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Form **990**

Department of the Treasury Internal Revenue Service **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 1545-0047 2012

The organization may have to use a copy of this return to satisfy state reporting requirements

Open to Public Inspection

A I	For the	2012 calendar year, or tax year beginning OCT 1, 2012 and ending	DEC 31, 2012	
	Check If	C Name of organization	D Employer identific	ation number
- 2	applicable			
Г	Address	SECOND WIND PROGRAMS, INC.		
\vdash	Name	Doing Business As JH RANCH		.74970
\vdash	lchange lnitial			.74370
\vdash	ireturn Termin-	Number and street (or P.O. box if mail is not delivered to street address) Room/si 402 OFFICE PARK DRIVE 310	р	70 5601
L_	lated Amende			1 102 000
	return Applica	City, town, or post office, state, and ZIP code	G Gross receipts \$	1,102,998.
Ц	tion pending	BIRMINGHAM, AL 33223	H(a) Is this a group ret	
	, -	F Name and address of principal officer:MACK UGREN	for affiliates?	Yes X No
		SAME AS C ABOVE	H(b) Are all affiliates incli	ıded? Yes Mo
			527 If "No," attach a li	ist. (see instructions)
_		: ► WWW.JHRANCH.COM	H(c) Group exemption	
		organization: X Corporation Trust Association Other ► L Y	ear of formation: 1997 M	State of legal domicile: AL
P		Summary		
0	1 E	nefly describe the organization's mission or most significant activities: CHRISTIA	N RETREAT CAME)
Activities & Governance	1			
r 18	2 0	Check this box If the organization discontinued its operations or disposed of n	nore than 25% of its net ass	sets.
Š.	3 1	lumber of voting members of the governing body (Part VI, line 1a)	3	7
Ğ		lumber of independent voting members of the governing body (Part VI, line 1b)	4	5
S	1	otal number of individuals employed in calendar year 2012 (Part V, line 2a)	5	45
įţį		otal number of volunteers (estimate if necessary)	6	0
き		otal unrelated business revenue from Part VIII, column (C), line 12	7a	0.
٩		let unrelated business taxable income from Form 990-T, line 34	7b	-3,311.
_	1 -	tot amoutod baamaaa taxaba maama namii am aaa i, maa a	Prior Year	Current Year
	8 0	Contributions and grants (Part VIII, line 1h)	2,717,017.	915,884.
ā	•	Program service revenue (Rart-VIII, Inne-2g)	2,081,387.	72,769.
Revenue		nvestment income (Part VI)I, column (A) lines 3/4 and 7d)	18,177.	3,541.
8	1		321,768.	110,705.
	11 0	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c and 11e)	5,138,349.	
	12 7	otal revenue add lines 8 through 11 (must equal Part VIII ,column (A), line 12)		1,102,899.
		Grants and similar amounts paid (Part X, column (A), lines 1.3)	1,039,762.	783,778.
		Benefits paid to or for members-(Part-IX, column-(A),-line 4) ≝	0.	0.
es	15 5	Salanes, other compensation, employee Denefits, (Rart IX, column (A), lines 5-10)	1,662,146.	553,994.
Expenses	16a F	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
Š	∣ьт	otal fundraising expenses (Part IX, column (D), line 25)	0.000.450	156 650
ш	17 (Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,998,179.	476,672.
	18 7	otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	5,700,087.	1,814,444.
	19 F	Revenue less expenses. Subtract line 18 from line 12	-561,738.	-711,545.
200	3		Beginning of Current Year	End of Year
Sets	20 1	Total assets (Part X, line 16)	1,446,173.	1,229,643.
Net Assets or	21 7	Total liabilities (Part X, line 26)	2,640,588.	3,135,605.
	22 N	Net assets or fund balances. Subtract line 21 from line 20	-1,194,415.	-1,905,962.
P	art II	Signature Block		
Und	der penal	ties of perjury, I declare that I have examined this return, including accompanying schedules and sta	atements, and to the best of my	knowledge and belief, it is
true	e, correct	, and complete. Declaration of preparer (other than officer) is based on all information of which prep	parer has any knowledge.	
_		Notes Harry	8/19	114
Sig	an I	Signature of officer	Date	
He		TYLER HIGGINBOTHAM, BUSINESS MANAGER		
• • •	.	Type or print name and title		
_		Print/Type preparer's name Preparer's signature	Date, / Check	PTIN
Pai	id I	MICHAEL H. RICHTER	- / . // I	
	eparer	Firm's name UHY ADVISORS TX, LLC	Firm's EIN	76-0522558
	· .	Firm's address 2929 ALLEN PARKWAY 20TH FLOOR	4 FIIIII S LIIV	, 0 0022000
J81	· • • • •	HOUSTON, TX 77019	Dhana na 7	13-960-1706
_			Phone no. 7	
		S discuss this return with the preparer shown above? (see instructions)		
232	001 12-10	2-12 LHA For Paperwork Reduction Act Notice, see the separate instructions.		Form 990 (2012)

Second Process Sec	_	GEGOVE WITH PROGRAMS THE	50 04 7 40 7 0	
Check If Schedule O contains a response to any guestion in the Part III Beithy describe the organization shows in the Part III THELP INDIVIDUALS DEVELOP A PRACTICAL UNIDERSTANDING OF LIFE PURPOSES, PERSONAL VALUES, AND LEADERSHIP SKILLS. Dot the organization underfale any significant program services during the year which were not listed on the pinc from 990 or 1990-27. If "Yes," describe these new services on Schedule O. Dot the organization clease conducting, or make significant changes in how if conducts, any program services as measured by express Section 501(6)) and 501(6) by organization reases conducting, or make significant changes in how if conducts, any program services, as measured by express Section 501(6)) and 501(6) by organizations are required to report the amount of grants and allocations to others, the total expenses, and the organization reases conducting, or make significant changes in how if conducts, any program services, as measured by express Section 501(6)) and 501(6) by organizations are required to report the amount of grants and allocations to others, the total expenses, and the organization reases conducting to the program service sported. The Conduction of the program service sported of the program and the program service and the program service sported. The Conduction of the program service sported of the program service and program service and program service and program services. The Conduction of the program service sported of the program service appears of the program service sported of the program service sporte		990 (2012) SECOND WIND PROGRAMS, INC. t III Statement of Program Service Accomplishments	68-0174970	Page 2
1 Briefly describe the organization's measion: TO HELP INDIVIDUALS DEVELOP A PRACTICAL UNDERSTANDING OF LIFE PURPOSES, PERSONAL VALUES, AND LEADERSHIP SKILLS. 2 Did the organization underfake any significant program services during the year which were not listed on the pion Form 990 or 1990-E7? 1 Yes, "Secrible these new services on Schedule O. 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services, as measured by expenses Section 501c(s) and 501c(s) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, I any, for each program service accomplishments for each of its three largest program services, as measured by expenses Section 501c(s) and 501c(s) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, I any, for each program service accomplishments of respect to a section 501c(s) and 501c(s) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, I any, for each program service services 3 1, 472, 631. 4a [Code]		•		
TO HBLP INDIVIDUALS DEVBLOP A PRACTICAL UNDERSTANDING OF LIFE PURPOSES, PERSONAL VALUES, AND LEADERSHIP SKILLS. □ Dit the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990 cf. 1990	1			
Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990 E2? If Yes, "describe these new services on Schedule O. Od the organization cesse conducting, or make significant changes in how it conducts, any program services? □ Yes [X] No If Yes, "describe these changes on Schedule O. Describe the organization's program service accomplishments for each of at stree largest program services, as measured by expenses Section 501(s)(3) and 501(s)(d) organizations are required to report the amount of grams and allocations to others, the total expenses, and revenue, if any, for each program service reported. Describe the organization's program service accomplishments for each of at stree largest program services, as measured by expenses Section 501(s)(s) and 501(s)(d) organizations are required to report the amount of grams and allocations to others, the total expenses, and revenue, if any, for each program service required to report the amount of grams and allocations to others, the total expenses, and revenue, if any, for each program service required to report the amount of grams and allocations to others, the total expenses, and revenue, if any, for each program service expenses in 1,472,531. https://doi.org/10.1001/10		TO HELP INDIVIDUALS DEVELOP A PRACTICAL UNDERSTANDING OF	LIFE	
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Form 990 (2012)	40			
			Form!	990 (2012)

Form 990 (2012) SECOND WIND PROGRAMS, INC.

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	<u></u>
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
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			77
_	during the tax year? If "Yes," complete Schedule C, Part II	4		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		Х
6	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		<u> </u>
Ü	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		Х
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	-		
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in temporanly restricted endowments, permanent			
4.4	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	N No.	X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X	***		
а	as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	_ + ³ .	F ·	
·	Part VI	11a	x	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	l la		
	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			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
þ	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			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		<u>X</u>
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			v
120	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	111		<u> </u>
120	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	1	х
ь	Was the organization included in consolidated, independent audited financial statements for the tax year?	120		
_	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
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		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
4-	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u> </u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization		ᢏ	
16	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15	Х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	"		 -
	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			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
<u>b</u>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
		Form	990	(2012)

Pai	tilV Checklist of Required Schedules (continued)	5,0	Г	age ¬
			Yes	No
21	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	X	
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
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
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	.7.3	**	
	instructions for applicable filing thresholds, conditions, and exceptions):			Ι.
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		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			l
	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	Х	<u> </u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation		ŀ	١,,
	contributions? If "Yes," complete Schedule M	30	<u> </u>	Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			. v
	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			x
	Schedule N, Part II	32	-	<u> </u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			X
04	sections 301.7701-2 and 301.7701-37 If "Yes," complete Schedule R, Part I	33		<u> </u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		X	
250	Part V, line 1	34	^	X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any navment from or ongage in any transaction with a controlled entity.	35a		 ^
U	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	2EL		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	35b	 	-
55	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	-30 -	 	
•	and and digametration conduct more than one or its activities through an entity that is not a related digametration	1	ı	1

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI
Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

Note. All Form 990 filers are required to complete Schedule O

Form 990 (2012) SECOND WIND PROGRAMS, INC.

Part V Statements Regarding Other IRS Filings and Tax Compliance
Check if Schedule O contains a response to any question in this Part V

	Office it deficition of contains a response to any question in this part v			<u> </u>
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 49 Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0		l	
	Elitor are itempor of forms when interest and a little of a most applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		┰┃	
_	(gambling) winnings to prize winners?	1c	Х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 45			
			x	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		v	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	_3a	X	
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	4-		х
_	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		
D	If "Yes," enter the name of the foreign country.			
- -	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	-		$\tilde{\mathbf{X}}$
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5a		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5b 5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	<u> 30</u>		
va	any contributions that were not tax deductible as charitable contributions?	6a		х
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	Ja		
-	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
· a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Х
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	,		
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		X
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting	ļ		
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		X
9	Sponsoring organizations maintaining donor advised funds.			٧,,
а	Did the organization make any taxable distributions under section 4966?	9a		X
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		X
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a			
_		ł	1	1
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities [10b]	1		
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders N/A 11a]
a		1		
D	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
120	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filling Form 990 in lieu of Form 1041?	12a		\
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A 12b	120		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		
	Is the organization licensed to issue qualified health plans in more than one state? N/A	13a	\vdash	\vdash
-	Note. See the instructions for additional information the organization must report on Schedule O.			
ь	Enter the amount of reserves the organization is required to maintain by the states in which the			
-	organization is licensed to issue qualified health plans]		
c	Enter the amount of reserves on hand	1		
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
		Forn	n 990	(2012)

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 Section A. Governing Body and Management No Yes 1a Enter the number of voting members of the governing body at the end of the tax year 1a 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. b Enter the number of voting members included in line 1a, above, who are independent 5 1h Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 2 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? X 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? X 4 X Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 Did the organization have members or stockholders? X 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? X 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or X persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8 a The governing body? Х 8a b Each committee with authority to act on behalf of the governing body? X 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? X 11a 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 X 12a X b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done X 12c 13 Did the organization have a written whistleblower policy? 13 Did the organization have a written document retention and destruction policy? 14 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official 15a b Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a X taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶CA Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply X Upon request Own website Another's website Other (explain in Schedule O) Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, physical address, and telephone number of the person who possesses the books and records of the organization: 20 TYLER HIGGINBOTHAM - 205-879-5601 402 OFFICE PARK DR. SUITE 310, BIRMINGHAM, 35223

Form	ggn	(2012)	

SECOND WIND PROGRAMS, INC.

68-0174970

Page 7

Part: VIII 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.

Name and Title Average hours per week (list any hours for related organizations below line) (1) TERRY TURNER DIRECTOR (2) JOHN VIRDEN DIRECTOR (3) MACK J. OGREN EStimated amount of other more than one box, unless person is both an officer and a director/trustee) (4) SAM RICE BOARD MEMBER (5) SONNY CORLEY Reportable compensation from related organizations which and director/trustee) Reportable compensation from related organizations (W-2/1099-MISC) Reportable compensation from related organizations (W-2/1099-MISC) O. 30 X	Check this box if neither the organization (A)	l	ai 1120			ilbei	154	1		(F)	
Compensation from related organizations below line) Figure 2 Figure 3	, ,	(B)		Position			ì		(D)	(E)	· ·
Week (list any hours for related organizations below line) Page 1 Page 2 Page 3 Pag	raine and Thie		(do box	(do not check more the box, unless person is				one h an	'		-
TERRY TURNER			off	cer an	dad	recto	x/trus	tee)		-	
TERRY TURNER		1 ' '	ector	İ					the	organizations	compensation
TERRY TURNER		I	i di	, s			ated			(W-2/1099-MISC)	
TERRY TURNER			ustee	trusti		l _{ee}	suadi		(W-2/1099-MISC)		•
TERRY TURNER			duaftr	to de la		lg l	st con	_			
TERRY TURNER			Nipu	nstrtu) E	Keyen	Highe:	jë,			organizations
Californ (1) TERRY TURNER	0.30	Ī	_		Ī	-	=				
Californ DIRECTOR		X			İ			0.	0.	0.	
(3) MACK J. OGREN EXECUTIVE DIRECTOR/SECRETA (4) SAM RICE BOARD MEMBER (5) SONNY CORLEY DIRECTOR (6) MIKE RICHTER PRESIDENT (7) BRUCE JOHNSTON 40.00 X X X 18,069. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.	(2) JOHN VIRDEN	0.30									
(3) MACK J. OGREN 40.00 EXECUTIVE DIRECTOR/SECRETA X X X 18,069. 0. 0. (4) SAM RICE 0.30 EXECUTIVE DIRECTOR X 0. 0. 0. 0. (5) SONNY CORLEY 0.30 DIRECTOR X 0. 0. 0. 0. (6) MIKE RICHTER 0.50 PRESIDENT X 0. 0. 0. 0. (7) BRUCE JOHNSTON 40.00	DIRECTOR		X						0.	0.	0.
(4) SAM RICE	(3) MACK J. OGREN	40.00									
(4) SAM RICE	EXECUTIVE DIRECTOR/SECRETA		X		Х				18,069.	0.	0.
(5) SONNY CORLEY	(4) SAM RICE	0.30									
(5) SONNY CORLEY	BOARD MEMBER		X				1		0.	0.	0.
(6) MIKE RICHTER	(5) SONNY CORLEY	0.30									
PRESIDENT	DIRECTOR		X						0.	0.	0.
(7) BRUCE JOHNSTON 40.00	(6) MIKE RICHTER	0.50									
	PRESIDENT				X				0.	0.	0.
CEO X X 39,283. 0. 0.		40.00	1		İ		l				
	CEO		<u> </u>	┖	X	L	X	L	39,283.	0.	0.
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Form 990 (2012) SECOND W									68-01	<u> 174</u>	970	Pa	age 8
Part VII Section A. Officers, Directors, Trus		ploy	ees	, and	d Hi	ghe	st C	ompensated Employe	es (continued)				
(A) Name and title	(B) Average hours per week	box	not c , unle	Pos heck ss pe	more rson	than is bot	h an	(D) Reportable compensation from	(E) Reportable compensatio from related	n	an	(F) timate nount other	
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization: (W-2/1099-MIS	s	com fr org and	pensa om the anizat d relat	e ion ed
						-							
					_	<u> </u>							
		1	-	_			_						
		-	-	-			_						
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		╁	ļ			 			· · · · · · · · · · · · · · · · · · ·				
							-						
1b Sub-total c Total from continuation sheets to Part V	II, Section A			•	•	>		57,352. 0.		0.			0.
d Total (add lines 1b and 1c) 2 Total number of individuals (including but	not limited to ti	hose	list	ed a	bov	e) w	ho r	57,352. received more than \$100),000 of reportab	0 • ole			0 .
compensation from the organization						_						Yes	No
3 Did the organization list any former officer line 1a? If "Yes," complete Schedule J for	•		e, ke	еу е	mplo	oyee	, or	highest compensated e	mployee on		3		х
4 For any individual listed on line 1a, is the s and related organizations greater than \$15	•		•					•	the organization		4		х
5 Did any person listed on line 1a receive or rendered to the organization? If "Yes," cor	· ·						relat	ted organization or indiv	idual for services	;	5		х
Section B. Independent Contractors 1 Complete this table for your five highest c	ompensated in	dep	ende	ent d	cont	racte	ors 1	that received more than	\$100,000 of con		ation	from	
the organization. Report compensation for										· 			
(A) Name and busines	s address	N	ON	E				Description of	services	С		C) insatio	n_
	_												
													
											· .		
										_			
Total number of independent contractors \$100,000 of compensation from the organ		not l	imite	ed to		ose I	ste	d above) who received i	more than				
with a second of the second se									_			000	

SECOND WIND PROGRAMS. INC. 68-0174970 Form 990 (2012) Page 9 Part VIII Statement of Revenue Check if Schedule O contains a response to any question in this Part VIII Revenue excluded from tax under sections 512, 513, or 514 Related or Unrelated Total revenue exempt function business revenue revenue Contributions, Gifts, Grants and Other Similar Amounts Federated campaigns 1a b Membership dues 1b c Fundraising events 1c 1d d Related organizations e Government grants (contributions) 1e f All other contributions, gifts, grants, and 915,884 similar amounts not included above 1f 38,595 g Noncash contributions included in lines 1a-1f \$ 915,884 h Total. Add lines 1a-1f Business Code 2 a CAMP REGISTRATION 721210 72,769. 72,769. Program Service Revenue f All other program service revenue 72,769. g Total. Add lines 2a-2f Investment income (including dividends, interest, and 175 175. other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (II) Personal 109,620. 6 a Gross rents 0. b Less: rental expenses 109,620. c Rental income or (loss) 109,620. 109,620. d Net rental income or (loss) ▶ (ii) Other 7 a Gross amount from sales of (i) Securities 3,366. assets other than inventory b Less: cost or other basis 0 and sales expenses 3,366. c Gain or (loss) 3,366. 3,366 d Net gain or (loss) 8 a Gross income from fundraising events (not 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 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns 1,176. and allowances 99. b Less: cost of goods sold 1,077 1,077. c Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 11 a MISCELLANEOUS 900099 8 8 b d All other revenue

8 .

76,143.

,102,899.

e Total. Add lines 11a-11d

Total revenue. See instructions.

0.

Form 990 (2012) SECOND WIND P Part IX Statement of Functional Expenses

	Check if Schedule O contains a respons not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
	8b, 9b, and 10b of Part VIII		expenses	general expenses	expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	783,778.	783,778.		
2	Grants and other assistance to individuals in	,,,,,,,	, 00 , , , 00		
_	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,			, , ,	
	trustees, and key employees	57,352.	43,014.	14,338.	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	467,699.	267,890.	199,809.	
7	Other salanes and wages				<u> </u>
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	20 042	17 266	14 500	
10	Payroll taxes	28,943.	17,366.	11,577.	
11	Fees for services (non-employees):	1 ((2)		1 ((2)	
a	~ ~ ~ 	1,662. 7,219.		1,662. 7,219.	
b	_ ~ ~ F	7,419		1,219.	
C	Accounting				
d	B-4				
e f	· · · · · · · · · · · · · · · · · · ·	400.		400.	
g		2001		400.	
9	column (A) amount, list line 11g expenses on Sch O.)	600.		600.	
12	Advertising and promotion				
13	Office expenses	90.		90.	
14	Information technology				
15	Royalties				
16	Occupancy	36,332.	22,649.	13,683.	· ·
17	Travel	21,769.	14,150.	7,619.	
18	Payments of travel or entertainment expenses	Ī			
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	21,650.		21,650.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	28,396.	26,976.	1,420.	
23	Insurance	82,772.	78,633.	4,139.	
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.) MAINTENANCE	98,667.	92,538.	6,129.	
	DIDEOM DROODAN EVDENCEO	69,724.	69,724.	0,143.	
t	ADMINITED ANTITE COCHE	39,949.	03,144.	39,949.	
(AUMO EVDENIGEG	28,532.	28,532.	33,343.	
	All other expenses	38,910.	27,381.	853.	10,676
25	Total functional expenses. Add lines 1 through 24e	1,814,444.	1,472,631.	331,137.	10,676
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 If following SOP 98-2 (ASC 958-720)				

Form 990 (2012)
Part X Balance Sheet

		Check if Schedule O contains a response to any question in this Part X			
		The state of the s	(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing	247,655.	1	420,273.
- 1	2	Savings and temporary cash investments	_	2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	
l	6	Loans and other receivables from other disqualified persons (as defined un	der		
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contribution	uting		
1		employers and sponsoring organizations of section 501(c)(9) voluntary			-
_s		employees' beneficiary organizations (see <code>instr</code>). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
As	8	Inventones for sale or use	3,269.	8	3,269.
	9	Prepaid expenses and deferred charges		9	
j	10a	Land, buildings, and equipment cost or other			
1		basis. Complete Part VI of Schedule D Less: accumulated depreciation 10a 2,475,9 10b 1,741,1	05.		
	þ		86. 754,396.	10c	734,719.
	11	Investments - publicly traded securities	4.050	11	16 600
	12	Investments - other securities See Part IV, line 11	14,969.	12	46,633.
	13	Investments - program-related. See Part IV, line 11		13	
l	14	Intangible assets	425 004	14	24 740
	15	Other assets. See Part IV, line 11	425,884.	15	24,749.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	1,446,173.	16	1,229,643.
	17	Accounts payable and accrued expenses	124,333.	17	70,331.
	18 19	Grants payable Deferred revenue		18	
	20	Tax-exempt bond liabilities		19 20	
,	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to current and former officers, directors, trustee		21	
<u> </u>	-	key employees, highest compensated employees, and disqualified persons			
:≌		Complete Part II of Schedule L	·	22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third	-	 -	
		parties, and other liabilities not included on lines 17:24) Complete Part X of	f		
		Schedule D	2,515,589.	25	3,065,074.
	26	Total liabilities. Add lines 17 through 25	2,640,588.	26	3,135,605.
		Organizations that follow SFAS 117 (ASC 958), check here	ind		
Sa		complete lines 27 through 29, and lines 33 and 34.			}
Š	27	Unrestricted net assets	1,213,693.	27	-1,905,962.
3918	28	Temporanly restricted net assets	19,278.	28	0.
힐	29	Permanently restricted net assets .		29	
표		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ 1			
ō		and complete lines 30 through 34.			
ets	30	Capital stock or trust principal, or current funds		30	
174	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Ass		Retained earnings, endowment, accumulated income, or other funds		32	1
let Ass	32	Trotained darnings, cridownicin, addardated income, or other fands	4 4 4 4 4 4 4 4 4		4 4 4 4 4 4 4
Net Assets or Fund Balances	32 33 34	Total net assets or fund balances Total liabilities and net assets/fund balances	-1,194,415. 1,446,173.	33 34	-1,905,962. 1,229,643.

	990 (2012) SECOND WIND PROGRAMS, INC.	68-	017497) F	age 12
Pa	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI				
	•				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,1	02,	899.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,8	14,	444.
3	Revenue less expenses. Subtract line 2 from line 1	3	-7	11,	545.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	-1,1	94,	415.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7	•		
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	-1,9	05,	960.
Pa	rt XIII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				
				Ye	s 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.		1	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		_2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2t		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separa	te basis,			
	consolidated basis, or both		1		
	Separate basis Consolidated basis Both consolidated and separate basis				ŀ
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	ne audıt,			
	review, or compilation of its financial statements and selection of an independent accountant?		20	1	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O		1	, l
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the S	ingle Au	dit .		[
	Act and OMB Circular A-133?		32		X
þ	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ured aud	lit	1	
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3t		
			For	ո 99	0 (2012)

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

ZU | ZOpen to Public

Inspection Employer identification number

			WIND PROGRAM						6	8-0174	970	
Part I	Reason	or Public Chari	ty Status (All organiza	ations mus	t complet	e this part) See inst	ructions.				
The o <u>rga</u> n	zation is not a	private foundation I	pecause it is: (For lines 1	through 1	1, check o	only one b	ox.)				-	
1 🖳	A church, cor	nvention of churches	s, or association of churc	hes descr	nbed in se	ction 170	(b)(1)(A)(i)					
2 🖳	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)											
з 🗀	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).											
4	A medical res	earch organization of	perated in conjunction	with a hosi	ortal descr	nbed in se	ction 170	(b)(1)(A)(iii	i). Enter i	the hospital	's nam	ie,
	city, and state	ə·										
5 📖	An organizati	on operated for the l	benefit of a college or un	iversity ov	vned or op	erated by	a governr	nental unit	describ	ed in		
	section 170(b)(1)(A)(iv). (Complete Part II.)											
6 🔲	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).											
7 🗀	An organizati	on that normally rec	eives a substantial part o	of its supp	ort from a	governme	ntal unit o	r from the	general	public desc	nbed i	n
	section 170(l	b)(1)(A)(vi). (Comple	te Part II.)									
8 🖳	A community	trust described in s	ection 170(b)(1)(A)(vi). (Complete	Part II.)							
9 X	An organizati	on that normally rec	eives: (1) more than 33 1	/3% of its	support fr	om contri	butions, m	nembership	o fees, a	nd gross red	ceipts	from
	activities relat	ted to its exempt fur	nctions - subject to certa	ın exceptio	ons, and (2	2) no more	than 33 1	/3% of its	support	from gross	invest	ment
	income and u	inrelated business ta	axable income (less sect	ion 511 ta:	x) from bu	sinesses a	cquired b	y the orga	nızatıon	after June 3	0, 197	' 5.
	See section	509(a)(2). (Complete	Part III.)									
10	An organizati	on organized and op	perated exclusively to tes	st for publi	c safety. S	See sectio	n 509(a)(4	l).				
11 📖	An organizati	on organized and op	erated exclusively for th	e benefit d	of, to perfo	rm the fur	nctions of,	or to carry	y out the	purposes o	of one	or
	more publicly	supported organiza	tions described in section	on 509(a)(1) or section	n 509(a)(2). See sec	tion 509 (a	a)(3). Ch	eck the box	that	
	describes the	type of supporting	organization and comple	ete lines 11	le through	11h.						
	a ∟ Type I	b 🗀 Ty	rpe II c LLLL Ty	pe III - Fur	nctionally i	ntegrated	d	і ∟ Тур	e III - No	n-functional	y inte	grated
e 📖	By checking	this box, I certify tha	t the organization is not	controlled	directly of	r indırectly	by one or	r more disc	qualified	persons oth	ner tha	ın
	foundation m	anagers and other the	han one or more publicly	supporte	d organıza	itions desc	onbed in s	ection 509	9(a)(1) or	section 509	I(a)(2)	
f	If the organiz	ation received a writ	ten determination from t	he IRS tha	ıt ıt ıs a Ty	ре I, Туре	II, or Type	e III				
		ganization, check th										L
9	Since August	17, 2006, has the o	rganization accepted an	y gift or co	ontribution	from any	of the folk	owing pers	sons?			
	(i) A persor	n who directly or ınd	rectly controls, either ale	one or tog	ether with	persons d	escnbed i	ın (ıi) and (ı	ııı) below	,	Yes	No
	_	•	upported organization?							11g(i)	<u> </u>	
		<u>-</u>	n described in (i) above?							11g(ii)	Ь—	
		•	person described in (i) o							11g(iii)	Ц	<u> </u>
h	Provide the fe	ollowing information	about the supported org	ganization((s)							
				l		r		I : 6.01-	41			
	of supported	(ii) EIN	(iii) Type of organization	(iv) is the o				(vi) Is organizatio	on in col. I	(vii) Amount	t of mo	netary
org	anization			in col. (i) lis governing (support?	(i) organız U.S	ed in the	sup	port	
			(see instructions))	Yes		``						
	-			162	No	Yes	No	Yes	No			
								 				
										. –		
												
								 	 			
		Ī	I	ı	1	I	ı	1	ı	i		

Schedule	A (Form	gan a	ነተ ዓ ባበ.	.F7\ 20	112

Page 2

Pa	Support Schedule for						
	(Complete only if you checked fails to qualify under the tests				n failed to qualify	under Part III. If the	organization
Sec	ction A. Public Support	nated Below, piece	ase complete r are				
	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	Gifts, grants, contributions, and	(8) 2000	(6) 2000	(0)2010	(0) 2011	(6) 2012	(i) Total
·	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ızatıon's benefit and either paid to			ļ	ļ		
	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						1
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
	Public support. Subtract line 5 from line 4						
	ction B. Total Support		· _T	·	·r		
Cal	endar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7	Amounts from line 4		 				
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties	1		1		1	1
	and income from similar sources				ļ 	 	ļ
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carned on				 		
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV.)						
	Total support. Add lines 7 through 10	oto (oco instruct				12	
	Gross receipts from related activities			ird for with our fifth i		<u> </u>	
13	First five years. If the Form 990 is fo organization, check this box and stop		s mst, second, tin	ira, ioarai, or iiiar i	ax year as a sect	10(1 30 1(0)(3)	▶ []
Se	ction C. Computation of Pub		ercentage				
	Public support percentage for 2012 (column (fl)		14	9
	Public support percentage from 2011	• • • • • • • • • • • • • • • • • • • •	•	colariir (i)j		15	9/
	a 33 1/3% support test - 2012. If the	-	•	on line 13, and line	14 is 33 1/3% or	L	
	stop here. The organization qualifies	-				more, erreer and a	▶□
1	b 33 1/3% support test - 2011. If the				d line 15 is 33 1/3	3% or more, check t	this box
	and stop here. The organization qua	•					▶□
17.	a 10% -facts-and-circumstances tes	· · · · · ·			ne 13, 16a. or 16b	, and line 14 is 10%	or more.
••	and if the organization meets the "fac		~		•	•	•
	meets the "facts-and-circumstances"			·			▶ □

b 10% -facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2012 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 qualify under the tests listed below, please complete Part II)

Sec	etion A. Public Support	elow, please comp	nete Fait II.)		_		
	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	Gifts, grants, contributions, and	15,2000	12/2000	10/2010	(4) 2011	10/2012	Ly iolai
•	membership fees received. (Do not		ļ				
	include any "unusual grants.")	2203150.	5436247.	1999280.	2717017.	915,884.	13271578.
2	Gross receipts from admissions.					320,0000	
_	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose	1905727.	1862585	1949223.	2377087.	565,172.	8659794.
•	Gross receipts from activities that	13037271	10023031	17478831	23170071	303,1120	00331341
3	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		į				
	or expended on its behalf						
_	·						
Э	The value of services or facilities furnished by a governmental unit to						
	the organization without charge						
_	•	4108877.	7298832.	3948503.	5094104.	1481056	21931372.
	Total. Add lines 1 through 5	=1000//-	7230032.	2240303.	2024104.	1401030.	017717/40
/ a	Amounts included on lines 1, 2, and 3 received from disqualified persons	931,803.	3536661.	452,015.	640,470.	134,940.	5695889.
	Amounts included on lines 2 and 3 received	331,003.	3330001.	432,013.	040,470.	134,340.	3033003.
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						٥.
_	amount on line 13 for the year Add lines 7a and 7b	931,803.	3536661.	452,015.	640,470.	134,940.	5695889.
	Public support (Subtractline 7c from line 6)	331,003.	3330001.	432,013.	040,470.	T34,340.	16235483.
	ction B. Total Support				L		102331031
	endar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	Amounts from line 6	4108877.	7298832.	3948503.	5094104.	1481056	21931372.
-	Gross income from interest,	12000770	7230021	33103031	30311011	11010301	223323721
	dividends, payments received on						
	securities loans, rents, royalties and income from similar sources	221.	8,661.	26,100.	15,867.	109.	50,958.
	Unrelated business taxable income	-	- 0,0020	20,1001	23,007.		30,7301
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975		1				
	Add lines 10a and 10b	221.	8,661.	26,100.	15,867.	109.	50,958.
	Net income from unrelated business	-	0,0020	20/2001	20,00.0		30,3300
	activities not included in line 10b,				1		
	whether or not the business is regularly carned on						
12	Other income. Do not include gain			-			
_	or loss from the sale of capital	14,529.	-28.	25,075.	127,053.	3,440.	170,069.
13	assets (Explain in Part IV.) Total support. (Add lines 9, 10c, 11, and 12)	4123627.	7307465.	3999678.	5237024.		22152399.
	First five years. If the Form 990 is fo	<u> </u>			·	<u> </u>	L
•	check this box and stop here	i tro organization	5 m 6t, 6666m 6 , triii	a, 1001111, 01 111111 ti	an your do a doon o	in oo rajay organi	▶ □
Se	ction C. Computation of Publ	lic Support Pe	rcentage			-	
	Public support percentage for 2012 (column (f))		15	73.29 %
16	Public support percentage from 201	• • • • • • • • • • • • • • • • • • • •	•	.,,		16	74.13 %
Se	ction D. Computation of Inve		_				
17	Investment income percentage for 26	012 (line 10c, colui	mn (f) divided by li	ne 13, column (f))		17	.23 %
18	Investment income percentage from	2011 Schedule A,	Part III, line 17			18	.20 %
19	a 33 1/3% support tests - 2012. If the	e organization did i	not check the box	on line 14, and line	e 15 is more than 3	33 1/3%, and line	
	more than 33 1/3%, check this box a	and stop here. The	organization qua	lifies as a publicly	supported organiz	ation	▶ [X]
1	b 33 1/3% support tests - 2011. If the	e organization dıdı	not check a box or	n line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%,	and
	line 18 is not more than 33 1/3%, ch	eck this box and s	top here. The org	anızatıon qualıfıes	as a publicly supp	orted organization	▶ □
~~	Drivete foundation If the ergopizety	did	hay an line 44, 40	10h	hia hay and and in	-ttions	►

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.

2012
Open to Public Inspection

Name of the organization

SECOND WIND PROGRAMS, INC.

Employer identification number

Pai	t I Organizations Maintaining Donor Advised		or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line 6		er i rece animerosimpioto ii ano
		(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 wr	iting that the assets held in donor advise	ad funds
•	are the organization's property, subject to the organization's ex	•	Yes No
6	Did the organization inform all grantees, donors, and donor adv	•	•
•	for chantable purposes and not for the benefit of the donor or		
	impermissible private benefit?	derice advices, or les any earles purposes of	Yes No
Pai		nization answered "Yes" to Form 990. Pa	
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (e.g., recreation or edi		orically important land area
	Protection of natural habitat	Preservation of a certif	· · · · · · · · · · · · · · · · · · ·
	Preservation of open space	·	
2	Complete lines 2a through 2d if the organization held a qualifie	d conservation contribution in the form o	of a conservation easement on the last
	day of the tax year.		
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic struc	ture included in (a)	2c
đ	Number of conservation easements included in (c) acquired af	ter 8/17/06, and not on a historic structu	re
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, release	ased, extinguished, or terminated by the	organization during the tax
	year ▶		
4	Number of states where property subject to conservation ease	ment is located	
5	Does the organization have a written policy regarding the pend	dic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it h	nolds?	└── Yes └── No
6	Staff and volunteer hours devoted to monitoring, inspecting, a	•	
7	Amount of expenses incurred in monitoring, inspecting, and er	_	
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements of section 170(I	, , , , , , , , , , , , , , , , , , ,
	and section 170(h)(4)(B)(ii)?		└── Yes
9	In Part XIII, describe how the organization reports conservation	•	•
	include, if applicable, the text of the footnote to the organization	on's financial statements that describes t	he organization's accounting for
Do	conservation easements. rt III Organizations Maintaining Collections of	Art Historical Transuras or Ot	har Similar Assats
ra	Complete if the organization answered "Yes" to Form 9		illei Sillillai Assets.
			
18	If the organization elected, as permitted under SFAS 116 (ASC		
	historical treasures, or other similar assets held for public exhile	·	ice of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describ		and balance shoot wades of art. historical
D	If the organization elected, as permitted under SFAS 116 (ASC		
	treasures, or other similar assets held for public exhibition, edu	ication, or research in furtherance of public	blic service, provide the following amounts
	relating to these items (i) Revenues included in Form 990 Part VIII line 1		. •
	(i) Revenues included in Form 990, Part VIII, line 1		
•	(ii) Assets included in Form 990, Part X	cures or other similar essets for financial	agin provide
2	If the organization received or held works of art, historical treating following amounts required to be reported under SFAS 11		gain, provide
а	Revenues included in Form 990, Part VIII, line 1	c place aboy relating to those items.	▶ \$
	Assets included in Form 990, Part X		► \$ ► \$
_	- marie management and and a with		· ·

		IND PROGRAMS,				1/49/0 Page 2
Par	t III Organizations Maintaining Co	ollections of Art, Hist	orical Treasures,	or Other S	Similar Ass	sets(continued)
3	Using the organization's acquisition, accession	n, and other records, check	any of the following that	at are a signi	ficant use of i	ts collection items
	(check all that apply):					
а	Public exhibition	d 🛄 1	_oan or exchange progr	ams		
b	Scholarly research	e 🗀 (Other			
С	Preservation for future generations					
4	Provide a description of the organization's coll	lections and explain how th	ey further the organizat	ion's exempt	purpose in P	art XIII.
5	During the year, did the organization solicit or i	receive donations of art, hi	storical treasures, or oth	er sımılar as	sets	
	to be sold to raise funds rather than to be main				[Yes No
Par	t IV: Escrow and Custodial Arrang	ements. Complete if the	organization answered	"Yes" to For	m 990, Part I\	/, line 9, or
	reported an amount on Form 990, Part					
1a	Is the organization an agent, trustee, custodia	n or other intermediary for	contributions or other as	ssets not inc	luded	
	on Form 990, Part X?				[Yes No
b	If "Yes," explain the arrangement in Part XIII ar	nd complete the following t	able:			
	•	,				Amount
С	Beginning balance				1c	··· ··
đ	Additions during the year				1d	
е	Distributions during the year				1e	
f	Ending balance				1f	
2a	Did the organization include an amount on For	rm 990, Part X, line 21?		•		Yes No
	If "Yes," explain the arrangement in Part XIII	•	n has been provided in	Part XIII		
Par						
			rior year (c) Two yea		Three years bad	ck (e) Four years back
1a	Beginning of year balance					
ь	Contributions		1.			
С	Net investment earnings, gains, and losses					
	Grants or scholarships					
	Other expenditures for facilities					
	and programs					
f	Administrative expenses					
g	End of year balance					
2	Provide the estimated percentage of the curre	ent year end balance (line 1	g, column (a)) held as:			······································
а	Board designated or quasi-endowment	%	. , ,			
b	Permanent endowment	%				
С	Temporarily restricted endowment ▶	 %				
	The percentages in lines 2a, 2b, and 2c should	d equal 100%.				
3a	Are there endowment funds not in the posses	sion of the organization tha	at are held and administ	ered for the	organization	
	by:					Yes No
	(i) unrelated organizations					3a(i)
	(ii) related organizations				_	3a(ii)
b	If "Yes" to 3a(ii), are the related organizations	listed as required on Schei	dule R?			3b
4	Describe in Part XIII the intended uses of the	organization's endowment	funds.			
Pai	t VI Land, Buildings, and Equipme	ent. See Form 990, Part X	, line 10.			
•	Description of property	(a) Cost or other	(b) Cost or other	(c) Accu	mulated	(d) Book value
		basis (investment)	basis (other)	1	ciation	
1a	Land				,	
b	Buildings		350,795.	8	7,515.	263,280.
С	Leasehold improvements					
đ	Equipment					
	Other		2,125,110.	1,65	3,671.	471,439.
	Add lines to through to (Column (d) must ed	rual Form 900 Part Y colu	mp (P) /mp 10(c))			734.719.

Schedule D (Form 990) 2012

(1) Financial denvatives (2) Closely-held equity interests (3) Other (A) (B) (C) (D) (E) (F) (G) (H) (I) (I) (I) (I) (I) (I) (I) (I) (I) (I	Part VII Investments - Other Securities. See (a) Description of Security or category (including name of security)	Form 990, Part X, line (b) Book value		on: Cost or end	of-year market value
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(F) (G) (H) (D) (Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶ Part VIII Investments - Program Related. See Form 990, Part X, line 13 (a) Description of investment type (b) Book value (c) Method of valuation: Cost or end-of year mark (1) (2) (3) (4) (5) (6) (7) (9) (9) (10) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. See Form 990, Part X, line 15. (a) Description (b) Book value (c) Book value (c) Method of valuation: Cost or end-of year mark (d) (e) (f) (g) (g) (g) (g) (g) (g) (g) (g) (g) (g				-	
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(9)	TOTAL TIMES TO SERVE		12,716.		
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<u> </u>					
(11)					
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 3,065,074.		25.)	3,065,074.		
2. FIN 48 (ASC 740) Footnote. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization.				ements that rer	orts the organization

liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

INC.

SECOND WIND PROGRAMS,

68-0174970 Page 3

Schedule D (Form 990) 2012

		iC.	68-0174970 Page 4
art	t XI Reconciliation of Revenue per Audited Financial State	ements With Reve	nue per Return
1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:]
а	Net unrealized gains on investments	2a	
þ	Donated services and use of facilities	2b	* • • • • • • • • • • • • • • • • • • •
C	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	_2d	
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
þ	Other (Describe in Part XIII)	4b	
С	Add lines 4a and 4b		4c
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5
Par	t XII Reconciliation of Expenses per Audited Financial Sta	tements With Exp	enses per Return
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
С	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d	<u> </u>	2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
С	Add lines 4a and 4b		4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5
	t XIII Supplemental Information		
, line	e 2; Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this p	art to provide any additi	ional information.
			Schedule D (Form 990) 201

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.

➤ Attach to Form 990. ➤ See separate instructions.

OMB No 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

	OND WIND PRO				[68-01749	
Par			ctivities Out	side the United States. Comple	ete if the organization answered '	'Yes"
	to Form 990, Part					
1		-		ds to substantiate the amount of its gra		٦ ا
	the grantees' eligibility for	or the grants or a	assistance, and t	the selection criteria used to award the	grants or assistance?	Yes No
_						
2		nbe in Part V the	organization's i	procedures for monitoring the use of it	s grants and other assistance ou	itside the
	United States.					
3_				in be duplicated if additional space is		
	(a) Region	(b) Number of	(c) Number of employees.	(d) Activities conducted in region	(e) If activity listed in (d)	(f) Total expenditures
		offices in the region	employees, agents, and	(by type) (e g , fundraising, program services, investments, grants to	is a program service, describe specific type	for and
		lin the region	independent contractors	recipients located in the region)	of service(s) in region	investments
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2.	Cult total	 	0			- 0.
	Sub-total		1		 	- '
D	Total from continuation	(٥.
	sheets to Part I	- '	1			· · · · · ·
С	Totals (add lines 3a	,				0.
- LUA	and 3b)	tion Act Nation	<u> </u>	Otions for Form 900	Cahadata 1	
	For Paperwork Reduct	LIUII AUL NOLICE,	. อฮฮ เมฮ เมธเรีย	/110113 IUI FUIIII 33U.	Schedule i	F (Form 990) 2012

Page 2

Schedule F (Form 990) 2012 SECOND WIND PROGRAMS, INC. 68-0174970

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any

recipient who received more than \$5,000. Part II can be duplicated if additional space is needed

SENBRAL SUPPORT 5,900 TRANSPER 0.	5, 900, TRANSFER 5, 900, TRANSFER 6. 900, TRAN	(b) IRS code section and EIN (if applicable)
	ite recognized as charities by the foreign country, recognized as tax-exempt by	SOUTH AFRICA G
	The recognized as charities by the foreign country, recognized as tax-exempt by the strick of the st	
	Tre recognized as charities by the foreign country, recognized as tax-exempt by	
	are recognized as charities by the foreign country, recognized as tax-exempt by	
	are recognized as charities by the foreign country, recognized as tax-exempt by	
	are recognized as charities by the foreign country, recognized as tax-exempt by	
	are recognized as charities by the foreign country, recognized as tax-exempt by thou 501(c)(3) equivalency letter	

68-0174970

SECOND WIND PROGRAMS, INC.

Schedule F (Form 990) 2012

Partill Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(h) Method of valuation (book, FMV, appraisal, other)					Schedule F (Form 990) 2012
(g) Description of non-cash assistance					Schedu
(f) Amount of non-cash assistance					
(e) Manner of cash disbursement					
(d) Amount of cash grant					
(c) Number of recipients					
(b) Region					
(a) Type of grant or assistance (b) Region					

	ıle F (Form 990) 2012	SECOND	MIND	PROGRAMS,	INC.		68-0174970	Page 4
Part	IV Foreign Form	ıs						
1	Was the organization a organization may be re Corporation (see Instru	quired to file Fo	rm 926, F		•	he tax year? If "Yes," the erty to a Foreign	☐ Yes	X No
2	Did the organization himay be required to file Receipt of Certain Ford a U.S. Owner (see Inst	Form 3520, Ani eign Gifts, and/o	nual Retu or Form 35	m to Report Transa 520-A, Annual Infor	ctions with Forei	ign Trusts and	Yes	X No
3	Did the organization h the organization may b Certain Foreign Corpo	e required to file	Form 54	171, Information Re	•	•	Yes	X No
4	Was the organization of qualified electing fund Information Return by (see Instructions for Feb.	dunng the tax y a Shareholder o	ear? If "Y	es," the organization	n may be require	• •	Yes	X No
5	Did the organization h the organization may t Foreign Partnerships.	e required to file	Form 88	365, Return of U.S.	. •		Yes	X No
6					•	dunng the tax year? If port (see Instructions	☐ Yes	X No

Part V		
	Supplemental Information	
	Complete this part to provide the information required by Part I, line 2 (monitoring of funds), Part amounts of investments vs. expenditures per region), Part II, line 1 (accounting method), Part III (accounting method).	
	(c) (estimated number of recipients), as applicable. Also complete this part to provide any addition	
		
		
		
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SCHEDULE (Form 990) Department of the Treasury Internal Revenue Service

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

OMB No 1545-0047 Open to Public Inspection

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

▶ Attach to Form 990.

% ⊠ **Employer identification number** 68-0174970 (h) Purpose of grant or assistance Yes SENERAL SUPPORT SENERAL 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 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 (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) 0 0. (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 recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (d) Amount of 174,934 598,794, cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section rf applicable INC. 77-0567139 **5**01(C)(3) 501(C)(3) Enter total number of other organizations listed in the line 1 table SECOND WIND PROGRAMS, 94-3313968 General Information on Grants and Assistance (p) EIN criteria used to award the grants or assistance? 1 (a) Name and address of organization 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 Name of the organization Part PartII

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

Schedule I (Form 990) (2012)

232101 12-18-12

Page 2 Schedule I (Form 990) (2012) (f) Description of non-cash assistance 68-0174970 *Part IV: Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information. (e) Method of valuation (book, FMV, appraisal, other) Schedule I (Form 990) (2012) SECOND WIND PROGRAMS, INC.

| Part III | 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. (d) Amount of non-cash assistance (c) Amount of cash grant SECOND WIND PROGRAMS, INC. (b) Number of recipients (a) Type of grant or assistance 232102 12-18-12

SCHEDULE J (Form 990)

Part I

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.

2012

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990. ► See separate instructions.

SECOND WIND PROGRAMS, INC.

Questions Regarding Compensation

Employer identification number 68-0174970

No Yes la 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) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or 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, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? 2 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, but explain in Part III. Written employment contract □ Compensation committee Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee 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 a Receive a severance payment or change-of-control payment? 4a b Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b c Participate in, or receive payment from, an equity-based compensation arrangement? 4c If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. 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 a The organization? 5a 5b X b Any related organization? If "Yes" to line 5a or 5b, describe in Part III. 6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? 6a X b Any related organization? **6**b If "Yes" to line 6a or 6b, describe in Part III. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments X not described in lines 5 and 6? If "Yes," describe in Part III 7 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the X initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

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

Schedule J (Form 990) 2012

Schedule J (Form 990) 2012 SECONI

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

	F	W 20	14 000 t 20/10 0 14	Contraduction OOM MICE To be an or	bac tacomositor	(D) Montavable	(E) Total of columns	(F) Compensation
		(b) Dieardowii Oi	וארבכטו וטיטווא 2-זי	oo compensation	other deferred	benefits	(B)(I)-(D)	reported as deferred
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			in prior Form 990
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249112							Schedu	Schedule J (Form 990) 2012

SCHEDULE M (Form 990)

Noncash Contributions

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

OMB No 1545-0047

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization Attach to Form 990.

SECOND WIND PROGRAMS, 68-0174970 INC. Part I Types of Property (a) (b) (c) (d) Check if Number of Noncash contribution Method of determining applicable contributions or amounts reported on noncash contribution amounts items contributed Form 990, Part VIII, line 1g Art - Works of art 2 Art - Historical treasures 3 Art - Fractional interests Books and publications Clothing and household goods 5 Cars and other vehicles 6 Boats and planes intellectual property 8 X 38,595. HI/LO AVERAGE 9 Securities - Publicly traded 10 Securities - Closely held stock 11 Securities - Partnership, LLC, or trust interests Securities - Miscellaneous 12 Qualified conservation contribution -13 Historic structures Qualified conservation contribution · Other 14 15 Real estate - Residential Real estate - Commercial 16 17 Real estate - Other Collectibles 18 19 Food inventory 20 Drugs and medical supplies 21 Taxidemy 22 Historical artifacts 23 Scientific specimens Archeological artifacts 24 Other -25 26 Other 27 Other Other 28 29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement 29 No Yes 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 32a contributions? 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 M	(Form 990) (2012)	SECOND	WIND P	ROGRAMS,	INC.		68-0174970	Page 2
Part II	Supplemental	Information	n. Complete	this part to prov (b), the number of	ude the information	required by Part I, line number of items rec	es 30b, 32b, and 33, an eived, or a combination	d whether
								
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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Supplemental Information to Form 990 or 990-EZ

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.

2012
Open to Public Inspection

Name of the organization

Employer identification number

SECOND WIND PROGRAMS, INC.	68-0174970
FORM 990, PART VI, SECTION A, LINE 8B: NOT APPLICABLE	N
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 INTERES	T. IN ADDITION, AT
THE ANNUAL BOARD MEETING ANY CONFLICTS OF INTEREST ARE P	RESENTED BEFORE THE
BOARD. EACH BOARD MEMBER HAS THE RESPONSIBILITY TO BRIN	G ANY CONFLICT OF
INTEREST TO THE BOARD'S ATTENTION DURING THE YEAR AS THE	Y MAY ARISE.
FORM 990, PART VI, SECTION C, LINE 19: UPON REQUEST	
FORM 990, PART VII CONTACT ADDRESSES FOR OFFICERS, DIREC	TORS, ETC:
TERRY TURNER - 5035 HEATHERWOOD COURT, ROSWELL, GA 30075	<u> </u>
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 705	507
FORM 990, PART IX, LINE 11G, OTHER FEES:	
ENVIRONMENTAL STUDY:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	600.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	600.

Schedule O (Form 990 or 990-EZ) (2012)	Page 2
Name of the organization SECOND WIND PROGRAMS, INC.	Employer identification number 68-0174970
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	600.
FORM 990, PART VII, SECTION A, LINE 1A HIGHEST COMPENSATE	D EMPLOYEE
AVERAGE HOURS PER WEEK DEVOTED TO RELATED ORGANIZATIONS:	
BRUCE JOHNSTON - 40 HOURS PER WEEK AT THIS AND RELATED OR	GANIZATIONS
FORM 990, PART III, LINE 4A; PART VIII, LINE 10B; PART IX	, LINES 11G, 16,
22, 23, & 24; PART X, LINES 10B, 15, & 17; SCH D, LINE 1B	; FORM 4562
THE TAXPAYER IS AMENDING THEIR 2012 FORM 990 TO REFLECT T	HE CORRECT
FINANCIAL STATEMENTS FOR THE SHORT-YEAR 10/1/12-12/31/12	AND CURRENT
DEPRECIATION AMOUNTS. THE ORIGINAL RETURN WAS FILED BASED	ON CASH-BASIS
FINANCIAL STATEMENTS RATHER THAN ACCRUAL-BASIS FINANCIALS	. ALSO, THE
DEPRECIATION TAKEN ON THE ORIGINAL RETURN WAS BASED ON A	FULL-YEAR
DEPRECIATION INSTEAD OF THE SHORT-YEAR 3 MONTHS BETWEEN	
10/1/12-12/31/12.	

SCHEDULE R (Form 990) Name of the organization

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.

2012 Open to Public Inspection

OMB No 1545-0047

Employer identification number

68-0174970

Part 1 in Identification of Disregarded Entities (Complete of the organization answered "Yes" to Form 990, Part IV, line 33.)

SECOND WIND PROGRAMS, INC.

Direct controlling Identification 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.) End-of-year assets <u>e</u> Total income € Legal domicile (state or foreign country) Primary activity Name, address, and EIN (if applicable) of disregarded entity Part II

(g) Section 512(b)(13) ŝ × × × controlled entity? Yes Direct controlling status (if section Public charity 70(B)(1)(A) .70(B)(1)(A) .70(B)(1)(A) 501(c)(3)) (VI) (VI) (VI) Exempt Code section 501(C)(3) 501(C)(3) 501(C)(3) € Legal domicile (state or foreign country) ALABAMA LABAMA ALABAMA MINISTER TO AND AID IN THE ACCORDANCE WITH THE BIBLE RECONCILIATION OF FAMILY INFRASTRUCTURE, LAND AND TO PROMOTE CHRISTIANITY TO PROVIDE FACILITIES Primary activity AND LIVING LIFE IN MANAGEMENT THEREOF UNITS JH RANCH MOUNTAIN RESORT - 94-3313968 GIVING TREE MINISTRIES - 77-0567139 Name, address, and EIN of related organization OUTBACK MINISTRIES - 75-2599602 402 OFFICE PARK DR STE 310 402 OFFICE PARK DR STE 310 BIRMINGHAM, AL 35223 BIRMINGHAM, AL 35223 5710 WATERMELON ROAD NORTHPORT, AL 35473

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

Schedule R (Form 990) 2012

232161 12-10-12 LHA

68-0174970

Page 2

Schedule R (Form 990) 2012 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.)

organizations treated as a partnership during the tax year.)	artnership during the ta	x year.)			_		_	-	-		-	-	
(a)	(q)	(၁)	(0)		(e)	Ξ	(6)		E	Ξ		_	₹
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or	Direct controlling entity		Predominant income (related, unrelated, excluded from tax under)	Share of total income	Share of end-of-year		Disproportion- ate allocations?	Code V-UBI amount in box 20 of Schedule	Genera manag Partne	own own	General or Percentage managing ownership
		country)		sections	512-514)			Yes	ş	<-1 (Form 10€	5) Yes No	9	
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Part IV Identification of Related Organizations Taxable as a Corporation	rganizations Taxable a	is a Corpo	oration or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related	omplete if th	he organization	n answered "Y	es" to Form 9	90, Part IV	line 34 b	ecause it hac	d one or r	nore rela	ated
(0)			(4)	3	9		[e]	٤		(0)	3	L	 s
(9)		Č		(2)				Chare of total		*	orconts.		oction Shy13
Name, address, and EIN of related organization	<u>.</u>	Ē	rillialy activity	(state or	entity		(C corp, S corp,	income		_	ownership		controlled entity?
			,	country)		ort.	rust)			assets		χes	Yes No
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232162 12-10-12										Sched	Schedule R (Form 990) 2012	rm 990)) 2012

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

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)
- f Dividends from related organization(s)
- Sale of assets to related organization(s)
- h Purchase of assets from related organization(s)
- Exchange of assets with related organization(s)
- Lease of facilities, equipment, or other assets to related organization(s)
- k Lease of facilities, equipment, or other assets from related organization(s)
- 1 Performance of services or membership or fundraising solicitations for related organization(s)
- m Performance of services or membership or fundraising solicitations by related organization(s)
- n Shanng of facilities, equipment, mailing lists, or other assets with related organization(s)
- Sharing of paid employees with related organization(s)

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- Permbursement paid to related organization(s) for expenses
 Reimbursement paid by related organization(s) for expenses
- Other transfer of cash or property to related organization(s)
- s Other transfer of cash or property from related organization(s)

2 If the answer to any of the above is "Yes," see the instructions for information on w	ho must complete tl	is line, including covered r	iformation on who must complete this line, including covered relationships and transaction thresholds.
(a) Name of other organization	(b) Transaction type (a·s)	(c) Amount involved	(d) Method of determining amount involved
(1) GIVING TREE MINISTRIES	В	174,934.	
(2) JH RANCH MOUNTAIN RESORT	В	598,794.	
(3) JH RANCH MOUNTAIN RESORT	ŋ	17,700.	
(4) GIVING TREE MINISTRIES	Ш	21,817.	
(s) JH RANCH MOUNTAIN RESORT	E	161,978.	
(6) OUTBACK MINISTRIES	Ω	2,624.	
232163 12-10-12			Schedule R (Form 990) 2012

68-0174970

Page 4

Schedule R (Form 990) 2012 SECOND WIND PROGRAMS, INC.

Part Wi 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.

General or Percentage
managing
pariner? ownership Schedule R (Form 990) 2012 3 S Disproporbonate amount in box 20 mallocations of Schedule K-1 pves No (Form 1065) vve Ξ Yes No Ξ Share of end-of-year assets <u>6</u> Share of total income Predominant income pamers set (felated, unrelated, softic) excluded from tax under section 512-514) Yes No Legal domicile (state or foreign country) Primary activity 9 Name, address, and EIN of entity

Part VII	Supplemental Information	00-01/49/0 Page 5
	Complete this part to provide additional information for responses to questions on Schedule R (see instruc	ctions).
•		
		
		
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Current Year Deduction	-	0	0	0	0	0.	0	0	0	0	0	0	0	0	0	0.	0	0.
Current Sec 179			_								-					•		
Accumulated Depreciation		5,680.	14,682.	2,368.	43,968.	6,500.	145,565.	28,485.	44,322.	22,268.	2,384.	49,787.	6,200.	68,290.	7,737.	20,284.	6,463.	43,391.
Basis For Depreciation	;	5,680.	14,682.	2,368.	43,968.	6,500.	145,565.	28,485.	44,322.	22,268.	2,384.	49,787.	6,200.	68,290.	7,737.	20,284.	6,463.	43,391.
Reduction in Basis																		
Bus % Excl																		
Unadjusted Cost Or Basis		5,680.	14,682.	2,368.	43,968.	6,500.	145,565.	28,485.	44,322.	22,268.	2,384.	49,787.	6,200.	68,290.	7,737.	20,284.	6,463.	43,391.
Line		17	17	17	17	17	117	17	17	17	17	17	17	17	17	17	17	17
Lıfe		7.00	5.00	7.00	7.00	5.00	15.001	10.001	5.00	10.001	7.00	7.00	5.00	10.001	5.00	7.00	10.0017	7.00
Method																		
Date Acquired		VARIESSL	VARIESSL	050293SL	VARIESSL	VARIESSL	ASSETSVARIESSL	070194SL	VARIESSL	VARIES	071895SL	VARIESSL	VARIESSL	ASSETSVARIESSL	VARIESSL	VARIESSL	VARIES	18660E60
Description	PROGRAM SERVICES	11992 7-YEAR ASSETS	21992 5-YEAR ASSETS	31993 7-YEAR ASSETS	41994 7-YEAR ASSETS	51994 5-YEAR ASSETS	EAR	LEASEROLD 7IMPROVEMENTS	81995 5-YEAR ASSETS	91995 10-YEAR ASSETSVARIESSL	VIDEO CAMERA, 10SPEAKERS, AMP	111996 7-YEAR ASSETS	21996 5-YEAR ASSETS	31996 10-YEAR ASSETS	41997 5-YEAR ASSETS	151997 7-YEAR ASSETS	161997 10-YEAR ASSETSVARIESSL	181999 7-YEAR ASSETS
Asset		Н		<u>г</u>	4	<u>.</u>	- - -	7	<u></u>	<u>o</u>	10	ਜ ਾ	12	13	14	15	16	18

(D) - Asset disposed

Current Year Deduction	0	0	0	0.	0	0	9.	o	0.	0	0	0	0	9.	0	0	0	·
Cur		1		ì	<u> </u>			ì	-	1	!	;	1	176		1 4	i	
Current Sec 179			1	-	,	F		i	!		1		,	1		1 1 1		
Accumulated Depreciation	71,389.	13,123.	16,062.	28,751.	7,693.	6,581.	424.	11,795.	39,261.	4,530.	78,781.	7,541.	40,772.	7,128.	117,063.	31,793.	10,620.	1,968.
Basis For Depreciation	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.	10,620.	1,968.
Reduction In Basis	,	-														,		
Bus % Excl	,			1												ı		
Unadjusted Cost Or Basis	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.	10,620.	1,968.
Line	17	17_	17	17	17	17	16	17	17	17	0017	17	17	17	17	17	17	17
Lıfe	2.00	7.00	2.00	2.00	7.00	10.001	39.001	2.00	7.00	10.0017	39.00	7.00	10.0017	15.0017	7.00	5.00	10.001	5.00
Method	ТS	ΣĪ	SL	SL	SL	SL	SL	SL	SL	SL	SL	ZI	SL	SL	SL	TS.	SL	SL
Date Acquired	VARIESEL	VARIESSL	VARIESSL	123101SL	VARIESSL	VARIESSL	052301SL	VARIESSL	VARIESSL	ASSETSVARIESSL	VARIESSL	VARIESSL	VARIESSL	VARIESSL	VARIESSL	EVARIESSL	VARIESSL	VARIESSL
Description	5-YEAR ASSETS	7-YEAR ASSETS	. 5-YEAR ASSETS	. 5-YEAR ASSETS	. 7-YEAR ASSETS	. 7-YEAR ASSETS	26ALLSTATE BUILDING	5-YEAR ASSETS	7-YEAR ASSETS	10-YEAR	EXPANSIONS (KITCHEN DECK, MAINT. SHOP	31FURNITURE	- BIG TOP	33ROAD WORK		JS EQUIPMENT TTER, SOUND,	K TANKS & FIER	3 7EQUIPMENT
	192000	202000	222001	232001	242001	252001	ALLS	272002	282002	292002	EXPANS 30DECK,	FURN	32TENT	ROAD	34VARIOUS	VARIOUS 35(COMPUTI	WATER TA 36PURIFIER	ROUI
-	_					□ 7 ·	~		ω	U١	$\mathbf{\circ}$	~	11	1,11	7	u)	w	

5-01-12

(D) - Asset disposed

,																		
Current Year Deduction	0	0	32.	0	0.	0	0	0	0.	0	0	<u> </u>	0.	0	113.	0	0	0.
Current Sec 179					,					-						,		
Accumulated Depreciation	2,097.	3,000.	1,271.	25,659.	29,215.	2,684.	2,740.	1,190.	550.	2,500.	7,342.	316.	16,500.	8,500.	4,218.	475.	1,347.	1,499.
Basis For Depreciation	2,097.	3,000.	4,965.	25,659.	29,215.	2,684.	2,740.	1,190.	550.	2,500.	7,342.	1,320.	16,500.	8,500.	17,687.	475.	1,347.	1,500.
Reduction In Basis									_				1		·			
Bus % Excl			-				•											
Unadjusted Cost Or Basis	2,097.	3,000.	4,965.	25,659.	29,215.	2,684.	2,740.	1,190.	550	2,500.	7,342.	1,320.	16,500.	8,500.	17,687.	475.	1,347.	1,500.
S C Line	17	17	16	17	17	17	17	17	17	17	17	17	17	17	17	17	17	17
Life	7.00	5.00	39.001	5.00	5.00	5.00	3.00	7.00	7.00	7.00	7.00	39.001	5.00	5.00	39.0017	2.00	2.00	7.00
Method	SL	SL	$_{ m SI}$	SL	SL	SL	3SL	3SL	3SI	3SL	SL	SL	SL	SL	SL	3SL	3SL	SL
Date Acquired	100202SL	100902SL	100902EL	022503SL	032703SL	032703SL	040103	042203	042203	042903	042903SL	062003SL	071903SL	081403SL	060403SL	120503	121103	012004SL
Description	IRRIGATION 38EQUIPMENT	394-WHEELERS	40N & CO. BUILDERS	42(BLACK)	43VAN (2)	STAND	FRINIEK, SOFIWAKE &	4 GFREEZER	475TH WHEEL HITCHES	48EQUIPMENT	49SOTAR RAFTS	53WATER HEATERS	54GOLF CARTS (6)	551997 CHRYSLER VAN	56LAUNDRY BUILDING	57SPREADER & AGITATOR12050	Œ	FREEZER, COOLER, 59STOVE, ICE MACHINE
Asset No	38	39	40	42	43	44	45	46	47	48	49	53	54	55	56	57	28	59

228102 05-01-12

(D) - Asset disposed

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Asset	Description	Date Acquired	Method	Lıfe	No	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
609 FI	60TABLES, CHAIRS, DR C	020604SL	T. 7	00.	17	367.	,		367.	366.		0
61 <u>F</u>	FURNITURE & OFFICE DECOR	021604SL		7.00	17	1,805.			1,805.	1,806.		0
620	62СНІРРЕК	042004SL	1 2	.00	17	2,000.			2,000.	2,000.		0
64W.	64WASHER & DRYER	051904SL	r 7	00.	17	7,780.	· ·		7,780.	7,778.		0
.NS9	65VIDEO CRANE	060104SL	л -	.00	17	597.	-		597.	596.		0
999.	66BENCHES	060304SL	r 2	00.	17	1,260.			1,260.	1,260.	_	0
672	CANOPIES	060704SL	5	00.	17	920.			920.	920.		0
V89	68VIDEO	060904SL	r 7	.00	17	1,832.			1,832.	1,833.	-	0
7 OBC	7 OEQUIPMENT	060904SL		00.	17	191.			191.	191.		0
7111	71TRAILER	060904SL	г 5	00.	17	512.			512.	512.		0
72V.	72VIDEO	070404SL	. 7	00.	17	1,792.			1,792.	1,792.		0
74E(74EQUIPMENT	070504SL		00.	17	295.			295.	295.		0
7571	75TRAILER	07050 <u>4</u> SL	L 5	00.	17	793.			793.	793.		0
7.7BEDS	EDS	071104SL		00.	17	2,450.			2,450.	2,450.		0
787 [S	78SPRINKLER	072604SL	л 5	00.	17	6,287.	1	,	6,287.	6,287.	· · · · · · · · · · · · · · · · · · ·	0
8001	80OFFICE DECORATIONS	073004SL	г <u> </u>	00	17	1,382.			1,382.	1,380.	_	0
8 101	810FFICE DECORATIONS	081004SL	г 7	00.	17	5,363.			5,363.	5,362.		0
821.	82LAUNDRY BUILDING	081804SL		39.0017	5	10,409.			10,409.	2,169.		67.
228102 05-01-12					(D) - A	(D) - Asset disposed		• ITC,	· ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction	age, Bonus, Comn	nercial Revitali	zation Deduction

(D) - Asset disposed

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Asset	Description	Date Method	od Lıfe	Line	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
8	84BUNK BEDS	093004SL	7.00	17	4,072.			4,072.	4,073.		0
872	2 SERVERS	022404SL	5.00	117	4,652.			4,652.	4,652.		0
88	88SEPTIC SYSTEM	042004SL	15.0	.0017	6,578.			6,578.	3,676.		110.
92	92SPREADER & AGITATOR120504SL	1120504SL	5.00	117	475.	 	<u> </u>	475.	475.		0
932	2 SERVERS	021805SL	5.00	17	1,785.		., •	1,785.	1,785.		0
₹6	94MIXER	033005SL	7.00	17	3,067.		-	3,067.	3,066.		0
97	97TRAILER	042105SL	5.00	17	3,784.			3,784.	3,784.		0
98	98MIXER	042605SL	7.00	17	368.			368.	371.	-	0
104	104TRAILER	060105SL	5.00	17	1,477.			1,477.	1,477.		0
106		080305SL	7.00	17	328.			328.	329.		0
108	JOHN DEER KIDER 108MOWER TRACTOR	093005gr	5.00	17	2,500.	·		2,500.	2,500.		0
109	RTHOP PPLIAN	033105SL	7.00	17	10,000.			10,000.	10,003.		0
110	2 G 6	053105SL	5.00	17	2,000.			2,000.	2,000.		•
111	Z 1988 HONDA FOURWHEELERS	053105SL	5.00	17	1,000.	-		1,000.	1,000.		0
112	112CARGO TRAILER	040505SL	5.00	17	500.			500.	500		0
113	113COLEMAN GENERATOR	103105SL	5.00	17	200			500.	500.		0
115	1150FFICE COPIER	041505SL	5.00	17	1,500.			1,500.	1,500.	<u>-</u> -	0
116	116LASER PRINTER	091505SL	5.00	17	200.			200.	200.		0

228102

(D) - Asset disposed

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Current Current Year Sec 179 Deduction	0	4.	292.	1	0	0 0	0 0 0	0 0 0	0 0 0 0	0 0 0 0 0	0 0 0 0 0 0	0 0 0 0 0 0						
Accumulated Curre Depreciation Sec 1	20,104.	103.	8,754.		7,000.2	3,191.	3,191.	2,000. 3,191. 2,160. 3,375.	2,000. 3,191. 2,160. 3,375. 1,540.	3,191. 2,160. 3,375. 1,540.	2,000. 3,191. 2,160. 3,375. 1,540. 1,050.	2,000. 3,191. 2,160. 3,375. 1,540. 1,050. 3,900.	2,000. 3,191. 2,160. 3,375. 1,540. 1,050. 3,900. 2,000.	2,000. 2,160. 3,375. 1,540. 1,050. 2,000. 2,000. 5,935.	2,000. 2,160. 2,160. 1,540. 1,050. 2,000. 2,000. 25,546. 5,935.	,191. ,1540. ,540. ,050. ,900. ,546. ,935.	,191. ,191. ,375. ,900. ,900. ,935. ,604.	,000. ,191. ,375. ,900. ,000. ,935. ,055. ,604.
Basis For Depreciation	20,103.	560.	17,512.	1,999.	•	3,192.	,192 ,160			,192 ,160 ,377 ,540	,192 ,160 ,377 ,540 ,051	,192 ,160 ,377 ,540 ,051	,192. ,160. ,377. ,540. ,051. ,899.	,192. ,160. ,377. ,540. ,051. ,899. ,000.	,192. ,160. ,377. ,540. ,051. ,935.	,192. ,160. ,377. ,540. ,000. ,547. ,547.	,192. ,160. ,377. ,540. ,051. ,547. ,935. ,055.	,192. ,160. ,377. ,540. ,000. ,935. ,935. ,604.
Reduction In Basis																		
Bus % Excl																		
Unadjusted Cost Or Basis	20,103.	560.	17,512.	1,999.	3,192.	•							2,160. 3,377. 1,540. 1,051. 3,899. 2,000.	5, 5, 3, 1, 1, 3, 5, 5, 5, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7,	2 2 3 1 H 3 7 5 7 5 7 5 7 5 7 5 7 5 7 5 7 5 7 5 7	1 2 2 3 1 1 1 3 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 2 2 3 3 4 4 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	3, 1, 1, 2, 2, 3, 1, 1, 3, 2, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3,
C No	00 17	.0017	.0017	00 17	00 17	_	0 17	0 0	<u>ਜ ਜ ਜ</u>	<u>н н н н</u>	<u>ਜ ਜ ਜ ਜ ਜ</u>						 	
od Life	7.0	39.	15.	5.0	5.0	_	5.0	0.0.	0.0.0	0.000	0. 0. 0. 0.	0. 0. 0. 0. 0.	0 0 0 0 0 0	0 0 0 0 0 0	0 0 0 0 0 0 0		0. 0. 0. 0. 0. 0. 0.	
ed Method	05SL	05SL	05SL	JSSL)5SL	-	15SL)5SL)5SL)5SL)6SL)5SL)5SL)6SL)5SL)5SL)6SL)6SL)5SL)6SL)6SL)6SL)5SL)6SL)6SL)6SL)6SL)5SL)6SL)6SL)6SL)6SL)6SL)5SL)6SL)6SL)6SL)6SL)6SL)6SL)5SL)6SL)6SL)6SL)6SL)6SL)6SL) 5SL) 6SL) 6SL) 6SL) 6SL) 6SL) 6SL) 6SL)5SL)6SL)6SL)6SL)6SL)6SL)6SL)5SL)5SL
Acquired	06030	05030	071905SL	101905SL	110405SL		111105SL	111105SL 111605SL	111105SL 111605SL 011306SL	111105SL 111605SL 011306SL 052206SL	111105SL 111605SL 011306SL 052206SL 052506SL	111105SL 111605SL 011306SL 052206SL 052506SL	111105SL 111605SL 011306SL 052206SL 052506SL 053106SL	111105SL 1111605SL 011306SL 052206SL 052506SL 053106SL 122705SL	111105SL 111605SL 111605SL 052206SL 052206SL 053106SL 053106SL 053106SL 122705SL 122705SL	111105SL 111605SL 011306SL 052206SL 052106SL 122705SL 061406SL 072106SL	111105SL 1111605SL 011306SL 052206SL 052506SL 053106SL 122705SL 061406SL 072106SL 072106SL	111105SL 111605SL 011306SL 052206SL 052106SL 053106SL 061406SL 061406SL 051706SL 101805SL
Description	JUNK BEDS	119LAUNDRY BUILDING	120SEPTIC SYSTEM	131PROJECTOR	132APPLE COMPUTER		30SE AMP		133BOSE AMP 134APPLE COMPUTER 135FAX/SCANNER/COPIER	SOSE AMP APPLE COMPUTER AX/SCANNER/COPIER TV	133BOSE AMP 134APPLE COMPUTER 135FAX/SCANNER/COPIER 136TV 137B&H PHOTO - VIDEO	SOSE AMP APPLE COMPUTER AX/SCANNER/COPIER TV SEH PHOTO - VIDEO	133BOSE AMP 134APPLE COMPUTER 135FAX/SCANNER/COPIER 136TV 137B&H PHOTO - VIDEO 148BOSE SPEAKER	133BOSE AMP 134APPLE COMPUTER 135FAX/SCANNER/COPIER 136TV 137B&H PHOTO - VIDEO 148BOSE SPEAKER 150TRACTOR 151PROPANE GRILL	POMPUTER NNER/COF TO - VIL EAKER GRILL 2 POST	POMPUTER NNER/COPT CALL GRILL 2 POST	MP COMPUTER ANNER/COE PEAKER R E GRILL E 2 POST Y 7 1/2 H	MP COMPUTER ANNER/COF PEAKER R E GRILL E 2 POST Y 7 1/2 H LOW
Asset No	118BUNK	11947	120SI	131PI	132AI		133BOSE	133BC 134AI	133BC 134AI 135F2	133BO 134AP 135FA 136TV	133BC 134AI 135F2 136TA	133BOSE 134APPLI 135FAX/ 136TV 137B&H I	133BC 134AI 135FZ 136TV 137B6 137B6 150TI	133BC 134AI 135F2 137B8 148BC 150TE	133BC 134AI 135FZ 136TN 137B8 148BC 150TI	133BC 134AI 135FZ 137B6 137B6 150TF 151PF 152VE	133BOSE 134APPL 135FAX/ 137B&H 148BOSE 150TRAC 151PROP 151VBHI 153COOL 153COOL	133BC 134AF 135FZ 135FZ 137B8 150TF 151PF 153CC 154PT 155SF

(D) - Asset disposed

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

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Current Year Deduction	0	0	0.	0.	0	0	0.	0	0	0	0	0.	0	0.	0.	0.	0	0.
Current Sec 179	!																	
Accumulated Depreciation	6,600.	1,286.	5,500.	5,500.	14,705.	1,126.	499.	2,505.	500.	4,500.	12,000.	30,000.	4,000.	4,479.	.009	800.	1,000.	4,260.
Basis For Depreciation	6,601.	1,287.	2,500.	5,499.	14,704.	1,125.	499.	2,504.	500.	4,500.	12,000.	30,000.	4,000.	4,479.	•009	800.	1,000.	4,261.
* Reduction In Basis	1		1		1]	:					1 3 4		,		\$ 1		1	
Bus % Excl			,		1		1			1	,		ţ	,	i	1		
Unadjusted Cost Or Basis	6,601.	1,287.	5,500.	5,499.	14,704.	1,125.	499.	2,504.	500.	4,500.	12,000.	30,000.	4,000.	4,479.	.009	800.	1,000.	4,261.
Line	17	17	17	17	17	17	17	17	17	17	17	17	17	17	17	17	17	17
Life	2.00	5.00	5.00	5.00	5.00	5.00	5.00	5.00	2.00	2.00	2.00	5.00	5.00	5.00	5.00	5.00	2.00	5.00
Method	SI	SL	SL	SL	SL	esr.	ıs9	ıs9	SL	ΊS	SL	SL	est.	SL	SL	Ţ	SL	SL
Date Acquired	013106SL	050106	050906SL	052606SL	071206SL	908080	908060	908060	18900E60	18900E60	120606SL	121006SL	110806	012307SL	053007SL	053007SL	053007SL	080107SL
Description	157WASHERS	158DISPENSER BEVERAGES050106SL	159PRESSURE WASHER	1604-WHEELER	i i i	GENERAL KUTAKI 162CUTTER	163FERTILIZER SPREADER09030	164WOODSTOVE - DEAN'S	165ANTIQUE WAGON	CHEVY PICKUP	PASSENGER	179IT-DATABASE SYSTEM		SNEEZEGUARDS	182VIZIO TV	183VIZIO_TV	184NIKON CAMERA	187TRAILER
Asset	157	158	159	160	161	162	163	164	165	167	178	179	180	181	182	183	184	187

(D) - Asset disposed

Asset Description	ıptıon	Date Acquired M	Method	Life	No Se	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
2007 CHEVROLET 188SILVERADO	OLET	18/0/080	יט	00.	17	43,906.			43,906.	43,906.		0
189TRAILER		080707SL	2	00.	17	215.			215.	215.		0
190TRUCK BED	COVER	082207SL	2	.00	17	2,122.			2,122.	2,120.		0
191TRUCK BED LINER	LINER	082207SL	<u> </u>	00.	17	881.	1		881.	880.		0
192VIDEO XL-2 CAMERA	2 CAMERA	050107SL		00	17	3,328.			3,328.	3,329.		0
193DELL COMPUTER		051507SL	IJ	000	17	439.			439.	440.		0
204APPLE COMPUTER		051807SL	<u>. rc</u>	.00	- 1	1,393.			1,393.	1,394.		0
205BAG	-	052507SL	77	.00	17	981.			981.	.086		0
206LAPTOP		092107SL	<u>LO</u>	.00	- 2	837.	<u>.</u>		837.	835.		0
REFRIDGERATOR 208CABIN	I	013107SL	2	.00		600.			.009	.009	_	0
209BUNK BED		032307SL	7	00.	-7	400.			400	314.		14.
210TWIN BED M	BED MATTRESSES041807SL	041807SL		.00	-7	676.	ŀ		.929	528.		24.
211BUNK BEDS		060807SL	7	.00	-7	238.			238.	181.		6
212MATTRESSES		060807SL		.00	.7	200.	,		200.	155.		7.
⊢		061207SL	2	.00	-7	2,000.			2,000.	2,000.		0
214CABIN	FURNITURE -	062607SL	7.	00,	-7.	1,647.	1		1,647.	1,234.	- <u> </u>	. 59.
215CHAISE PADS		062607SL	7.	00	-7:	1,609.			1,609.	1,207.		57.
216TABLECLOTHS	(2)	062607SL	7	00 1		930.		-	930.	698.		33.
228102 05-01-12					(D) · A	(D) - Asset disposed		* ITC,	* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction	age, Bonus, Comm	nercial Revitali	zation Deduction

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Asset	Description	Date Acquired	Method	Life	Line	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
217	217HORSE TRAILER	18709070		00'9	17	4,500.		,	4,500.	4,500.		0
218	218GENERATOR	071807SL		2.00	17	3,817.			3,817.	3,815.		0
215	219AIR CONDITIONER	080107SL		2.00	17	6,400.			6,400.	6,400.		0
22(רא	080107SL		5.00	17	5,950.			5,950.	5,950.	1	0
221	COFFEE BREWING 1SYSTEM	080107SL		2.00	17	1,110.		·	1,110.	1,110.		0
23,	232HORSES	103107SL		7.00	17	6,000.			6,000.	4,214.		214.
23.	233PING PONG TABLES	110207EL		7.00	17	2,008.			2,008.	1,411.		72.
234	TRNIT	122207SL		2.00	17	2,661.			2,661.	2,572.		22.
235	ACOUSTIC WAVE MUSIC 235SYSTEM	01050851		7.00	17	1,157.			1,157.	783.		41.
236	236DELL COMPUTERS	020108SL		5.00	17	2,611.			2,611.	2,436.		44.
237	237GOLF CARTS (9)	020108SL		2.00	17	4,280.		•	4,280.	3,995.		71.
238	238DELL COMPUTERS	020208SL		5.00	17	1,382.	_		1,382.	1,288.		23.
24(2404-WHEELER	031208SL		5.00	17	2,500.			2,500.	2,271.		57.
242	242TELEVISIONS	041008SL		5.00	17	9,588.			9,588.	8,551.		260.
243	243PLASMA TV	041008SL		5.00	17	1,725.			1,725.	1,538.		47.
244	244RADIOS	041408SL		2.00	17	1,200.			1,200.	1,070.		32.
245	245BOSE SOUND SYSTEM	041408SL		5.00	17	2,137.	_		2,137.	1,904.		58
246	246PROJECTOR	041708SL		7.00	17	1,299.			1,299.	828.		46.
228102									,	,	!	

(D) · Asset disposed

2012 DEPRECIATION AND AMORTIZATION REPORT FORM 990 PAGE 10

Asset No	Description	Date Acquired Me	Method	Lıfe	No o	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
247	247WOODLANDS FURNITURE050708SL	050708SL	7	00.	17	1,973.			1,973.	1,246.		70.
248	248MOOSEHEAD	052108SL		7.00	17	2,500.			2,500.	1,565.		89.
249	249TRACTOR	052708SL	2	00.	17	24,000.			24,000.	20,800.		800.
250	25032 SPRINKLERS	062008SL		00.	17	1,830.			1,830.	1,117.		65.
251	251DELL SERVER	062708SL	7	00.	17	832.			832.	706.		31.
252	252TRUCK FORKS	062908SL		000	17	1,000.			1,000.	608.		36.
253	253GENERATOR	062908SL	7.	00	17	2,603.			2,603.	1,581.		93.
254	2542-DOOR REFRIGERATOR 070308SL	070308SL		00	17	2,459.			2,459.	1,489.		88
255	255HYDRAULIC SYSTEM	070708SL	7.	00	17	2,300.			2,300.	1,391.	•	82.
256	256BEDS	111508SL	_;	00	17	.006			.006	498.		32.
257	257WHIRLPOOL TUB	121508SL	2	00.	17	2,165.	-		2,165.	1,642.		108.
258	258PRINTER	010709SL	2	00.	17	1,049.			1,049.	783.		52.
259	259CARPET	011409SL	7.	00	17	4,171.			4,171.	2,211.		149.
260	260KING BED SET	011609SL	7	00	17	1,565.			1,565.	829.		56.
261	C SYSTEM	011609SL	15	5.001	[2	750.			750.	185.		13.
262	TUB, SHOWER, 262TOILETS	012109SL	77	00.	17	8,059.	··		8,059.	5,949.		403.
263	263KITCHEN CABINETS	030508L		0.0	17	5,099.			5,099.	2,601.		182.
264	2640LD RUSTIC SOFA	030508r	7	00	17	4,119.			4,119.	2,101.	-	147.
228102 35-01-12					(D) · A	(D) - Asset disposed		·ITC,	· ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction	age, Bonus, Com	mercial Revital	zation Deduction

2012 DEPRECIATION AND AMORTIZATION REPORT FORM 990 PAGE 10

Asset	Description	Date Acquired Met	Method	Life	No No	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
265		030609SL	4	00.	17	274.	!		274.	139.		10.
266	ZERON EPOXY FOR 266POOL	050503E	2	00.	17	1,144.			1,144.	780.		57.
267	267FREEZER	050609SL	<u>_</u> <u>LO</u>	00.	17	748.	· · · · ·		748.	509.		37.
2687	268APPLE COMPUTER	051509SL	2	00.	17	1,422.			1,422.	960		71.
2701	270BARN SOFA	060109SL		00.	17	2,314.			2,314.	1,102.		83.
2717	2712-WAY RADIOS	060209SL	_2_	00.	17	352.			352.	233.		18.
272	272LAZY BOY FURNITURE	061209SL		00.	17	700.			700.	330.		25.
273	273SEPTIC SYSTEM	061509SL		15.0017	[2]	1,494.			1,494.	329.		25.
274	274LAWN MOWER	061509SL	77	.00	[2	579.			579.	382.		29.
275	275LODGE FURNISHINGS	061509SL	7	100.	[2	615.			615.	290.		22.
276	276LODGE FURNISHINGS	061509SL		7.00 1	[7	510.			510.	240.		18.
27.71	277LODGE FURNISHINGS	061509SL		7.00	[7	720.			720.	339.		26.
2781	278LODGE FURNISHINGS	061509SL	7	7.00		544.			544.	257.		19.
279	279BEDS	061509SL		7.00 1	[7	976.			976	458.		35.
280	BEDROOM/OFFICE 280FURNITURE	061509SL		00.	[]	4,239.			4,239.	1,996.		151.
2810	281CHAIRS	061509SL		.00	[2	456.		_	456.	214.		16.
282	282GENESYS KIT	062209SL	2	00.	17	1,638.			1,638.	1,074.		82.
283₽	283ROAD WORK	070109SL		15.0017	7	2,842.			2,842.	614.		47.
228102 05-01-12					(D) · A	(D) - Asset disposed		* ITC,	* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction	age, Bonus, Com	mercial Revital	lization Deduction

2012 DEPRECIATION AND AMORTIZATION REPORT FORM 990 PAGE 10

																		_
.245	300.	46.	92.	62.	105.	135.	207.	100.	0	76.	76.	31.	20.	80.	75.	57.	72.	Ization Deduction
				-										,				mercial Revital
3,166.	3,876.	594.	1,178.	800.	1,352.	1,719.	2,561.	1,202.	1,465.	877.	856.	329.	518.	813.	766.	576.	716.	age, Bonus, Com
4,900.	6,000.	1,298.	1,833.	1,743.	2,948.	2,701.	4,142.	2,000.	21,979.	1,512.	1,525.	628.	1,000.	1,590.	1,500.	1,149.	1,450.	· ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction
																		· ITC
	-											•						
4,900.	6,000.	1,298.	1,833.	1,743.	2,948.	2,701.	4,142.	2,000.	21,979.	1,512.	1,525.	628.	1,000.	1,590.	1,500.	1,149.	1,450.	(D) - Asset disposed
17	17	17	17	17	17	17	17	17	17	17	17	17	17	17	17	17	17) · (<u>0</u>)
2.00	5.00	7.00	5.00	7.00	7.00	5.00	2.00	2.00	0.	2.00	5.00	5.00	5.00	5.00	5.00	5.00	5.00	
SL	31.	J.S.	31.	31.	31.	31.	31.	J.	J.	ĭ	3L	J.	ĭŗ	ĭŗ	ı,	J.	3L	
070809	070809	071509	071509	071509	071509	072509	082709	092809	93009	110509	1210098	021910	022610	031110	031210	032910	041210	
DEER TRAC	TRAC	ВЕДЗ	MURPHY'S CANVAS	PINE FURNITURE	DINING SET	GREASE TRAP	TRAILER	FLAT SCREEN TV	=	AND 24 TRUCK	TOSHIB 26" LCD TV	BATH TUB	WOOD CANOE	BIOREACTOR MOTOR		онка	WASHER	
284	285	286	287	288	289	290	291	292	293	294	295	296	297	298	299	300	301	228102 05-01-12
	DEER RIDER 070809SL 5.00 17 4,900. 3,166. 245	DEER RIDER TRACTOR DEER RIDER 070809SL 5.00 17 6,000. 6,000. 3,876. 300	DEER RIDER TRACTOR OTO809SL 5.00 17 4,900. DEER RIDER OTO809SL 5.00 17 6,000. TRACTOR 070809SL 7.00 17 1,298. 071509SL 7.00 17 1,298.	DEER RIDER TRACTOR OTO809SL 5.00 17 4,900. 6,000. 3,876. 300 TRACTOR 070809SL 5.00 17 1,298. 594. 46	070809SL 5.00 17 4,900. 3,166. 245 070809SL 5.00 17 6,000. 6,000. 3,876. 300 071509SL 7.00 17 1,298. 594. 46 071509SL 5.00 17 1,833. 1,178. 92 071509SL 7.00 17 1,743. 800. 62	070809SL 5.00 17 4,900. 3,166. 3,166. 3,245 070809SL 5.00 17 6,000. 6,000. 3,876. 300 071509SL 7.00 17 1,298. 594. 46 071509SL 7.00 17 1,743. 800. 62 071509SL 7.00 17 1,743. 800. 62 071509SL 7.00 17 2,948. 1,743. 800. 62	070809SL 5.00 17 4,900. 3,166. 245 070809SL 5.00 17 6,000. 3,876. 300 071509SL 7.00 17 1,298. 594. 46 071509SL 7.00 17 1,743. 800. 62 071509SL 7.00 17 2,948. 1,743. 800. 62 071509SL 7.00 17 2,948. 2,948. 1,352. 105 072509SL 5.00 17 2,701. 1,719. 135	070809SL 5.00 17 4,900. 3,166. 245 070809SL 5.00 17 6,000. 3,876. 300 071509SL 7.00 17 1,298. 1,298. 594. 46 071509SL 7.00 17 1,743. 800. 62 071509SL 7.00 17 1,743. 800. 62 071509SL 7.00 17 2,948. 2,948. 1,719. 105 072509SL 5.00 17 4,142. 2,701. 1,719. 135 082709SL 5.00 17 4,142. 2,561. 2,561. 207	ER RIDER 070809SL 5.00 17 4,900. 3,166. 3,166. 245 ER RIDER 070809SL 5.00 17 6,000. 3,876. 300 RACTOR 071509SL 7.00 17 1,298. 594. 46 S CANVAS 071509SL 5.00 17 1,743. 800. 62 SET 071509SL 7.00 17 1,743. 2,948. 1,352. 105 TRAP 071509SL 5.00 17 2,701. 2,701. 1,719. 135 TRAP 082709SL 5.00 17 4,142. 2,561. 2,561. 207	DER 070809SL 5.00 17 4,900. 4,900 3,166. 245 ON ON ON ON ON ON ON	DER 070809SL 5.00 17 4,900 6,000 3,166 300	N DEER RIDER TOG TOG <t< td=""><td> Name</td><td>DEER RIDER TOBER RIDER TOBER RIDER TOBER RIDER 4,900 3,166 245 DEER RIDER 070809SL 5.00 17 6,000 3,876 300 ATRACTOR 071509SL 7.00 17 1,298 1,298 4,6 ATYS CANVAS 071509SL 7.00 17 1,743 1,743 800 62 BURNITURE 071509SL 7.00 17 1,743 800 62 62 BUG SET 071509SL 7.00 17 2,948 2,948 1,743 800 62 SET RAP 071509SL 7.00 17 2,701 1,743 800 62 135 SER TRAP 072509SL 5.00 17 2,701 1,719 1,719 135 SCREEN TV 092809SL 5.00 17 2,000 2,000 1,202 100 AND 24 BUCKET 10509SL 5.00 1 1,512 1,465 0 RB 26</td><td> RIDER 070809SL 5.00 17 4,900. 4,900. 3,166. 300 </td><td>070809SL 5.00 17 4,900. 3,166. 245 070809SL 5.00 17 6,000. 3,876. 300 071509SL 7.00 17 1,298. 1,298. 594. 46 071509SL 7.00 17 1,333. 1,178. 92 62 071509SL 7.00 17 1,743. 800. 62 62 071509SL 7.00 17 2,948. 2,948. 1,735. 105 071509SL 7.00 17 2,701. 2,948. 2,948. 1,719. 135 072509SL 5.00 17 2,701. 2,701. 1,719. 135 082709SL 5.00 17 2,000. 2,701. 1,719. 100 09280SSL 5.00 17 2,1979. 1,465. 2,561. 207 09280SSL 5.00 17 1,512. 1,512. 1,525. 856. 76 v 121009SL 5.00</td><td>070809SL 5.00 17 4,900. 3,166. 245 070809SL 5.00 17 6,000. 6,000. 3,166. 300 071509SL 7.00 17 1,298. 1,298. 594. 46 071509SL 7.00 17 1,743. 1,743. 800. 62 071509SL 7.00 17 2,948. 2,948. 1,743. 800. 62 071509SL 7.00 17 2,701. 1,743. 800. 62 072509SL 5.00 17 2,701. 2,701. 1,719. 135 082709SL 5.00 17 2,701. 2,701. 1,719. 135 082809SL 5.00 17 2,1979. 2,1979. 1,465. 76 v 110509SL 5.00 17 2,1979. 1,512. 1,525. 856. v 110509SL 5.00 17 1,500. 1,500. 1,500. 1,500. v</td><td>070809SL 5.00 17 4,900. 3,166. 245 070809SL 5.00 17 6,000. 3,876. 300 071509SL 7.00 17 1,298. 1,298. 594. 46 071509SL 7.00 17 1,298. 1,743. 800. 62 071509SL 7.00 17 2,948. 2,948. 1,743. 800. 071509SL 7.00 17 2,948. 2,948. 1,719. 105 072509SL 5.00 17 4,142. 2,701. 1,719. 135 082709SL 5.00 17 4,142. 4,142. 2,948. 1,252. 100 082709SL 5.00 17 2,000. 2,000. 1,202. 100 082709SL 5.00 17 2,1979. 21,979. 1,465. 0 082809SL 5.00 17 1,525. 1,525. 1,525. 1,500. 022610SL 5.00 17 1</td></t<>	Name	DEER RIDER TOBER RIDER TOBER RIDER TOBER RIDER 4,900 3,166 245 DEER RIDER 070809SL 5.00 17 6,000 3,876 300 ATRACTOR 071509SL 7.00 17 1,298 1,298 4,6 ATYS CANVAS 071509SL 7.00 17 1,743 1,743 800 62 BURNITURE 071509SL 7.00 17 1,743 800 62 62 BUG SET 071509SL 7.00 17 2,948 2,948 1,743 800 62 SET RAP 071509SL 7.00 17 2,701 1,743 800 62 135 SER TRAP 072509SL 5.00 17 2,701 1,719 1,719 135 SCREEN TV 092809SL 5.00 17 2,000 2,000 1,202 100 AND 24 BUCKET 10509SL 5.00 1 1,512 1,465 0 RB 26	RIDER 070809SL 5.00 17 4,900. 4,900. 3,166. 300	070809SL 5.00 17 4,900. 3,166. 245 070809SL 5.00 17 6,000. 3,876. 300 071509SL 7.00 17 1,298. 1,298. 594. 46 071509SL 7.00 17 1,333. 1,178. 92 62 071509SL 7.00 17 1,743. 800. 62 62 071509SL 7.00 17 2,948. 2,948. 1,735. 105 071509SL 7.00 17 2,701. 2,948. 2,948. 1,719. 135 072509SL 5.00 17 2,701. 2,701. 1,719. 135 082709SL 5.00 17 2,000. 2,701. 1,719. 100 09280SSL 5.00 17 2,1979. 1,465. 2,561. 207 09280SSL 5.00 17 1,512. 1,512. 1,525. 856. 76 v 121009SL 5.00	070809SL 5.00 17 4,900. 3,166. 245 070809SL 5.00 17 6,000. 6,000. 3,166. 300 071509SL 7.00 17 1,298. 1,298. 594. 46 071509SL 7.00 17 1,743. 1,743. 800. 62 071509SL 7.00 17 2,948. 2,948. 1,743. 800. 62 071509SL 7.00 17 2,701. 1,743. 800. 62 072509SL 5.00 17 2,701. 2,701. 1,719. 135 082709SL 5.00 17 2,701. 2,701. 1,719. 135 082809SL 5.00 17 2,1979. 2,1979. 1,465. 76 v 110509SL 5.00 17 2,1979. 1,512. 1,525. 856. v 110509SL 5.00 17 1,500. 1,500. 1,500. 1,500. v	070809SL 5.00 17 4,900. 3,166. 245 070809SL 5.00 17 6,000. 3,876. 300 071509SL 7.00 17 1,298. 1,298. 594. 46 071509SL 7.00 17 1,298. 1,743. 800. 62 071509SL 7.00 17 2,948. 2,948. 1,743. 800. 071509SL 7.00 17 2,948. 2,948. 1,719. 105 072509SL 5.00 17 4,142. 2,701. 1,719. 135 082709SL 5.00 17 4,142. 4,142. 2,948. 1,252. 100 082709SL 5.00 17 2,000. 2,000. 1,202. 100 082709SL 5.00 17 2,1979. 21,979. 1,465. 0 082809SL 5.00 17 1,525. 1,525. 1,525. 1,500. 022610SL 5.00 17 1

Asset	Description	Date Acquired	Method	Life	No	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
302	302FURNITURE FOR RANCH	RANCHO 50310	OSL	7.00	17	2,772.			2,772.	955.	1	.66
303E	303FURNITURE	050810SL	SL	7.00	17	1,570.			1,570.	537.	1	56.
3045	304VIDEO EQUIPMENT	051710SL		5.00	17	17,843.			17,843.	8,468.		892.
3050	305OUTSIDE FREEZER	052010SL		2.00	17	4,446.			4,446.	2,102.	,	222.
306	306WASHER AND DRYER	052310SL		5.00	17	1,613.		,	1,613.	761.		81.
3078	307SECURITY SYSTEM	053110	OSL	5.00	17	4,500.			4,500.	2,101.		225.
3080	308GENERATOR	060110SL		2.00	17	14,999.			14,999.	6,995.		750.
30940	FOLDING TABLES	060310SL		7.00	17	2,000.			2,000.	665.	ę	71.
310	310LAWN MOWER	060410SL		5.00	17	16,110.			16,110.	7,486.		806.
311	311FOLDING TABLE LEGS	060910	OSL	7.00	17	1,211.			1,211.	400.		43.
3123	WASHING MACHINES	061110SL		2.00	17	1,860.			1,860.	857.		93.
313HD	ID PROJECTOR	061410SL		5.00	17	.666			. 666	459.		50.
314	LAWN CHAIRS	061710SL		7.00	17	1,658.			1,658.	542.		59.
3150	315CATCHER	062110SL		5.00	17	1,246.			1,246.	567.		62.
316MINI	SPA HEAT PUMP	062510SL		0 ō · s	17	9,100.			9,100.	4,124.		455.
317		063010	OSL	7.00	17	7,500.		,	7,500.	2,412.	1	268.
WHIT 318FOR		070210	-	7.00	17	1,749.			1,749.	562.		62.
AIK 319PUMP	CONDITONER/ HEAT	073010SL		5.00	17	6,430.			6,430.	2,790.		322.
28102 5-01-12					7 - (Q)	(D) - Asset disposed		, ITC,	* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction	ʻage, Bonus, Com⊨	mercial Revital	ization Deduction

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	PAGE
	990 1
2012 DEPRECIATION AND AMORTIZATION REPORT	FORM

Current Year Deduction	34.	35.	63.	97.	155.	250.	303.	331.	346.	300.	1,095.	52.	380.	534.	201.	.6	10.	26.
Current Sec 179														_	-			
Accumulated Depreciation	295.	302.	541.	840.	1,328.	2,926.	3,352.	3,512.	3,413.	2,873.	11,911.	570.	4,819.	6,802.	2,588.	111.	130.	357.
Basis For Depreciation	680	698.	1,760.	1,948.	3,100.	5,000.	6,050.	6,615.	6,920.	6,000.	37,674.	2,531.	16,500.	23,334.	12,500.	540.	628.	1,259.
Reduction In Basis																		
Bus % Excl		-	•															
Unadjusted Cost Or Basis	680.	698.	1,760.	1,948.	3,100.	5,000.	6,050.	6,615.	6,920.	6,000.	37,674.	2,531.	16,500.	23,334.	12,500.	540.	628.	1,259.
No	17	17	17	17	17	17	17	17	17	17	17	17	17	17	17	17	17	17
Life	2.00	5.00	7.00	5.00	5.00	2.00	2.00	5.00	2.00	5.00	5.00	7.00	2.00	5.00	7.00	7.00	7.00	5.00
Method	3L	J.	J.	J.	JI.	ĭĽ	, ii	1S0			J.	SL			$_{ m SL}$			
Date Acquired	073110SL	080310SL	080510SL	080510SL	080910	102709SL	122309SL	020310	041310SL	050910SL	030211SL	030411	041511SL	E0S041611SL	041911	042111SL	042211SL	050111SL
Description	320DRYER	321SECURITY SYSTEM	322SOFA AND CHAIR	323BEVERAGE TABLE	324VIN#4X4TSET2XWBO157080910SL	326TRAILER	3272004 SUBURBAN	SUBUR			ZUUS CH DIESEL	-I KEF SRL TOPP	333VAN	3342008 VOLKSWAGEN EOS	335YOGURT MACHINE	336TABLES	337CEDAR FURNITURE	338MACBOOK PRO
Asset	320	321	322	323	324	326	327	328	329	330	331	332	333	334	335	336	337	338

(D) - Asset disposed

2012 DEPRECIATION AND AMORTIZATION REPORT FORM $990\ PAGE\ 10$

Description Description
Date Method Life Live CostOf Gass Excl Reservation Acquired Method Life Live CostOf Gass Excl Reservation Stratler Scott Sco
Date Method Life Live CostOf Gass Excl Reservation Acquired Method Life Live CostOf Gass Excl Reservation Stratler Scott Sco
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TXZO EQUIPMENT Date Method Life Life CostOrBass
Description
Date Date Method TX20 EQUIPMENT 050311SL 5. SISKIYOU PHONE 050411SL 5. SISKIYOU PHONE 050411SL 5. SISKIYOU PHONE 051711SL 5. SITHOND BOARD FOR BIG 051711SL 5. SITHOND FASO DUMP 052411SL 5. SITHOND STER FLOOR 072611SL 5. SITHOND BOARD FOR 072611SL 5. SITHOND BOARD FOR 072611SL 5. SITHOND BUCKET FOR 072611SL 5. SITHOND BUCKET FOR 072611SL 5. SITHOND BUCKET FOR 072611SL 5. SITHOND BUCKET FOR 072611SL 5. SITHOND BUCKET FOR 072611SL 5. SITHOND BUCKET FOR 072611SL 5. SITHOND BUCKET FOR 072611SL 5. SITHOND BUCKET FOR 072611SL 5. SITHOND BUCKET FOR 072611SL 5. SITHOND BUCKET FOR 072611SL 5. SITHOND BUCKET FOR 072611SL 5. SITHOND BUCKET FOR 072611SL 5. SITHOND BUCKET FOR 072712SL 5. SITHOND BUCKET FOR 0740412SL 5. SITHOND BUCKET FOR
Date Description Acquired TX20 EQUIPMENT 0503118 SISKIYOU PHONE 0504118 SOUND BOARD FOR BIG 0517118 LTOP DOOR D
Description Date
Description 7X20 EQUIPMENT SISKIYOU PHONE SISKIYOU PHONE SISKIYOU PHONE SISKIYOU PHONE 11TOP FORD F450 DUMP FORD F450 DUMP 12TRUCK MACBOOK AIR 1313.3/1.86/2/128 ADHANCER FLOOR 14SCRUBBER SKIDSTER BUCKET SKIDSTER BUCKET SKIDSTER BUCKET SKIDSTER BUCKET FOOR 15BOBCAT SKIDSTER BUCKET SKIDSTER BUCKET SKIDSTER BUCKET SKIDSTER BUCKET SKIDSTER BUCKET SKIDSTER BUCKET SKIDSTER BUCKET SKIDSTER BUCKET 15BOBCAT SKIDSTER BUCKET 15BOBCAT SKIDSTER BUCKET 15BOBCAT 17BOBCAT
3 4 4 3 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5

990

Current Year Deduction	63.	835.	91.	72.	50.	1,119.	37.	64.	69.	225.	357.	.09	41.	45.	143.	111.	450.	325.
Current Sec 179				_						ı			-		 ,	-		
Accumulated Depreciation	123.	1,582.	165.	130.	87.	1,936.	65.	104.	103.	333.	446.	72.	46.	45.	100.	70.	1,800.	944.
Basis For Depreciation	1,258.	16,688.	2,540.	1,444.	1,000.	31,314.	750.	1,281.	1,375.	4,500.	7,140.	1,195.	818.	1,072.	4,000.	2,654.	9,000.	6,500.
Reduction In Basis		· · · · ·	_										-2					
Bus % Excl	,	1							,,,		· -							
Unadjusted Cost Or Basis	1,258.	16,688.	2,540.	1,444.	1,000.	31,314.	750.	1,281.	1,375.	4,500.	7,140.	1,195.	818.	1,072.	4,000.	2,654.	9,000.	6,500.
No No	17	17	17	17	17	17	17	17	17	17	17	17	17	17	17	17	17	17
Life	5.00	5.00	7.00	5.00	5.00	7.00	5.00	5.00	5.00	5.00	2.00	2.00	2.00	5.00	7.00	5.00	5.00	5.00
Method			Ţ,															
Date Acquired	2040512SL	041012	041712SL	041912SL	042412SL	042512SL	WASHERO 42612SL	050512SL	IN051612SL	051812SL	060812SL	D061212SL	061912SL	070112SL	072812SL	HEAV080312SL	100111SL	010912SL
Description	357M70E DESKTOP CORE 2	358MARINER VIN 4M2YU57041012SL	359PATIO FURNITURE	360TENT CABIN	361USED SKUTT KILN	ALICHEN EQUIFMENT 362FOR SRL	PING		凶	NEW MAINTENAMES 366TRUCK		368AND AMPLIFIER FOR D	369TV FOR CHAPEL	370PRESSURE WASHER	371ELK STATUE	AUTOMATIC	FURD F250	2005 GMC SIERRA VIN 3742GTEC13T351399913
Asset	357	358	359	360	361	362	363	364	365	366	367	368	369	370	371	372	373	374

228102 05-01-12

(D) - Asset disposed

Current Year Deduction	725.	475.	450.	350.	1,151.	3,082.	335.	83.	10.	28,396.	28,396.		
Current Sec 179										0	0		
Accumulated Depreciation	2,105.	1,379.	1,307.	1,016.	605.	3,477.				1712799.	1712799.		
Basis For Depreciation	14,500.	9,500.	9,000.	7,000.	23,000.	61,611.	9,384.	5,000.	1,220.	2482791.	2482791.		
Reduction In Basis										0	0		
Bus % Excl			-				-		•		· · · · · · · · · · · · · · · · · · ·		
Unadjusted Cost Or Basis	14,500.	9,500.	9,000.	7,000.	23,000.	61,611.	9,384.	5,000.	1,220.	2482791.	2482791.		
No No	17	17	17	17	17	17	19C	19B	19B	_			
Life	5.00	5.00	5.00	5.00	5.00	5.00	7.00	2.00	5.00				
Method						•	J.S.						
Date Acquired	010912SL	010912SL	010912SL	010912SL	081312SL	061912SL	100112SL	121112SL	121512				
Description	2007 GMC ACADIA VIN 1GKER23757J103519	3761GKDS13S572118899	2006 1GKD	3781GKDS13S272121405		BIGTOF LIGHTING & 380AUDIO EQUIPMENT	381SALAD BAR	RUCK -	APPLE LEDUC	990 PA ROGRAM GRANE	GRAND TOTAL		
Asset	375	376	377	378	379	380	381	382	383				,
	*				-								

228102 05-01-12

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FOOTNOTES

STATEMENT

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