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CLIENT'S COPY



FEBRUARY 9, 2024

A SECOND U FOUNDATION PO BOX 1389 NEW YORK, NY 10113-1389

A SECOND U FOUNDATION:

ENCLOSED IS THE ORGANIZATION'S 2022 EXEMPT ORGANIZATION RETURN. THE RETURN SHOULD BE SIGNED, DATED, AND MAILED.

SPECIFIC FILING INSTRUCTIONS ARE AS FOLLOWS.

FORM 990 RETURN:

PLEASE SIGN AND MAIL AS SOON AS POSSIBLE.

MAIL TO - DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE CENTER OGDEN, UT 84201-0027

A COPY OF THE RETURN IS ENCLOSED FOR YOUR FILES. I SUGGEST THAT YOU RETAIN THIS COPY INDEFINITELY.

VERY TRULY YOURS,

JBH CONSULTING, INC.



FEBRUARY 9, 2024

A SECOND U FOUNDATION PO BOX 1389 NEW YORK, NY 10113-1389

A SECOND U FOUNDATION:

ENCLOSED ARE THE ORIGINAL AND ONE COPY OF THE 2022 EXEMPT ORGANIZATION RETURNS, AS FOLLOWS...

2022 FORM 990

2022 NEW YORK FORM CHAR500

EACH ORIGINAL SHOULD BE DATED, SIGNED AND FILED IN ACCORDANCE WITH THE FILING INSTRUCTIONS. THE COPY SHOULD BE RETAINED FOR YOUR FILES.

VERY TRULY YOURS,

JBH CONSULTING, INC.

Filing Instructions						
Prepared for:	Prepared by:					
A SECOND U FOUNDATION PO BOX 1389 NEW YORK, NY 10113-1389	JBH CONSULTING, INC. 35 MAJOR LOCKWOOD LN POUND RIDGE, NY 10576					
2022 FORM 990						
PLEASE SIGN AND MAIL AS SOON AS PO	SSIBLE.					
MAIL TO - DEPARTMENT OF THE ' INTERNAL REVENUE S OGDEN, UT 84201-0	ERVICE CENTER					
2022 NEW YORK FORM CHAR500 YOU HAVE A BALANCE DUE OF	\$ 125.00					
THE NEW YORK FORM CHAR500 SHOULD B POSSIBLE AT:	E FILED VIA THE WEB AS SOON AS					
HTTPS://CHARITIESNYS.COM/ANNUAL_FI	LING.HTML					

Department of the Treasury Internal Revenue Service

Т

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.



AF	or th	e 2022 calendar year, or tax year beginning and o	ending	_					
B c a	heck if pplicab	e: C Name of organization		D Employer identified	cation number				
	Addre								
	Name chang	pe Doing business as	82-23207	20796					
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone numbe	r				
	Final Feturn		718-759-						
	termir ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	311,096.				
	Amen	MEW TORK, NI TOTTS-1309		H(a) Is this a group re	eturn				
	Applie	F Name and address of principal officer: HECTOR GUADALUPE		for subordinates	? Yes 🔀 No				
	pendi			H(b) Are all subordinates ir	ncluded? Yes No				
ΙΤ	ax-ex	empt status: 🚺 501(c)(3) 🛄 501(c) () (insert no.) 🛄 4947(a)(1) c	or 📃 527	If "No," attach a	list. See instructions				
	Vebsi			H(c) Group exemptio					
_	_	f organization: 🚺 Corporation 🔄 Trust 🔄 Association 🔄 Other	L Year	of formation: 2016	State of legal domicile:				
Pa	rt I	Summary							
ø	1	Briefly describe the organization's mission or most significant activities: \underline{A}	COND U	J FOUNATION	WORKS TO				
anc		MAKE SURE THAT PEOPLE COMING HOME ARE NOT							
Activities & Governance	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				
.∞	4	Number of independent voting members of the governing body (Part VI, line 1b) $\ _{.}$	4	0					
ies	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)		3					
iviti		Total number of volunteers (estimate if necessary)		10					
Act	7a	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			0.				
				Prior Year	Current Year				
e	8	Contributions and grants (Part VIII, line 1h)		431,620.	311,096.				
Revenue	9	Program service revenue (Part VIII, line 2g)		0.	0.				
Rev		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	0.				
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.				
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .		431,620.	311,096.				
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	105.				
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.				
es		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) $_{\rm .}$		0.	176,423.				
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.				
ă		Total fundraising expenses (Part IX, column (D), line 25) 17, 31							
ш		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		237,013.	257,035.				
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		237,013.	433,563.				
	19	Revenue less expenses. Subtract line 18 from line 12		194,607.	<122,467.>				
Net Assets or Fund Balances			Be	ginning of Current Year	End of Year				
sset 3alaı		Total assets (Part X, line 16)	∟	433,004.	312,519.				
et A: nd E		Total liabilities (Part X, line 26)		0.	1,981.				
_		Net assets or fund balances. Subtract line 21 from line 20		433,004.	310,538.				
Pa	nrt II	Signature Block							

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	Signature of officer			Date						
Here HECTOR GUADALUPE, EXECUTIVE DIRECTOR										
	Type or print name and title									
	Print/Type preparer's name	Preparer's signature	Date	Check	PTIN					
Paid	JOSHUA C HOLLANDER, EA	JOSHUA C HOLLANDER,		· · · · · · · · · · · · · · · · · · ·	₽00856099					
Preparer	Firm's name JBH CONSULTING, I	NC.		Firm's EIN 27-	3030803					
Use Only	Firm's address 35 MAJOR LOCKWOOD	LN								
	POUND RIDGE, NY 10576 Phone no.914-837-0884									
May the I	May the IRS discuss this return with the preparer shown above? See instructions X Yes No									
232001 12-1	12-13-22 I HA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2022)									

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form	990 (2022) A SECOND U FOUNDATION	82-232079	6 Page 2
	t III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission: A SECOND U FOUNATION WORKS TO MAKE SURE THAT PEOPLE	CONTRC HOME A	DD
	NOT DEFINED BY THEIR SENTENCE, BUT GIVEN THE TOOLS N		KE
	SUCCESSFUL. WE OFFER SKILLS AND GUIDANCE, WHIEL PROV		NITY
	TO SUPPORT THEM AS THEY CREATE CAREERS AND REBUILD		E ARE
2	Did the organization undertake any significant program services during the year which were not listed or		
	prior Form 990 or 990-EZ?		Yes 🛛 No
-	If "Yes," describe these new services on Schedule O.		 v
3	Did the organization cease conducting, or make significant changes in how it conducts, any program se		Yes X No
4	If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program serv	ices as measured by expe	nses
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations		
	revenue, if any, for each program service reported.	· · · · · ·	
4a) (Revenue \$)
	COMPENSATION OF CURRENT OFFICERS, DIRECTORS, TRUSTER	S, AND KEY	
	EMPLOYEES		
4b	(Code:) (Expenses \$ 36,000 · including grants of \$) (Revenue \$)
	OTHER SALARY FOR A NON OFFICER AND DIRECTOR	· · · ·	,
	40.800		
4c	(Code:) (Expenses \$ 40,800. including grants of \$ OCCUPANCY EXPENSE TO RENT GYMS) (Revenue \$)
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ 159,343. including grants of \$) (Revenue \$)	
4e	Total program service expenses 341,143.		
222000	2 12-13-22	For	rm 990 (2022)
202002	2 12-13-22 2		
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 Form 990 (2022)
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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)?			
-	If "Yes," complete Schedule A	1	X X	<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	A	<u> </u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			x
	public office? If "Yes," complete Schedule C, Part I	3		
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		
5	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	<u> </u>		
Ŭ	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	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,			37
	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			x
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		
C	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
Ь	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			
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
е	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			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI 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)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			x
45	or more? If "Yes," complete Schedule F, Parts I and IV	14b		
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 foreign organization? <i>If</i> "Yes," <i>complete Schedule F, Parts II and IV</i>	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	15		
15	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,	10		<u> </u>
	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? 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
b	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? If "Yes," complete Schedule I, Parts I and II	21	0000	X
232003	3 12-13-22	Form	990	(2022)

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			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			
	Schedule J	23		X
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 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	05h		x
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	25b		
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	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	28a		x
ь	"Yes," complete Schedule L, Part IV A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	20a		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?/f	200		
_	"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
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	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		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete</i>			x
22	Schedule N, Part II	32		
33	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			
	Part V, line 1	34		x
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	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?			x
37	<i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i> Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		
37	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?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
_			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a	2		
	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	Ý		
C	(gambling) winnings to prize winners?	1c		
232004	(gambing) withings to prize withers:		990	(2022)
	4			、)

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Form	990 (2022) A SECOND U FOUNDATION 82-2320	796	P	age 5			
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)						
			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 3						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		Х			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х			
b	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		х			
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		x			
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>			
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	30					
Ud		60		x			
b	any contributions that were not tax deductible as charitable contributions?	6a					
a	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).	_		v			
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 payor?	7a		X			
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<u> </u>			
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			37			
	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		<u> </u>			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		L			
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		<u> </u>			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-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?	9a					
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b					
10	Section 501(c)(7) organizations. Enter:						
а	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:						
а	Gross income from members or shareholders 11a						
	Gross income from other sources. (Do not net amounts due or paid to other sources against						
	amounts due or received from them.)						
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						
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					
	Note: See the instructions for additional information the organization must report on Schedule O.						
b	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 13b						
c	Enter the amount of reserves on hand 13c						
14a	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 on Schedule O	14b					
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or						
.0							
	excess parachute payment(s) during the year?	15		X			
10	If "Yes," see the instructions and file Form 4720, Schedule N.	16		х			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		- 23			
47	If "Yes," complete Form 4720, Schedule O.						
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities						
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17					
	If "Yes," complete Form 6069.	F -	000	(0000)			
232005	5 12-13-22	Form	390	(2022)			

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2022.05040 A SECOND U FOUNDATION

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Form 990	(2022)
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Check if Schedule O contains a response or note to any line in this Part VI

X

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.

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	8		
	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)		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
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?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	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 on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	N
10a	Did the organization have local chapters, branches, or affiliates?	10a		Σ
	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?	11a		Х
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	12c	x	
13	on Schedule O how this was done	13		X
13 14	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by independent	14		-
15	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
~	The organization's CEO, Executive Director, or top management official	150		X
	Other officers or key employees of the organization	15a 15b	x	-
D	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	150		
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
100		16a		X
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	104		
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure	100		
17	List the states with which a copy of this Form 990 is required to be filed NONE			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) avail	able
	for public inspection. Indicate how you made these available. Check all that apply. Own website X Another's website X Upon request Other (explain on Schedule O)	,··· ,	,	
10		nd fina	noial	
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and attempted available to the public during the tax year.	iu iina	icial	
20	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 books and records JBH CONSULTING, INC - 9148370884			
32004	35 MAJOR LOCKWOOD LN, POUND RIDGE, NY 10576	Form	1 990	(20)
_000	6			,
70	209 151761 SECOND 2022.05040 A SECOND U FOUNDATION	SE	CONI	h

Part VII	Compensation of Officers,	Directors,	Trustees,	Key E	Employees,	Highest	Compensated
	Employees, and Independe	ent Contra	ctors				

Check if Schedule O contains a response or note to any line 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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

See the instructions for the order in which to list the persons above.

(A)	(B)	(C)						(D)	(E)	(F)
Name and title	Average Position (do not check more than one					l than	one	Reportable	Reportable	Estimated
	hours per	box	box, unless person is both an officer and a director/trustee)				h an	compensation	compensation	amount of
	week			uau		n/uus		from	from related	other
	(list any	recto						the	organizations	compensation
	hours for	or di	ee			ated		organization	(W-2/1099-MISC/	from the
	related organizations	ustee	trust		e	bens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	below	ual tr	ional		yolqr	t con /ee	_	1099-NEC)		organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) HECTOR GUADALUPE	20.00	-	-	0	×	Ξæ	Œ			
EXECUTIVE DIRECTOR								70,000.	0.	0.
(2) ROHAN HALES	20.00									•••
DIRECTOR		x						35,000.	0.	0.
(3) ELIZABETH FURR	20.00									•••
DIRECTOR		x						0.	0.	0.
								•••		•••
		1								
		1								
					-	-				
232007 12-13-22					-	-				Form 990 (2022)

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	990 (2022) A SECOND	U FOUNI	DAT	'IC	ON					82-23	320	796	Pa	age 8
Par	- , ,		ploy	ees,			ghe	st C						
	(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)				rson i: irecto	than (is bot	n an	(D) Reportable compensation from the organization (W-2/1099-MISC/ 1099-NEC)	(E) Reportable compensatio from related organizations (W-2/1099-MIS 1099-NEC)	5	an com fr org and	(F) stimate nount other pensa om the anizat d relat anizati	of tion e ion ed
			ц	II	Officer	Ke	H	R						
. <u> </u>									105 000		0			
	Subtotal Total from continuation sheets to Part VI Total (add lines 1b and 1c)	I, Section A							105,000. 0. 105,000.		0. 0. 0.			0.0.0.
2	Total number of individuals (including but n compensation from the organization								eceived more than \$100),000 of reportabl	e		Yes	0 No
3	Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s	•		-	•	-		Ŭ	hest compensated emp	2		3		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? If "Yes,	" coi	mple	ete S	Sche	edule	e J f	for such individual			4		X
Sec	rendered to the organization? If "Yes," com tion B. Independent Contractors					-			-			5		Х
1	Complete this table for your five highest co the organization. Report compensation for	•	•							-	ipens	ation f	rom	
	(A) Name and business	address	NC	ONE	2				(B) Description of s	ervices	С	(C ompe		n
								_						
2	Total number of independent contractors (i	ncluding but n	ot lir	nite	d to	thos	se lis	stec	l above) who received n	nore than				
	\$100,000 of compensation from the organiz	•				C	~					-	000 /	

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Form **990** (2022)

Ра	rt \						en mete te enville				
			Check if Schedule O	conta	ains a respo	nse	or note to any lin	(A)	(B)	(C)	D
								Total revenue	Related or exempt	Unrelated	Revenue excluded
									function revenue	business revenue	from tax under sections 512 - 514
S S	4		Endorated compaigns		10						
ant	'										
٦ ق			Membership dues		······		101,672.				
ifts, r A			Fundraising events				101,072.				
nila			Related organizations								
Sin			Government grants (contr								
ler uti		T	All other contributions, gifts,				209,424.				
đti			similar amounts not included				209,424.				
Contributions, Gifts, Grants and Other Similar Amounts		-	Noncash contributions included in					311,096.			
0.0		n	Total. Add lines 1a-1f				Business Code	511,050.			
đ	2	а					Business ooue				
vice	2										
Ser		b									
E a		c d									
Program Service Revenue		d									
Pro		e f	All other program service	rovor							
			Total. Add lines 2a-2f								
	3		Investment income (includ								
	Ŭ		other similar amounts)	-							
	4		Income from investment of				ſ				
	5		Royalties		•	•					
	Ŭ		noyanes		(i) Real		(ii) Personal				
	6	а	Gross rents	6a	()		(1)				
	Ŭ		Less: rental expenses	6b							
			Rental income or (loss)	6c							
			Net rental income or (loss)								
	7		Gross amount from sales of	,	(i) Securit		(ii) Other				
	'	u	assets other than inventory	7a	()		(
		h	Less: cost or other basis	14							
ē		~	and sales expenses	7b							
Revenue		c									
Rev			Net gain or (loss)				1				
e	8		Gross income from fundraisi								
Gth	Ŭ		including \$		of						
			contributions reported on	line							
			Part IV, line 18		-	8a					
		b	Less: direct expenses			8b					
			Net income or (loss) from			nts					
	9		Gross income from gamin		•	_					
	_		Part IV, line 19			9a					
		b	Less: direct expenses			9b					
			Net income or (loss) from			s					
	10		Gross sales of inventory, I								
			and allowances			10a					
		b	Less: cost of goods sold			10b					
			Net income or (loss) from								
ω			, ,	_			Business Code				
Miscellaneous Revenue	11	а									
ane		b									
eve eve		c									
lisc B.			All other revenue								
2			Total. Add lines 11a-11d								
	12		Total revenue. See instruction					311,096.	0.	0.	0.
23200	9 12	2-13									Form 990 (2022)

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2022.05040 A SECOND U FOUNDATION

SECOND_1

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Page **9**

A SECOND U FOUNDATION Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	Check if Schedule O contains a response	se or note to any line in (A)	this Part IX	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations	105	105		
	and domestic governments. See Part IV, line 21	105.	105.		
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,	105,000.	105,000.		
•	trustees, and key employees	105,000.	105,000.		
6	Compensation not included above to disqualified				
	persons (as defined under section $4958(f)(1)$) and				
_	persons described in section 4958(c)(3)(B)	36,000.	36,000.		
7	Other salaries and wages	.000	50,000.		
8	Pension plan accruals and contributions (include				
~	section 401(k) and 403(b) employer contributions)	24,334.	24,334.		
9	Other employee benefits	11,089.	11,089.		
10	Payroll taxes		11,009.		
11	Fees for services (nonemployees):	250.		250.	
a	Management	250.		230.	
b		10,629.		10,629.	
c	Accounting	TO''OZA.		TO''O7A.	
d	, , , , , , , , , , , , , , , , , , ,				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g		150 402	100 504	24 224	
	column (A), amount, list line 11g expenses on Sch 0.)	159,493.	<u>120,594.</u> 3,221.	34,334. 1,932.	4,565.
12	Advertising and promotion	5,153. 8,726.	3,221.	8,726.	
13	Office expenses	-			
14	Information technology	12,896.		12,896.	
15	Royalties		40 000		10 750
16	Occupancy	53,550.	40,800.	1 0 6 0	12,750.
17	Travel	4,960.		4,960.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	150		150	
19	Conferences, conventions, and meetings	450.		450.	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	928.		928.	
23		940.		940.	
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					
b					
с					
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	433,563.	341,143.	75,105.	17,315
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)				
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Form 990	(2022)
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	990 (2 t X	2022) A SECOND U FOUNDATION Balance Sheet		02-	2320796 Page 11
	L A	Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	431,204.	1	310,719
	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 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	
s	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges		9	
		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	Intangible assets		14	
	15	Other assets. See Part IV, line 11	1,800.	15	1,800
	16	Total assets. Add lines 1 through 15 (must equal line 33)	433,004.	16	312,519
	17	Accounts payable and accrued expenses	0.	17	1,981
	18	Grants payable		18	,
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
s	22	Loans and other payables to any current or former officer, director,			
Itie		trustee, key employee, creator or founder, substantial contributor, or 35%			
Liabilities		controlled entity or family member of any of these persons		22	
Ë	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 Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	0.	26	1,981
		Organizations that follow FASB ASC 958, check here			
ces		and complete lines 27, 28, 32, and 33.			
and	27	Net assets without donor restrictions	433,004.	27	310,538
Ba	28	Net assets with donor restrictions	0.	28	0
nd		Organizations that do not follow FASB ASC 958, check here			
n L		and complete lines 29 through 33.			
sor	29	Capital stock or trust principal, or current funds		29	
set	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated income, or other funds		31	
		Total net assets or fund balances	433,004.	32	310,538
Vet	32	TOTAL HEL ASSELS OF JUND DATATICES			

Form **990** (2022)

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15470209 151761 SECOND

Form	1 990 (2022) A SECOND U FOUNDATION	82-232	0796	Page 12
Pa	rt XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI			
1	Total revenue (must equal Part VIII, column (A), line 12)	1		L,096.
2	Total expenses (must equal Part IX, column (A), line 25)	2		3,563.
3	Revenue less expenses. Subtract line 2 from line 1	3		2,467.>
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	433	3,004.
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 on Schedule O)	9		0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,			
	column (B))	10	31(),537.
Pa	rt XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			
				Yes No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedul	e O.		
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 reviewed	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?		2b	X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,		
	consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,		
	review, or compilation of its financial statements and selection of an independent accountant?		2c	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scl	nedule O.		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the			
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		. 3a	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit		
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	

Form **990** (2022)

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SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990)

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.

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

OMB No. 1545-0047
2022
Open to Public Inspection

Nan	ie of t	ne organization 入 C ロ	COND U FOU						2-2320796
Pa	rt I	Reason for Public (omplete ti	nis nart) S	ee instruction		2-2320790
								13.	
1 1	ligan	ization is not a private found				,			
2		A church, convention of ch					I)(A)(I).		
2		A school described in secti A hospital or a cooperative				V6V4VAV;	::)		
4		A medical research organize					•	Viii) Entor	the beenital's name
4		city, and state:	ation operated in co	injunction with a nospita	l described	a in Sectio			the hospital's hame,
5		An organization operated for	or the bonefit of a co	llogo or university owned	d or opora	tod by a a	ovornmontal	unit doscrik	ood in
5		section 170(b)(1)(A)(iv). (C				led by a g	overnmentar		
6		A federal, state, or local gov	. ,	nontal unit described in	saction 17	70(6)(1)(1)	(1)		
7	\square	An organization that norma						he general	public described in
'		section 170(b)(1)(A)(vi). (Co	•	initial part of its support	nom a gov	erninentai		ne general	
8		A community trust describe			+ 11)				
9	\square	An agricultural research org				ad in conii	unction with a	land-grant	college
3		or university or a non-land-g							
		university:	grant college of agric			name, or	y, and state o	r the colleg	
10	X	An organization that norma	Illy receives (1) more	than 33 1/3% of its sun	nort from	contributio	ons members	hin fees a	nd aross receipts from
10		activities related to its exem							
		income and unrelated busir							
		See section 509(a)(2). (Cor				0000 4040		gamzation	
11		An organization organized a		ively to test for public sa	afety, See	section 50)9(a)(4).		
12		An organization organized a		•	-			arrv out the	e purposes of one or
		more publicly supported or							
		lines 12a through 12d that							
а		Type I. A supporting orga							/ giving
		the supported organization							
		organization. You must c							
b		Type II. A supporting orga			tion with it	s support	ed organizatio	on(s), by ha	aving
		control or management o	-				-		-
		organization(s). You mus							
с		Type III functionally inte	grated. A supporting	g organization operated	in connec	tion with, a	and functiona	Ily integrate	ed with,
		its supported organization	n(s) (see instructions	s). You must complete l	Part IV, Se	ections A,	D, and E.		
d		Type III non-functionally	y integrated. A supp	orting organization oper	rated in co	nnection v	with its suppo	rted organi	ization(s)
		that is not functionally int	egrated. The organiz	zation generally must sa	tisfy a dist	ribution re	quirement an	d an attent	iveness
		requirement (see instruct	ions). You must con	nplete Part IV, Sections	s A and D,	and Part	v .		
е		Check this box if the orga	anization received a	written determination fro	om the IRS	that it is a	а Туре I, Туре	II, Type III	
		functionally integrated, or							
f	Ente	Enter the number of supported organizations							
g	Prov	vide the following information	about the supporte	ed organization(s).					
	(i	i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	nization listed ng document?	(v) Amount of	-	(vi) Amount of other
		organization		above (see instructions))	Yes	No	support (see ir	istructions)	support (see instructions)
Tota	ıl								1

Schedule A	(Form	990)	202

Part II	Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
	(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization
	fails to qualify under the tests listed below, please complete Part III.)

\/d\/A\/'

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
	ction B. Total Support			•	1		•
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4						
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12		etc. (see instruct	ions)			12	•
	First 5 years. If the Form 990 is for th		,			501(c)(3)	
	organization, check this box and stor	-			•		
Se	ction C. Computation of Publ						
14	Public support percentage for 2022 (line 6, column (f), o	divided by line 11,	column (f))		14	%
15	Public support percentage from 2021	Schedule A, Part	II, line 14			15	%
	33 1/3% support test - 2022. If the o					nore, check this b	ox and
	stop here. The organization qualifies	as a publicly supp	oorted organizatio	า			
b	33 1/3% support test - 2021. If the o						
	and stop here. The organization qual	ifies as a publicly	supported organiz	ation			
17a	10% -facts-and-circumstances tes						
	and if the organization meets the fact	s-and-circumstan	ces test, check thi	s box and stop he	re. Explain in Part	VI how the organiz	zation
	meets the facts-and-circumstances te	est. The organizati	on qualifies as a p	ublicly supported	organization	-	
b	0 10% -facts-and-circumstances tes	t - 2021. If the org	anization did not	check a box on lin			
	more, and if the organization meets th		-				
	organization meets the facts-and-circ						
18	Private foundation. If the organization						
	V						(Earm 990) 2022

Schedule A (Form 990) 2022

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Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 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.)

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	2 (f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disgualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						0.
Section B. Total Support				_		
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	2 (f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital						
assets (Explain in Part VI.) 13 Total support. (Add lines 9, 10c, 11, and 12.)						0.
14 First 5 years. If the Form 990 is for th		rst. second. third	, fourth, or fifth tax	vear as a section	501(c)(3) ora:	
check this box and stop here	•					
Section C. Computation of Publ						
15 Public support percentage for 2022 (column (f))		15	.00 %
16 Public support percentage from 202					16	%
Section D. Computation of Inve					1 - 1	
17 Investment income percentage for 20)	17	.00 %
18 Investment income percentage from					18	%
19a 33 1/3% support tests - 2022. If the						
more than 33 1/3%, check this box a						
b 33 1/3% support tests - 2021. If the						/3%, and
line 18 is not more than 33 1/3%, che						
20 Private foundation. If the organization						
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4a

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4c

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5c

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9a

9b

9c

10a

10b

Yes No

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If* "Yes," *answer lines 3b and 3c below.*
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If* "Yes," *describe in* **Part VI** *when and how the organization made the determination.*
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," *and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "Yes," *provide detail in* **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- **c** Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If* "*Yes*," *provide detail in* **Part VI.**
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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Part IV	Supporting Organ	izatio	ons _{(continue}	ed)	

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If</i> " <i>No</i> ," <i>describe in</i> Part VI <i>how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organization and and the powers of the power</i>			
2	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. Did the organization operate for the benefit of any supported organization other than the supported	-		
2	organization (s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations	·		
			Yes	No

Sec	tion D. All Type III Supporting Organizations		
	the supported organization(s).	1	
	or management of the supporting organization was vested in the same persons that controlled or managed		
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control		
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		

oberen Bryan Type in Supporting ergunzatione							
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the						
	organization's tax year, (i) a written notice describing the type and amount of support provided during the p						

	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax		
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the		
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported		
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how		
	the organization maintained a close and continuous working relationship with the supported organization(s).	2	
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a		
	significant voice in the organization's investment policies and in directing the use of the organization's		
	income or assets at all times during the tax year? If "Yes." describe in Part VI the role the organization's		

supported organizations played in this regard.

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the	yeat	see instruction	ns).

- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*
- c _____ The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).
- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "No" provide details in **Part VI.**
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* **Part VI** *the role played by the organization in this regard.*

2a ______ 2b _____ 3a _____ 3b _____

Yes No

3

Yes No

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Schedule A (Form 990) 2022

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Schedule A (Form 990) 2022 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

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L Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1 a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functiona	ally integrat	ted Type III supporting org	ganization (see

instructions).

1

Schedule A (Form 990) 2022

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Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Org	anizations _{(continue}	d)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp				
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizatior	าร	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	he organization is responsive	e		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	;	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
а	From 2017				
b	From 2018				
с	From 2019				
d	From 2020				
е	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
c	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2018				
b	Excess from 2019				
с	Excess from 2020				
d	Excess from 2021				
е	Excess from 2022				

Schedule A (Form 990) 2022

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Part VI	Supplemental Information	on. Provide the	FOUNDATION explanations required by Part II, line 1	10; Part II, line 17a or 17	32–2320796 Pa 'b; Part III, line 12;
	Part IV, Section A, lines 1, 2, 3b, line 1; Part IV, Section D, lines 2	, 3c, 4b, 4c, 5a, and 3; Part IV, 3	6, 9a, 9b, 9c, 11a, 11b, and 11c; Part Section E, lines 1c, 2a, 2b, 3a, and 3b	IV, Section B, lines 1 ar ; Part V, line 1; Part V, S	nd 2; Part IV, Section C Section B, line 1e; Part \
	(See instructions.)	Part V, Section	E, lines 2, 5, and 6. Also complete this	s part for any additional	information.
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Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one):

Schedule of Contributors

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2022

Employer identification number

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Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* religious is received *nonexclusively* religious.

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Name of organization

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A SECOND U FOUNDATION

Employer identification number

82-2320796

Part I	Contributors (see instructions). Use duplicate copies of Part I if add	litional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	STACY QUINN PO BOX 3680 TAOS, NM 87571	\$100,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	GWEN WEINER	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	HUNGRYROOT 41 EAST 11TH STREET NEW YORK, NY 10003	\$20,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	FAHERTY BRAND 80 BROAD STREET NEW YORK, NY 10004	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)		
No.	Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>No.</u>			
		Total contributions	Type of contribution Person
 (a)	(b) Name, address, and ZIP + 4	Total contributions	Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (d)

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Name of organization

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Employer identification number

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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_		\$	
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_		\$	
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_		\$	
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
—		\$	
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_		 \$	

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ame of or	ganization			E	mployer identification numb
	OND U FOUNDATION				82-2320796
Part III	Exclusively religious, charitable, etc., contributi from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, c Use duplicate copies of Part III if additional	through (e) and the following through (e) and the following the state of the state	na line entry. For a	organizations	
(a) No. from Part I	(b) Purpose of gift	(c) Use of	gift	(d) Descri	otion of how gift is held
-		(e) Trans	fer of gift		
-	Transferee's name, address, a	nd ZIP + 4	R	elationship of trans	feror to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of	gift	(d) Descrij	otion of how gift is held
F		(e) Trans	fer of gift		
-	Transferee's name, address, a	nd ZIP + 4	R	elationship of trans	feror to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of	gift	(d) Descriț	otion of how gift is held
			fer of gift	1	
ŀ	Transferee's name, address, a	nd ZIP + 4	R	elationship of trans	feror to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of	gift	(d) Descrip	otion of how gift is held

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Schedule B (Form 990) (2022)

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Transferee's name, address, and ZIP + 4

(e) Transfer of gift

2022.05040 A SECOND U FOUNDATION

Relationship of transferor to transferee

SCHEDULE O (Form 990) Department of the Treasury	Supplemental Information to Form 990 or 990 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.	-EZ	OMB No. 1545-0047 2022 Open to Public Inspection
Internal Revenue Service Name of the organizatio			identification number
FORM 990, PA	A SECOND U FOUNDATION RT I, LINE 1, DESCRIPTION OF ORGANIZATION MIS		320796
BUT GIVEN TH	E TOOLS NEEDED TO BE SUCCESSFUL. WE OFFER SKI	LLS AN	D
GUIDANCE, WH	IEL PROVIDING A COMMUNITY TO SUPPORT THEM AS	тнеу с	REATE
CAREERS AND	REBUILD THEIR LIVES. WE ARE PROUD TO BE A PAR	T OF T	HEIR
PROCESS. A S	ECOND U FOUNDATION FUNDS THE TRAINING OF PREV	IOSULY	
INCARCERATED	INDIVIDUALS TO GET CERTIFIED AS PERSONAL TRA	INERS,	LEARN
SOFT SKILLS	AND COMPUTER SOFTWARE SKILLS IN AN ATTEMPT TO	REDUC	E
RECIVITISM B	Y PROVIDING THE SKILLS AND RESOURCES NEED TO	BE SEL	F
SUFFICIENT.			

PART I LINE 1

A SECOND U FOUNATION IS ORGANIZED EXCLUSIVELY FOR CHARITABLE PURPOSES AS SPECIFIED IN SECTION 501(C)(3) OF THE INTERNAL TO PROMOTE THE

EDUCATION OF A SKILL TO AID IN FUTURE JOB SEEKING.

THE PRIMRARY PURPOSE OF THE ORGANIZATION IS TO MAKE SURE THAT PEOPLE
COMING HOME ARE NOT DEFINED BY THEIR SENTENCE, BUT GIVEN THE TOOLS
NEEDED TO BE SUCCESSFUL. WE OFFER SKILLS AND GUIDANCE, WHIEL 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 THE 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 NEED TO BE SELF SUFFICIENT.

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

Schedule O (Form 990) 2022

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Schedule O (Form 990) 2022	Page 2
Name of the organization A SECOND U FOUNDATION	Employer identification number 82-2320796
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION M	ISSION:
PROUD TO BE A PART OF THEIR PROCESS. A SECOND U FOUNDATIO	N FUNDS THE
TRAINING OF PREVIOSULY INCARCERATED INDIVIDUALS TO GET CE	RTIFIED AS
PERSONAL TRAINERS, LEARN SOFT SKILLS AND COMPUTER SOFTWAR	E SKILLS IN AN
ATTEMPT TO REDUCE RECIVITISM BY PROVIDING THE SKILLS AND	RESOURCES NEED
TO BE SELF SUFFICIENT.	

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

OTHER VARIOUS PROGRAM EXPENSES

EXPENSES \$ 159,343. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

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

EACH DIRECTOR, PRINCIPAL AND OFFICER OF THE ORGANIZATION, SHALL ANNUALLY SIGN A STATEMENT WHICH AFFIRMS SUCH PERSON HAS AGREED TO COMPLY WITH THE POLICY AND UNDERSTANDS THE ORGANIZATION IS CHARITABLE AND IN ORDER TO MAINTAIN ITS FEDERAL TAX EXEMPTION IT MUST ENGAGE PRIMARILY IN ACTIVITIES WHIICH ACCOMPLISH ONE OR MORE OF ITS TAX-EXEMPT PURPOSES.

FORM 990, PART VI, SECTION B, LINE 12C:

EACH DIRECTOR, PRINCIPAL AND OFFICER OF THE ORGANIZATION, SHALL ANNUALLY SIGN A STATEMENT WHICH AFFIRMS SUCH PERSON HAS AGREED TO COMPLY WITH THE POLICY AND UNDERSTANDS THE ORGANIZATION IS CHARITABLE AND IN ORDER TO MAINTAIN ITS FEDERAL TAX EXEMPTION IT MUST ENGAGE PRIMARILY IN ACTIVITIES WHIICH ACCOMPLISH ONE OR MORE OF ITS TAX-EXEMPT PURPOSES.

FORM 990, P	ART VI, SECTION	B, LINE 15B:		
THE ORGANIZ	ATION IS MANAGEI) BY A VOLUNTEEF	R BOARD AS WELL	AS A PAID DIRECTOR
AND OFFICER	. SALARIES, SHAI	L BE FIXED BY F	RESOLUTION OF I	HE BOARD OF
232212 10-28-22		26		Schedule O (Form 990) 2022
15470209 15170	51 SECOND	26 2022.05040 A S	ECOND U FOUNDA	FION SECOND_1

Schedule O (Form 990) 2022 Name of the organization A SECOND U FOUNDATION	Page 2 Employer identification number 82-2320796
DIRECTORS. IN ALL CASES, ANY SALARIES RECEIVED BY OFFIC	ERS OF THE
ORGANIZATION SHALL BE REASONABLE. ALL OFFICER SALARIES	SHALL BE APPROVED IN
ADVANCE IN ACCORDANCE WITH THE ORGANIZATION'S CONFLICT (OF INTEREST POLICY.
FORM 990, PART VI, SECTION C, LINE 19:	
THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AN	ND FINANCIAL
STATEMENTS ARE AVAILABLE UPON REQUEST.	
FORM 990, PART IX, LINE 11G, OTHER FEES:	
BANK CHARGES:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	33.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	33.
MERCHANT FEES:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	303.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	303.
MISCELLANEOUS EXPENSES:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	3,306.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	3,306.
PROFESSIONAL FEES:	

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Schedule O (Form 990) 2022

Name of the organization A SECOND U FOUNDATION	Employer identification number 82-2320796
PROGRAM SERVICE EXPENSES	0
MANAGEMENT AND GENERAL EXPENSES	2,660
FUNDRAISING EXPENSES	0
TOTAL EXPENSES	2,660
LICENSES, CERTS AND TRAINING:	
PROGRAM SERVICE EXPENSES	3,637
MANAGEMENT AND GENERAL EXPENSES	0
FUNDRAISING EXPENSES	0
TOTAL EXPENSES	3,637
MEALS:	
PROGRAM SERVICE EXPENSES	1,975
MANAGEMENT AND GENERAL EXPENSES	28,032
FUNDRAISING EXPENSES	1,049
TOTAL EXPENSES	31,056
STIPENDS:	
PROGRAM SERVICE EXPENSES	114,532
MANAGEMENT AND GENERAL EXPENSES	0
FUNDRAISING EXPENSES	0
TOTAL EXPENSES	114,532
SPEAKING FEES:	
PROGRAM SERVICE EXPENSES	450
MANAGEMENT AND GENERAL EXPENSES	0
FUNDRAISING EXPENSES	0
TOTAL EXPENSES	450
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Name of the organization A SECOND U FOUNDATION	Employer identification numbe 82-2320796
PROFESSIONAL FEES:	
PROFESSIONAL FEES: PROGRAM SERVICE EXPENSES	0

FUNDRAISING EXPENSES	3,516.
TOTAL EXPENSES	3,516.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	159,493.

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FEBRUARY 9, 2024

A SECOND U FOUNDATION PO BOX 1389 NEW YORK, NY 10113-1389

A SECOND U FOUNDATION:

I HAVE PREPARED AND ENCLOSED YOUR 2022 NEW YORK FORM CHAR500, ANNUAL FILING REPORT. THE REPORT SHOULD BE FILED AS INDICATED.

NEW YORK FORM CHAR500:

FORM CHAR500 HAS A BALANCE DUE OF \$125.00.

THE NEW YORK FORM CHAR500 SHOULD BE FILED VIA THE WEB AS SOON AS POSSIBLE AT:

HTTPS://CHARITIESNYS.COM/ANNUAL_FILING.HTML

A COPY OF THE RETURN IS ENCLOSED FOR YOUR FILES. I SUGGEST THAT YOU RETAIN THIS COPY INDEFINITELY.

VERY TRULY YOURS,

JBH CONSULTING, INC.

CHAR500

NYS Annual Filing for Charitable Organizations www.CharitiesNYS.com

Open to Public Inspection

1.General Informat					
For Fiscal Year Beginning (mm/dd/yyyy) 01/01/2022 and Ending (mm/dd/yyyy) 12/31/2022					
Check if Applicable:	Name of Organization: A SECOND U FOUNDATION	Employer Identification Number (EIN): 82-2320796			
Name Change	Mailing Address: PO BOX 1389	NY Registration Number:			
Final Filing	City/State/ZIP: NEW YORK, NY 10113-1389	Telephone:			
Reg ID Pending	Website: WWW.ASECONDUFOUNDATION.ORG	Email:			
Check your organization's registration category:	7A only EPTL only X DUAL (7A & EPTL)	EXEMPT* Confirm your Registration Category in the Charities Registry at www.CharitiesNYS.com.			
2. Certification					
See instructions for certif	cation requirements. Improper certification is a violation of law that I	nay be subject to penalties. The certification requires			
two signatories.					
We certify under penalties of perjury that we reviewed this report, including all attachments, and to the best of our knowledge and belief, they are true, correct and complete in accordance with the laws of the State of New York applicable to this report.					
President or Authorized Officer: HECTOR GUAD		TOR GUADALUPE CUTIVE DIRECTOR			
	Signature	Print Name and Title Date			
Chief Financial Officer or	Treasurer				
	Signature	Print Name and Title Date			
3. Annual Reporting	Exemption				
Check the exemption(s) that apply to your filing. If your organization is claiming an exemption under one category (7A or EPTL only filers) or both categories (DUAL filers) that apply to your registration, complete only parts 1, 2, and 3, and submit the certified Char500. No fee, schedules, or additional attachments are required. If you cannot claim an exemption or are a DUAL filer that claims only one exemption, you must file applicable schedules and attachments and pay applicable fees.					
exceed \$25,000 <u>and</u> the organization did not engage a professional fund raiser (PFR) or fund raising counsel (FRC) to solicit contributions during the fiscal year.					
3b. EPTL filing exemption: Gross receipts did not exceed \$25,000 and the market value of assets did not exceed \$25,000 at any time during the fiscal year.					
4. Schedules and A	ttachments				
See the following page for a checklist of schedules and attachments to complete your filing. Yes X No 4a. Did your organization use a professional fund raiser, fund raising counsel or commercial co-venturer for fund raising activity in NY State? If yes, complete Schedule 4a.					
5. Fee					
See the checklist on the next page to calculate yo fee(s). Indicate fee(s) you are submitting here:	7A filing fee: EPTL filing fee: Total fee: yr \$\$ \$\$	Make a single check or money order payable to: <u>"Department of Law"</u>			
-	Charitable Organizations (Updated January 2022) fers to an organization's NYS registration status. It does not refer to	its IRS tax designation.			

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A BECOND & FOONDATION				
	Simply submit the certified CHAR500 with no fee, schedule, or additional attachments IF:			
CHAR500	- Your organization is registered as 7A only and you marked the 7A filing exemption in Part 3.			
Annual Filing Checklist	- Your organization is registered as EPTL only and you marked the EPTL filing exemption in Part 3.			
	- Your organization is registered as DUAL and you marked both the 7A and EPTL filing exemption in Part 3.			

Checklist of Schedules and Attachments

Check the schedules you must submit with your CHAR500 as described in F If you answered "yes" in Part 4a, submit Schedule 4a: Professional Fund If you answered "yes" in Part 4b, submit Schedule 4b: Government Gr	Raisers (PFR), Fund Raising Counsel (FRC), Commercial Co-Venturers (CCV)
 Check the financial attachments you must submit with your CHAR500: IRS Form 990, 990-EZ, or 990-PF, and 990-T if applicable All additional IRS Form 990 Schedules, including Schedule B (Schedul disclosure and will not be available for public review. Our organization was eligible for and filed an IRS 990-N e-postcard. Our filing year. We have included an IRS Form 990-EZ for state purposes of the second sec	r revenue exceeded \$25,000 and/or our assets exceeded \$25,000 in the
If you are a 7A only or DUAL filer, submit the applicable independent Certifier X Review Report if you received total revenue and support greater than \$ Audit Report if you received total revenue and support greater than \$1 If the fiscal year begins before that date, an Audit Report is required if No Review Report or Audit Report is required because total revenue and We are a DUAL filer and checked box 3a, no Review Report or Audit R	\$250,000 and up to \$1,000,000 ,000,000 and the fiscal year begins on or after July 1, 2021. total revenue and support is greater than \$750,000 nd support is less than \$250,000
Calculate Your Fee	Is my Registration Category 7A, EPTL, DUAL or EXEMPT?
For 7A and DUAL filers, calculate the 7A fee:	Organizations are assigned a Registration Category upon registration with the NY Charities Bureau:
\$0, if you checked the 7A exemption in Part 3a	70 films and uppintened to policit contributions in New York

X \$25, if you did not check the 7A exemption in Part 3a

For EPTL and DUAL filers, calculate the EPTL fee:

\$0, if you checked the EPTL exemption in Part 3b	i
\$25, if the NET WORTH is less than \$50,000	
\square \$50, if the NET WORTH is \$50,000 or more but less than \$250,000	
\fbox \$100, if the NET WORTH is \$250,000 or more but less than \$1,000,000	i
\$250, if the NET WORTH is \$1,000,000 or more but less than \$10,000,000	
50,000,000 s750, if the NET WORTH is \$10,000,000 or more but less than \$50,000,000	
\$1500, if the NET WORTH is \$50,000,000 or more	

Send Your Filing

Send your CHAR500, all schedules and attachments, and total fee to:

NYS Office of the Attorney General Charities Bureau Registration Section 28 Liberty Street New York, NY 10005

Need Assistance?

Visit: www.CharitiesNYS.com Call: (212) 416-8401 Email: Charities.Bureau@ag.ny.gov **7A** filers are registered to solicit contributions in New York under Article 7-A of the Executive Law ("7A")

EPTL filers are registered under the Estates, Powers & Trusts Law ("EPTL") because they hold assets and/or conduct activities for charitable purposes in NY.

DUAL filers are registered under both 7A and EPTL.

EXEMPT filers have registered with the NY Charities Bureau and meet conditions in <u>Schedule E - Registration</u> <u>Exemption for Charitable Organizations</u>. These organizations are not required to file annual financial reports but may do so voluntarily.

Confirm your Registration Category and learn more about NY law at <u>www.CharitiesNYS.com.</u>

Where do I find my organization's NET WORTH?

NET WORTH for fee purposes is calculated on:

- IRS Form 990 Part I, line 22
- IRS Form 990 EZ Part I, line 21
- IRS Form 990 PF, calculate the difference between Total Assets at Fair Market Value (Part II, line 16(c)) and Total Liabilities (Part II, line 23(b)).

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