990-EZ

Department of the Treasury Internal Revenue Service

Second Wind For Life

Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the internal Revenue Code (except black lung benefit trust or private foundation)

Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions).

All other organizations with gross receipts loss than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.

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

OMB No. 1545-1150

2011

Open to Public Inspection

Α	For the	2011 calend <u>ar year, or tax year be</u> ç	ginning JANUARY 1	, 2011, and ending	DECEN	MBER 31 , 20 11
	Oher:k if ap				D Employ	er identification number
$\mathbb{Z}$	Address c	•			1	45-3602865
L ]	Namo cha		O box, if mail is not delivered to street address	ss) Room/suite	E Telepho	and dumper
님	Initial returnate	IP U BUX 082 184				281-444-1045
7	Amended	City or town, state or cour	ntry, and ZIP + 4		F Group	Exemption
: :	Applicatio	HOHETON THE	J-2184		Numbe	
		ting Method: 📝 Cash 🔲 Accru	al Other (specify)	<u> </u>		if the organization is n
	Websit	_	· · · · · · · · · · · · · · · · · · ·			o attach Schedule B
J 1	Гвх-ехеп	npt status (check only one) - 📝 501(c		4947(a)(1) or 527		, 990-EZ, or 990-PF).
	Check •		ection 509(a)(3) supporting organization	·	<u> </u>	
		e than \$50 000. A Form 990-FZ or Fo	orm 990 return is not required though Fo	or a section 527 organiza vm 990-N (a-oceto-ad) a	non <b>and</b> its (	gross receipts are normally
		inization chooses to file a return, be s		mii 550-14 (e-postcato) n	nay be redu	red (see instructions). But
			gross receipts. If gross receipts are \$200,0	000 or more, or it total asse	ets (Pad II	
_	art I					\$ 3484.2
-	aiti	Check if the expenientiation	Changes in Net Assets or Fun	o balances (see th	e instructi	ons for Part I.)
	т	Check if the organization use	ed Schedule O to respond to any			
	1	Contributions, gifts, grants, and				1 3484.2
	2		ling government fees and contracts			
	3		nents , , , , , , ,			<u>3</u>
	4	Investment income	· · · · · · · · · · · · · · · · · · ·		, , <u>,</u>	4
	5a		ets other than inventory			
	þ		ales expenses			
	6 6	Gain or (loss) from sale of asset Gaming and fundraising events	ts other than inventory (Subtract line	e 5b from line 5a) .	<u>.</u>	5c
	a		(attach Schedule G if greater t	haa		
92	_	*·		1 - 1		
Revenue	ь	Gross income from fundraising		<u>[6a]</u>		
š	, ,		events (not including \$ ad on line 1) (attach Schedule G if	of contribution	ons	
α			contributions exceeds \$15,000).	1 1	1	
		-	·	***		
	ļ c	Less: direct expenses from garr		.   6c		
	d		ning and fundraising events (add li	nes 6a and 6b and s		
	_	line 6c)		1 - 1		<u>8d  </u>
	7a	-	eturns and allowances	. <b>7a</b>		
	ь			7Ь		
	C		of inventory (Subtract line 7b from		🗀	7c
	8		edule O)			8
	9	Total revenue. Add lines 1, 2, 3	3, 4, 5c, 6d, 7c, and 8	<u> </u>	<u> </u>	9 3484.2
	10		d (list in Schedule O)			10
	11	Benefits paid to or for members				11
es	12	Salaries, other compensation, a	and employee benefits			12
Š	13		ments to independent contractors			13
Expenses	14		maintenance			14
ű	15		and shipping			15 425.4
	16	Other expenses (describe in Sc	hedule O)		[7	16 1886.0
	17	Total expenses. Add lines 10 t	hrough 16		▶ 🗔	17 2311.4
y.	18	Excess or (deficit) for the year (	Subtract line 17 from line 9)			18 1172.7
ğ	19	Net assets or fund balances at	t beginning of year (from line 27, o	column (A)) (must agr	ee with	
4	:	end-of-year figure reported on p	prior year's return)			19
Net Assets	20		fund balances (explain in Schedule			20
Z	21		end of year. Combine lines 18 throi		_	21 1172 7

	990-EZ (2011)	/ th 11 \				Page 2
Pa	Tt II Balance Sheets. (see the instructions Check if the organization used Schedule	,	ny avoction in this	Doet 11		
	Check if the organization used Schedule	O to respond to a	y question in this	(A) Beginning of year	<u>-</u>	(B) End of year
22	Cash, savings, and investments				22	1172.77
23	Land and buildings		,	0	23	0
24	Other assets (describe in Schedule O)			O	24	0
25	Total assets		[	·	25	0
26	Total liabilities (describe in Schedule O)		[	0	26	0
27	Net assets or fund balances (line 27 of column	<del> </del>			27	1172.77
Par	Statement of Program Service Accome Check if the organization used Schedule					Expenses
Wha	t is the organization's primary exempt purpose?		styles and awarness			quired for section (c)(3) and 501(c)(4)
	cribe the organization's program service accompli	·			orga	inizations and section
as n	neasured by expenses. In a clear and concise m	nanner, describe the	e services provided	, the number of		7(a)(1) trusts; optional others.)
<u></u>	ons benefited, and other relevant information for ea	ach program title.				т
28						
	(Grants \$ ) If this amount	includes foreign gra	ents, check here		28a	را ا
29			THE STREET STREET			<u></u>
	(Grants \$ ) If this amount	includes foreign gra	ants, check here	🕨 🗀	29€	0
30						
	(D)			L F-3		
21	(Grants \$ ) If this amount Other program services (describe in Schedule O)	t includes foreign gra	ants, check here .	. ·	30€	<u>,                                     </u>
31						
	(Grants \$ 0) If this amount	tincludes foreign ar:	inte check here	<b>.</b>	310	
32	(Grants \$ 0) If this amount Total program service expenses (add lines 28a	tincludes foreign gra through 31a)	ants, check here	<u> ▶ ⊔</u>	31a	
	Total program service expenses (add lines 28a	through 31a)			32	
	Total program service expenses (add lines 28a	through 31a) y Employees. List ead	ch one even if not con	pensated. (see the i	32	
	Total program service expenses (add lines 28a t IV List of Officers, Directors, Trustees, and Ke Check if the organization used Schedule	through 31a)  y Employees. List ead o O to respond to a  (b) Title and average	ch one even if not con ny question in this (c) Reportable	npensated (see the in Part IV	32 nstru	ictions for Part IV.)
	Total program service expenses (add lines 28a t IV List of Officers, Directors, Trustees, and Ke	through 31a)	ch one even if not con ny question in this (c) Reportable compensation (Forms W-2/1099-MISC	pensated. (see the in Part IV (d) Health benefits, contributions to employ benefit plans, and	32 nstru	ictions for Part IV.)
Par	Total program service expenses (add lines 28a t IV List of Officers, Directors, Trustees, and Ke Check if the organization used Schedule  (a) Name and address	through 31a)	ch one even if not con ny question in this (c) Reportable compensation	pensated. (see the in Part IV (d) Health benefits, contributions to employ benefit plans, and	32 nstru	ictions for Part IV.)
Par	Total program service expenses (add lines 28a t IV List of Officers, Directors, Trustees, and Ke Check if the organization used Schedule  (a) Name and address  BORAH BRANDEN	through 31a)  y Employees. List ead to to respond to a (b) Title and average hours per week devoted to position  EXECUTIVE DIR	ch one even if not con ny question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	pensated. (see the li Part IV  (d) Health benefits, contributions to employ benefit plans, and deferred compensation	32 nstru	ictions for Part IV.)
DEE	Total program service expenses (add lines 28a  List of Officers, Directors, Trustees, and Ke Check if the organization used Schedule  (a) Name and address  BORAH BRANDEN  DO ELLA BLVD #2003 HOUSTON TX 77090	through 31a)	ch one even if not con ny question in this (c) Reportable compensation (Forms W-2/1099-MISC	pensated. (see the li Part IV  (d) Health benefits, contributions to employ benefit plans, and deferred compensation	32 nstru	ictions for Part IV.)
DEE 1516 ART	Total program service expenses (add lines 28a  List of Officers, Directors, Trustees, and Ke Check if the organization used Schedule  (a) Name and address  BORAH BRANDEN  DE ELLA BLVD #2003 HOUSTON TX 77090  THUR BRANDON	through 31a) .  y Employees. List ead o O to respond to a (b) Title and average hours per week devoted to position  EXECUTIVE DIR 30 HRS PRESIDENT	ch one even if not con ny question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	pensated. (see the li Part IV  (d) Health benefits, contributions to employ benefit plans, and deferred compensation	32 nstru	ictions for Part IV.)
DEE 1510 ART	Total program service expenses (add lines 28a  List of Officers, Directors, Trustees, and Ke Check if the organization used Schedule  (a) Name and address  BORAH BRANDEN  DO ELLA BLVD #2003 HOUSTON TX 77090  THUR BRANDON  DO ELLA BLVD #2003 HOUSTON TX 77090	through 31a)	ch one even if not con ny question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	pensated. (see the li Part IV  (d) Health benefits, contributions to employ benefit plans, and deferred compensation	32 nstru	ictions for Part IV.)
DEE 1510 ART 1510 BEV	Total program service expenses (add lines 28a  List of Officers, Directors, Trustees, and Ke Check if the organization used Schedule  (a) Name and address  BORAH BRANDEN  DE ELLA BLVD #2003 HOUSTON TX 77090  THUR BRANDON	through 31a) .  y Employees. List ead o O to respond to a (b) Title and average hours per week devoted to position  EXECUTIVE DIR 30 HRS PRESIDENT	ch one even if not con ny question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	ppensated. (see the in Part IV  (d) Health benefits, contributions to employ benefit plans, and deferred compensation	32 nstru	ictions for Part IV.)
DEE 1510 ART 1510 BEV	Total program service expenses (add lines 28a  List of Officers, Directors, Trustees, and Ke Check if the organization used Schedule  (a) Name and address  BORAH BRANDEN  DO ELLA BLVD #2003 HOUSTON TX 77090  THUR BRANDON  DO ELLA BLVD #2003 HOUSTON TX 77090  VERLY WILLIS	through 31a)	ch one even if not con ny question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	ppensated. (see the in Part IV  (d) Health benefits, contributions to employ benefit plans, and deferred compensation	32 nstru	ictions for Part IV.)
DEE 1510 ART 1510 BEV	Total program service expenses (add lines 28a  List of Officers, Directors, Trustees, and Ke Check if the organization used Schedule  (a) Name and address  BORAH BRANDEN  DO ELLA BLVD #2003 HOUSTON TX 77090  THUR BRANDON  DO ELLA BLVD #2003 HOUSTON TX 77090  VERLY WILLIS	through 31a)	ch one even if not con ny question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	ppensated. (see the in Part IV  (d) Health benefits, contributions to employ benefit plans, and deferred compensation	32 nstru	ictions for Part IV.)
DEE 1510 ART 1510 BEV	Total program service expenses (add lines 28a  List of Officers, Directors, Trustees, and Ke Check if the organization used Schedule  (a) Name and address  BORAH BRANDEN  DO ELLA BLVD #2003 HOUSTON TX 77090  THUR BRANDON  DO ELLA BLVD #2003 HOUSTON TX 77090  VERLY WILLIS	through 31a)	ch one even if not con ny question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	ppensated. (see the in Part IV  (d) Health benefits, contributions to employ benefit plans, and deferred compensation	32 nstru	ictions for Part IV.)
DEE 1510 ART 1510 BEV	Total program service expenses (add lines 28a  List of Officers, Directors, Trustees, and Ke Check if the organization used Schedule  (a) Name and address  BORAH BRANDEN  DO ELLA BLVD #2003 HOUSTON TX 77090  THUR BRANDON  DO ELLA BLVD #2003 HOUSTON TX 77090  VERLY WILLIS	through 31a)	ch one even if not con ny question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	ppensated. (see the in Part IV  (d) Health benefits, contributions to employ benefit plans, and deferred compensation	32 nstru	ictions for Part IV.)
DEE 1510 ART 1510 BEV	Total program service expenses (add lines 28a  List of Officers, Directors, Trustees, and Ke Check if the organization used Schedule  (a) Name and address  BORAH BRANDEN  DO ELLA BLVD #2003 HOUSTON TX 77090  THUR BRANDON  DO ELLA BLVD #2003 HOUSTON TX 77090  VERLY WILLIS	through 31a)	ch one even if not con ny question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	ppensated. (see the in Part IV  (d) Health benefits, contributions to employ benefit plans, and deferred compensation	32 nstru	ictions for Part IV.)
DEE 1510 ART 1510 BEV	Total program service expenses (add lines 28a  List of Officers, Directors, Trustees, and Ke Check if the organization used Schedule  (a) Name and address  BORAH BRANDEN  DO ELLA BLVD #2003 HOUSTON TX 77090  THUR BRANDON  DO ELLA BLVD #2003 HOUSTON TX 77090  VERLY WILLIS	through 31a)	ch one even if not con ny question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	ppensated. (see the in Part IV  (d) Health benefits, contributions to employ benefit plans, and deferred compensation	32 nstru	ictions for Part IV.)
DEE 1510 ART 1510 BEV	Total program service expenses (add lines 28a  List of Officers, Directors, Trustees, and Ke Check if the organization used Schedule  (a) Name and address  BORAH BRANDEN  DO ELLA BLVD #2003 HOUSTON TX 77090  THUR BRANDON  DO ELLA BLVD #2003 HOUSTON TX 77090  VERLY WILLIS	through 31a)	ch one even if not con ny question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	ppensated. (see the in Part IV  (d) Health benefits, contributions to employ benefit plans, and deferred compensation	32 nstru	ictions for Part IV.)
DEE 1510 ART 1510 BEV	Total program service expenses (add lines 28a  List of Officers, Directors, Trustees, and Ke Check if the organization used Schedule  (a) Name and address  BORAH BRANDEN  DO ELLA BLVD #2003 HOUSTON TX 77090  THUR BRANDON  DO ELLA BLVD #2003 HOUSTON TX 77090  VERLY WILLIS	through 31a)	ch one even if not con ny question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	ppensated. (see the in Part IV  (d) Health benefits, contributions to employ benefit plans, and deferred compensation	32 nstru	ictions for Part IV.)
DEE 1510 ART 1510 BEV	Total program service expenses (add lines 28a  List of Officers, Directors, Trustees, and Ke Check if the organization used Schedule  (a) Name and address  BORAH BRANDEN  DO ELLA BLVD #2003 HOUSTON TX 77090  THUR BRANDON  DO ELLA BLVD #2003 HOUSTON TX 77090  VERLY WILLIS	through 31a)	ch one even if not con ny question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	ppensated. (see the in Part IV  (d) Health benefits, contributions to employ benefit plans, and deferred compensation	32 nstru	ictions for Part IV.)
DEE 1510 ART 1510 BEV	Total program service expenses (add lines 28a  List of Officers, Directors, Trustees, and Ke Check if the organization used Schedule  (a) Name and address  BORAH BRANDEN  DO ELLA BLVD #2003 HOUSTON TX 77090  THUR BRANDON  DO ELLA BLVD #2003 HOUSTON TX 77090  VERLY WILLIS	through 31a)	ch one even if not con ny question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	ppensated. (see the in Part IV  (d) Health benefits, contributions to employ benefit plans, and deferred compensation	32 nstru	ictions for Part IV.)
DEE 1510 ART 1510 BEV	Total program service expenses (add lines 28a  List of Officers, Directors, Trustees, and Ke Check if the organization used Schedule  (a) Name and address  BORAH BRANDEN  DO ELLA BLVD #2003 HOUSTON TX 77090  THUR BRANDON  DO ELLA BLVD #2003 HOUSTON TX 77090  VERLY WILLIS	through 31a)	ch one even if not con ny question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	ppensated. (see the in Part IV  (d) Health benefits, contributions to employ benefit plans, and deferred compensation	32 nstru	ictions for Part IV.)
DEE 1510 ART 1510 BEV	Total program service expenses (add lines 28a  List of Officers, Directors, Trustees, and Ke Check if the organization used Schedule  (a) Name and address  BORAH BRANDEN  DO ELLA BLVD #2003 HOUSTON TX 77090  THUR BRANDON  DO ELLA BLVD #2003 HOUSTON TX 77090  VERLY WILLIS	through 31a)	ch one even if not con ny question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	ppensated. (see the in Part IV  (d) Health benefits, contributions to employ benefit plans, and deferred compensation	32 nstru	ictions for Part IV.)
DEE 1510 ART 1510 BEV	Total program service expenses (add lines 28a  List of Officers, Directors, Trustees, and Ke Check if the organization used Schedule  (a) Name and address  BORAH BRANDEN  DO ELLA BLVD #2003 HOUSTON TX 77090  THUR BRANDON  DO ELLA BLVD #2003 HOUSTON TX 77090  VERLY WILLIS	through 31a)	ch one even if not con ny question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	ppensated. (see the in Part IV  (d) Health benefits, contributions to employ benefit plans, and deferred compensation	32 nstru	ictions for Part IV.)
DEE 1510 ART 1510 BEV	Total program service expenses (add lines 28a  List of Officers, Directors, Trustees, and Ke Check if the organization used Schedule  (a) Name and address  BORAH BRANDEN  DO ELLA BLVD #2003 HOUSTON TX 77090  THUR BRANDON  DO ELLA BLVD #2003 HOUSTON TX 77090  VERLY WILLIS	through 31a)	ch one even if not con ny question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	ppensated. (see the in Part IV  (d) Health benefits, contributions to employ benefit plans, and deferred compensation	32 nstru	ictions for Part IV.)
DEE 1510 ART 1510 BEV	Total program service expenses (add lines 28a  List of Officers, Directors, Trustees, and Ke Check if the organization used Schedule  (a) Name and address  BORAH BRANDEN  DO ELLA BLVD #2003 HOUSTON TX 77090  THUR BRANDON  DO ELLA BLVD #2003 HOUSTON TX 77090  VERLY WILLIS	through 31a)	ch one even if not con ny question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	ppensated. (see the in Part IV  (d) Health benefits, contributions to employ benefit plans, and deferred compensation	32 nstru	ictions for Part IV.)
DEE 1510 ART 1510 BEV	Total program service expenses (add lines 28a  List of Officers, Directors, Trustees, and Ke Check if the organization used Schedule  (a) Name and address  BORAH BRANDEN  DO ELLA BLVD #2003 HOUSTON TX 77090  THUR BRANDON  DO ELLA BLVD #2003 HOUSTON TX 77090  VERLY WILLIS	through 31a)	ch one even if not con ny question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	ppensated. (see the in Part IV  (d) Health benefits, contributions to employ benefit plans, and deferred compensation	32 nstru	ictions for Part IV.)

Form 990-EZ (2011)

Page 3

Second Wind For Life (855)898-3643 >> 8558983643

Part	Other Information (Note the Schedule A and personal benefit contract statement requirements instructions for Part V.) Check if the organization used Schedule O to respond to any question in this			F 1
	histractions for Part V.) Check if the organization used Schedule O to respond to any question in this		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		<b>✓</b>
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		<b>√</b>
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		/
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35b 35c		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		<b>✓</b>
37a b 38a	Enter amount of political expenditures, direct or indirect, as described in the instructions.   Did the organization file Form 1120-POL for this year?  Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	37b 38a		✓ ✓
b 39 a b 40a	If "Yes," complete Schedule L, Part II and enter the total amount involved  Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on line 9  Gross receipts, included on line 9, for public use of club facilities  Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911  ; section 4912 ; section 4955			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		/
С	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958.	) 	,	
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization	1		
ė	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		1
41	List the states with which a copy of this return is filed. TEXAS			
42a	The digalization s books are in care of a	281-87		10
	Located at ► 15100 ELLA BLVD HOUSTON TX ZIP + 4 ►	77	090	,
ь	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	Yes	No √
	If "Yes," enter the name of the foreign country: ► See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	7 N		
¢	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c	<u></u>	<u>                                     </u>
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 – Check here and enter the amount of tax-exempt interest received or accrued during the tax year		Yes	► C
44a	completed instead of Form 990-EZ	44a		/
b	completed instead of Form 990-EZ	44b		
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an	440		+
_	an plantation in a street	45a		<b>+</b>
45a 45t	The second secon			<b>\</b>

orm 99	00 EZ (2011)		_			Page 4
46	Did the organization engage, directly or in to candidates for public office? If "Yes," of	directly, in political c		behalf of or in opp	osition	es No
Part	-	and section 4947 on 4947(a)(1) none for lines 50 and 51	(a)(1) nonexempt of kempt charitable tru	charitable trusts ests must answer	only. All secti	✓ on -49b
47	Did the organization engage in tobbying year? If "Yes," complete Schedule C, Part	activities or have a				'es No
48 49a b 50	Is the organization a school as described in Did the organization make any transfers to If "Yes," was the related organization a se Complete this table for the organization's employees) who each received more than	o an exempt non-cha ection 527 organization five highest compen	iritable related organiz on? Isated employees (oth	ation?	rectors, trustees	and ke
	(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1098-MISC)	(d) Health benefits, contributions to emplo benefit plans, and deter componsition		
Α						
i1 (a)	Complete this table for the organization' \$100,000 of compensation from the organization and address of each independent contractor page.	nization. If there is no			each received m	
_			-			
 <del>-</del>						
			-			
			-			
ď	Total number of other independent contra	actors each receiving	over \$100,000	<u> </u>	o	
52	Did the organization complete Schedule a nonexempt charitable trusts must attach			and 4947(a)(1)	. ▶ 🔀 Yes	No
	ponalties of perjury, I declare that I have examined this prect, and complete. <u>Doctaration of preparer (other than 1997)</u>				my knowledge and l	oelief, it is
ign Iere	Signature of officer  DEBORAH BRANDEN EXEC. DIR  Type or print name and title	ECTOR	)	Date	<del>~1 (8   1  </del>	
aid rep	parer LAURETTA MAIDEN	Proporter's signature	- A.S.			86699
	Only Firm's name - GEMINI BUSINESS :	D HOUSTON TEXAS 7	7028	Firm's PIN 1 Phone no.	27 21 <u>29</u> 713 635 8	
Jay t	he IRS discuss this return with the prepare			T - House no.	► ☐ Yes	□No
					Form <b>990</b>	-EZ (20

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Rovenue 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.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization		Employer identification number	ər
SECOND WIND INITIATIVE		453602856	
BANK FEES	35.00		
CATERING	500.00		
DECORATIONS	264.08		
FOOD AND ENT	53.43	,	
MOBIL CAUSE	138.00		1 1
PROFESSIONAL FEES	26.68		
PROMOTIONS	49.00		
VENUE DEP	500.00		
WEB DESIGN	319.81		
TOTAL	1886.00		
		······································	
***			
	· · · · · · · · · · · · · · · · · · ·		
man san			
			•••••

## **SCHEDULE A** (Form 990 or 990-EZ)

Department of the Treasury

## **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section

Internal Revenue Service

4947(a)(1) nonexempt charitable trust. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047 201**1** Open to Public

Inspection

Employer Identification number Name of the organization 45-3602865 SECOND WIND FOR LIFE INITIATIVE Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 1 [] A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). [ ] A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) ☐ A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). [1] A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: [7] An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) ☐ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) ☐ An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions--subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 []] An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. c Type III-Functionally integrated a [] Type I b Type II e 🔛 By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and Yes Nο 11g(i) 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? . . . . . . 11g(iii) Provide the following information about the supported organization(s). (iv) is the organization (vii) Amount of (i) Name of supported (ii) EIN (iii) Type of organization (v) Did you notify (vi) is the in col. (I) listed in your the organization in (described on lines 1-9 organization in col support organization col. (i) of your support? governing document? (i) organized in the above or IRC section U.S.? (see instructions)) Yes Yes Nο Yes (A) (B) (C) (D) (E)

Total

18

Version A, cycle 1

	e A (Form 990 or 990-EZ) 2011	tione Desc	ibed in Secti	ione 170/57/4	MANIM and 4	70/h)/11/A\/!\	Page 2
Part	Support Schedule for Organiza (Complete only if you checked the						lify under
	Part III. If the organization fails to						iny under
Section	on A. Public Support	rquality ariot	Cr tric tobto ne	sted below, p	icase comple	to r art m.y	
	dar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and	(6) 2007	(6) 2000	(0) 2000	(5) 2010		-70 . 0.00
•	membership fees received. (Do not						
	include any "unusual grants.")					3484.26	3484.26
2	Tax revenues levied for the						
~	organization's benefit and either paid					İ	
	to or expended on its behalf						
3	The value of services or facilities						
•	furnished by a governmental unit to the						
	organization without charge						
4	Total. Add lines 1 through 3					3484.26	3484.26
	- !					<u> </u>	
5	The portion of total contributions by each person (other than a	. "					
	governmental unit or publicly		r				
	supported organization) included on			ļ. ,		1	
	line 1 that exceeds 2% of the amount			, ř			
	shown on line 11, column (f)			<u>.</u>			
6	Public support. Subtract line 5 from line 4.		100				
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7	Amounts from line 4			<u> </u>		3484.26	2484.26
8	Gross income from interest, dividends,						
	payments received on securities loans,	•					
	rents, royalties and income from similar						
	sources			-		<b>-</b>	
9	Net income from unrelated business						
	activities, whether or not the business					1	
	is regularly carried on				<del>                                     </del>		
10	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part IV.)			1		<u> </u>	
11	Total support. Add lines 7 through 10	(200 lanes 100)	tions)			12	·-··
12	Gross receipts from related activities, etc First five years, If the Form 990 is for t	to example the	nons)	nd third fourt	h or fifth tax :		n 501(c)(3)
13							
<u> </u>	organization, check this box and stop he ion C. Computation of Public Suppo						· · · · <u>·</u>
	Public support percentage for 2011 (line			11 column (fi)		14	9/
14	Public support percentage from 2010 Sc	bedule A. Par	d II line 14	TT, COMMITTEE		15	9
15 16a		ization did no	t check the bo	x on line 13. ar	nd line 14 is 33		
IVa	box and stop here. The organization qu	alifies as a pu	blicly supporte	d organization			. <b>•</b> [
b		anization did i	not check a bo	ox on line 13 o	or 16a, and lin	e 15 is 331/3%	or more,
	check this box and stop here. The orga	nization qualif	ies as a public	ly supported or	rganization		
17a						6a, or 16b, and	line 14 is
110	10% or more, and if the organization m	eets the "facts	s-and-circums	tances" test, cl	heck this box a	and stop here.	Explain in
	Part IV how the organization meets the	"facts-and-cir	cumstances" t	est. The organi	zation qualifie:	s as a publicly s	upported
	organization .						•
				not check a bo	ox on line 13. 1	6a, 16b, or 17a	
þ	15 is 10% or more, and if the organization	ation meets t	he "facts-and-	circumstances	" test, check	this box and <b>st</b>	op here.
	Explain in Part IV how the organization	meets the "fac	cts-and-circum	nstances" test.	The organizati	on qualifies as a	a publicly
	supported organization						🕨

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

Schedule A (Form 990 or 990 f 7) 2011

Page 3

Part I							<u> </u>
	(Complete only if you checked th						ler Part II.
	If the organization fails to qualify	under the te	ests listed bele	ow, please co	omplete Part	II.)	
	on A. Public Support		<del></del>		,	<b></b>	
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and membership fees						
•	received. (Do not include any "unusual grants.")  Gross receipts from admissions, merchandise		<u></u>	ļ	1		
2	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose		<u> </u>				
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4			<del> </del>	<del> </del>	<del> </del>		
•	Tax revenues levied for the organization's benefit and either paid						
	to or expended on its behalf						
5	The value of services or facilities		<del> </del>	<del> </del>	<del> </del>		
Ÿ	furnished by a governmental unit to the						
	organization without charge		l.				
6	Total. Add lines 1 through 5		-				
7a	Amounts included on lines 1, 2, and 3			<b>†</b> 1-3 1	· · · · · · · · · · · · · · · · · · ·		
	received from disqualified persons .						
b	Amounts included on lines 2 and 3		<u> </u>	1			
D	received from other than disqualified					1	
	persons that exceed the greater of \$5,000			-			
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from						
	line 6.)				Ì	,	
Secti	ion B. Total Support			·			
	ndar year (or fiscal year beginning in) 🕨	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends,		1				
	payments received on securities loans, rents,	ļ	İ				
	royalties and income from similar sources .			1	<u> </u>		
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add fines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or				1		
	loss from the sale of capital assets					1	
	(Explain in Part IV.)					+	
13	Total support. (Add lines 9, 10c, 11,					1	
	and 12.)				11 \$1\$\$1	10.04.0	] 
14	First five years. If the Form 990 is for t						on 501(c)(3)
	organization, check this box and stop he					<u> </u>	· · · • <u>•  </u>
	ion C. Computation of Public Suppo			48 1 46		- 1 as 1	
15	Public support percentage for 2011 (line					. 15	. <u> </u>
16	Public support percentage from 2010 Sc			<u> </u>	<u> </u>	.   16	%
	tion D. Computation of Investment In			L. (! 40 a_t	(fl)	. 17	
17	Investment income percentage for 2011					<b>├</b>	9/
18	Investment income percentage from 201	u Schedule A	t, rant III, line 1	ov on line 14	and line 15 in	.   <u>18  </u> more than 331a	
19a		nization did N	or crieck the br	ox on line 14,	and tine 15 is	more man 53% norted ordenise	szo, anu iine tion 🖿 □
	17 is not more than 331/3%, check this box						
þ		zation did not	cneck a box o	n line 14 of line	i 19a, and line '	to is more than	obiyation 🟲 !
	line 18 is not more than 33½%, check this <b>Private foundation.</b> If the organization of						
20	Private toungation. If the organization of	iia not check	a pox on line 1	4, 198, OF 190.	, check this bo	x and see mst	uctions 🟲 📗

Schedule A (Fo	orm 990 or 990 EZ) 2011 Pag	ge 4
Part IV	<b>Supplemental Information.</b> Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).	
	······································	
		••••
		•••
•		
	······································	
		. "
	·	
		•
	· · · · · · · · · · · · · · · · · · ·	
	· · · · · · · · · · · · · · · · · · ·	, <b></b>