Form	90	30
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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 private foundations)

Do not enter social security numbers on this form as it may be made public.

Go to www.irs.gov/Form990 for instructions and the latest information.



AI	or th	e 202 i calendar year, or tax year beginning and	enaing	_				
Ba	Check if applicab	C Name of organization		D Employer identifie	cation number			
	Addre							
	Name chang	e Doing business as		82-23207	96			
	Initial returr Final returr	PO BOX 1389	Room/suite	E Telephone number 718-759-8773				
	termii ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	345,386.			
	Amer			H(a) Is this a group re	eturn			
	Appli tion	F Name and address of principal officer: IECTOR GOADADOFE		for subordinates				
	pend	ng		H(b) Are all subordinates in				
11	Fax-ex	empt status: 🗴 501(c)(3) 🔄 501(c) ( )◀ (insert no.) 🗌 4947(a)(1)	or 📃 527	If "No," attach a	list. See instructions			
٦١	Nebsi	te: ASECONDUFOUNDATION.ORG		H(c) Group exemption	n number 🕨			
κF	<sup>=</sup> orm o	forganization: 🔀 Corporation 🔄 Trust 🔄 Association 🔄 Other 🕨	L Year	of formation: 2016 N	State of legal domicile: NY			
Pa	art I	Summary						
ø	1	Briefly describe the organization's mission or most significant activities: A SE	WORKS TO					
Governance		MAKE SURE THAT PEOPLE COMING HOME ARE NO	NED BY THEI	r sentence,				
ern	2	Check this box 🕨 🛄 if the organization discontinued its operations or dispos	sed of more	e than 25% of its net as				
Š	3				3			
<del>م</del>	4	Number of independent voting members of the governing body (Part VI, line 1b)		3				
Activities &	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)		0				
ivit	6	Total number of volunteers (estimate if necessary)			10			
Act		Total unrelated business revenue from Part VIII, column (C), line 12			0.			
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	<u></u>		0.			
				Prior Year	Current Year			
ne	8	Contributions and grants (Part VIII, line 1h)		248,906.	345,386.			
Revenue	9	Program service revenue (Part VIII, line 2g)		0.	0.			
Be	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	0.			
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		248,906.	345,386.			
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		13,260.	<u> </u>			
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		23,845.	0.			
	14	Benefits paid to or for members (Part IX, column (A), line 4)		23,845.	16,600.			
Expenses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.			
en		Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.	0.			
Ă		Total fundraising expenses (Part IX, column (D), line 25)	<u> </u>	37,507.	210,281.			
		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		74,612.	226,881.			
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		174,294.	118,505.			
- SS	19	Revenue less expenses. Subtract line 18 from line 12		ginning of Current Year				
Net Assets or Fund Balances	20	Total accests (Dart X line 16)		229,786.	End of Year 356,902.			
Asse Bal	20	Total assets (Part X, line 16)		0.	0.			
Vet /	21	Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20		229,786.	356,902.			
		Signature Block		225,100.	550,502.			

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer HECTOR GUADALUPE, EXEC Type or print name and title	CUTIVE DIRECTOR	Date							
Paid	Print/Type preparer's name JOSHUA C HOLLANDER, EA		Date Check PTIN 01/17/23 self-employed P00856099							
Preparer	Firm's name JBH CONSULTING,	INC.	Firm's EIN ▶ 27-3030803							
Use Only	Firm's address 35 MAJOR LOCKWOO	DD LN								
	POUND RIDGE, NY 10576 Phone no.914-837-0884									
May the IF	May the IRS discuss this return with the preparer shown above? See instructions									
132001 12-0	9-21 LHA For Paperwork Reduction Act Noti	ce, see the separate instructions.	Form <b>990</b> (2021)							

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	A SECOND U FOUNDATION	82-2320796 Page 2
Par	rt III Statement of Program Service Accomplishments	V
1	Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission:	<u> </u>
•	A SECOND U FOUNDATION WORKS TO MAKE SURE THAT PEO	PLE COMING HOME ARE
	NOT DEFINED BY THEIR SENTENCE, BUT GIVEN THE TOOL	
	SUCCESSFUL. WE OFFER SKILLS AND GUIDANCE, WHIOLE	
	TO SUPPORT THEM, AS THEY CREATE CAREERS AND REBUI	
2	Did the organization undertake any significant program services during the year which were not lis	
	prior Form 990 or 990-EZ?	Yes X No
3	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any progr	am services?
U	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program	n services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and alloc	ations to others, the total expenses, and
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$including grants of \$ A 6 WEEKS PROGRAM TO RECRUIT, EDUCATE, AND PROVID	
	93% SUCCESS RATE TO DATE. THE PROGRAM HAD 26 GRAD	
		JOATED DOILING 2021
4b	(Code: ) (Expenses \$ including grants of \$	) (Revenue \$
		, ``,
4c	(Code:) (Expenses \$ including grants of \$	) (Revenue \$)
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$ ) (Revenue \$	)
4e	Total program service expenses	, , , , , , , , , , , , , , , , , , ,
		Form <b>990</b> (2021)
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 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)?	4	х	
2	If "Yes," complete Schedule A	1 2	X	<u> </u>
2	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	-		
5	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 during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	4		
J	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	_		x
7	provide advice on the distribution or investment of amounts in such funds or accounts? <i>If</i> "Yes," <i>complete Schedule D, Part I</i> Did the organization receive or hold a conservation easement, including easements to preserve open space,	6		
'	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		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	VI			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			- v
-	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
	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? <i>If</i> "Yes," <i>complete Schedule D, Part VIII</i>	11c		x
d	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			37
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f		x
122	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		x
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If</i> "Yes," <i>complete Schedule E</i>	13		X X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
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			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	<del>.</del>	<u> </u>	
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
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. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If</i> "Yes," <i>complete Schedule G, Part II</i>	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			<u> </u>
	complete Schedule G, Part III	19		X
20a		20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If</i> "Yes," <i>complete Schedule I, Parts I and II</i>	21		x
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Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
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	00		x
24 2	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23		
<b>24</b> a	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 25a	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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), 501(c)(4), and 501(c)(29) 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			v
~~	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part II</i>	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	20		
21	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) 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 the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?/f	000		x
29	"Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	28c 29		X
29 30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29		
00	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			37
05	Part V, line 1	34		X X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		_ A
D	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	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	330		
00	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
De	Note: All Form 990 filers are required to complete Schedule O	38	X	
Pa				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
10	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		Yes	No
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
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			Yes	No
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	0		
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 <i>e-file</i> . See instructions.			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	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)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	:		
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the pa	ayor? 7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	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?			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			<u> </u>
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required		ļ	<u> </u>
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098	3-C? 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
_	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?			<u> </u>
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12       10a         Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities       10b	_		
		_		
11	Section 501(c)(12) organizations. Enter:         Gross income from members or shareholders         11a			
a b	Gross income from members or shareholders 11a Gross income from other sources. (Do not net amounts due or paid to other sources against			
U				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	120		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
-	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.			

Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any									
activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?									
If "Yes," complete Form 6069.									
i 12-09-21	5								
If "Yes," complete Form 6069.	<pre><cise 4951,="" 4952="" 4953?<="" or="" section="" tax="" td="" under=""></cise></pre>								

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O

15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or

16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

**b** Enter the amount of reserves the organization is required to maintain by the states in which the

If "Yes," see the instructions and file Form 4720, Schedule N.

If "Yes," complete Form 4720, Schedule O.

organization is licensed to issue qualified health plans c Enter the amount of reserves on hand \_\_\_\_\_\_ 13c

14a Did the organization receive any payments for indoor tanning services during the tax year?

excess parachute payment(s) during the year?

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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 on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI				Σ						
Sec	tion A. Governing Body and Management										
				Yes	N						
1a	Enter the number of voting members of the governing body at the end of the tax year	1a .	5								
	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 on Schedule O.										
b	Enter the number of voting members included on line 1a, above, who are independent	1b	3								
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	ip with any other									
	officer, director, trustee, or key employee?		2								
3	Did the organization delegate control over management duties customarily performed by or under th	ne direct supervision									
	of officers, directors, trustees, or key employees to a management company or other person?		3								
4	Did the organization make any significant changes to its governing documents since the prior Form		4								
5	Did the organization become aware during the year of a significant diversion of the organization's as		5								
6	Did the organization have members or stockholders?										
- 7a	a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or										
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,		7a								
5											
8	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year		7b								
			0-	x							
	The governing body?		8a	X	┢						
	Each committee with authority to act on behalf of the governing body?		8b		┝						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reading the president of the section of addresses on Catachyla C										
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O		9								
ec	tion B. Policies (This Section B requests information about policies not required by the Internal R	levenue Code.)									
_				Yes							
	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 of										
	and branches to ensure their operations are consistent with the organization's exempt purposes? $\ _{\cdot}$		10b								
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing boo	dy before filing the form?	11a	X							
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	edule O the process, if any, used by the organization to review this Form 990.									
2a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	Х							
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	e to conflicts?	12b	Х							
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "	res," describe									
	on Schedule O how this was done		12c								
13	Did the organization have a written whistleblower policy?		13	Х							
4	Did the organization have a written document retention and destruction policy?		14	Х							
15	Did the process for determining compensation of the following persons include a review and approv										
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	, ,									
а	The organization's CEO, Executive Director, or top management official		15a								
	Other officers or key employees of the organization		15b								
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.										
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment with a									
ou			16a								
h	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evalua		104		Ľ						
D											
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga		401-								
	exempt status with respect to such arrangements?		16b								
7				、							
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a	and 990-1 (section 501(c)(3	s)s only	) avai	ac						
	for public inspection. Indicate how you made these available. Check all that apply.										
		n on Schedule O)									
9	Describe on Schedule O whether (and if so, how) the organization made its governing documents, c	onflict of interest policy, a	nd finai	ncial							
	statements available to the public during the tax year.										
20	State the name, address, and telephone number of the person who possesses the organization's bo	ooks and records 🕨									
	JOSHUA C HOLLANDER - 9148370884										
	35 MAJOR LOCKWOOD LN, POUND RIDGE, NY 10576										
2006	6 12-09-21		Form	9 <b>90</b>	(20						
	6										
10	117 151761 SECONDU 2021.05010 A SECOND U FOU	NDATION	SEC	CON	J						

	990 (2021) A SECOND									82-23	20	796	Pa	age <b>8</b>
Par	t VII Section A. Officers, Directors, Trus (A) Name and title	<b>(B)</b> Average	bloyees, and Highest C (C) Position (do not check more than one				I		Compensated Employe (D) Reportable	<b>es</b> (continued) (E) Reportable	( <b>F)</b> le Estima			ed
		hours per week (list any hours for related organizations below line)	box	, unle	ss pei	rson i irecto	Highest compensated single sin	n an tee)	compensation from the organization (W-2/1099-MISC/ 1099-NEC)	compensatior from related organizations (W-2/1099-MIS( 1099-NEC)		com fr org an	nount other pensa om the anizat d relat anizatio	ition e ion ed
с	Subtotal Total from continuation sheets to Part VI	I, Section A							0.00.00.00.00.00.00.00.00.00.00.00.00.0		0. 0. 0.			0.0.
2	Total (add lines 1b and 1c)         Total number of individuals (including but n compensation from the organization							no re	•••	0,000 of reportable	-		Yes	0. 0 No
3	Did the organization list any <b>former</b> officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for</i> s	uch individual										3	163	X
4 5	For any individual listed on line 1a, is the su and related organizations greater than \$150 Did any person listed on line 1a receive or a	0,000? <i>If "Yes,</i> accrue comper	" <i>co</i> nsati	<i>mple</i> ion f	ete S irom	Sche any	edule v unr	e <i>J f</i> elat	for such individual	idual for services		4		X
Sec 1	rendered to the organization? <i>If</i> "Yes," <i>com</i> <b>tion B. Independent Contractors</b> Complete this table for your five highest co											5 ation	from	X
	the organization. Report compensation for (A) (A) Name and business	the calendar y	ear (		ng w					year.		(0		n
									•					
								_						
. <u> </u>														
2	Total number of independent contractors (i	•	ot lii	nite	d to	thos	se lis	stec	above) who received n	nore than				
	\$100,000 of compensation from the organiz	zation 🕨					ر ا					Form	<b>990</b> ()	2021)

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Form **990** (2021)

Pa	rt VI		Statement of Re	venue						
			Check if Schedule O c	ontains a respo	onse o	r note to any lin				
							<b>(A)</b> Total revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	<b>(D)</b> Revenue excluded from tax under sections 512 - 514
Program Service Contributions, Gifts, Grants Revenue and Other Similar Amounts	1 () () () () () () () () () () () () ()	b M c F d R e G f A g N h T a _	Undraising events Related organizations Bovernment grants (contr Il other contributions, gifts, g imilar amounts not included loncash contributions included in <b>Total.</b> Add lines 1a-1f	1b       1c       1d       ibutions)       1e       grants, and       above       1f       lines 1a-1f       1g \$		345,386. ▶ Business Code	345,386.			
ogra		e _								
ā			All other program service i							
	3 4	lr o Ir	otal. Add lines 2a-2f nvestment income (inclue other similar amounts) ncome from investment o	ling dividends, ir f tax-exempt bo	nteres and pro	et, and ■ ■ ■ ■ ■ ■ ■				
	5	н	Royalties	(i) Real		(ii) Personal				
		b L	Gross rents Less: rental expenses Rental income or (loss)	6a 6b 6c						
			let rental income or (loss)							
ne		a: b L	aross amount from sales of ssets other than inventory .ess: cost or other basis nd sales expenses	(i) Securiti 7a 7b		(ii) Other				
Revenue	Ċ		Gain or (loss)	7c						
Other Re	0 8 a	a G ir c	Net gain or (loss)	ng events (not of line 1c). See	8a	►				
	ł		Part IV, line 18		8b					
	Ċ	c N	let income or (loss) from t	fundraising even		►				
		Ρ	Bross income from gamin Part IV, line 19 Less: direct expenses	-	9a 9b					
			let income or (loss) from							
		а	Bross sales of inventory, l and allowances							
			ess: cost of goods sold		10b					
sı			let income or (loss) from a	sales of inventor		Business Code				
neor	11 a	-			_					
Miscellaneous Revenue		b c			—					
Misc Re			Il other revenue		[					
-		еT	otal. Add lines 11a 11d							
	<b>12</b> 9 12-0		otal revenue. See instructio	ns		►	345,386.	0.	0.	0 . Form <b>990</b> (2021

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Form 990 (2021) A SECOND U FOUNDATION

Form 990 (2	2021)		A	SECO	ND	U	FO
Part IX	Stat	ement	of Fun	ctional	Exp	ben	ses

A SECOND U FOUNDATION

	Check if Schedule O contains a respons	e or note to any line in	this Part IX		X
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	16,600.	16,600.		
e	trustees, and key employees	10,000.	10,000.		
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and				
7	persons described in section 4958(c)(3)(B)				
7 8	Other salaries and wages Pension plan accruals and contributions (include				
U	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10 11	Payroll taxes Fees for services (nonemployees):				
a h	Management				
b		4,374.	4,374.		
ر م	Accounting				
d	Lobbying Professional fundraising services. See Part IV, line 17				
e					
f	Investment management fees				
g	column (A), amount, list line 11g expenses on Sch O.)	139,618.	133,905.	5,713.	
10		1,500.	1,500.	5,715.	
12 13	Advertising and promotion	7,563.	7,563.		
	Office expenses	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1,505.		
14 15	Information technology				
15 16	Royalties	5,000.	5,000.		
17	Occupancy Travel	8,780.	8,780.		
17 18	Payments of travel or entertainment expenses				
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
20 21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
23 24	Other expenses. Itemize expenses not covered				
- •	above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	OUTSIDE LABOR	30,158.	30,158.		
h	COMPUTER & INTERNET EXP	5,801.	5,801.		
c c	PROFESSIONAL FEES	4,515.	4,515.		
d	PROMOTION	1,283.	1,283.		
-	All other expenses	1,689.	1,689.		
25	Total functional expenses. Add lines 1 through 24e	226,881.	221,168.	5,713.	(
26	Joint costs. Complete this line only if the organization	,	,,		
20	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here Check here for the second				

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10 2021.05010 A SECOND U FOUNDATION Form **990** (2021)

SECONDU1

Form 990 (		
Part X	Balance	Sheet

## A SECOND U FOUNDATION

	Check if Schedule O contains a response or note to any line in this Part X			
		<b>(A)</b> Beginning of year		<b>(B)</b> End of year
1	Cash - non-interest-bearing	227,986.	1	355,102
2	Savings and temporary cash investments		2	
3	Pledges and grants receivable, net		3	
4			4	
5	Loans and other receivables from any current or former officer, director,			
	trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons		5	
6	Loans and other receivables from other disqualified persons (as defined			
	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
ទ្ 7	Notes and loans receivable, net		7	
Assets			8	
₹   9			9	1,800
10	a Land, buildings, and equipment: cost or other			
	basis. Complete Part VI of Schedule D 10a			
	b Less: accumulated depreciation 10b		10c	
11	Investments - publicly traded securities		11	
12	Investments - other securities. See Part IV, line 11		12	
13	Investments - program-related. See Part IV, line 11		13	
14			14	
15	Other assets. See Part IV, line 11		15	
16	Total assets. Add lines 1 through 15 (must equal line 33)		16	356,902
17	Accounts payable and accrued expenses		17	
18			18	
19	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
ທ 22				
i <u>ti</u>	trustee, key employee, creator or founder, substantial contributor, or 35%			
Liabilities	controlled entity or family member of any of these persons		22	
<sub>23</sub> ا			23	
24			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 Schedule D		25	
26	Total liabilities. Add lines 17 through 25	0.	26	0
	Organizations that follow FASB ASC 958, check here 🕨 🗴			
Sec	and complete lines 27, 28, 32, and 33.			
<u>ŭ</u> 27	Net assets without donor restrictions	229,786.	27	356,902
8 28			28	
ם בי	Organizations that do not follow FASB ASC 958, check here			
n L	and complete lines 29 through 33.			
້ 29	Capital stock or trust principal, or current funds		29	
29 Sets	Paid-in or capital surplus, or land, building, or equipment fund		30	
% ∛   31	Retained earnings, endowment, accumulated income, or other funds		31	
Net Assets or Fund Balances 8 25 8 15 8 26 8 25 8 25 8 25 8 25 8 25 8 25 8 25 8 25	Total net assets or fund balances		32	356,902
z 32		229,786.	33	356,902
00		,,		Form <b>990</b> (202 <sup>-</sup>

Form **990** (2021)

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SCHEDULE O (Form 990)

(Form 990)

Department of the Treasury Internal Revenue Service Name of the organization 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 Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.



82-2320796

A SECOND U FOUNDATION

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

BUT GIVEN THE TOOLS NEEDED TO BE SUCCESSFUL. WE OFFER SKILLS AND

GUIDANCE, WHIOLE PROVIDING A COMMUNITY TO SUPPORT THEM, AS THEY CREATE

CAREERS AND REBUILD THEIR LIVES. WE ARE PROUD TO BE A PART OF THEIR

PROCESS. A SECOND U FOUNDATION FUNDS TEH TRAINING OF PREVIOSULY

INCARCERATED INDIVIDUALS TO GET CERTIFIED AS PERSONAL TRAINERS, LEARN

SOFT SKILLS AND COMPUTER SOFTWARE SKILLS IN AN ATTEMPT TO REDUCE

RECIVITISM BY PROVIDING THE SKILLS AND RESOURCES NEEDED TO BE SELF

SUFFICIENT.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

ARE PROUD TO BE A PART OF THEIR PROCESS. A SECOND U FOUNDATION FUNDS

TEH TRAINING OF PREVIOSULY INCARCERATED INDIVIDUALS TO GET CERTIFIED AS

PERSONAL TRAINERS, LEARN SOFT SKILLS AND COMPUTER SOFTWARE SKILLS IN AN

ATTEMPT TO REDUCE RECIVITISM BY PROVIDING THE SKILLS AND RESOURCES

NEEDED TO BE SELF SUFFICIENT.

FORM 990, PART VI, SECTION B, LINE 11B:

N/A

FORM 990, PART VI, SECTION C, LINE 19:

THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL

STATEMENTS ARE AVAILABLE UPON REQUEST.

FORM 990, PART IX, LINE 11G, OTHER FEES:

**RENT:** 

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

Schedule O (Form 990) 2021

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2021.05010 A SECOND U FOUNDATION

Schedule O (Form 990) 2021 Name of the organization A SECOND U FOUNDATION	Pac Employer identification numb 82-2320796
PROGRAM SERVICE EXPENSES	
MANAGEMENT AND GENERAL EXPENSES	5,40
FUNDRAISING EXPENSES	
TOTAL EXPENSES	5,40
INSURANCE:	
PROGRAM SERVICE EXPENSES	
MANAGEMENT AND GENERAL EXPENSES	31
FUNDRAISING EXPENSES	
TOTAL EXPENSES	31
MISC PROGRAM EXPENSES:	
PROGRAM SERVICE EXPENSES	133,90
MANAGEMENT AND GENERAL EXPENSES	
FUNDRAISING EXPENSES	
TOTAL EXPENSES	133,90
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	139,61
132212 11-11-21	Schedule O (Form 990) 2