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Form **990-EZ**Department of the Treasury
Internal Revenue Service**Short Form**
Return of Organization Exempt From Income TaxUnder 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****A For the 2009 calendar year, or tax year beginning** January 1, 2009, and ending December 31, 20 09**B** Check if applicable:

- ☒ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific Instructions

C Name of organization

Second Wind Dreams, Inc.

Number and street (or P O box, if mail is not delivered to street address)

4343 Shallowford Road

Room/suite

Suite E6

City or town, state or country, and ZIP + 4

Marietta, GA 30062

D Employer identification number

31-1519675

E Telephone number

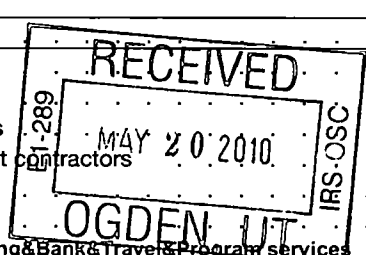
678-624-0500

F Group Exemption Number ►

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting Method ☒ Cash ☐ Accrual
Other (specify) ►**I** Website: ► www.secondwind.org**J** Tax-exempt status (check only one) — ☒ 501(c) (3) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527**H** Check ☐ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).**K** 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 Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.**L** Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of Form 990-EZ. \$ 327,307.54**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I.)

		1	2	3	4	5a	5b	5c	6a	6b	6c	7a	7b	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21
Revenue	1	Contributions, gifts, grants, and similar amounts received															136,773.37											
	2	Program service revenue including government fees and contracts															78,168.66											
	3	Membership dues and assessments															12,400.00											
	4	Investment income															1,879.51											
	5a	Gross amount from sale of assets other than inventory																										
	5b	Less: cost or other basis and sales expenses																										
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)															0											
	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>																										
	6a	Gross revenue (not including \$ 98,086.00 of contributions reported on line 1)															98,086.00											
	6b	Less: direct expenses other than fundraising expenses															34,345.71											
6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)															63,740.29												
7a	Gross sales of inventory, less returns and allowances															0												
7b	Less: cost of goods sold															0												
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)															0												
8	Other revenue (describe ►)															0												
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8															292,961.83												
Expenses	10	Grants and similar amounts paid (attach schedule)															0											
	11	Benefits paid to or for members															971.80											
	12	Salaries, other compensation, and employee benefits															179,992.16											
	13	Professional fees and other payments to independent contractors															0											
	14	Occupancy, rent, utilities, and maintenance															19,693.99											
	15	Printing, publications, postage, and shipping															0											
	16	Other expenses (describe ► In-Kind, Office & Marketing & Bank & Travel & Program services)															209,294.89											
	17	Total expenses. Add lines 10 through 16															409,952.84											
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)															-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)															249,222.61											
	20	Other changes in net assets or fund balances (attach explanation)															-193.16											
	21	Net assets or fund balances at end of year. Combine lines 18 through 20															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
22	Cash, savings, and investments	235,347.00	115,288.80
23	Land and buildings	0	0
24	Other assets (describe ► Fixed Assets & Other Assets)	17,385.00	22,355.12
25	Total assets	252,732.00	137,643.92
26	Total liabilities (describe ► Payroll Liabilities)	-3,510.00	-5,605.48
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	249,222.00	132,038.44

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

Cat No 106421

Form 990-EZ (2009)

SCANNED JUL 12 2010

699

Expenses

(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others.)

28 Elder Care Communities (Nursing & Assisted Livings) Accomplished 435 dreams for 2009

(Grants \$ **In-Kind \$32,500**) If this amount includes foreign grants, check here ☐

28a	202,648.86
-----	------------

29a	71,907.66
------------	------------------

(Grants \$ In-Kind-\$50,600) If this amount includes foreign grants, check here ☐

30a	39.222.36
------------	------------------

(Grants \$) If this amount includes foreign grants, check here ☐

31a	13.0074 12
-----	------------

(Grants \$ See-Attachment) If this amount includes foreign grants, check here ☐

32	Total program service expenses (add lines 28a through 31a)	\$9,967,400
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32	326.853.00
----	------------

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
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Form **990-EZ** (2009)

Part V 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.		
a	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	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a None		
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 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	If "Yes," complete Schedule L, Part II and enter the total amount involved	38b 0	
39	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9	39a 0	
b	Gross receipts, included on line 9, for public use of club facilities	39b 0	
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0 ; section 4912 ▶ 0 ; 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	✓
c	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 ▶		
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.	40e	✓
41	List the states with which a copy of this return is filed. ▶ GA		
42a	The organization's books are in care of ▶ Second Wind Dreams Telephone no. ▶ 678-624-0500 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 account)?	42b	✓
	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 .		
c	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 ▶ 43		□
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44	✓
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	✓

Part VI

Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46–49b and complete the tables for lines 50 and 51.

- | | Yes | No |
|--|------------|----|
| 46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I | 46 | ✓ |
| 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II | 47 | ✓ |
| 48 Is the organization a school as described in section 170(b)(1)(A)(iii)? If "Yes," complete Schedule E | 48 | ✓ |
| 49a Did the organization make any transfers to an exempt non-charitable related organization? | 49a | ✓ |
| b If "Yes," was the related organization a section 527 organization? | 49b | ✓ |
- 50** Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

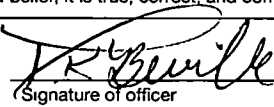
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
None				

f Total number of other employees paid over \$100,000 ▶

- 51** Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
None		

d Total number of other independent contractors each receiving over \$100,000 ▶

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.			
	 (Signature of officer)		Date 5/14/2010	
	P. K. Beville, Founder Type or print name and title		5/14/2010	
Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (See instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4	EIN		Phone no

May the IRS discuss this return with the preparer shown above? See instructions ☐ Yes ☐ No

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 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.						0

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) 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						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	%
16a 33⅓% support test—2009. If the organization did not check the box on line 13, and line 14 is 33⅓% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 33⅓% support test—2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33⅓% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
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 <input type="checkbox"/>		
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 <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ► <input type="checkbox"/>		

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

Calendar 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 amount on line 13 for the year	0	0	0	0	0	0
c Add lines 7a and 7b	0	0	0	0	0	0
8 Public support. (Subtract line 7c from line 6)						1,512,040

Section B. Total Support

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
10a 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
c 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** ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	99.3%	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	69.5%	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	0	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	0	%

19a 33⅓% support tests—2009. If the organization did not check the box on line 14, and line 15 is more than 33⅓%, and line 17 is not more than 33⅓%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

b 33⅓% support tests—2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33⅓%, and line 18 is not more than 33⅓%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

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

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

[illegible]

[illegible]

Expenses	Part II						990 Breakdown - Taxes
Line 10		0					1/1/2009 - 12/31/2009
Line 11		972	(Membership Expense				
Line 12		179,992	(Salaries)				
Line 13		0	(Event Planner %)				
Line 14		19,694	(Occupancy rent, etc)				
Line 15		0					
Line 16		126,195	Other Expenses*)				
	Total	326,853					
	In-Kind	83,100					
	Total Exp	409,953					
* Other Expenses			In-Kind				
Office Expenses		16,710					
Marketing		4,261					
Bank Svr		3,750					
Travel & Ent		1,922					
Program Services		99,552	83,100	In-Kind - Attachment 2			
	<i>Sub-Total</i>	<i>126,195</i>	<i>83,100</i>	<i>Total</i>	<i>209,295</i>		

As of 12/31/2009

Second Wind Dreams
Profit & Loss
January through December 2009

	<u>Jan - Dec 09</u>
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	<u>53,673 37</u>
 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	<u>78,168 66</u>
 4010 · Membership Dues	
4013 · Member Life	2,100 00
4010 · Membership Dues - Other	10,300 00
Total 4010 · Membership Dues	<u>12,400 00</u>
 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	<u>98,086 00</u>
 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	<u>-34,345 71</u>
 Total 4040 Special Events	 63,740 29
 4200 · Interest Income	 1,879 51
Total Income	<u>209,861 83</u>

Second Wind Dreams
Profit & Loss
January through December 2009

Jan - Dec 09

Expense

6000 · Salaries & Wages - Employees

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

6115 Volunteers 0 00

10,22 AM
05/12/10
Cash Basis

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	
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

	<u>Dec 31, 09</u>
ASSETS	
Current Assets	
Checking/Savings	
100 · NPB Non Posting Account	-3,239 82
1015 · American Trust-Checking	48,701 33
1016 · American Trust Money Mkt	96,275 56
1020 · Harrah's Grant - CD	-26,448 27
Total Checking/Savings	<u>115,288 80 ✓</u>
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	<u>6,760 62</u>
Total Current Assets	122,049 42
Fixed Assets	
1820 · Furniture & Fixtures	15,025 00
Total Fixed Assets	<u>15,025 00</u>
Other Assets	
9 · Due to (from) unrestricted	569 50
Total Other Assets	<u>569 50</u>
TOTAL ASSETS	<u><u>137,643.92</u> - 2</u>
LIABILITIES & EQUITY	
Liabilities	
Current Liabilities	
Accounts Payable	
2000 · Accounts Payable	65 17
Total Accounts Payable	<u>65 17</u>
Other Current Liabilities	
2100 · Payroll Liabilities	5,540 31
Total Other Current Liabilities	<u>5,540 31</u>
Total Current Liabilities	<u>5,605 48</u>
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	<u>132,038 44 ✓</u>
TOTAL LIABILITIES & EQUITY	<u><u>137,643.92</u></u>



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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.



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ATTACHMENT - 2

Part III

EIN: 31-1519675

Page 2

Line 28 Non-Cash

2009

	<u>Dreams</u>	<u>Gifts of Light</u>
January	\$550	
February	\$4,240	
March	\$1,350	
April	\$780	
May	\$1200	
June	\$2,775	
July	\$2,480	
August	\$6,283	
September	\$875	
October	\$1,458	
November	\$275	
December	9,975	\$50,600
	\$32,500	50,600*
	<u>\$83,100</u>	<u>Total In-Kind</u>

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



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ATTACHMENT - 4

**Professional
Volunteer Hours
In—Kind 2009**

<u>Volunteer</u>	<u>Hours Volunteered</u>	<u>Amount</u>	<u>Purpose</u>
P.K. Beville	520	\$52,000	Bus. Consult. Dreams & Education
Dale Greene	520	\$52,000	Bus. Consult – Bus. Affairs
Neil Cleveland	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
Totals	1,400	\$146,000	