar amounts paid (attach schedule)				-		2 2 4 50 60 70	and 0				— <u>'</u>	\rightarrow		202	064.93
11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent 14 19,6 15 15 15 15 16 16 16 1	11 Benefits paid to or for members Salaries, other compensation, and employee benefits Salaries, other salaries,		+						RECT	11 /5-0						,901.03
Professional fees and other payments to independent contractors 2.0.2010	13					-	•		TILUE	IVEL)· · ·					
Professional fees and other payments to independent contractors 2.0.2010	13			•				· · · &			701					
16 Other expenses (describe ► In-Kind,Office&Marketing&Bank&Travel&Program services) 16 209,2 17 Total expenses. Add lines 10 through 16	16 Other expenses (describe ► In-Kind,Office&Marketing&Bank&Travel&Program service) , 16 209,294.89 17 Total expenses. Add lines 10 through 16	ë	12	Salaries, of	her co	mpensation	n, and employee b	penefits !.い	· MAY Y	0.5440.	· [8] ·		12		179,	<u>,992.16</u>
16 Other expenses (describe ► In-Kind,Office&Marketing&Bank&Travel&Program services) 16 209,2 17 Total expenses. Add lines 10 through 16	16 Other expenses (describe ► In-Kind,Office&Marketing&Bank&Travel&Program service) , 16 209,294.89 17 Total expenses. Add lines 10 through 16	Š	13	Profession	al fees	and other p	payments to indep	endent ¢@fra	actors 2.	7.7010	. 1	[13			0
16 Other expenses (describe ► In-Kind,Office&Marketing&Bank&Travel&Program services) 16 209,2 17 Total expenses. Add lines 10 through 16	16 Other expenses (describe ► In-Kind,Office&Marketing&Bank&Travel&Program service) , 16 209,294.89 17 Total expenses. Add lines 10 through 16	ğ	. 14	Occupancy	, rent,	utilities, and	d maintenance		<u> </u>		-121 -	[14		19,	,693.99
16 Other expenses (describe ► In-Kind,Office&Marketing&Bank&Travel&Program services) 16 209,2 17 Total expenses. Add lines 10 through 16	16 Other expenses (describe In-Kind,Office&Marketing&Bank&Travel&Program/service) 16 209,294.89 17 Total expenses. Add lines 10 through 16	ш	15	Printing, pu	ublication	ons, postag	ge, and shipping	[()GDEN	1. 11:		[15			0
17 Total expenses. Add lines 10 through 16	17 Total expenses. Add lines 10 through 16 ▶ 17 409,952.84 18 Excess or (deficit) for the year (Subtract line 17 from line 9) .		16	Other expe	nses (c	describe >	In-Kind,Office&	flarketing&Ban	K& Travel⪻	ogram s	ervices)	16		209,	,294.89
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 -116,991.01 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 19 249,222 61 20 Other changes in net assets or fund balances (attach explanation) 20 -193.16 21 Net assets or fund balances at end of year. Combine lines 18 through 20 ≥ 21 132,038.44 Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ. (See the instructions for Part II.) (A) Beginning of year (B) End of year (Cash, savings, and investments 235,347.00 22 115,288.80 23 0 24 Other assets (describe > Fixed Assets & Other Assets) 17,385.00 24 22,355.12 25 Total assets		17										_			
Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) Other changes in net assets or fund balances (attach explanation) Net assets or fund balances at end of year. Combine lines 18 through 20 Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-I (See the instructions for Part II.) (A) Beginning of year (B) End of year Cash, savings, and investments 235,347.00 22 115,2	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 19 249,222 61 20 Other changes in net assets or fund balances (attach explanation) 20 -193.16 21 Net assets or fund balances at end of year. Combine lines 18 through 20 21 132,038.44 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. (See the instructions for Part II.) (A) Beginning of year (B) End of year (B) End of year (Cash, savings, and investments 235,347.00 22 115,288 80 22 Cash, savings, and investments 235,347.00 22 115,288 80 23 Other assets (describe Fixed Assets & Other Assets) 17,385.00 24 22,355.12 24 Other assets (describe Fixed Assets & Other Assets) 252,732.00 25 137.643.92		140													
Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-l (See the instructions for Part II.) (A) Beginning of year (B) End of year 22 Cash, savings, and investments	21 Net assets or fund balances at end of year. Combine lines 18 through 20 21	ę	19													
Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-l (See the instructions for Part II.) (A) Beginning of year (B) End of year 22 Cash, savings, and investments	21 Net assets or fund balances at end of year. Combine lines 18 through 20 21	SS	'										40		240	222.61
Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-l (See the instructions for Part II.) (A) Beginning of year (B) End of year 22 Cash, savings, and investments	21 Net assets or fund balances at end of year. Combine lines 18 through 20 21	4	00	-	-		•	•					_			
Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-l (See the instructions for Part II.) (A) Beginning of year (B) End of year 22 Cash, savings, and investments	21 Net assets or fund balances at end of year. Combine lines 18 through 20 21	Š	20		-			•	•				-			
(See the instructions for Part II.) (A) Beginning of year (B) End of year Cash, savings, and investments	(See the instructions for Part II.) (A) Beginning of year (B) End of year 22 Cash, sayings, and investments 235,347.00 22 115,288 80 23 Land and buildings 0 23 0 24 Other assets (describe ► Fixed Assets & Other Assets) 17,385.00 24 22,355.12 25 Total assets . </td <th></th> <td> 21</td> <td></td>		21													
22 Cash, savings, and investments	22 Cash, savings, and investments	L	ant II	Balance	Snee				re \$1,250,00	JU or mo						
,	23 Land and buildings					(See the	instructions for Pa	art II.)			(A) Begi	nning of	year	(B)	End of ye	ear
00 Land and buildings	24 Other assets (describe ► Fixed Assets & Other Assets Fixed Assets & Other Assets) 17,385.00 24 22,355.12 25 Total assets	2:	2 Ca	ash, sayıngs,	and in	vestments						235,34	17.00	22	115,	,288 80
د Land and pulidings	24 Other assets (describe ► Fixed Assets & Other Assets Fixed Assets & Other Assets) 17,385.00 24 22,355.12 25 Total assets	23	3 La	and and build	lings .								0 2	23		0
	25 Total assets							_				17,38			22.	355.12
	26 Total liabilities (describe ► Payroll Liabilities) -3,510.00 26 -5,605.48													${-}$		
26 Total liabilities (describe ► Payroll Liabilities		2			•			3) must agree	with line 21	,			22 00 2			.038.44
	·	2	7 Ne	et assets or	tund b	paiances (hi	ne 27 ot column (l	ک) must agree	with line 21)	ı	249.22	22 00 2	7	132.	.038.44

Part III Statement of Program Service Accomplishments (See the instructions for Part III.)										
What	is the organization's primary exempt purpose?				(Requ	Expenses ured for section				
	ribe what was achieved in carrying out the org	anization's exempt purpor	ses. In a clear a	nd concise)(3) and 501(c)(4)				
	er, describe the services provided, the number of				organ	nizations and section (a)(1) trusts, optional				
each	program title.	•				hers.)				
28	Elder Care Communities (Nursing & Assisted Living	s) Accomplished 435 dreams	s for 2009	·	 					
		-/				•				
	(Grants \$ In-KInd \$32,500) If this amount	includes foreign grants, oh	ook horo		28a	202,648.86				
	Senior Residential Facilities Program: Gifts of Light				200	202,048.80				
29	support or resources living in an Elder Care Commu									
			1							
	volunteer We delivered over 2,530 gifts to 18 nursing		l							
	(Grants \$ In-Kind-\$50,600) If this amount			. ▶ 🗆	29a	71,907.66				
30	Elder Care Communities Programs - Virtual Dementi									
	family, community services; Police, Fireman, etc. So				!					
	Nursing Homes, Assisted Liv, Alzheimer's Assoc. fo	r many states & 81 Family Ki	ts (at least 5,000 pe	ople)						
	(Grants \$) If this amount	includes foreign grants, ch	eck here	. ▶ 🗆	30a	39,222.36				
31										
	(Grants \$ See-Attachment) If this amount				31a	13,0074 12				
	Total program service expenses (add lines 28a				32	326,853.00				
Part	IV List of Officers, Directors, Trustees, and Key	/ Employees. List each one ev	ven if not compensa	ted. (See the	ınstruc	tions for Part IV.)				
	(a) Name and address	(b) Title and average	(c) Compensation	(d) Contributio		(e) Expense				
	(a) Name and address	hours per week devoted to position	(If not paid, enter -0)	employee benefit deferred comper	pians & nsation	account and other allowances				
P.K. I	Beville, M.S			· · · · · · · · · · · · · · · · · · ·		-				
	Willows Way, Marietta, GA 30062	Founder/ 15 hours/Wk	19,600.00	ŀ	0	0				
	Brenan, VP Finance, St. Joseph's Hospital		,							
	Peachtree Dunwoody Rd.,Atlanta,GA 30329	Voting BD Mbr/4 Hr Mo	0		0	0				
	Greene		<u> </u>							
		Chairman of BD/15 Hrs Mo	۱ ،		0	o				
9715 Foxworth Drive, Alpharetta, GA 30022 0 Mandy Merkel										
	***************************************	Voting BD Mbr/ 4 Hr Mo	١ .		•	^				
	Brandon Mill Road, Atlatna, GA 30328		0		0	0				
	Underwood	Voting BD Mbr/4 Hr Mo				_				
	5 Great Oaks Way, Alpharetta, GA 30022		0		0	0				
	ha Spear	Voting BD Mbr/4 Hr Mo								
	ourn, Alpharetta, GA		0		0	0				
	rt e. DeBusk	Executive Director								
155 S	addle Bridge Dr., Alpharetta, GA 30022		65,000.00	5,9	81 00	0				
		-								
										
]	t l							

Form 99	0-EZ (2009)		P	age 3
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		✓
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		✓
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 b	Enter amount of political expenditures, direct or indirect, as described in the instructions. None None None	37b		✓
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a		√
b 39	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b 0 Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on line 9]		
b	Gross receipts, included on line 9, for public use of club facilities			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
	section 4911 ▶ 0 ; section 4912 ▶ ; section 4955 ▶			
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	400	\vdash	
J	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. ► GA			•
42a	Totophono no. P	78-62	4-0500)
	Located at ► 4343 Shallowford RD, Suite E-6 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	
	account)?	42b		<u> </u>
	If "Yes," enter the name of the foreign country: None See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		
	If "Yes," enter the name of the foreign country: ► None			_
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			
			V	NI -
44	Did the organization maintain any denor advised funds? If "Vee." Form 000 must be completed instead of		Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ			,
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		✓

Part VI

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) none 17(a)(1) nonexempt char ad 51.	exempt charita itable trusts mi	ible trusts only. A ust answer question	ll sections 46-	on 49b		
	Did the organization engage in direct or indirect				Y	es No		
	candidates for public office? If "Yes," complete s				46	1		
	Did the organization engage in lobbying activities	•			47	- 1		
	Is the organization a school as described in section		•		48			
	Did the organization make any transfers to an ex If "Yes," was the related organization a section 5	•	•		49a 49b			
50	Complete this table for the organization's five his employees) who each received more than \$100,0	ghest compensated emplo	yees (other than	officers, directors, t	rustees			
		(b) Title and average	(c) Compensation	n (d) Contributions to	(e) E:	xpense		
	(a) Name and address of each employee paid more than \$100,000	hours per week devoted to position		employee benefit plans & deferred compensation		unt and llowances		
None	· · · · · · · · · · · · · · · · · · ·			·		1017411000		
			ļ_					
	- ·							
f	Total number of other employees paid over \$100	0,000 ▶						
	\$100,000 of compensation from the organization (a) Name and address of each independent contractor	·		Type of service	(c) Comp	ensation		
None		***************************************						
		-	-					
	•••••••••••••••••••••••••••••••••••••••	•••••						
	•••••							
								
d	Total number of other independent contractors e	each receiving over \$100,00	00▶					
	Under penalties of perjury, I declare that I have examine and belief, it is true, correct, and complete. Declaration	ed this return, including accompan of preparer (other than officer) is b	ying schedules and s pased on all informati	statements, and to the bes on of which preparer has a	t of my kr any knowl	nowledge edge		
Sign	John In			5/11/-		^		
Here	J.K. Bluck				201	<u></u>		
	(Signature of officer			Date *				
	P. K. Beville, Founder Type or print name and title			5/14/2010				
		Date	Check if	Preparer's identifying num	ber (See in	structions)		
Paid	Preparer's signature	Date	self- employed ▶ [self-				
Prepare	I FIRM SHAME OF A			 ∃IN ►	v			
Use On	y yours if self-employed), address, and ZIP + 4			Phone no 🕨				
May the	e IRS discuss this return with the preparer shown	above? See instructions	<u> </u>		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

Department of the Treasury Internal Revenue Service Inspection Name of the organization Employer identification number 1519675 Second Wind Dreams, Inc. 31 Part I Reason for Public Charity Status (All organization nart \ See instructions

		1100301	TIOT FUDIIC OF	iailty Status (All O	gainzau	ons mus	st comp	CIC IIIIS	part. J St	ee iiistiu	CHOIIS.
The	orga	anization is n	ot a private four	ndation because it is.	(For lines	s 1 throug	gh 11, ch	neck only	one box	.)	
1		A church, co	onvention of chu	irches, or association	of churc	hes desc	ribed in s	section 1	70(b)(1)(A)(i).	
2		A school de	scribed in secti	on 170(b)(1)(A)(ii). (At	tach Sch	edule E.)					
3			•	hospital service orgar							
4			esearch organiza ame, city, and st	ation operated in con ate:				scribed i	n sectior	170(b)(1	I)(A)(iii). Enter the
5		An organizat	-	the benefit of a colle				operated	by a gov	ernmenta	al unit described in
6				vernment or governme	ental unit	describe	d in sec 1	ion 170(b)(1)(A)(v).	
7		An organizat	tion that normally	y receives a substanti (1)(A)(vi). (Complete F	al part of			-		-	the general public
8				d in section 170(b)(1)	•	Complete	Part II.)				
9				y receives: (1) more th				m contrib	outions, m	nembersh	up fees, and gross
		support from	m gross investm	ed to its exempt func ent income and unre a after June 30, 1975.	elated bu	siness ta	xable inc	ome (les	s section		
10	П			nd operated exclusive				•	•	(a)(4)	
11				and operated exclusive							or to carry out the
				blicly supported orga							
		509(a)(3). CI	heck the box tha	at describes the type	of suppo	rting org	anızatıon	and com	iplete line	es 11e th	rough 11h.
	_	a 🗌 Type		= :	: 🗌 Тур		•	_			Type III-Other
е		persons other		tify that the organization managers and othe							
f					on from	the IDC	that it is	a Tuna	l Tunn II	- T.	
•			, check this box	a written determinat			mat it is	а туре	i, Type ii	, or Type	in supporting
g			st 17, 2006, has	the organization acce			ontribution	on from a	iny of the		
				r indirectly controls, e	either alo	ne or too	ether wit	th persor	s descrit	oed in (ii)	Yes No
			•	ning body of the sup		_	•				11g(i)
				rson described ın (i) a	above?						11g(ii)
				of a person described							[11g(iii)]
_ <u>h</u>				ation about the support							
(1)		e of supported panization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	in col (i) li	organization sted in your document?	the organ	rou notify nization in of your port?	organizat (I) organi	s the ion in col zed in the S?	(vii) Amount of support
				,	Yes	No	Yes	No	Yes	No	
Non	e										
					<u> </u>					<u> </u>	
					-				-		
Tota	ıf										

Par	Support Schedule for Org (Complete only if you chec	janizations ked the box	Described in on line 5, 7,	Sections 17 or 8 of Part I.	0(b)(1)(A)(iv) .)	and 170(b)(1)(A)(vi)
Sec	tion A. Public Support				· · · · · · · · · · · · · · · · · · ·		
	lendar 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")						
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)						0
6	Public support. Subtract line 5 from line 4.		L			L	
	tion B. Total Support lendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(-) 2000	(f) Total
_		(a) 2003	(b) 2006	(6) 2007	(u) 2008	(e) 2009	(i) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, 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>				
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	re					
Sec	tion C. Computation of Public Su					r 	
14	Public support percentage for 2009 (line	6, column (f) d	ivided by line 1	1, column (f))		14	%_
15	Public support percentage from 2008 Sci					15	%_
16a	33% % support test-2009. If the organization qualifies	as a publicly	supported orga	nization			▶ □
b	331/3 % support test-2008. If the organia						
	box and stop here. The organization qua	ılıfies as a pub	licly supported	organization .			▶ □
17a	10%-facts-and-circumstances test – 20 more, and if the organization meets the "facts-and-circum reading test of the circumstances test – 20 more, and if the organization meets the "facts-and-circumstances test – 20 more, and if the organization meets the "facts-and-circumstances test – 20 more, and if the organization meets the "facts-and-circumstances test – 20 more, and if the organization meets the "facts-and-circumstances test – 20 more, and if the organization meets the "facts-and-circumstances test – 20 more, and if the organization meets the "facts-and-circumstances test – 20 more, and if the organization meets the "facts-and-circumstances test – 20 more, and if the organization meets the "facts-and-circumstances test – 20 more, and if the organization meets the "facts-and-circumstances test – 20 more, and if the organization meets the "facts-and-circumstances test – 20 more, and if the organization meets the "facts-and-circumstances test – 20 more, and if the organization meets the "facts-and-circumstances test – 20 more, and if the organization meets the "facts-and-circumstances test – 20 more, and if the organization meets the "facts-and-circumstances test – 20 more, and if the organization meets test – 20 more, and if the organization meets test – 20 more, and if the organization meets test – 20 more, and if the organization meets test – 20 more, and if the organization meets test – 20 more, and if the organization meets is the organization meets and if the organization meets is the organization meets and if the organization meets is the organization meets and organization meets and if the organization meets are also meets and if the organization meets and if the organization meets are also	acts-and-circu	mstances" test,	check this box	and stop here.	Explain in Part	IV how the
b 18	10%-facts-and-circumstances test—2008 more, and if the organization meets the "facts-and-circumsta Private foundation. If the organization did	acts-and-circun inces" test. The	nstances" test, o organization qua	check this box a alifies as a public	and stop here. bly supported or	Explain in Part ganization	IV how the ▶ □

Part III 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										
Ca	alendar 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.")	176,633.00	181,235.00	202,920.00	343,549.00	149.173.37	1,053,510.37			
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	77,433.00	140,626.00	53,628.00	41,934.00	141,908.95	455,529.95			
3	Gross receipts from activities that are not an unrelated trade or business under section 513	0	0	0	0	0	0			
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0	0	0			
5	The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0	0	0			
6	Total. Add lines 1 through 5	254,066.00	321,861.00	256,548.00	385,483.00	291,082.32	1,512,040			
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .	0	0	0	0	0	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	o				•	0			
_	amount on line 13 for the year	0	0	0	0	0	0			
8 8	Add lines 7a and 7b					· ·	1,512,040			
Sec	tion B. Total Support						1,312,040			
	Calendar year (or fiscal year beginning in) ▶ (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total									
9	Amounts from line 6	254,066.00	321,861.00	256,548.00	385,483.00	291,082.32	1,512,040.30			
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar									
	sources	805.00	1,253.00	3,955.00	2,516.00	1,879.51	10,408.51			
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	0	0	0	0	0	0			
С	Add lines 10a and 10b	805.00	1,253.00	3,955.00	2,516.00	1,879.51	10,408.51			
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	0	0	0	0	0	0			
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)	0	0	0	0	0	0			
13	Total support. (Add lines 9, 10c, 11, and 12.)	254,871.00	323,114.00	260,503.00	387,999.00	292,962.83	1,551,214.81			
14	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									
Sec	tion C. Computation of Public Sup	pport Percer	ntage							
15	Public support percentage for 2009 (lin			e 13, column ((f))	15	99.3% %			
16	Public support percentage from 2008 S				<u> </u>	16	69.5% %			
	tion D. Computation of Investmen									
17	Investment income percentage for 2009	•		•		17	0 %			
18	Investment income percentage from 20					18	0 %			
19a	17 is not more than 331/3 %, check this be	ox and stop he	re. The organia	zatıon qualifies	as a publicly s	upported orga	nization 🕨 🗌			
b	331/3 % support tests - 2008. If the organ line 18 is not more than 331/3 %, check this	box and stop l	here. The orgar	nization qualifie:	s as a publicly s	supported orga	nization 🕨 🗌			
20_	Private foundation. If the organization	did not check a	a box on line 1	4, 19a, or 19b,	check this bo	x and see inst	ructions 🕨 🔲			

Schedule A (Form 990 or 990-EZ) 2009 Page 4																					
Part IV	Suppl Part II				mat 7b;	t ion. and	Con Part	nplete III, lır	this e 12	part . Pro	to p	rovio any	de the	exp addi	lanati tional	ions I info	requir	ed I	by Pai See in	t II, Iin structio	e 10; ons.
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																				 .	
		3-5-																			
																					

ross Re	ceipts: \$_	\$327,067						reakdown - Ta
ncome	Part I						1/1/20	9 -12/31/2
		Line 1	Contributions -	Public		In-Kind	Line	<u>Totals</u>
		Benevolent		570				
	1	Unrestricted		28,438				
	1	Temp Restricted		25,000				
		Cont Public		-335				
	_	Line 1c	in-kind			83,100		
	-	Total	2, 22, 2	53,673		83,100		136,773
		Line 2	Program Ser Re					120,112
	 	VDT Family	2.30-111-11	4,836				
		VDT		62,864				
	-	VDT Training	 	13,125				
	-	VDT Travel		546				
	-	Gifts of Light		0				
		Video		732				
	-	Other		-3,934				
		Total	 	78,169				78,169
	+	10tal		10,103				10,109
	 	Line 3	Membership				· -	
	+	Member Dues	MICHIDEISHIP	12,400				12,400
	 	wiember Dues	 	12,400				12,400
	+		-					
	-			 				
	 	Total	-					
	_	TOTAL						
	_	Line 4	Interest					
	_	Interest Income	Interest	1 000				1 000
 		interest income		1,880				1,880
	-	-						
 		Line C Special B		9 Activities				
	-	Line 6 Special E	<u>vents</u>	& Activities				
		Line 6a	<u></u>	2040				
		Table Luncheon		3,240				
	_	Golf		89,846				
	_	Mistletoe Run		5,000				
	_	Casino Night		0				
		Total		98,086				
								<u> </u>
		Line 6B	Direct Exp Fund					
		Table Luncheon		883				
		Golf		33,249				
		Mistletoe Run		214				
	J	Casino Night						
	_							
		Total		-34,346				
								63,740
		Line 6C						
		Line 11	Other revenue					
		Reimburse Exp						
		<u>Line 12</u>	Total Revenue					292,962
								····
		1						
-		<u> </u>						
	+							
	+		 				A	s-o f-12/31/2 6
			1		J			. 1

Expenses	Part II			1				reakdown - Tax
Line 10		0					1/1/20	9 9 - 12/31 /2þ
Line 11		972	(Membership Ex	xpense				
Line 12			(Salaries)					
Line 13		0	(Event Planner	%)				
Line14		19,694	(Occupancym r	ent, etc)		-		
Line 15		0						
Line 16		126,195	Other Expenses)				
	Total	326,853					-	
	In-Kind	83,100						
	Total Exp	409,953						
* Other E	xpenses	 	In-Kind					
Office Expen	ses	16,710					-	
Marketing		4,261						
Bank Svr		3,750						
Travel & Ent		1,922						
Program Ser	vices	99,552	83,100	In-Kind - Atta	chment 2			
	Cook Total	100 105	99.100	m, c.1	900 905			
	Sub-Total	126,195	83,100	Total	209,295			
								
						`		

Second Wind Dreams Profit & Loss

January through December 2009

	Jan - Dec 09
Income	
4002 · Unrestricted Contribution	
4001 · Benelovent donation	570 00
4003 · Temporary Restricted	25,000 00
4100 · Contributions Public	-335 00
4002 · Unrestricted Contribution - Other	28,438 37
Total 4002 · Unrestricted Contribution	53,673 37
4006 · Program Services	
4005 Educ. Video	732 00
4016 · VDT Sales	62,863 82
4017 · VDT Training	13,125 29
4019 · VDT Train Travel	546 00
4030 · VDT I Family	4,835 55
4006 · Program Services - Other	-3,934 00
Total 4006 · Program Services	78,168 66
4010 · Membership Dues	
4013 · Member Life	2,100 00
4010 · Membership Dues - Other	10,300 00
Total 4010 · Membership Dues	12,400 00
4040 · Special Events	
4041 · Special Events - Revenue	
4026 · Dream Luncheon	3,240 00
4043 · Golf Classic	89,846 00
4047 · Mistletoe Run	5,000 00
Total 4041 Special Events - Revenue	98,086 00
4061 · Special Events - Expenses	
4062 · Tennis Expense	0 00
4063 · Golf Expenses	-33,249 12
4066 · Dream Luncheon Exp	-883 00
4069 · Mistletoe Run	-213 59
Total 4061 · Special Events - Expenses	-34,345 71
Total 4040 Special Events	63,740 29
4200 · Interest Income	1,879 51
Total Income	209,861 83

Second Wind Dreams Profit & Loss

January through December 2009

	Jan - Dec 09
Expense	
6000 · Salaries & Wages - Employees	10.101.55
6560 Payroll Expenses	12,131 55
6565 · Employee Benefits	15,760 62
6000 · Salaries & Wages - Employees - Other	152,099 99
Total 6000 · Salaries & Wages - Employees	179,992 16
6001 · Office Expenses	
6002 · Northeast Office	106 95
6580 · Office Supplies	6,592 17
6590 · Postage and Delivery	104 36
6611 · internet website	494 60
6620 Dues and Subscriptions	2,725 00
6630 · Seminars & Education	362 94
6680 · Repairs and Maintenance	298 61
6750 · Telephone	5,905 59
6810 · Miscellaneous	60 00
6001 · Office Expenses - Other	60 00
Total 6001 · Office Expenses	16,710 22
6004 · Program Services Exp	
6021 · Dreams	
6022 · Direct Expenses	35,434 80
6023 · Dreams Consultant Fee	4,987 00
6021 · Dreams - Other	21,972 93
Total 6021 · Dreams	62,394 73
6065 · Gifts of Light Exp	719 71
6640 · Newsletter	1,825 98
6985 · Convention Expense	0 00
6986 VDT Sales Expense	13,325 73
6987 · VDT I Family Expense	6,070 97
6988 · VDT Training Travel Exp	385 00
6989 VDT Training Expense	14,579 89
6004 · Program Services Exp - Other	250 00
Total 6004 · Program Services Exp	99,552 01
6040 · Katrina	0 00
6110 · Marketing Expenses	2 30
6115 · Volunteers	0 00
0119 - Voluntaera	0.00

Second Wind Dreams Profit & Loss

January through December 2009

	Jan - Dec 09
6110 · Marketing Expenses - Other	4,260 85
Total 6110 · Marketing Expenses	4,260 85
6300 · Bank Service Charges	
6530 · Interest Expense	
6540 · Finance Charges	41 98
66900 · Reconciliation Discrepancies	-81 13
Total 6530 · Interest Expense	-39 15
6300 · Bank Service Charges - Other	3,789 41
Total 6300 Bank Service Charges	3,750 26
6650 · Memberships Manual Exp	971 80
6660 · Rent	047.00
6370 · Liability Insurance	817 00
6770 · Utilities - Gas	699 04
6780 · Utilities - Electric	1,953 95
6660 · Rent - Other	16,224 00
Total 6660 · Rent	19,693 99
6700 · Computer Repairs	0 00
6840 · Travel & Entertainment	
6860 · Meals	318 50
6870 · Travel-Other	1,103 05
6840 · Travel & Entertainment - Other	500 00
Total 6840 · Travel & Entertainment	1,921 55
Total Expense	326,852 84
Net Income	-116,991.01

5:08 PM 05/14/10 Cash Basis

Second Wind Dreams Balance Sheet

As of December 31, 2009

	Dec 31, 09	
ASSETS		
Current Assets		
Checking/Savings	0.000.00	
100 · NPB Non Posting Account 1015 · American Trust-Checking	-3,239 82 48,701 33	
1016 · American Trust Money Mkt	96,275 56	
1020 · Harrah's Grant - CD	-26,448 27	
Total Checking/Savings	115,288 80	/
Other Current Assets		
1499 · Undeposited Funds	3,320 00	
1500 · *Undeposited Funds	1,650 00	
1600 · Prepaid Expenses	1,790 62	
Total Other Current Assets	6,760 62	
Total Current Assets	122,049 42	
Fixed Assets		
1820 · Furniture & Fixtures	15,025 00	
Total Fixed Assets	15,025 00	
Other Assets		
9 · Due to (from) unrestricted	569 50	
Total Other Assets	569 50	
TOTAL ASSETS	137,643.92	-2
LIABILITIES & EQUITY		
Liabilities		
Current Liabilities		
Accounts Payable	CE 47	
2000 · Accounts Payable	65 17	
Total Accounts Payable	65 17	
Other Current Liabilities		
2100 · Payroll Liabilities	5,540 31	
Total Other Current Liabilities	5,540 31	
Total Current Liabilities	5,605 48	
Total Liabilities	5,605 48	~
Equity		
3000 · Opening Bal Equity	58,881 16	
3900 · Net Assets	190,148 29	
Net Income	-116,991 01	
Total Equity	132,038 44	
TOTAL LIABILITIES & EQUITY	137,643.92	



Second Wind Dreams®

4343 Shallowford Road, Suite E-6 Marietta, GA 30062 678-624-0500 Fax 678-624-9578 www.secondwind.org

Attachment Schedule - 3

Form 990-EZ (2009)

Part III Statement of Program Service Accomplishments

Page 2 Line 31 - Other Program Services

Elder Care Community Program: "Winds of Change" Newsletter - Quarterly - We mailed out over 3,000 newsletters in 2009 to our members and donors. It teaches and informs the latest updates in care, studies, laws as it relates to elder's right, etc. We also furnish educational videos for further education in the eldercare communities.



Second Wind Dreams® 4343 Shallowford Road, Suite E-6 Marietta, GA 30062 678-624-0500 Fax 678-624-9578 www.secondwind.org

ATTACHMENT - 2

Part III

EIN: 31-1519675

Page 2

Line 28 Non-Cash

2009

	<u>Dreams</u>	Gifts of Light
January	\$550	
February	\$4,240	
March	\$1,350	
April	\$780	
May	\$1200	
June	\$2,77 5	
July	\$2,480	
August	\$6,283	
September	\$875	
October	\$1,458	
November	\$275	
December	9,975	\$50,600
	\$32,500	50,600*

\$83,100 Total In-Kind

^{*}Gifts of Light - 502 residents @\$100 each = \$50,200



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ATTACHMENT - 4

Professional Volunteer Hours In—Kind 2009

<u>Voluntee</u> 1	<u>r</u>	<u>Hours</u> <u>Volunteered</u>	Amount	<u>Purpose</u>
P.K. Beville		520	\$52,000	Bus. Consult. Dreams & Education
Dale Greene		520	\$52,000	Bus. Consult – Bus. Affairs
Neil Cleveland	i	300	\$30,000	IT - Maintain our Server Pro Bono
Susan Clark		10	\$2,000	CPA - Helps with 990
Kilpatrick- Stockton		50	\$10,000	Legal- Domestic & Intern'l trademark
7	Cotals	1,400	\$146,000	