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Form 990
Department of the Treat

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)

OMB No. 1545-0017 Open to Public Inspection

The organization may have to use a copy of this return to satisfy state reporting requirements and ending SEP 30, 2012 A For the 2011 calendar year, or tax year beginning OCT 1, 2011 C Name of organization D. Employer identification number Address change SECOND WIND PROGRAMS, Name Dong Business As JH RANCH 68-0174970]initiut Number and street (or P O box it mail is not delivered to street address) Roome'suite E. Lelephone number 7 smun 310 205-879-5601 402 OFFICE PARK DRIVE 5,237,024. Amende City or town state or country, and ZIP + 4 G Gross receipts \$ 35223 Applica BIRMINGHAM, AL H(a) is this a group return Yes X No F Name and address of principal officer MACK OGREN for athliates? H(b) Are all attikates included? Tyes No SAME AS C ABOVE I Tax exempt status [X] 501(c)(3) 4947(a)(1) or If "No " attach a list (see instructions)) ◀ (insert no) Website - WWW. JHRANCH. COM H(c) Group exemption number 🕨 Form of organization: X Corporation Trus: Year of formation 1997 M State of egal comicile AL Association Part I Summary CHRISTIAN RETREAT CAMP Briefly describe the organization's mission or most significant activities Check this box > if the organization discontinued its operations or disposed of more than 25% of its net assets 3 Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) 45 Total number of individuals employed in calendar year 2011 (Part V, line 2ai 5 . 3 ō 6 Total number of volunteers (estimate if necessary) 0. 7 a Total unrelated business revenue from Part VIII, column (C) line 12 7a 0. b Net unrelated business taxable income from Form 990 T, line 34 Prior Year Current Yuar 2,717,017. 2,081,387. 18,177. 1,999,280. Contributions and grants (Part VIII, line 1h) 1,669,120. 9 Program Service revenue (Part VIII, line 29)
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 531. 335. 321,768 6d Bc. 9c, 10c, and 11e) 3,894,266. ,138,349. 12 Iotal revenue add lines 8 through 11 (must refer Part VIII, column (A), line 12)
13 Grants and similar amounts baid (Part V), column (A), lines 1 3)
14 Benefits part to or for members (Part IX, column (A), line 4)
15 Salaries, other corppensation, employer benefits (Part IX, column (A), linus 5 10) 644,745. 1,039,762. 0. 146. 305, 371. 0 41,877. b Total fundraising expenses (Part-IX-co 2,561,611 2,998,179. 17 Other expenses (Part IX, column (A) lines 11a 11d 11f 24c) 4,511,727. -617,461. 700,087. 18 Total expenses Add lines 13.17 (must equal Part IX, column (A), line 25) 561,738. 19 Revenue less expenses Subtract line 18 from line 12 Beginning of Current Year End of Year 1,194,870. 1,446,173. 20 Total assets (Part X, line 15) 1,826,938. 2,640,588. 21 Total liabilities (Part X, line 26) -632,068. Net assets or fund balances. Subtract line 21 from line 20. Part II | Signature Block Under penalties of periury, 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 Sign MACK OGREN DIRECTOR/SECRETARY Here Type or print name and title

Print/Type preparer's name P00165561 MICHAEL H. RICHTER Paid Firm S name UHY ADVISORS TX, LLC 76-0522558 Preparer Firm's address 2929 ALLEN PARKWAY 20TH FLOCK Phone no 713-960-1706 HOUSTON, TX 77019 X Yes No May the IRS discuss this return with the preparer shown above? (see instructions) Form 990 (2011)

13200 01 23 12 LmA For Paperwork Reduction Act Notice, see the separate instructions

14 16

	990 (2011) SECOND WIND PROGRAMS, INC.	68-0174970 Page 2
Pai	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response to any question in this Part III	
11	Briefly describe the organization's mission	ממדז מ
	TO HELP INDIVIDUALS DEVELOP A PRACTICAL UNDERSTANDING OF PURPOSES, PERSONAL VALUES, AND LEADERSHIP SKILLS.	t LIFE
	FURFUSES, PERSONAL VALUES, AND DEADERSHIP SKILLS.	
		
2	Did the organization undertake any significant program services during the year which were not listed on	
	the prior Form 990 or 990-EZ?	Yes X No
	If "Yes," describe these new services on Schedule O	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
	If "Yes," describe these changes on Schedule O	
4	Describe the organization's program service accomplishments for each of its three largest program services, as	
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of	grants and allocations to
	others, the total expenses, and revenue, if any, for each program service reported	2 001 207
4a		
	THE ORGANIZATION SPONSORS A SUMMER CHRISTIAN RETREAT CAN APPROXIMATELY 2,000 INDIVIDUALS PARTICIPATE ANNUALLY.	MP IN WHICH
	APPROXIMATEDI 2,000 INDIVIDUALS PARTICIPATE ANNOALDI:	
	· · · · · · · · · · · · · · · · · · ·	
	•	
4b	(Code) (Expenses \$) (Reven	ue \$)
40		
4c	(Code) (Expenses \$) (Reven	ne 2)
		
	Other program convent (December in Schodule O.)	
4d	Other program services (Describe in Schedule O) (Expenses \$ including grants of \$) (Revenue \$	1
4e	Total program service expenses ► 4,378,710.	
10000		Form 990 (2011)

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

Page 3

Pai	t IV Checklist of Required Schedules			
			Yes	No
Ť	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors	2	X	
3	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	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	dunng the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			7.7
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide			ν,
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			Х
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		^
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	44.	х	
_	Part VI Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	11a		
D	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
٠	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
Ч	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in	1		
-	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b	X	L
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			ĺ
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			X
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15	 	A
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals	4.5		Х
47	located outside the United States? If "Yes," complete Schedule F, Parts III and IV Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	16	 	1
17	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	-''-		 **
10	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	<u> </u>	 	†
	complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X

			Yes	No
2†	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		Х
242	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
240	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	04-		X
	Schedule K. If "No", go to line 25	24a 24b		
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		_
C	•	24c		
a	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a	244		
ZJa	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
ь	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	250		<u> </u>
b	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	25b		Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X _
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	<u> </u>	X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			l
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			١,,
	Schedule N, Part II	32	ļ	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			🕶
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	-	X
34	Was the organization related to any tax-exempt or taxable entity?	١.,	X	
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	^	X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	-	
D	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of	256		Х
20	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	 	1
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			**
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 197		\ _V	
	Note. All Form 990 filers are required to complete Schedule O	38	990 /	(0044)
		Form	27.71.11	JI 11 11

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions

	Check if Schedule O contains a response to any question in this Part VI						X				
Sec	tion A. Governing Body and Management										
						Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		7							
	If there are material differences in voting rights among members of the governing body, or if the governing										
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			1							
b	Enter the number of voting members included in line 1a, above, who are independent										
2											
	officer, director, trustee, or key employee?										
3	Did the organization delegate control over management duties customarily performed by or under the	he dire	ct supervision								
	of officers, directors, or trustees, or key employees to a management company or other person?										
4											
5											
6	Did the organization have members or stockholders?				6		X				
	Did the organization have members, stockholders, or other persons who had the power to elect or a	appoin	one or								
	more members of the governing body?			1	7a		Х				
ь	Are any governance decisions of the organization reserved to (or subject to approval by) members,	stockh	olders, or								
_	persons other than the governing body?		,		7b		Х				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ear by ti	ne following			-					
а	The governing body?	-	_		8a	Х					
b	Each committee with authority to act on behalf of the governing body?				8b		X				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re	ached	at the								
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O				9		Х				
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal F	Revenu	ie Code)								
						Yes	No				
10a	Did the organization have local chapters, branches, or affiliates?				I0a		X				
b	If "Yes," did the organization have written policies and procedures governing the activities of such of	chapte	rs, affiliates,								
	and branches to ensure their operations are consistent with the organization's exempt purposes?										
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing bo	dy bef	ore filing the for	m? _1	l1a	Х					
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990										
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13				12a	X					
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris	e to co	officts?		12b	X					
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "	Yes," c	lescribe	1							
	ın Schedule O how this was done			<u> </u>	12c	_X					
13	Did the organization have a written whistleblower policy?			_	13		X				
14	Did the organization have a written document retention and destruction policy?			_	14		Х				
15	Did the process for determining compensation of the following persons include a review and approximately a series of the following persons include a review and approximately a series of the following persons include a review and approximately a series of the following persons include a review and approximately a series of the following persons include a review and approximately a series of the following persons include a review and approximately a series of the following persons include a review and approximately a series of the following persons include a review and approximately a series of the following persons include a review and approximately a series of the following persons include a review and approximately a series of the following persons include a review and approximately a series of the following persons in the following	val by	ndependent								
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision	?		İ							
а	The organization's CEO, Executive Director, or top management official				15a		X				
b	Other officers or key employees of the organization			<u> </u>	15b		X				
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)				ļ						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ement	with a				۱				
	taxable entity during the year?			<u> </u>	16a		<u> </u>				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate		•								
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization of the control of	anızatı	on's								
	exempt status with respect to such arrangements?			L1	16b		<u> </u>				
	tion C. Disclosure										
17	List the states with which a copy of this Form 990 is required to be filed CA	T. (C									
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990	·ı (Sec	tion 501(c)(3)s	only) av	aılab	ie					
	for public inspection. Indicate how you made these available. Check all that apply										
	Own website Another's website X Upon request		-f	·	£						
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, or	conflict	or interest police	by, and	ıınan	icial					
00	statements available to the public during the tax year					_					
20	State the name, physical address, and telephone number of the person who possesses the books TYLER HIGGINBOTHAM - 205-879-5601	and re	coras of the org	janizatio	on P	·					
		223									
	TO DITTED THAN DR. DOTTE STO, DIRETTORIAN, AD SS	227									

Form	aan	(2011)	

SECOND WIND PROGRAMS, INC.

68-0174970

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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if neither the organization (A)	(B)	(C)				npo.	1041	(D)	(E)	(F)		
Name and Title	Average	100	not c	Posi heck	ition	than	one	Reportable	Reportable	Estimated		
	hours per	box	unle	ss pe id a d	rson	is bot	h an	compensation	compensation	amount of		
	week	-	cer an	la a a	recto	T	tee)	from	from related	other		
	(describe hours for	irecto						the organization	organizations (W 2/1099-MISC)	compensation from the		
	related	3e 0r 0	stee		l	ısatec		(W-2/1099 MISC)	(VV 27 1000 WIIOO)	organization		
	organizations	trust	at tru)yee	ошре		,		and related		
	ın Schedule	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee				organizations		
	O)	르	SI.	ŧ	<u>ş</u>	£ £	횬					
(1) TERRY TURNER DIRECTOR	0.30	x						0.	0.	0.		
(2) JOHN VIRDEN	0.30	^	-	-			 	0.	0.			
DIRECTOR	0.30	X						0.	0.	0.		
(3) MACK J. OGREN				-	-	┢	-					
EXECUTIVE DIRECTOR/SECRETA	40.00	x		х				104,998.	0.	ο.		
(4) SAM RICE		T				1	1	· · · · · · · · · · · · · · · · · · ·				
BOARD MEMBER	0.30	X						0.	0.	0.		
(5) SONNY CORLEY												
DIRECTOR	0.30	X					$oxed{oxed}$	0.	0.	0.		
(6) MIKE RICHTER												
PRESIDENT	0.50	<u> </u>		Х	L_	<u> </u>	ļ_	0.	0.	0.		
(7) BRUCE JOHNSTON	40.00					١		120 200		10 004		
CEO	40.00	<u> </u>	<u> </u>	Х		Х	╙	132,300.	0.	10,984.		
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	WIND PRO	GR <i>I</i>	MA	3,	11	NC.	•		68-01	74	970	Pa	ige 8
Part VII Section A. Officers, Directors,		mplo	yee			High	est	Compensated Employ	·				
(A)	(B)			(C Posi				(D)	(E)		_	(F)	
Name and title	Average hours per		not c	heck i	more	than		Reportable compensation	Reportable	-		timate iount (
	week			iss per id a di				from	compensation from related			other	01
	(describe	director						the	organizations			oensa	tion
	hours for	or dire	g.,			ated		organization	(W-2/1099-MISC	C)		om the	
	related organizations	trustee or	truste		e:	Suadi	ł	(W-2/1099-MISC)			_	anızatı İ relatı	
	ın Schedule	d ual tr	Institutional trustee		nploy	st con	- T					nizatio	
	0)	Individual t	Instit	Officer	Key employee	Highest compensated employee	Form						
	-												
		-	_			-	-					-	
		-			<u> </u>	-	L			_			
	:												
		\vdash	<u> </u>			┢	-		,				
		-		<u> </u>	-	\vdash	-					-	
				_		_	L						
1b Sub-total								237,298.		0.	1	0,9	
c Total from continuation sheets to Par	t VII, Section A							0.	1	0.	- 1	0,9	<u>0.</u>
d Total (add lines 1b and 1c)						<u> </u>		237,298.	L			0,9	04.
Total number of individuals (including b compensation from the organization		nose	IIST	ed a	DOV	e) w	no r	received more than \$10	J,000 or reportable		 -	Van	No
3 Did the organization list any former office	oor director or tr	ueta	م لار	av or	mole	2000	or	highest compensated a	amployee on			Yes	NO
3 Did the organization list any former office line 1a? If "Yes," complete Schedule J f			C, N	cy cı	пріс	Јусс	, Oi	riigilest compensated t	imployee on		3		Х
4 For any individual listed on line 1a, is the and related organizations greater than 9									the organization		4		Х
5 Did any person listed on line 1a receive	or accrue compe	ensat	ion	from	any	y un			ridual for services				
rendered to the organization? If "Yes," o	complete Schedu	le J	for s	uch	per	son					5		X
Section B. Independent Contractors 1 Complete this table for your five highes	t compensated in	den	ende	ent c	cont	ract	ors	that received more than	\$100,000 of com	nens	ation f	rom	
the organization Report compensation													
(A) Name and busin			ON					(B) Description of		С	(C compe		n
				-		_							
											-		
							•						
2 Total number of independent contractor		not li	ımıte	ed to		_	ste	d above) who received i	more than				
\$100,000 of compensation from the organization	ganization >					0						000	

Part VIII Statement of Revenue (C) (D) (A) (B) Revenue excluded from Related or Unrelated Total revenue tax under sections 512, 513, or 514 exempt function business revenue revenue Grants 1 a Federated campaigns 1a 1b **b** Membership dues Gifts, Cilar Am c Fundraising events 1c 1d d Related organizations e Government grants (contributions) 1e f All other contributions, gifts, grants, and 1f 2,717,017. similar amounts not included above 84,611. Q Noncash contributions included in lines 1a-1f \$ 2,717,017. h Total. Add lines 1a-1f Business Code 2 a CAMP REGISTRATION 721210 2,081,387.2,081,387. Program Service f All other program service revenue 2,081,387. g Total. Add lines 2a-2f Investment income (including dividends, interest, and 329. 329. other similar amounts) Income from investment of tax-exempt bond proceeds Royalties (ı) Real (II) Personal 156,715. 6 a Gross rents 0. b Less rental expenses 156,715. c Rental income or (loss) 156,715. 156,715. d Net rental income or (loss) (i) Securities (II) Other 7 a Gross amount from sales of 6,432.15,538. assets other than inventory b Less cost or other basis 4,122 0 and sales expenses 11,416. 6,432. c Gain or (loss) 17,848. 17,848 d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c) See Part IV, line 18 **b** Less direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 а b Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns a 138,985. and allowances 94,553. b Less cost of goods sold 44,432 44,432. c Net income or (loss) from sales of inventory Business Code Miscellaneous Revenue 524298 102,674. 102,674 INSURANCE CLAIM SETTLE 900099 17,947. 17,947. MISCELLANEOUS b d All other revenue 120,621. Total. Add lines 11a-11d ,138,349.2,219,856. 201,476. Total revenue. See instructions. 12 132009 01-23-12 Form 990 (2011)

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)

comp	olete columns (B), (C), and (D)				X
	Check if Schedule O contains a respon	ise to any question in this	s Part IX (B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and	4 000 560	1 000 500		
	organizations in the United States See Part IV, line 21	1,039,762.	1,039,762.		
2	Grants and other assistance to individuals in				
	the United States See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	227 200	177 074	EO 224	
	trustees, and key employees	237,298.	177,974.	59,324.	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and	1 222 400	764,445.	568,955.	
	persons described in section 4958(c)(3)(B)	1,333,400.	704,443.	300,933.	
7	Other salanes and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits	91,448.	54,869.	36,579.	
10	Payroll taxes	71,440.	34,007.	30,373.	
11	Fees for services (non-employees)				
a	Management	47,281.		47,281.	
b	Legal	16,049.		16,049.	
	Accounting	10,013.		10,010	
a	Lobbying Professional fundraising services. See Part IV, line 17				
f	Investment management fees	1,769.		1,769.	
	Other	38,426.		38,426.	
9 12	Advertising and promotion				
13	Office expenses	17,487.		17,487.	
14	Information technology				
15	Royalties				
16	Occupancy	142,447.	88,800.	53,647.	
17	Travel	73,283.	47,634.	25,649.	-
18	Payments of travel or entertainment expenses				-
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	25,718.		25,718.	
21	Payments to affiliates	3-2			
22	Depreciation, depletion, and amortization	135,569.	128,791.	6,778.	
23	Insurance	307,677.	292,293.	15,384.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0)				
а	DIRECT PROGRAM EXPENSES	434,485.	434,485.		
b	FOOD & ACTIVITIES	334,177.	334,177.		
c	ADMINISTRATIVE COSTS	330,298.		330,298.	
d	MAINTENANCE	221,574.	221,574.		
е	All other expenses SEE SCH O	871,939.	793,906.	36,156.	41,877.
25	Total functional expenses. Add lines 1 through 24e	5,700,087.	4,378,710.	1,279,500.	41,877.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here rf following SOP 98-2 (ASC 958-720)				
13201	0 01-23-12				Form 990 (2011)

Pai	tΧ	Balance Sheet				
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		132,832.	1	247,655.
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net	į		3	
	4	Accounts receivable, net			4	
	5	Receivables from current and former officers, di	rectors, trustees, key			
		employees, and highest compensated employee	es. Complete Part II			
		of Schedule L			5	
	6	Receivables from other disqualified persons (as	defined under section			
		4958(f)(1)), persons described in section 4958(c	(3)(B), and contributing			
		employers and sponsoring organizations of sect	ion 501(c)(9) voluntary			
"		employees' beneficiary organizations (see instru	ctions)		6	
Assets	7	Notes and loans receivable, net	ļ		7	
As	8	Inventories for sale or use		3,387.	8_	3,269.
	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment cost or other				
		basis Complete Part VI of Schedule D	10a 2,467,186.			
	b	Less accumulated depreciation	10b 1,712,790.	667,922.	10c	754,396.
	11	Investments - publicly traded securities			11	
	12	Investments - other securities See Part IV, line	1		12	14,969.
	13	Investments - program-related See Part IV, line	11		13	
	14	Intangible assets		200 700	14	405-004
	15	Other assets See Part IV, line 11		390,729.	15	425,884.
	16	Total assets. Add lines 1 through 15 (must equ	al line 34)	1,194,870.	16	1,446,173.
	17	Accounts payable and accrued expenses		125,605.	17	124,999.
	18	Grants payable	İ		18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
ies	21	Escrow or custodial account liability Complete			21	
Liabilities	22	Payables to current and former officers, director	*			
Lıal		highest compensated employees, and disqualifi	ed persons. Complete Part II			
	00	of Schedule L	stant three parties		22	
	23 24	Secured mortgages and notes payable to unrelate Unsecured notes and loans payable to unrelate			23	
	25	Other liabilities (including federal income tax, pa	·		_24	
	23	parties, and other liabilities not included on lines	•			
		Schedule D	Tr E ij Gompioto i alt x Gr	1,701,333.	25	2,515,589.
	26	Total liabilities. Add lines 17 through 25		1,826,938.	26	2,640,588.
		Organizations that follow SFAS 117, check he	ere X and complete			
Ş		lines 27 through 29, and lines 33 and 34.	•			
2	27	Unrestricted net assets		-651,955.	27	-1,213,693.
ala	28	Temporarily restricted net assets		19,887.	28	19,278.
Ē.	29	Permanently restricted net assets			29	
ᆵ		Organizations that do not follow SFAS 117, c	heck here 🕨 🔲 and			
P		complete lines 30 through 34.				
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds			30	
455	31	Paid-in or capital surplus, or land, building, or ed	uipment fund		31	
et /	32	Retained earnings, endowment, accumulated in	come, or other funds		32	
Z	33	Total net assets or fund balances		-632,068.	33	-1,194,415.
	34	Total liabilities and net assets/fund balances		1,194,870.	34	1,446,173.

Form **990** (2011)

orm	990 (2011) SECOND WIND PROGRAMS, INC.	00-01	L / 4 J / U	Pag	ge 12
Pa	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI				X
•					
1	Total revenue (must equal Part VIII, column (A), line 12)	1	5,13		
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,70		
3	Revenue less expenses Subtract line 2 from line 1	3	-56		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	-63		
5	Other changes in net assets or fund balances (explain in Schedule O)	5			09.
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	-1,19	4,4	<u> 15.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	: O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	ie audit,			ı
	review, or compilation of its financial statements and selection of an independent accountant?		2c		Х
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue	ed on a			
	separate basis, consolidated basis, or both				
	Separate basis X Consolidated basis Both consolidated and separate basis				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audıt			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ııred audıt			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
		-	Form	990 (2011)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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

2011

Open to Public Inspection

Employer identification number

			WIND PROGRAM						68	-0174	970	
Part I	Reason	for Public Char	ity Status (All organiz	ations mu	st complet	e this part) See inst	tructions				
The orga	nization is not a	private foundation	because it is (For lines	1 through	11, check	only one b	ox)					
1 🔲	A church, co	nvention of churches	s, or association of chur	ches desc	ribed in se	ction 170	(b)(1)(A)(ı)					
2	A school des	cribed in section 17	0(b)(1)(A)(II). (Attach Sc	hedule E)								
з 🗔	A hospital or	a cooperative hospi	tal service organization	described	ın section	170(b)(1)(A)(III).					
4 🗔	A medical res	search organization of	perated in conjunction	with a hos	pital descr	ibed in se	ction 170	(b)(1)(A)(ıı	i). Enter th	e hospital	's name,	
	city, and stat	е										
5 🗔	An organizati	on operated for the	benefit of a college or ui	niversity ov	wned or op	erated by	a governi	mental uni	t describe	d in		
	section 170	(b)(1)(A)(ıv). (Comple	ete Part II)									
6	A federal, sta	ite, or local governm	ent or governmental uni	t described	d in sectio	n 170(b)(1	I)(A)(v).					
7		· -	eives a substantial part					r from the	general p	ublic desc	ribed in	
	-	b)(1)(A)(vi). (Comple	•			J			,			
8 🗀	_	.,	ection 170(b)(1)(A)(vi).	(Complete	Part II)							
9 X	1		eives (1) more than 33		•	rom contri	butions m	nembershi	n fees, and	d aross rea	ceipts from	m
V	_	•	nctions - subject to certa							_		
		•	axable income (less sec	•		•				-		
		509(a)(2). (Complete			,			, 5.			-,	
10			perated exclusively to te	st for oubl	ic safety S	See sectio	n 509(a)(4	1).				
11	. •	•	perated exclusively for the	·-·					v out the c	ourposes c	of one or	
	_	-	itions described in secti									
			organization and compl				,		- / - /			
	a Type	• • • • • • • • • • • • • • • • • • • •	¬, -		e III - Func		egrated		d 🗔	Type III C	Other	
e			it the organization is not	controlled	directly o	r indirectly	by one o	r more dis		• .		
	, ,	•	han one or more publicl		•		-					
f		· ·	ten determination from		-							
	9	rganization, check th			•							
g			organization accepted ai	ny gift or c	ontribution	from any	of the foll	owing per	sons?			
J			rectly controls, either a							ı	Yes N	0
		-	upported organization?							11g(ı)		
	(II) A family	member of a persor	described in (i) above?)						11g(II)		
	(III) A 35%	controlled entity of a	person described in (i)	or (II) abov	e?					11g(III)		
h	Provide the f	ollowing information	about the supported or	ganization	(s)							
(i) Nam	e of supported	(ii) EIN	(III) Type of		organization	(v) Did yo	notify the	(vi) ls		(vii) Arr	nount of	
٠,,	ganization	` '	organization (described on lines 1-9		sted in your	organizat		organizatı (ı) organiz	ed in the		port	
			above or IRC section	governing	document?	(i) of your	support?	US	7			
_			(see instructions))	Yes	No	Yes	No	Yes	No			
_												
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						- "						
Total		1				1	j	I	1			

11 Total support. Add lines 7 through 10

Gross receipts from related activities, etc. (see instructions)

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	•					•
fails to qualify under the tests l	isted below, plea	ase complete Part	III)			
Section A. Public Support				·		
Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants")						
2 Tax revenues levied for the organ- ization'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						1
on line 1 that exceeds 2% of the		1		,		
amount shown on line 11,						
column (f)			İ			
6 Public support. Subtract line 5 from line 4						
Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4						
8 Gross income from interest,	•	1				
dividends, payments received on						
securities loans, rents, royalties				Ì		
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)						

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

Section C. Computation of Public Support Percentage

14	Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f))	14	<u> </u>	%
15	Public support percentage from 2010 Schedule A, Part II, line 14	15		%
16a	33 1/3% support test - 2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or n	nore.	check this box and	

stop here. The organization qualifies as a publicly supported organization

**Stop here the organization qualifies as a publicly supported organization

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b 33 1/3% support test - 2010. 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 - 2011. 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 - 2010. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or

b 10% -facts-and-circumstances test - 2010. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% 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.

12

Schedule A (Form 990 or 990-EZ) 2011 SECOND WIND PROGRAMS, INC. 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 or if the organization failed to qualify under Part II If the organization fails to

quality under the tests listed b	below, please comp	piete Part II)			· · · · · · · · · · · · · · · · · · ·	
Section A. Public Support		· · · · · · · · · · · · · · · · · · ·				
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and						
membership fees received (Do not						
include any "unusual grants ")	3444311.	2203150.	5436247.	1999280.	2717017.	15800005.
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	2049311.	1905727.	1862585.	1949223.	2377087.	10143933.
3 Gross receipts from activities that						
are not an unrelated trade or bus- iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	5493622.	4108877.	7298832.	3948503.	5094104.	25943938.
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons	1199001.	685,290.	3536661.	452,015.	640,470.	6513437.
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.
c Add lines 7a and 7b	1199001.	685,290.	3536661.	452,015.	640,470.	6513437.
8 Public support (Subtract line 7c from line 6)		·		-		19430501.
Section B. Total Support	<u> </u>					
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6	5493622.	4108877.	7298832.	3948503.		25943938.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	909.	221.	8,661.	26,100.	15,867.	51,758.
b Unrelated business taxable income						
(less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	909.	221.	8,661.	26,100.	15,867.	51,758.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carned on						
12 Other income Do not include gain or loss from the sale of capital	49,522.	14,529.	-28.	25,075.	127,053.	 216,151.
assets (Explain in Part IV)	5544053.	4123627.	7307465.	3999678.		26211847.
13 Total support (Add lines 9, 10c, 11, and 12)						-
14 First five years. If the Form 990 is for	or the organization's	s first, second, thir	d, fourth, or fifth to	ax year as a sectio	in 501(c)(3) organi:	zation,
check this box and stop here	lia Command Da					
Section C. Computation of Pub					ı —— ı —— ——	74 13
15 Public support percentage for 2011		•	column (f))		15	74.13 %
16 Public support percentage from 201					16	74.38 %
Section D. Computation of Inve					r r	20
17 Investment income percentage for 2	•		ne 13, column (f))		17	.20 %
18 Investment income percentage from					18	.16 %
19a 33 1/3% support tests - 2011. If the	_					
more than 33 1/3%, check this box a b 33 1/3% support tests - 2010. If the	e organization did r	not check a box on	line 14 or line 19a	a, and line 16 is mo	ore than 33 1/3%,	
line 18 is not more than 33 1/3%, ch	eck this box and s	top here. The orga	anization qualifies	as a publicly supp	orted organization	▶□
20 Private foundation. If the organization	on did not check a	box on line 14, 19	a, or 19b, check th	nis box and see in:	structions	▶∟_

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements
► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

SECOND WIND PROGRAMS.

Employer identification number 68-0174970

Par	t I Organizations Maintaining Donor Advise		Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line	e 6	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised fi	ınds
Ū	are the organization's property, subject to the organization's	-	Yes No
6	Did the organization inform all grantees, donors, and donor a	-	
•	for charitable purposes and not for the benefit of the donor of		-
	impermissible private benefit?	water advisor, or for any other purpose com	Yes No
Par		panization answered "Yes" to Form 990. Part I	
1	Purpose(s) of conservation easements held by the organizati		·····
•	Preservation of land for public use (e.g., recreation or e		ally important land area
	Protection of natural habitat	Preservation of a certified	•
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form of a	conservation easement on the last
_	day of the tax year		
	au on the tan your		Held at the End of the Tax Year
а	Total number of conservation easements		2a
ь	Total acreage restricted by conservation easements		2b
c	Number of conservation easements on a certified historic str	ructure included in (a)	2c
d	Number of conservation easements included in (c) acquired		
_	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the org	anization during the tax
	year▶	, ,	, and the second
4	Number of states where property subject to conservation ea	sement is located	
5	Does the organization have a written policy regarding the per		
	violations, and enforcement of the conservation easements i		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	and enforcing conservation easements during	the year 🕨
7	Amount of expenses incurred in monitoring, inspecting, and	enforcing conservation easements during the	year ▶ \$
8	Does each conservation easement reported on line 2(d) above		
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIV, describe how the organization reports conservat	ion easements in its revenue and expense stat	tement, and balance sheet, and
	include, if applicable, the text of the footnote to the organiza	tion's financial statements that describes the o	organization's accounting for
	conservation easements.		
Pa	rt III Organizations Maintaining Collections o	f Art, Historical Treasures, or Othe	r Similar Assets.
	Complete if the organization answered "Yes" to Form	990, Part IV, line 8	
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue statement	and balance sheet works of art,
	historical treasures, or other similar assets held for public ext	hibition, education, or research in furtherance	of public service, provide, in Part XIV,
	the text of the footnote to its financial statements that descri	ibes these items	
ь	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statement and	balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of public s	service, provide the following amounts
	relating to these items		
	(i) Revenues included in Form 990, Part VIII, line 1		> \$
	(ii) Assets included in Form 990, Part X		► \$ ► \$
2	If the organization received or held works of art, historical tre	easures, or other similar assets for financial gai	
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items	
а	Revenues included in Form 990, Part VIII, line 1		> \$
b	Assets included in Form 990, Part X		> \$

		WIND PROGR		INC.		0.1			74970	
Par	1 0 1 9 9									
3	Using the organization's acquisition, accessi	on, and other record	ls, check	any of the	following tha	t are a si	gnificant	use of its	collection	tems
•	(check all that apply)									
а	Public exhibition	d	· [] ı	Loan or excl	hange progra	ıms				
b	Scholarly research	е		Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explain	n how th	ney further th	he organizati	on's exe	mpt purpo	ose in Par	XIV	
5	During the year, did the organization solicit o	r receive donations	of art, hi	storical treas	sures, or oth	er sımılar	assets		-	
	to be sold to raise funds rather than to be ma	aintained as part of t	the orga	nization's co	ollection?				Yes	No_
Par	t IV Escrow and Custodial Arran	gements. Comple	ete if the	organizatio	n answered '	'Yes" to	Form 990	, Part IV, I	ine 9, or	
	reported an amount on Form 990, Par	t X, line 21								
1a	Is the organization an agent, trustee, custodi	an or other intermed	diary for	contribution	s or other as	sets not	ıncluded		-	
	on Form 990, Part X?								Yes	└ No
b	If "Yes," explain the arrangement in Part XIV	and complete the fo	llowing t	table						
									Amount	
С	Beginning balance						1c	·		
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on Fe	orm 990, Part X, line	217				<u> </u>		Yes	☐ No
b	If "Yes," explain the arrangement in Part XIV									
Par		f the organization ar	nswered	"Yes" to Fo	rm 990, Part	IV, line 1	0			
		(a) Current year	(b) P	nor year	(c) Two year	s back	(d) Three y	ears back	(e) Four y	ears back
1a	Beginning of year balance					ĺ				
b	Contributions									
	Net investment earnings, gains, and losses									
d	Grants or scholarships	-								
	Other expenditures for facilities									
_	and programs									
f	Administrative expenses					Î				
9	End of year balance									
2	Provide the estimated percentage of the cur	rent vear end balanc	ce (line 1	g, column (a	a)) held as	•				
a	Board designated or quasi-endowment	,	%							
b	Permanent endowment ▶	%	_							
	Temporarily restricted endowment ▶	 %								
	The percentages in lines 2a, 2b, and 2c shou	uld equal 100%								
За	Are there endowment funds not in the posse		ation the	at are held a	and administe	ered for t	he organi	zation	_	
	by	_							\	res No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations								3a(iı)	
b	If "Yes" to 3a(ii), are the related organization	s listed as required o	on Sche	dule R?					3b	
4	Describe in Part XIV the intended uses of the	e organization's end	owment	funds						
Pai	t VI Land, Buildings, and Equipn									
·	Description of property	(a) Cost or o	other	(b) Cost	t or other	(c) A	ccumulate	ed	(d) Book	value
		basis (investi	ment)	basis	(other)	de	preciation			
1a	Land									
	Buildings			35	0,795.		87,2	82.	263	,513.
С	Leasehold improvements									
d	Equipment									
	Other			2,11	6,391.	1,	625,5	08.		,883.
	I. Add lines 1a through 1e (Column (d) must e	equal Form 990, Part	t X, colur	nn (B), line	10(c))			>	754	,396.

Part VII Investments - Other Securities. Se	e Form 990, Part X, lir	ne 12	
(a) Description of security or category (including name of security)	(b) Book value		(c) Method of valuation t or end-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)	-		
(C)			
(D)			
(E)			
(F)			
(G)			
(H) (I)			
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.)			
Part VIII Investments - Program Related. S	ee Form 990 Part X	line 13	
(a) Description of investment type	(b) Book value		(c) Method of valuation t or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)	<u> </u>	-	
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶ Part IX Other Assets. See Form 990, Part X, line	15		
	Description		(b) Book value
(1) A/R - PROGRAM REVENUES			13,938.
(2) DUE FROM/TO AFFILIATES			411,816.
(3) DUE FROM STORE ACCOUNTS			130.
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, col (B) line			▶ 425,884.
Part X Other Liabilities. See Form 990, Part X,	line 25	(h) D l l	
1. (a) Description of liability		(b) Book value	
(1) Federal income taxes	-mzz	151 222	
(2) UNEARNED REVENUES LIABILI (3) LINE OF CREDIT - WACHOVIA	TI	151,333.	
(4) NOTE PAYABLE - PILOT CAT	י דיניי	1,000,000.	
TOOPTING DAVIDOLT		63,636.	
(6) TAX LEVY		620.	
(7)			
(8)			
(9)			
(10)		· · · · · · · · · · · · · · · · · · ·	
(11)			
Total. (Column (b) must equal Form 990, Part X, col (B) line	e 25)	2,515,589.	

Sche	dule D (Form 990) 2011 SECOND WIND PROGRAMS, INC.				0174970 Page 4
Pai	t XI Reconciliation of Change in Net Assets from Form 990 to	Audited Fig	nancial S	Statement	
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1		5,138,349.
2`	Total expenses (Form 990, Part IX, column (A), line 25)		2	,	5,700,087.
3	Excess or (deficit) for the year Subtract line 2 from line 1		3		-561,738.
4	Net unrealized gains (losses) on investments		4		
5	Donated services and use of facilities		5		
6	Investment expenses		6		
7	Prior period adjustments		7		
8	Other (Describe in Part XIV.)		8		-609.
9	Total adjustments (net) Add lines 4 through 8		9		-609.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and	d 9	10		-562,347.
	t XII Reconciliation of Revenue per Audited Financial Stateme			er Return	
1	Total revenue, gains, and other support per audited financial statements		·	1	5,138,349.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
	Other (Describe in Part XIV)	2d			
d	•	20		2e	0 -
_	Add lines 2a through 2d Subtract line 2e from line 1			3	5,138,349.
3				3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	ا ما			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV.)	4b			0.
_	Add lines 4a and 4b			4c	5,138,349.
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) † XIII Reconciliation of Expenses per Audited Financial Statem	onte With E	vnoncoc		
<u> </u>		CIILS WILLI L	Apeliaea		5,700,087.
1	Total expenses and losses per audited financial statements			1	3,700,007.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	1 - 1			
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
C	Other losses	2c			
d	Other (Describe in Part XIV)	2d			0
е	Add lines 2a through 2d			2e	0.
3	Subtract line 2e from line 1			3	5,700,087.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1	1 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			_
С	Add lines 4a and 4b			4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		<u> </u>	5	5,700,087.
	t XIV Supplemental Information				
X, lın	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part II e 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also comp				
PAI	RT XI, LINE 8 - OTHER ADJUSTMENTS:		····		
RE	STRICTED NET ASSETS				-609.
			·····		
					

SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

2011	Open to Public Inspection

OMB No 1545-0047

Employer Identification number

► Attach to Form 990.

Schedule I (Form 990) (2011) % × 68-0174970 (h) Purpose of grant TO SUPPORT MINISTRY or assistance Yes GENERAL SUPPORT GENERAL SUPPORT Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection non-cash assistance (g) Description of (f) Method of valuation (book, FMV, appraisal, other) 。 o. ٥. (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States 692,234 324,000 000 9 (d) Amount of cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section if applicable LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. INC. 501(C)(3) 501(C)(3) 501(C)(3) Enter total number of other organizations listed in the line 1 table SECOND WIND PROGRAMS, 77-0567139 94-3313968 63-0957870 General Information on Grants and Assistance (p) EIN criteria used to award the grants or assistance? 1 (a) Name and address of organization JESUS HARVESTERS MINISTRIES 402 OFFICE PARK DR STE 310 402 OFFICE PARK DR STE 310 JH RANCH MOUNTAIN RESORT or government GIVING TREE MINISTRIES BIRMINGHAM, AL 35223 BIRMINGHAM, AL 35223 BIRMINGHAM, AL 35223 400 OFFICE PARK DR Part II Part

Page 2 68-0174970 (Form 990) (2011) SECOND WIND PROGRAMS, INC.

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22
Part III can be duplicated if additional space is needed Schedule I (Form 990) (2011)

Part III Grants and Other

(f) Description of non-cash assistance									
(e) Method of valuation (book, FMV, appraisal, other)				r additional information					
(d) Amount of non- cash assistance	.0			line 2, and any othe			;		
(c) Amount of cash grant	11,900.			n required in Part I,					
(b) Number of recipients				de the information					
(a) Type of grant or assistance	LIVING EXPENSES PROVIDED TO MICHAEL JEBARAJ			Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information					

Schedule I (Form 990) (2011)

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" to Form 990,

Part IV, line 23.

➤ Attach to Form 990. ➤ See separate instructions.

OMB No 1545 0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Part I Questions Regarding Compensation

Department of the Treasury

SECOND WIND PROGRAMS, INC. Employer identification number 68-0174970

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,			
	Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g , maid, chauffeur, chef)			
h	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
٥	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors,	-10		_
_	trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
	trustees, and the OLO/Exceptive birector, regarding the terms encoded in line ru			
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
•	CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director Explain in Part III			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			
			'	
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization			
а	Receive a severance payment or change-of-control payment?	4a		Х
	The state of the s	4b		X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	5 1			
_	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
_	contingent on the revenues of	5a		X
	The organization?	5a		X
D	Any related organization?	30		
_	If "Yes" to line 5a or 5b, describe in Part III For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
6	contingent on the net earnings of			
3	The organization?	6a		x
	Any related organization?	6b		X
	If "Yes" to line 6a or 6b, describe in Part III			 -
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments			
•	not described in lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
•		8		X
	initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III			
9	initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in	_ <u>_</u> _		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(I)-(III) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

		(B) Breakdown of W-2	-2 and/or 1099-MISC compensation	C compensation	(0)	(D)	(E)	(F)
(A) Name		(i) Base compensation	(ri) Bonus & incentive compensation	(III) Other reportable compensation	Retirement and other deferred compensation	Nontaxable benefits	Total of columns (B)(i)-(D)	Compensation reported as deferred in prior Form 990
	Ξ.							
-	3							
2) (E)							
	Ξ:							
3	3 3							
4	Ξ							
	Ξ							
5	Ξ 3							
ဖ	3							
	Ξ							
7	Ξ							
	(9)							
8	3							
	Ξ							
6	Ξ							
	Ξ							
10	\$							
=	3							
	Ξ							
12	Ξ							
	Ξ							
13	3							
	Ξ							
14	Ξ							
	Ξ							
15	Ξ							
,	€ (
16	₫						Schedu	Schedule J (Form 990) 2011

SCHEDULE M (Form' 990)

Noncash Contributions

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

INC.

2011 2011

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

► Attach to Form 990.

SECOND WIND PROGRAMS,

Employer identification number 68-0174970

Types of Property Part I (a) (b) (c) (d) Noncash contribution Check if Number of Method of determining applicable contributions or amounts reported on noncash contribution amounts items contributed Form 990, Part VIII, line 1g Art - Works of art Art - Historical treasures Art - Fractional interests 3 Books and publications 5 Clothing and household goods 55,500. COMPARABLE SALES X 6 Cars and other vehicles 6 7 Boats and planes Intellectual property 8 HI/LO AVERAGE X 29,111. 9 Securities - Publicly traded 10 Securities - Closely held stock Securities · Partnership, LLC, or 11 trust interests Securities - Miscellaneous 12 Qualified conservation contribution -13 Historic structures Qualified conservation contribution - Other 14 15 Real estate - Residential 16 Real estate - Commercial 17 Real estate - Other 18 Collectibles 19 Food inventory 20 Drugs and medical supplies Taxidermy 21 Historical artifacts 22 23 Scientific specimens 24 Archeological artifacts 25 Other 26 Other 27 Other Other 28 Number of Forms 8283 received by the organization during the tax year for contributions 29 for which the organization completed Form 8283, Part IV, Donee Acknowledgement 29 Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for Х the entire holding period? 30a b If "Yes," describe the arrangement in Part II Х Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? 31 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash Х contributions? 32a b If "Yes," describe in Part II If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, 33

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

2011
Open to Public Inspection

Employer identification number Name of the organization SECOND WIND PROGRAMS, INC. 68-0174970 FORM 990, PART VI, SECTION A, LINE 8B: NOT APPLICABLE FORM 990, PART VI, SECTION B, LINE 11: E-MAILED TO BOARD FOR REVIEW FORM 990, PART VI, SECTION B, LINE 12C: UPON ELECTION TO THE BOARD, MEMBERS ARE REQUIRED TO DISCLOSE ANY CONFLICT OF INTEREST. IN ADDITION, AT THE ANNUAL BOARD MEETING ANY CONFLICTS OF INTEREST ARE PRESENTED BEFORE THE EACH BOARD MEMBER HAS THE RESPONSIBILITY TO BRING ANY CONFLICT OF BOARD. INTEREST TO THE BOARD'S ATTENTION DURING THE YEAR AS THEY MAY ARISE. FORM 990, PART VI, SECTION C, LINE 19: UPON REQUEST FORM 990, PART VII CONTACT ADDRESSES FOR OFFICERS, DIRECTORS, ETC: TERRY TURNER - 5035 HEATHERWOOD COURT, ROSWELL, GA 30075 JOHN VIRDEN - 3317 BANKHEAD AVE, MONTGOMERY, AL 36106 MIKE RICHTER - 6306 KURY LANE, HOUSTON, TX 77008 SAM RICE - 2001 COUNTY ROAD 323, FLORENCE, AL 35634 BRUCE JOHNSTON - 2429 ALTADENA RD, BIRMINGHAM, AL 35243 SONNY CORLEY - 121 E GLORIA SWITCH RD, LAFAYETTE, LA 70507 FORM 990, PART IX, LINE 24E, ALL OTHER FUNCTIONAL EXPENSES: SUPPLIES: PROGRAM SERVICE EXPENSES 195,274. MANAGEMENT AND GENERAL EXPENSES 14,698. FUNDRAISING EXPENSES 0. 209,972. TOTAL EXPENSES

Schedule O (Form 990 or 990-EZ) (2011) Name of the organization	Employer identification numbe 68 - 0174970
SECOND WIND PROGRAMS, INC.	[68-0174970
AUTO EXPENSES:	
PROGRAM SERVICE EXPENSES	208,731
MANAGEMENT AND GENERAL EXPENSES	0
FUNDRAISING EXPENSES	0
TOTAL EXPENSES	208,731
UTILITIES:	
PROGRAM SERVICE EXPENSES	187,268
MANAGEMENT AND GENERAL EXPENSES	18,521
FUNDRAISING EXPENSES	0
TOTAL EXPENSES	205,789
PROMOTIONS:	
PROGRAM SERVICE EXPENSES	170,808
MANAGEMENT AND GENERAL EXPENSES	0
FUNDRAISING EXPENSES	0
TOTAL EXPENSES	170,808
FUND RAISING:	
PROGRAM SERVICE EXPENSES	0
MANAGEMENT AND GENERAL EXPENSES	0
FUNDRAISING EXPENSES	41,877
TOTAL EXPENSES	41,877
TAXES AND LICENSES:	
PROGRAM SERVICE EXPENSES	27,660
MANAGEMENT AND GENERAL EXPENSES 132212 01-23-12	855

Department of the Treasury Internal Revenue Service SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
 ► Attach to Form 990.

2011 Open to Public Inspection

OMB No 1545-0047

Employer identification number 68-0174970

INC. SECOND WIND PROGRAMS, Name of the organization

Identification of Disregarded Entitles (Complete if the organization answered "Yes" to Form 990, Part IV, line 33) Part

Direct controlling entity End-of-year assets (e) Total income 9 Legal domicile (state or foreign country) Primary activity Name, address, and EIN of disregarded entity Part II

Identrication of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year)

חושפון אם החווים מחווים משל אם א							
(a)	(q)	(0)	(p)	(e)	€	(9)	%b v 13)
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling	controlled	ed (c) Yes
of related organization		foreign country)	section	status (if section	entity	entity?	,
				501(c)(3))		Yes	٩
GIVING TREE MINISTRIES - 77-0567139	MINISTER TO AND AID IN THE						
402 OFFICE PARK DR STE 310	RECONCILIATION OF FAMILY			170(B)(1)(A)			
BIRMINGHAM, AL 35223	UNITS	ALABAMA	501(C)(3)	(VI)			×
JH RANCH MOUNTAIN RESORT - 94-3313968	TO PROVIDE FACILITIES,						
402 OFFICE PARK DR STE 310	INFRASTRUCTURE, LAND AND			170(B)(1)(A)			
BIRMINGHAM, AL 35223	MANAGEMENT THEREOF	ALABAMA	501(C)(3)	(VI)			×
OUTBACK MINISTRIES - 75-2599602	TO PROMOTE CHRISTIANITY						
5710 WATERMELON ROAD	AND LIVING LIFE IN			170(B)(1)(A)			
NORTHPORT, AL 35473	ACCORDANCE WITH THE BIBLE	ALABAMA	501(C)(3)	(VI)			×
	-						
	1						

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2011

68-0174970

Page 2

Schedule R (Form 990) 2011 SECOND WIND PROGRAMS, INC.

Part III

Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

Percentage ownership General or Percentage managing ownership partner? Schedule R (Form 990) 2011 Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year) 玉 Ξ Yes Share of end-of-year assets Code V-UBI amount in box 7 20 of Schedule 20 K-1 (Form 1065) <u>6</u> Share of total income ate allocations? Disproportion-Yes Ξ Type of entity (C corp., S corp. or trust) Share of end-of-year assets <u>e</u> **6** Share of total income Legal domicile (state or foreign country) Predominant income (related, unrelated, excluded from tax under sections 512-514) Ö Primary activity Direct controlling entity 9 (c)
Legal
domicile
(state or
foreign Primary activity <u>@</u> Name, address, and EIN of related organization Name, address, and EIN of related organization (a) 132162 01-23-12 Part IV

Page 3

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Yes

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INC Schedule R (Form 990) 2011

Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36) Part V

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule 1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity
 - **b** Gift, grant, or capital contribution to related organization(s)
- c Gift, grant, or capital contribution from related organization(s)
- d Loans or loan guarantees to or for related organization(s)
- e Loans or loan guarantees by related organization(s)
- Sale of assets to related organization(s)
- g Purchase of assets from related organization(s)
- h Exchange of assets with related organization(s)
- i Lease of facilities, equipment, or other assets to related organization(s)
- j Lease of facilities, equipment, or other assets from related organization(s)
- k Performance of services or membership or fundraising solicitations for related organization(s)
- Performance of services or membership or fundraising solicitations by related organization(s)
- m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- n Sharing of paid employees with related organization(s)
- Reimbursement paid to related organization(s) for expenses
- p Reimbursement paid by related organization(s) for expenses
- q Other transfer of cash or property to related organization(s)

Other transfer of cash or property from related organization(s)

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2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	ho must complete the	is line, including covered r	elationships and transaction thresholds
(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) GIVING TREE MINISTRIES	В	692,234.	
(2) JH RANCH MOUNTAIN RESORT	В	324,000.	
(3) JH RANCH MOUNTAIN RESORT	٦	70,800.	
(4) GIVING TREE MINISTRIES	ĿП	11,662.	
(5) JH RANCH MOUNTAIN RESORT	D	421,282.	
(6) OUTBACK MINISTRIES	D	2,195.	

68-0174970

Schedule R (Form 990) 2011 SECOND WIND PROGRAMS, INC.

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

(k) centage nership					5000
no Per Los Ow				 	 8
(J) General or managing partner? Yes No)
(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)					School do If Swar DDD 2014
Disproportionale allocations?					
(g) Share of land-of-year assets					
(f) Share of total income					
(e) Are all Are all 501(c)(3) 0195 7					
le parti			<u> </u>		
(d) Predominant income (related, unrelated, excluded from tax under section 512-514)					
(c) Legal domicile (state or foreign country)					
(b) Primary activity					
(a) (b) (c) (d) (d) Name, address, and EIN Primary activity (state or foreign excluded from tax country) under section 512-514)					

Schedule R	(Form 990) 2011	SECOND	WIND	PROGRAMS,	INC.	68-0174970 Page 5
Part VII	(Form 990) 2011 Supplemental Infor	mation				
L	Complete this part to pro-	vide additional	informatio	n for responses to r	questions on Schedule R (see instruc	tions)
- ,	Complete this part to pro	viac additional	ii ii oi ii ia ii o	Triol responses to t	decitions of contention (coe money	
						
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Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	PROGRAM SERVICES			· · · · · ·								
	11992 7-YEAR ASSETS	VARIESSL		7.00	17	5,680.			5,680.	5,680.		0
	21992 5-YEAR ASSETS	VARIESSL		5.00	17	14,682.		,	14,682.	14,682.		0
,	31993 7-YEAR ASSETS	050293SL		7.00	17	2,368.			2,368.	2,368.		0
7.	41994 7-YEAR ASSETS	VARIESSL		7.00	17	43,968.			43,968.	43,968.		0
	51994 5-YEAR ASSETS	VARIESSL		2.00	17	6,500.			6,500.	6,500.		0
	EAR	ASSETSVARIESSL		15.001	17	145,565.		····	145,565.	145,565.		0
	LEASEHOLD TIMPROVEMENTS	070194SL		10.001	17	28,485.			28,485.	28,485.		0
~ 	81995 5-YEAR ASSETS	VARIESSL		5.00	17	44,322.			44,322.	44,322.		0
		ASSETSVARIESSL		10.001	17	22,268.			22,268.	22,268.	-	0
10	VIDEO CAMERA, OSPEAKERS, AMP	0718958	5SL 7	7.00	17	2,384.			2,384.	2,384.		0.
TT	11996 7-YEAR ASSETS	VARIESSL		7.00	17	49,787.			49,787.	49,787.		0
;; 	121996 5-YEAR ASSETS	VARIESSL		5.00	17	6,200.		, · · · ·	6,200.	6,200.		0.
ਜਂ	131996 10-YEAR ASSETS	ASSETSVARIESSL		10.001	17	68,290.			68,290.	68,290.		0.
14	41997 5-YEAR ASSETS	VARIESSL		5.00	17	7,737.		<u></u>	7,737.	7,737.		0
	51997 7-YEAR ASSETS	VARIESSL		7.00	17	20,284.			20,284.	20,284.	_	0
Ţ 	161997 10-YEAR ASSETS	ASSETSVARIESSL	_	10.001	17	6,463.			6,463.	6,463.		0
1;	17 (D) COMPUTERS	12 86 0E 90		5.00	17	10,555.			10,555.	10,555.		0

128102 05-01-11

*ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

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PAGE
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FORM

· ar	0	0	0	0	0	0	0	37.	0	0	. 63	0	0	8.	. 4.	0	0
Current Year Deduction							····	· · /			16			3,568	70		
Current Sec 179																	
Accumulated Depreciation	43,391.	71,389.	13,123.	16,062.	28,751.	7,693.	6,581.	387.	11,795.	39,261.	4,361.	78,781.	7,541.	37,204.	6,424.	117,063.	31,793.
Basis For Depreciation	43,391.	71,389.	13,123.	16,062.	28,751.	7,693.	6,581.	1,460.	11,795.	39,261.	4,529.	314,394.	7,541.	40,772.	10,560.	117,063.	31,793.
Reduction In Basis																	
Bus % Excl			_														
Unadjusted Cost Or Basis	43,391.	71,389.	13,123.	16,062.	28,751.	7,693.	6,581.	1,460.	11,795.	39,261.	4,529.	314,394.	7,541.	40,772.	10,560.	117,063.	31,793.
Line	17	17	17	17	17	17	17	116	17	17	017	017	17	17	017	17	17
Life	7.00	5.00	7.00	2.00	5.00	7.00	10.001	39.001	5.00	7.00	10.00	39.00	7.00	10.001	15.00	7.00	5.00
Method	9SL																
Date Acquired	\$660860	VARIESSL	VARIESSL	VARIESSL	123101SL	VARIESSL	VARIESSL	052301SL	VARIESSL	VARIESSL	ASSETSVARIESSL	VARIESSI	VARIESSL	VARIESSL	VARIESSL	VARIESSL	EVARIESSL
otion	R ASSETS	R ASSETS	R ASSETS	R ASSETS	R ASSETS	R ASSETS	R ASSETS	BUILDING	R ASSETS	R ASSETS	AR ASSETS	EXPANSIONS (KITCHEN DECK, MAINT. SHOP		TOP		EQUIPMENT	SOUND,
Description	7-YEAR	5-YEAR	7-YEAR	5-YEAR	5-YEAR	7-YEAR	7-YEAR	26ALLSTATE BI	5-YEAR	7-YEAR	10-YEAR	NSIONS , MAINT	31FURNITURE	- BIG	WORK		Z E
	1999	192000	202000	222001	232001	242001	252001	ALLS	2002	282002	292002	EXPANS 30DECK,	FURN	32TENT	33ROAD	34VARIOUS	_
Asset	181	19	20	22	23	77	25	26	27	28	29	30	31	32	33	34	35

128102

· ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

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2011 DEPRECIATION AND AMORTIZATION REPORT FORM 990 PAGE 10

Asset	Description	Date Acquired Met	Method	Life	No	Unadjusted Cost Or Basis	Bus % Excl	Reduction in Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
37	37EQUIPMENT	VARIESSL	5.	0.0	7	1,968.	_		1,968.	1,968.	•	0
38	LKKIGATION 38EQUIPMENT	100202SL	7	00 1		2,097.		-	2,097.	2,097.	···	0
39	394-WHEELERS	100902SL	<u>5</u>	00 1		3,000.			3,000.	3,000.		0
4 0N	, co	100902SL	39	.001	9	4,965.			4,965.	1,144.		127.
41	41(2)	110302SL	<u>.</u>	00	7	21,000.			21,000.	21,000.		0
42	42(BLACK)	022503SL	7.	00 1		25,659.			25,659.	25,659.		0
43	43VAN (2)	032703SL	<u>5</u>	00 1		29,215.			29,215.	29,215.		0
44	STAND	032703SL	5.	00 1		2,684.	-	,	2,684.	2,684.		0
45	FRINIER, SOFIWARE & 45SCANNER	040103SL	<u>m</u> _	00 1		2,740.			2,740.	2,740.		0
46	6FREEZER	042203SL	7.	00	7	1,190.			1,190.	1,190.		0
47	475TH WHEEL HITCHES	042203SL	7.	00	7	550	_		550.	550.		0
48	48EQUIPMENT	042903SL	7.	00 1	7	2,500.			2,500.	2,500.		0
4 9	49SOTAR RAFTS	042903SL	7.	0 0 1		7,342.			7,342.	7,342.		0
51	51(D)DEEP FRYER	060703SL	7.	00		250.	_		250.	250.		0
52	52(D)DECK UMBRELLAS	061203SL	<u>v</u>	.00	7	423.			423.	423.		0.
53	53WATER HEATERS	062003SL	39	.001		1,320.	<u> </u>		1,320.	282.		34.
54	54GOLF CARTS (6)	071903SL	<u>.</u>	00	7	16,500.			16,500.	16,500.		0
5.5	551997 CHRYSLER VAN	081403SL	5	00	7	8,500.			8,500.	8,500.		0

(D) - Asset disposed

[·] ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

Asset No	Description	Date Acquired Method	od Life	Line	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
56LAU	56LAUNDRY BUILDING	060403SL	39.001	17	17,687.			17,687.	3,764.		454.
57SPR	57SPREADER & AGITATOR120503SL	120503SL	5.00	17	475.		-	475.	475.		0
58GEN	RS SS	121103SL	5.00	17	1,347.			1,347.	1,347.		0
FREEZE 59STOVE,	K, COOLEK, ICE MACHINE	012004SL	7.00	17	1,500.			1,500.	1,499.		0
60TABLES,	CHAIRS, DR	020604SL	7.00	17	367.		•	367.	366.		0.
FURNT 61DECOR	TORE & OFFICE	021604SL	7.00	17	1,805.			1,805.	1,806.		0.
62CHIPPER		042004SL	5.00	17	2,000.			2,000.	2,000.		0.
64WASHER	& DRYER	051904SL	7.00	17	7,780.			7,780.	7,778.		0
65VIDEO	DEO CRANE	060104SL	7.00	17	597.			597.	596.		0
6 GBENCHES		060304SL	7.00	17	1,260.			1,260.	1,260.		0
672 C	CANOPIES	060704SL	5.00	17	920.			920.	920.		0.
68VIDEO		060904SL	7.00	17	1,832.			1,832.	1,833.		0
(D)	69(D)UMBRELLAS	060904SL	5.00	17	268.			268.	268.		0.
10国01	7 OEQUIPMENT	060904SL	5.00	17	191.			191.	191.		0
71TRAILER		060904SL	5.00	17	512.			512.	512.		0.
72VIDEO)ЕО	070404SL	7.00	17	1,792.			1,792.	1,792.		0.
73(D)	73(D)UMBRELLAS	070404SL	5.00	17	.968			.968	896.		0.
7 4EQU	74EQUIPMENT	070504SL	5.00	17	295.			295.	295.		0.

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Asset No	Description	Date Acquired M	Method	Lrfe	Line	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
75	75TRAILER	070504SL		5.00	17	793.	_		793.	793.		0
92	76(D)KEYBOARD	070904SL	<u></u>	00.	17	767.	_		767.	767.		0
77		071104SL		00.	17	2,450.	···		2,450.	2,450.		0
78	EQUIPMENT TRAVELER 78SPRINKLER	072604SL	_	2.00	17	6,287.			6,287.	6,287.		0
79	79(D)KEYBOARD	072904SL		5.00	17	128.	_		128.	128.		0
08	800FFICE DECORATIONS	073004SL		00.	17	1,382.			1,382.	1,380.		0.
8	810FFICE DECORATIONS	081004SL		00.	17	5,363.	····		5,363.	5,362.		.0
8	82LAUNDRY BUILDING	081804SL		39.001	17	10,409.			10,409.	1,902.		267.
83	(D) ACCOUNTING 83SOFTWARE	020904SL		3.00	17	350.	· · · ·		350.	350.		0.
84	84BUNK BEDS	093004SL		00.	17	4,072.		, , , , , , , , , , , , , , , , , , ,	4,072.	4,073.		0.
872	2 SERVERS	022404SL		.00	17	4,652.			4,652.	4,652.		.0
88	88SEPTIC SYSTEM	042004SL		15.001	17	6,578.			6,578.	3,237.		439.
8	89(D)COMPUTER	111104SL		5.00	17	496.	•••		496.	496.		0
06	90(D)DELL COMPUTER	111104SL		5.00	17	482.			482.	482.		0.
91	91(D)COMPUTER	111804SL		5.00	17	223.			223.	223.		.0
92	92SPREADER & AGITATOR120	120504SL		2.00	17	475.			475.	475.		0.
932	2 SERVERS	021805SL		2.00	17	1,785.			1,785.	1,785.		0
94	94MIXER	033005sr		7.00	17	3,067.			3,067.	2,847.		219.

128102 05-01-11

(D) Asset disposed

PHONE O40605SL 5.00 17 1,566 Buss's Reduction in Deprecation Plane Deprecation Plane Advancement Plane Y PHONE 040605SL 5.00 17 1,566 <td< th=""></td<>
Description Description
Description Description
Description Date Method Life Life Life Cost Of Bass Excl Description Date
Description Date Method Life Life Cost Unadquested Excl.
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Date Description Date Method Life Line Unadiustical Cost of Pass
Date Description Date Method Life
Date Description Date Method Log
Description Acquired
Description Acquire
Description 5(D) PAY PHONE (D) ICE CREAM 6MACHINE 7TRAILER 9(D) 27 BICYCLES 1(D) COMPUTERS 2(D) LAPTOP 3(D) PAY PHONE 4TRAILER 5(D) PAY PHONE 6MANGE (D) 1991 DODG 7CARAVAN JOHN DEER RI 8MOWER TRACTC ORTHOPEDIC 9APPLIANCES 2 1998 HONDA 0FOURWHEELERS 2 1988 HONDA 0FOURWHEELERS
· · · · · · · · · · · · · · · · · · ·

128102 05-01-11

(D) - Asset disposed

Asset	Description	Date Acquired M	Method	Life	Line	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
113	113COLEMAN GENERATOR	103105SL		00.	17	500.			500.	500.		0
114	(D) Z LAFTOF 114COMPUTERS	033105SL	יט	00.	17	1,000.			1,000.	1,000.		0
115	1150FFICE COPIER	041505EL	יט	00.	17	1,500.			1,500.	1,500.		0
116	116LASER PRINTER	091505SL	יט	00.	17	200.			200.	200.		0
118	118BUNK BEDS	060305SL		00.	17	20,103.			20,103.	18,668.		1,436.
119	119LAUNDRY BUILDING	050305SL	39	9.001	17	560			560.	89.		14.
120	120SEPTIC SYSTEM	071905SL	15	5.001	17	17,512.			17,512.	7,587.		1,167.
131	131PROJECTOR	101905SL	נה	00.	17	1,999.			1,999.	2,000.		0
132	132APPLE COMPUTER	110405SL	. 21	.00	17	3,192.			3,192.	3,191.		0
133	133BOSE AMP	111105SL	.7	00.	17	2,160.			2,160.	2,160.		0
134	134APPLE COMPUTER	111605SL	<u></u>	00.	17	3,377.			3,377.	3,375.		0
135	35FAX/SCANNER/COPIER	011306SL	.7	00.	17	1,540.			1,540.	1,540.		0
136TV	TV	052206SL	<u> </u>	00.	17	1,051.			1,051.	1,050.		0
137	137B&H PHOTO - VIDEO	05250681	<u>.,</u>	00.	17	3,899.			3,899.	3,900.		0.
148	148BOSE SPEAKER	053106SL	ιΩ	00.	17	2,000.			2,000.	2,000.		0
149	149(D)DELL COMPUTER	091106SL	. <u> </u>	00.	17	1,371.			1,371.	1,370.		0.
150	150TRACTOR	122705SL	<u>.,</u>	00.	17	25,547.	·		25,547.	25,546.		0
151	151PROPANE GRILL	061406SL	יט	00.	17	5,935.			5,935.	5,935.		0.
128102 05-01-11					· (Q)	(D) - Asset disposed		.110	· ITC, Section 179, Salvage. Bonus, Commercial Revitalization Deduction	rage. Bonus, Com	mercial Revita	lization Deduction

(D) - Asset disposed

Asset	Description	Date Method	lod Life	Line	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
152	152VEHICLE 2 POST LIFT	LIFT072106SL	5.00	17	2,055.	-		2,055.	2,055.		0
153	; ; ;	051706SL	5.00	17	1,604.			1,604.	1,604.		0
154	BERKLEY / 1/2 HP 154PUMP	101805SL	5.00	17	1,661.			1,661.	1,660.		0
155	155SNOW PLOW	111505SL	5.00	17	3,125.			3,125.	3,125.		0
156	156POLE SAW	121405SL	5.00	17	620.			620.	620.		0.
157	157WASHERS	013106SL	5.00	17	6,601.			6,601.	6,600.		0.
158	158DISPENSER BEVERAGES050106SL	050106SL	5.00	17	1,287.			1,287.	1,286.		0.
159	159PRESSURE WASHER	050906SL	5.00	17	5,500.			5,500.	5,500.		0.
160	1604-WHEELER	052606SL	5.00	17	5,499.			5,499.	5,500.		0
161	Ė	071206SL	5.00	17	14,704.			14,704.	14,705.		0
162	GENERAL KOTAKY 162CUTTER	080306SL	5.00	17	1,125.			1,125.	1,126.		0
163	163FERTILIZER SPREADER090306SL	090306SL	5.00	17	499.			499.	499.		0
164	164WOODSTOVE - DEAN'S	090306SL	5.00	17	2,504.			2,504.	2,505.		0
165	WAGON	093006SL	5.00	17	500.			500.	200		0
166	166TRACTOR	18900E60	5.00	17	500.			200	500.		0.
167		0930068L	5.00	17	4,500.			4,500.	4,500.		0
178	10 PASSENGER	120606SL	5.00	17	12,000.			12,000.	11,600.	·	400.
179	179IT-DATABASE SYSTEM	121006SL	5.00	17	30,000.			30,000.	28,750.		1,250.

Description	Date Acquired Method	od Life	Line	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	110806SL	5.00	17	4,000.		-	4,000.	3,933.		67.
CONDIMENT TABLES - 181SNEEZEGUARDS	012307SL	5.00	17	4,479.			4,479.	4,181.		298.
TV	053007SL	5.00	17	600.			.009	520.		80.
TV	053007SL	5.00	17	800.			800.	693.		107.
184NIKON CAMERA	053007SL	5.00	17	1,000.			1,000.	867.		133.
185(D)UMBRELLAS	053007SL	5.00	17	396.			396.	342.		0
186(D)FORD TRUCK	0711407SL	5.00	17	2,000.			2,000.	1,683.		0
187TRAILER	080107SL	5.00	17	4,261.			4,261.	3,550.		710.
2007 CHEVROLET 188SILVERADO	080707SL	5.00	17	43,906.			43,906.	36,588.		7,318.
189TRAILER	080707SL	5.00	17	215.			215.	179.		36.
BED COVER	082207SL	5.00	17	2,122.			2,122.	1,749.		371.
BED LINER	082207SL	5.00	17	881.			881.	726.		154.
192VIDEO XL-2 CAMERA	050107SL	5.00	17	3,328.			3,328.	2,941.		388.
193DELL COMPUTER	051507SL	5.00	17	439.			439.	385.		55.
_	051807SL	5.00	17	1,393.			1,393.	1,220.		174.
Σ	052507SL	5.00	17	981.	·		981.	849.		131.
COMPUTER -)P	092107SL	5.00	17	837.			837.	675.	_	160.
207(D)CHEVROLET DULLY	123106SL	5.00	17	11,000.			11,000.	10,450.		0.

Current Year Deduction	*07	57.	96.	34.	29.	283.	235.	230.	133.	675.	604.	1,067.	992.	185.	857.	287.	532.	165.
Current Sec 179																		
Accumulated Depreciation	560.	257.	432.	147.	126.	1,717.	.666	977.	565.	3,825.	3,211.	5,333.	4,958.	925.	3,357.	1,124.	2,040.	618.
Basis For Depreciation	.009	400.	676.	238.	200.	2,000.	1,647.	1,609.	930.	4,500.	3,817.	6,400.	5,950.	1,110.	6,000.	2,008.	2,661.	1,157.
Reduction In Basis																		
Bus % Excl			_														·	
Unadjusted Cost Or Basis	600.	400.	676.	238.	200.	2,000.	1,647.	1,609.	930.	4,500.	3,817.	6,400.	5,950.	1,110.	6,000.	2,008.	2,661.	1,157.
Line	17	17	17	17	17	17	17	17	17	17	17	17	17	17	17	17	17	17
Life	5.00	7.00	7.00	7.00	7.00	5.00	7.00	7.00	7.00	5.00	5.00	5.00	5.00	5.00	7.00	7.00	5.00	7.00
Method	07SL	SL	SL	SL	SL	$_{ m SI}$	SL	SL	SL	SL	SL	SL	SI	SL	SL	SL	SL	SI
Date Acquired	013107	032307	1041807	060807SL	060807SL	061207SL	062607SL	062607SL	062607SL	070607SL	071807	080107SL	080107SL	080107SL	103107SL	110207SL	122207	01050851
Description	REFRIDGERATOR - 208CABIN	209BUNK BED	210TWIN BED MATTRESSES041807SL	211BUNK BEDS	212MATTRESSES	TRAILER	ASHLEY FURNITURE - 214CABIN	SCHAISE PADS	216TABLECLOTHS (2)	217HORSE TRAILER	218GENERATOR	219AIR CONDITIONER	ທ	COFFEE BREWING SYSTEM	232HORSES	233PING PONG TABLES	340FFICE FURNITURE	ACOUSTIC WAVE MUSIC 235SYSTEM
Asset No	208	209	210	211	212	213	214	215	216	217	218	219	220	221	232	233	234	235

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(D) Asset disposed

Asset	Description	Date Method	Life	S o	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
236	236DELL COMPUTERS	020108SL	5.00	17	2,611.	_		2,611.	1,914.		522.
237	237GOLF CARTS (9)	020108SL	5.00	17	4,280.	_		4,280.	3,139.		856.
238	238DELL COMPUTERS	020208SL	5.00	17	1,382.			1,382.	1,012.		276.
239	39(D)PANCAKE MAKER	030508SL	7.00	17	5,796.			5,796.	2,967.		0
240	404-WHEELER	031208SL	5.00	17	2,500.			2,500.	1,771.		500.
241	241(D)6 IPODS	041008SL	2.00	17	812.			812.	561.		0
242	242TELEVISIONS	041008SL	5.00	17	9,588.			9,588.	6,633.		1,918.
243	243PLASMA TV	041008SL	5.00	17	1,725.			1,725.	1,193.		345.
244	244RADIOS	041408SL	5.00	17	1,200.			1,200.	830.		240.
245	245BOSE SOUND SYSTEM	041408SL	5.00	17	2,137.			2,137.	1,477.	,	427.
246	246PROJECTOR	041708SL	7.00	17	1,299.			1,299.	643.		185.
247	247WOODLANDS FURNITURE050708SL	2050708SL	7.00	17	1,973.			1,973.	964.		282.
248	48MOOSEHEAD	052108SL	7.00	17	2,500.			2,500.	1,208.		357.
249	49TRACTOR	052708SL	5.00	17	24,000.			24,000.	16,000.		4,800.
2503	32 SPRINKLERS	062008SL	7.00	17	1,830.			1,830.	856.		261.
251	51DELL SERVER	062708SL	5.00	17	832.			832.	540.		166.
252	52TRUCK FORKS	062908SL	7.00	17	1,000.			1,000.	465.		143.
253	253GENERATOR	062908SL	7.00	17	2,603.			2,603.	1,209.		372.

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Asset No	Description	Date Acquired Me	Method	Life	No No	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
254	2542-DOOR REFRIGERATOR07030851.	0.70.30.851		7 - 00	17	2.459.			2,459.	1,138.		351.
, r		07070891.				30			. 30			328.
, u				2 0		0 0			6	370		128.
007						, ,) (ו ר
257	257WHIRLPOOL TUB	121508SL	. 7	00.	17	2,165.			2,165.	1,209.		433.
258	258PRINTER	010709SL	<u>.n</u>	00.	17	1,049.			1,049.	573.		210.
259	259CARPET	011409SL		7.00	17	4,171.			4,171.	1,615.		596.
260	260KING BED SET	011609SL	.7	00.	17	1,565.	•		1,565.	605.		224.
261		011609SL		15.00	17	750.			750.	135.		50.
262	TUB, SHOWER, 262TOILETS	012109SL	. 7	.00	17	8,059.			8,059.	4,337.		1,612.
263	263KITCHEN CABINETS	030508L	.7	00.	17	5,099.			5,099.	1,873.		728.
264	264OLD RUSTIC SOFA	030508L	.7	00.	17	4,119.			4,119.	1,513.		588.
265	265KITCHEN CABINETS	136090E0		7.00	17	274.			274.	100.		39.
266	ZEKON EPOXY FOR	050509SL	. 7	00.	17	1,144.			1,144.	551.		229.
267	267FREEZER	050609SL	.7	00.	17	748.			748.	360.		149.
268	268APPLE COMPUTER	051509SL	. J	00.	17	1,422.			1,422.	676.		284.
265	269(D)1991 FORD BRONCO06010	060109SL	<u> </u>	.00	17	1,500.			1,500.	.669		175.
270	270BARN SOFA	060109SL	. 7	00.	17	2,314.	-		2,314.	772.		330.
271	2712-WAY RADIOS	0602098L	. T	00.	17	352.			352.	163.		70.

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(D) - Asset disposed

Asset No	Description	Date Acquired N	Method	Life	No	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
272	272LAZY BOY FURNITURE	061209SL	ر	00.	17	700.			700.	230.		100.
273	273SEPTIC SYSTEM	061509SL	_ _	5.001	17	1,494.			1,494.	229.		100,
274	274LAWN MOWER	061509SL	<u>.n</u>	00.	17	579.	_		579.	266.		116,
275	275LODGE FURNISHINGS	061509SL		00.	17	615.	_		615.	202.		888
276	276LODGE FURNISHINGS	061509SL	.م	00.	17	510.			510.	167.		73.
27.	277LODGE FURNISHINGS	061509SL		.000	17	720.			720.	236.		103,
278	278LODGE FURNISHINGS	061509SL		00.	17	544.			544.	179.		78.
275	279BEDS	061509SL	<u>م</u>	.000	17	976			976.	319.		139.
280	BEDROOM/OFFICE 280FURNITURE	061509SL		.00	17	4,239.			4,239.	1,390.		909
281	281CHAIRS	061509SL	ے۔	.00	17	456.			456.	149.		65,
282	282GENESYS KIT	062209SL	<u></u>	00.	17	1,638.			1,638.	746.		328.
283		070109SL	_ 	5.00	17	2,842.			2,842.	425.		189,
284	JOHN DEER RIDER 284MOWER TRACTOR	070809SL	<u>,</u>	00.9	17	4,900.			4,900.	2,186.		086
285	JOHN DEER RIDER 285MOWER TRACTOR	070809SL		2.00	17	6,000.			6,000.	2,676.		1,200
286	286BEDS	071509SL		00.	17	1,298.			1,298.	409.		185.
287	287MURPHY'S CANVAS	071509SL	<u> </u>	00.5	17	1,833.			1,833.	811.		367.
288	288PINE FURNITURE	071509SL	_ر	000.	17	1,743.			1,743.	551.		249
285	289DINING SET	071509SL	<u></u>	00.	17	2,948.		•	2.948.	931.		421

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Asset No	Description	Date Acquired Met	Method	Life	No	Unadjusted Cost Or Basis	Bus % Exci	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
290	290GREASE TRAP	072509SL	5.	0.0 1	7	2,701.			2,701.	1,179.	···	540.
291	291TRAILER	082709SL	<u>v</u>	00		4,142.	-		4,142.	1,733.		828.
292	292FLAT SCREEN TV	092809SL	<u>v</u>	00		2,000.			2,000.	802.		400.
293	WORK	093009gr	15	5.001		21,979.			21,979.			1,465.
294	12" AND 24" BUCKET 294FOR TRUCK	110509SL	<u>v.</u>	00		1,512.			1,512.	575.		302.
295	295roshib 26" LCD TV	121009SL	5	00.	-7-	1,525.	···		1,525.	551.		305.
296	296ватн тив	021910SL	<u>ν</u>	00		628.			628.	203.		126.
297	297WOOD CANOE	022610SL	5	00.	- 2	1,000.			1,000.	318.		200.
298	298BIOREACTOR MOTOR	031110SL	<u>.</u>	00 1	-	1,590.			1,590.	495.		318.
299	4 WHEELER	031210SL	5.	00 1		1,500.			1,500.	466.		300.
300	HRCZIGHXA LAWN 300MOWER	032910SL	<u>.</u>	00.		1,149.			1,149.	346.		230.
3012	2 WASHER AND DRYERS041210SL	041210SL	7	00.	-7	1,450.			1,450.	426.		290.
302	302FURNITURE FOR RANCHO50310SL	1050310SL		00.		2,772.	•		2,772.	559.		396.
303	303FURNITURE	050810SL	7.	00 1	- 7	1,570.			1,570.	313.		224.
304	304VIDEO EQUIPMENT	051710SL	<u>5</u>	00.	-7	17,843.		,	17,843.	4,899.		3,569.
305	305 <mark>ourside freezer</mark>	052010SL	<u>5</u>	00 1	-7	4,446.		·	4,446.	1,213.		889.
306	306WASHER AND DRYER	052310SL	<u>.</u>	1 00.	-7-	1,613.			1,613.	438.		323.
307	307SECURITY SYSTEM	053110SL	5.	00 1		4,500.			4,500.	1,201.		900.

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Date Method
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Asset No	Description	Date Method	nod Life	Line No	e Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
326	326TRAILER	102709SL	5.0	0 17	2,000			5,000.	1,926.		1,000.
327	3272004 SUBURBAN	122309SL	5.0	0 117	6,050	•		6,050.	2,142.		1,210.
328	SUBUR	020310SL	5.0	0 17	6,615	•		6,615.	2,189.	-	1,323.
329	FORD C	041310SL	5.0	0 117	6,920	•		6,920.	2,029.		1,384.
330		050910SL	5.0	0 17	000'9	•		6,000.	1,673.		1,200.
331	ZUUS CH DIESEL	030211SL	5.0	0 17	37,674			37,674.	4,376.		7,535.
332	- L KEF SRL IOII	030411SL	7.0	0 17	2,531			2,531.	208.		362.
333	ZUUS FORD ECONLINE 33VAN	041511SL	5.0	0 117	16,500			16,500.	1,519.		3,300.
334	42008 VOLKSWAGEN EOS	EOS041611SL	5.0	10 117	23,334	•		23,334.	2,135.		4,667.
335	SURT I	041911SL	7.0	0 17	12,500	•		12,500.	802.		1,786.
336	60 INCH KOUND 336TABLES	042111SL	7.0	00 17	540	•		540.	34.		77.
337	337CEDAR FURNITURE	042211SL	7.0	0 17	628	•		628.	40.		90.
338	338MACBOOK PRO	050111SL	5.0	17	1,259			1,259.	105.		252.
339	/XZU EQUI FRAILER	050311SL	5.0	0 17	4,148	•		4,148.	341.		830.
340	YOU PHONE M	050411SL	5.0	0 17	6,091	•		6,091.	497.		1,218.
341	SOUND BOAK TOP	051711SL	5.0	00 17	2,765	•		2,765.	206.		553
342	Ω	052411SL	5.0	00 17	3,998			3,998.	283.		800
343	MACBOOK AIR 13.3/1.86/2/128	FLA061311SL	5.0	00 17	1,473			1,473.	88		295.

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Description Description									-			-	-			-	-		
Description Date Date Method Life New Charles Date Dat	Current Year Deduction	,219	,405	47.				\leftarrow	12	22	63	28	2	\sim	23	,582	Ω	30	87.
Description	Current Sec 179																		
## Open Computed Noticed National Life No. Unadjusted Bass Bass Acquired Acquired Acquired According Series Cost of Bass According Series Excit According Series Excit According Series Excit According Series Excit According Series Excit According Series Excit According Series Acc	Accumulated Depreciation	468.	435.	9	16.	180.	45.												:
Abdrancer Floor	Basis For Depreciation	1,	-	236.	449.	, 58	•	-	,10	, 85	-	•	904.	•	•	-	•	1,444.	1,000.
ADHANCER FLOOR 4SCRUBBER 4SCRUBBER 4SCRUBBER 4SCRUBBER 6D0BCAT 6B0BCAT 6B0BCAT 6B0BCAT 6B0BCAT 7 11,097. 12,023. 5B0DCAT 7 11,097. 12,023. 5B0DCAT 8M0OTH BUCKET FOR 72611SL 5.00 17 12,023. 78M0OTH BUCKET FOR 72611SL 7.00 17 2,023. 78M0OTH BUCKET FOR 72611SL 7.00 17 5,186. 7.10 17 1,097. 7.10 17 2,023. 7.10 17 2,02	Reduction In Basis																		
ADHANCER FLOOR AGQUIRGE ADHANCER FLOOR ADHANCER FLOOR ADHANCER FLOOR ADHANCER FLOOR ADHANCER FLOOR ADHANCER FLOOR ADHANCER FLOOR ADHANCER FLOOR ADHANCER FLOOR ADHANCER FOR ADHANCER FOR ADHANCER FOR ADHANCER FOR ADHANCER FOR ADHANCER FOR ADHANCER BUCKET FOR ADHANCER BUCKET FOR ADHANCER BOCKET FOR ADHANCER FO	Bus % Excl		·	-															
ADHANCER FLOOR	Unadjusted Cost Or Basis	1,	2,02	236.	4	•	•	•	•	•	•	•	904.	•	•	-	•	•	1,000.
Date Description Acquired Method I	Line No							6		6						σ	σ		19B
Description Description Acquired ADHANCER FLOOR O71511S SKICKUBBER O72611S SKICKUBBER O72611S O7	Lıfe	°.	0.	0.	0.	0.	0.	0.	0.	0.	0.	0.	0.	•	•	•	•	•	5.00
Description Date	Method	SL	SL	SL	SL	SL	$_{ m SL}$	SL	SL	SL	SL	SL	SL	SL	SL	SL	SL	SL	SL
Description ADHANCER FLO ASCRUBBER SRIDSTER BUC GBOBCAT SKIDSTER BUCKE SMOOTH BUCKE SMOOTH BUCKE SMOOTH BUCKE SMOOTH BUCKE SMOOTH BUCKE SMOOTH BUCKE SMOOTH BUCKE SMOOTH BUCKE SMOOTH BUCKE STILL MS660 OMAGNUM CHAIN STILL MS660	Date Acquired	071511	072611	072611	072611	080211	0090811	100511	110011	1011	2271	022812	3231	040412	3040512	7041012	041712	4191	042412
3	Description	l	ָ נ נ נ	EK BUCKET.	BUCKET	HOBART MIXER - MODEL HL200-1STD				S LENOVO THINKPAD EDGE E520 LAPTOPS			Y Y	GATOR PURCHASE	OESKTOP CORE	>			SKUTT
	Asset	344	345	346	347	348	349	50	351	352	353	354	355	356	57	358	359	360	361

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scription	Date Acquired Method	Life	No e	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
0425128	SL	7.00	19C	31,314.			31,314.			1,936.
WASHER042612SL	. 7	2.00	19B	750.			750.			65.
050512SL	_	5.00	19B	1,281.		*****	1,281.			104.
IN051612SL	_	5.00	19B	1,375.			1,375.			103.
051812SL	_	5.00	19B	4,500.			4,500.			333.
060812SL	. 7	5.00	19B	7,140.			7,140.	·		446.
D061212SL	_	5.00	19B	1,195.			1,195.			72.
061912SL		5.00	19B	818.			818.			46.
070112SL		5.00	19B	1,072.		<u>.</u>	1,072.			45.
072812SL		7.00	19C	4,000.		•	4,000.			100.
HEAV080312SL		5.00	19B	2,654.			2,654.	-		70.
100111SL		5.00	19B	9,000.			.000,6			1,800.
010912SL		2.00	19B	6,500.			6,500.			944.
010912SL		5.00	19B	14,500.			14,500.			2,105.
010912SL		5.00	19B	9,500.			9,500.			1,379.
010912SL		5.00	19B	.000,6			.000,6			1,307.
010912SL		5.00	19B	7,000.			7,000.			1,016.
081312SL		5.00	19B	23,000.			23,000.			605.

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Acquired Method Life Live Coss Of Basis Exci Reduction in Basis For Accumulated Ser 179 Cost Of Basis Exci Basis For	Current Year Deduction	3,477. 135,569. 135,569.	· ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction
Acquired Method Life Form Unadquisted Bass Excl Reduction in Bass For Accumulated Deprecation Department Deprecation Deprecati	Current Sec 179	0 0	mercial Revit
Actured Method Life No. Cost Or Bass Excl Bass Profession in Deprecation Cost Or 19 B 61,611. AL 2563988. 0. 2563988. 0. 2563988	Accumulated Depreciation		vage, Bonus, Com
Acquired Method Life Lime Cost Of Basis Excl Basis Acquired Basis Albert Cost Of Basis Excl Basis Albert Cost Of Basis Cost Of Basis Excl Basis Albert Cost Of Basis Cost	Basis For Depreciation	563988	2, Section 179, Sal
AL O	Reduction In Basis	0 0	. 170
ALL ALL Basis Acquired Method Life No Cost Of Basis ALL 5.00 19 B 61,611 2563988 2563988	Bus % Excl		
Acquired Method Life 061912SL 5.00	Unadjusted Cost Or Basis	3988	(D) - Asset disposed
Acquired Method 0 61912SL 5	No	19B	<u>.</u>
Acquired Method 0 61912SL	Life	00.5	
I A I	Method		
SS SS SS SS SS SS SS SS SS SS SS SS SS	Date Acquired	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
BIGTOP LIGHTING 380AUDIO EQUIPMENT * 990 PAGE 10 T PROGRAM SERVICE * GRAND TOTAL 9 PAGE 10 DEPR	Description	P LIGHTING EQUIPMENT PAGE 10 TC AM SERVICES ND TOTAL 99 10 DEPR	
Asset No of the control of the contr	Asset No	38 (128102 05-01-11

FOOTNOTES

STATEMENT

1

ELECTION OUT OF ADDITIONAL FIRST-YEAR DEPRECIATION ALLOWANCE ON QUALIFIED PROPERTY FOR POST 05/05/2003 ASSETS

SECOND WIND PROGRAMS, INC. ELECTS TO HAVE INTERNAL REVENUE CODE SECTION 168(K) NOT APPLY TO ALL PROPERTY PLACED IN SERVICE DURING THE CURRENT TAX YEAR FOR THE FOLLOWING ASSET CLASSES:

> MACRS 5-YEAR PROPERTY MACRS 7-YEAR PROPERTY

4562

Department of the Treasury Internal Revenue Service (99)

Depreciation and Amortization (Including Information on Listed Property)

See separate instructions.

► Attach to your tax return.

OMB No 1545-0172

990

Attachment Sequence No. 179

Sequence No 17

Business or activity to which this form relates ldentifying number Name(s) shown on return 68-0174970 FORM 990 PAGE 10 SECOND WIND PROGRAMS, INC. Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I 500,000. 1 Maximum amount (see instructions) 2 2 Total cost of section 179 property placed in service (see instructions) 3 2,000,000. 3 Threshold cost of section 179 property before reduction in limitation 4 4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-5 Dollar limitation for tax year Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions (a) Description of property (b) Cost (business use only) (c) Elected cost 6 7 7 Listed property Enter the amount from line 29 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 9 Tentative deduction Enter the smaller of line 5 or line 8 9 10 10 Carryover of disallowed deduction from line 13 of your 2010 Form 4562 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 11 12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 12 13 Carryover of disallowed deduction to 2012 Add lines 9 and 10, less line 12 Note: Do not use Part II or Part III below for listed property. Instead, use Part V Special Depreciation Allowance and Other Depreciation (Do not include listed property) 14 Special depreciation allowance for qualified property (other than listed property) placed in service during 14 the tax vear 15 Property subject to section 168(f)(1) election 15 164. 16 16 Other depreciation (including ACRS) Part III MACRS Depreciation (Do not include listed property) (See instructions) Section A 114,521. 17 17 MACRS deductions for assets placed in service in tax years beginning before 2011 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B - Assets Placed in Service During 2011 Tax Year Using the General Depreciation System (c) Basis for depreciation (business/investment use only - see instructions) (b) Month and (d) Recovery (e) Convention (f) Method (a) Depreciation deduction (a) Classification of property year placed in service 3-year property 19a 18,683. 201,755. YRS. HY \mathbb{SL} 5-year property 5 b 2,201 37.854. YRS. HY |SL|7-year property С 10-year property d 15-year property е 20-year property f S/L 25-year property 25 yrs g ММ 27 5 yrs S/I Residential rental property h 27 5 yrs MM S/L 39 yrs ММ S/L i Nonresidential real property ММ S/L Section C - Assets Placed in Service During 2011 Tax Year Using the Alternative Depreciation System 20a Class life S/L 12-year 12 yrs S/L b ММ 40-year 40 yrs. S/L Part IV Summary (See instructions) 21 21 Listed property Enter amount from line 28 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 135,569. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr 23 For assets shown above and placed in service during the current year, enter the

23

portion of the basis attributable to section 263A costs

e 2

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Form 4562	(2011)	SEC	OND WIND	PROGRAMS	, INC.			68-0174	970 Page
Part V	amusement.)	• •		•	certain computers		•		
•	through (c) of S	Section A, all	of Section B, an	d Section C if app					1b, columns (
	Section A :	Depreciation	on and Other In	formation (Caution	on: See the instruc	tions for lii	mits for passeng	er automobiles)	
24a Do you	have evidence to s	upport the bu	siness/investment	use claimed?	Yes No	24b If "Y	es," is the evide	nce written?	Yes
	(a) of property	(b) Date placed in	(c) Business/ investment	(d) Cost or	(e) Basis for depreciation (business/investment	(f) Recovery	(g) Method/ Convention	(h) Depreciation deduction	(ı) Elected section 17

24a Do you have evidence to s	support the bu	siness/investment	use claimed?	Yes No	24b If "Y	es," is the	evider	nce written? L	Yes L	No
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Metho Conver	od/	(h) Depreciation deduction	section	(i) cted on 179 ost
25 Special depreciation allo	owance for q	ualified listed pr	operty placed in s	ervice during the t	ax year an	d				
used more than 50% in	a qualified b	usiness use					25			
26 Property used more tha	n 50% ın a c	ualified busines	s use						_	
		%	,							
		%								
		%								
27 Property used 50% or le	ess in a qual	fied business us	ie							
	<u> </u>	%				S/L ·				
		%				S/L				
		%				S/L -				
28 Add amounts in column	(h), lines 25	through 27 Ent	er here and on line	21, page 1	•	•	28			
29 Add amounts in column								29		

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles

30	Total business/investment miles driven during the	(a Veh		(t Veh	•	(c Veh	•	(c Veh	•	(€ Veh	•	(1 Veh	
24	year (do not include commuting miles) Total commuting miles driven during the year												
	Total other personal (noncommuting) miles driven		-	_									
33	Total miles driven during the year Add lines 30 through 32												
34	Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
35	Was the vehicle used primarily by a more than 5% owner or related person?												
36	Is another vehicle available for personal use?												

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons

37	Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your	Yes	No
	employees?		
38	Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your		
	employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39	Do you treat all use of vehicles by employees as personal use?		
40	Do you provide more than five vehicles to your employees, obtain information from your employees about		
	the use of the vehicles, and retain the information received?		
41	Do you meet the requirements concerning qualified automobile demonstration use?		
	Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles		

Pa	rt VI	Amortization			•	- " - "		
		(a) Description of costs	(b) Date amortization begins	(C) Amortizable amount	(d) Code section	(e) Amortizat penod or pero	•	(f) Amortization for this year
42	Amortiz	zation of costs that begins during your 2	2011 tax year	ſ		_		
				_				
43	Amorti	zation of costs that began before your 2	2011 tax year	· ·			43	
44	Total.	Add amounts in column (f). See the inst	ructions for w	vhere to report			44	