SECONDCHANC 12/30/2004 2.42 PM

990 '

Hurricane Frances

Return of Organization Exempt From Income Tax

OMB No 1545-0047 2003

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

The organization may have to use a copy of this return to satisfy state reporting requirements Department of the Treasury Internal Revenue Service Inspection For the 2003 calendar year, or tax year beginning , and ending Please Employer ID number Check if applicable C Name of organization use IRS Address change 59-3697852 label or SECOND CHANCE PROGRAM, INC Name change Telephone number print or type. 866-439-6685 Number and street (or P O box if mail is not delivered to street address) Initial return Room/suite See Accounting method: X Cash 12157 WEST LINEBAUGH AVENUE 356 Final return Specific Other (specify) Amended return City or town, state or country, and ZIP + 4 Instruc-TAMPA FL 33626 Application pending tions. Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable H and I are not applicable to section 527 organizations H(a) Is this a group return for affiliates? trusts must attach a completed Schedule A (Form 990 or 990-EZ). Website: ► N/A H(b) If "Yes," enter number of affiliates Organization type H(c) Are all affiliates included? (check only one) | X | 501(c) (3) ≤ (insert no.) 4947(a)(1) or (If "No," att a list See instr) Check here I I if the organization's gross receipts are normally not more than \$25,000. H(d) Is this a separate return filed by an The organization need not file a return with the IRS; but if the organization received a organization covered by a group ruling? Group Exemption Number Form 990 Package in the mail, it should file a return without financial data. Some states Check ► X if the organization is not required require a complete return. 708,839 Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 to attach Sch. B (Form 990, 990-EZ, or 990-PF). Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 18 of the instructions.) Part I Contributions, gifts, grants, and similar amounts received: 1 308,839 Direct public support 1a Indirect public support 1b Government contributions (grants) 308,839 Total (add lines 1a through 1c) (cash \$ 2 2 Program service revenue including government fees and contracts (from Part VII, line 93) 3 Membership dues and assessments 3 Interest on savings and temporary cash investments 4 5 Dividends and interest from securities 5 Gross rents 6a 6a Less: rental expenses Net rental income or (loss) (subtract line 6b from line 6a) 6c C 7 Other investment income (describe Gross amount from sales of assets other (A) Securities (B) Other than inventory 8a Less: cost or other basis and sales expenses Gain or (loss) (attach schedule) Net gain or (loss) (combine line 8c, columns (A) and (B)) 8d Special events and activities (attach schedule). If any amount is from gaming, check here Gross revenue (not including \$ __ contributions reported on line 1a) Less: direct expenses other than fundraising expenses Net income or (loss) from special events (subtract line 9b from line 9a) 9c Gross sales of inventory, less returns and allowances 10a 10b Less: cost of goods sold Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a) 10c Other revenue (from Part VII, line 103) 11 11 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11 708.839 12 361,422 Program services (from line 44, column (B)) 13 240,080 Management and general (from line 44, column (C)) 14 14

-108,005

647,529

61,310

15

16

17

18

19

20

Fundraising (from line 44, column (D))

Payments to affiliates (attach schedule)

Total expenses (add lines 16 and 44, column (A))

Excess or (deficit) for the year (subtract line 17 from line 12)

Other changes in net assets or fund balances (attach explanation)

Net assets or fund balances at beginning of year (from line 73, column (A))

Net assets or fund balances at end of year (combine lines 18, 19, and 20)

15

16

17

18

19

20

Functional Expenses and section 4947					5)
Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.	LOX 17 NO.	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (attach schedule)					•
(cash \$ cash \$) 22				,
3 Specific assistance to individuals	23				-
Benefits paid to or for members	24	56.040		5.6.040	
5 Compensation of officers, directors, etc.	25	56,240		56 , 240	
6 Other salaries and wages	26		<u></u>		
7 Pension plan contributions	27				
8 Other employee benefits 9 Payroll taxes	28 29				
Professional fundraising fees	30				
1 Accounting fees	31	400		400	
2 Legal fees	32	3,510		3,510	
3 Supplies	33	75,646	67,743	7,903	
3 Supplies	34	35,255	26,449	5,992	2,814
5 Postage and chinning	35	5,699	2,772	1,463	1,464
6 Occupancy	36	72,374	42,926	29,448	
7 Equipment rental and maintenance	37	7,232	12/320	7,232	
8 Printing and publications	38	9,868	1,575	5,754	2,539
9 Travel	39	89,102	28,696	28,696	31,710
O Conferences, conventions, and meetings	40				
1 Interest	41				
Depreciation, depletion, etc. (attach schedule)	42				
Other expenses not covered above (itemize): a	43a				
b See Statement 2	43b	292,203	191,261	93,442	7,500
c	43c				
d	43d				
e	43e				
e	43е				
Total functional expenses (add lines 22 - 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15	43e 44	647,529	361,422	240,080	46,027
Total functional expenses (add lines 22 - 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15 Dint Costs. Check if you are following SOP 98-2.	44			_	
Total functional expenses (add lines 22 - 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15 plnt Costs. Check if you are following SOP 98-2. The any joint costs from a combined educational campaign and the costs from a cost from a c	44	ng solicitation reported in	(B) Program services	s? I	
Total functional expenses (add lines 22 - 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15 oint Costs. Check if you are following SOP 98-2. The any joint costs from a combined educational campaign and "Yes," enter (I) the aggregate amount of these joint costs \$	44	ng solicitation reported in	(B) Program services	ices \$	
Total functional expenses (add lines 22 - 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15 oint Costs. Check if you are following SOP 98-2. The any joint costs from a combined educational campaign and "Yes," enter (I) the aggregate amount of these joint costs Yes," enter (I) the aggregate amount of these joint costs I) the amount allocated to Management and general	44 fundraisi	ng solicitation reported in ; (ii) the amount , and (iv) the amount	(B) Program services allocated to Program serv allocated to Fundraising	;?	
Total functional expenses (add lines 22 - 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15 oint Costs. Check if you are following SOP 98-2. The any joint costs from a combined educational campaign and "Yes," enter (i) the aggregate amount of these joint costs if you are following SOP 98-2. The amount allocated to Management and general \$ The amount allocated	44 fundraisi	ng solicitation reported in ; (ii) the amount , and (iv) the amount	(B) Program services allocated to Program serv allocated to Fundraising	;?	Yes X No
Total functional expenses (add lines 22 - 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15 oint Costs. Check if you are following SOP 98-2. The any joint costs from a combined educational campaign and response to the aggregate amount of these joint costs if you are following SOP 98-2. The amount allocated to Management and general if you are following a mount allocated to Management and general if you are following service Acc Part III	fundraisi omplis PROGHents in a s that are	ng solicitation reported in ; (ii) the amount; and (iv) the amount; hments (See page	(B) Program services allocated to Program services allocated to Fundraising 25 of the instruction. State the number on 501(c)(3) and (4)	s? lices \$	
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Form 990 (2003)

Part IV Balance Sheets (See page 25 of the instructions.)

·	Note:	Where required, attached schedules and amounts within the description	(A)	1	(B)
	_	column should be for end-of-year amounts only.	Beginning of year		End of year
	45	Cash-non-interest-bearing	13,065	45	33,266
	46	Savings and temporary cash investments		46	
	47a	Accounts receivable 47a			
	ь	Less: allowance for doubtful accounts 47b		47c	
				1 1	
	48a	Pledges receivable 48a			
	Ь	Less: allowance for doubtful accounts		48c	
	49	Grants receivable		49	
	50	Receivables from officers, directors, trustees, and key employees			
A	1	(attach schedule)		50	
S	51a	Other notes and loans receivable (attach		1 1	
S	.	schedule)]]	
e		Less: allowance for doubtful accounts		51c	
τ	52	Inventories for sale or use		52	
S	53	Prepaid expenses and deferred charges Investments-securities Cost FMV	,	53	
	54	···· · · · · · · · · · · · · · · · · ·		54	
	55a	Investments-land, buildings, and equipment: basis 51,014			
	B	Less: accumulated depreciation (attach	15,905	550	51,014
	56	schedule) 55b Investments-other (attach schedule)	19,903	56	J1,014
	57a	Land buildings and aguinment basis		- 30	
	l .	Less: accumulated depreciation (attach			
	1	schedule)		57c	
	58	Other assets (describe)		58	
	59	Total assets (add lines 45 through 58) (must equal line 74)	28,970	59	84,280
	60	Accounts payable and accrued expenses		60	
L i	61	Grants payable		61	
a	62	Deferred revenue		62	
þ	63	Loans from officers, directors, trustees, and key employees (attach		1	
I		schedule)		63	
l	64a	Tax-exempt bond liabilities (attach schedule)		64a	
t i	b	Mortgages and other notes payable (attach schedule)		64b	
e	65	Other liabilities (describe See Stmt 4)	136,975	65	130,975
S]		100 075]	* 20 075
	66	Total liabilities (add lines 60 through 65)	136,975	66	130,975
	Orgai	nizations that follow SFAS 117, check here ► X and complete lines		7.	
. E		67 through 69 and lines 73 and 74.	-108,005	67	-46,695
NF e u	67	Unrestricted	-100,003	68	-40,093
t n	68	Temporarily restricted		69	
d	69 Organ	Permanently restricted		-03	
A s B	3	complete lines 70 through 74.			
s a	70	Capital stock, trust principal, or current funds	}	70	
9 (71	Paid-in or capital surplus, or land, building, and equipment fund		71	
ta snj	72	Retained earnings, endowment, accumulated income, or other funds		72	
C	ľ	Total net assets or fund balances (add lines 67 through 69 or lines			-
Э	l	70 through 72;			
S		column (A) must equal line 19; column (B) must equal line 21)	-108,005	73	-46,695
	t	Total liabilities and net assets / fund balances (add lines 66 and 73)	28,970		84,280

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

DAA

Form 990 (2003)	SECOND CHANCE	PROGRAM, INC		59-	3697852			Page 4
Part IV-A	Reconciliation of Rev	enue per Audited	P	art IV-B	Reconciliation of	f Exp	enses pe	r Audited
•	Financial Statements	with Revenue per	- [1	Financial Statem	ents	with Exp	enses per
<u>N/A</u>	Return (See page 27	of the instructions.)	N	/A I	Return			
a Total revenue	e, gains, and other support]]	a	Total expenses	and losses per			•
per audited fi	nancial statements >	a		audited financia	I statements		a	
b Amounts incl	uded on line a but not on		b	Amounts includ	ed on line a but not		11	
line 12, Form				on line 17, For			1 '	
(1) Net unrealize			(1)	Donated service	es and use			
investments				of facilities			┨	,
(2) Donated serv	rices and use		(2)	Prior year adjus			1 1	•
of facilities	\$			reported on line	20,		1 1	•
(3) Recoveries o	`_			Form 990 _ §			-	•
	\$		(3)	Losses reported	on line 20,			
(4) Other (specify	y):		1	Form 990 \$	<u> </u>		-	
	•		(4)	Other (specify):			1 1	
 Δdd amounts	on lines (1) through (4)		1	٠.				
Add amounts	on mes (1) unough (4)		-	. ±	n lines (1) through (4)	•		•
c Line a minus	line h	c	c	Line a minus lin			c	
	uded on line 12.		− d	Amounts include			 	`
	not on line a:	-	"	Form 990 but no	•			
(1) Investment ex	_		(1)	Investment expe			,	
not included of	•		\	not included on			-	
6b, Form 990				6b, Form 990 \$, ,
(2) Other (specify			(2)	Other (specify):	· · · · · · · · · · · · · · · · · · ·		1 1	1 2
	•		` '	• • • • • • • • • • • • • • • • • • • •				
	\$		ł	<u>\$</u>			} }	
Add amounts	on lines (1) and (2)	d		Add amounts on	lines (1) and (2)		d	
e Total revenue	per line 12, Form 990		е	Total expenses	per line 17, Form 990			
(line c plus lin		е		(line c plus line c		•	е	
	st of Officers, Directors	, Trustees, and Key	Employ	ees (List each	one even if not compe	ensate	ed; see page	27 of
the	instructions)		(0) 7	· · · · · · · · · · · · · · · · · · ·	(C) Compensation	(D)	Contrib to	(E) Evenes
	(A) Name and address		hours pe	itle and average r week devoted to position	(C) Compensation (If not paid, enter	emple	oyee benefit s & deferred npensation	(E) Expense account and other allowances
RICK PENI	ORY		D/P		V /	- W	IIDEIISBUOII	
PO BOX 52	282 CLEARWATER	FL 33758	40+		35,240		0	0
JOY WEST			D/S	/ T				
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75 Did any officer	r, director, trustee, or key empl	oyee receive aggregate co	mpensatio	n of more than \$	100,000 from your			
•	nd all related organizations, of						▶ [Yes X No
-	n schedule-see page 28 of the		•	-	• ••		••••	_ _
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Part VI Other Information (See page 28 of the instructions.) 7	For	n 990 (2003) SECOND CHANCE PROGRAM, INC 59-3697852		F	age 5
156 Oil the argamization engage in any activity not proviously reported to the IRS7 If Yes, * attach a detailed description of each activity of when any changes made in the organization per governing documents but not reported to the IRS7 If Yes, * attach a conformed copy of the changes. 157					
a cach activity Were any changes made in the organizing or governing documents but not reported to the IRS7 Were any changes made in the organizing or governing documents but not reported to the IRS7 77			T	1,00	1
77 Year any changes made in the organizing or governing documents but not reported to the IRS? 1796 If Year's attach a conformed copy of the changes. 788 Off the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? 789 Was there a leguldation, dissolution, termination, or substantial contraction during the year? If Year, attach a statement statement is the property of the changes of the statement is the property of the changes of the property of the change of the organization related (other than by association with a statewide or nationwide organization) through common memberable, governing bodies, business, officers, etc., to any other exempt or nonexempt organization organization property of the property of the change of the organization. 809 If Year, show the name of the organization. 810 If Year, show the name of the organization. 811 Enter direct and indirect political expenditures. See ine 81 instructions. 812 If Year, show the name of the organization or the very organization organizati		·	76		Х
If "Yes," attach a conformed copy of the changes. Test	77				
1786 Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? 786 X Y X X X X X		· · · · · · · · · · · · · · · · · · ·		7	
b If "Yes," has it flield a tax return on Form 980-7 for this year? Was there a equidation, discolution, termination, or substantial contraction during the year? If "Yes," statich a statement 100 Is the organization related (other than by association with a statewised or nationwide organization) through common mambranth, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization mambranth, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization or mambranth, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization or mambranth, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization or discolution of the organization for form 1120-POL for this year? 10 If "Yes," or any find cate organization in the organization organi	78a		78a		Х
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		and direct the direction of the competence of the desired of doubted during the tax year.	Form 5	990 c	20031

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Part VII	Analysis of Income-Pro	ducing Activities (See pa	ge 33 of the insu		<u> </u>	
Note: Enter	gross amounts unless otherwise	Unrelat	ed business income	Excluded	by sec. 512, 513, or 514	(E) Related or
indicated.		(A) Business code	(B) Amount	(C) Exclusion	(D) Amount	exempt function
93 Program	service revenue:	Business code	Amount	code	Amount	ıncome
-						
-			<u> </u>			
d						
θ				+		
	e/Medicaid payments			+		400,000
-	d contracts from government agenci		ļ			400,000
94 Members	ship dues and assessments			++		
95 Interest of	on savings and temporary cash inve	estments				_
96 Dividend	s and interest from securities					
97 Net renta	al income or (loss) from real estate:		<u> </u>			
	and meanority					
	E					
	al income or (loss) from personal pro	onerty -				
				1		
	(loss) from sales of assets other tha	l l	 	+		
	me or (loss) from special events		 	+		
102 Gross pr	ofit or (loss) from sales of inventory		<u> </u>	++		
103 Other re	venue: a		ļ			
b			ļ			
c						
-						
A			ļ			
104 Subtotal	(add columns (B), (D), and (E))			0	0	400,000
405 Total (a)	dd line 104, columns (B), (D), and (E				▶	400,000
			••			
	CALLE LINE TA PART SOCIOLE POUBLIO	e amount on line 12. Part I				
	Polationship of Activitie	e amount on line 12, Part I	t of Exempt Puri	ooses (S	ee page 34 of the	instructions.)
Part VIII	Relationship of Activitie	es to the Accomplishmen	t of Exempt Pur	ooses (S	ee page 34 of the	instructions.)
Part VIII Line No.	Relationship of Activition Explain how each activity for which	es to the Accomplishmen th income is reported in column (E)	of Part VII contribute	ooses (S d important	ee page 34 of the ly to the accomplishmen	instructions.)
Part VIII Line No.	Relationship of Activition Explain how each activity for which	es to the Accomplishmen	of Part VII contribute	ooses (S d important	ee page 34 of the ly to the accomplishmen	instructions.)
Part VIII Line No.	Relationship of Activition Explain how each activity for which	es to the Accomplishmen th income is reported in column (E)	of Part VII contribute	ooses (S d important	ee page 34 of the ly to the accomplishmen	instructions.)
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Part VIII Line No. N/A Part IX Name, add partner	Relationship of Activitie Explain how each activity for which of the organization's exempt purpose of the organization of the organization of the organization's exempt purpose of the organization of the o	es to the Accomplishmen th income is reported in column (E) oses (other than by providing funds axable Subsidiaries and [(B) Percentage of	of Part VII contribute s for such purposes). Disregarded Enti	d important	e page 34 of the in	nstructions.) (E) End-of-year
Part VIII Line No. N/A Part IX Name, add partner	Relationship of Activitie Explain how each activity for which of the organization's exempt purp Information Regarding To (A) Items. and EIN of corporation.	es to the Accomplishmen th income is reported in column (E) oses (other than by providing funds axable Subsidiaries and I (B) Percentage of ownership interest	of Part VII contribute s for such purposes). Disregarded Enti	d important	e page 34 of the in	nstructions.) (E) End-of-year
Part VIII Line No. N/A Part IX Name, add partner	Relationship of Activitie Explain how each activity for which of the organization's exempt purpose of the organization of the organization of the organization's exempt purpose of the organization of the o	es to the Accomplishmen th income is reported in column (E) oses (other than by providing funds axable Subsidiaries and I (B) Percentage of ownership interest	of Part VII contribute s for such purposes). Disregarded Enti	d important	e page 34 of the in	nstructions.) (E) End-of-year
Part VIII Line No. N/A Part IX Name, add partner	Relationship of Activitie Explain how each activity for which of the organization's exempt purpose in the organization in the o	es to the Accomplishmen th income is reported in column (E) oses (other than by providing funds axable Subsidiaries and I (B) Percentage of ownership interest % %	of Part VII contributes for such purposes). Disregarded Enti (C) Nature of activities	ities (Sec	e page 34 of the in (D) Total income	nstructions.) (E) End-of-year assets
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Part VIII Line No. N/A Part IX Name, add partner N Part X (a) Did (b) Did	Relationship of Activitie Explain how each activity for which of the organization's exempt purpose in the organization regarding Table (A) dress, and EIN of corporation, ship, or disregarded entity A Information Regarding Table organization, during the year, rethe organization, during the year, particularly the organization of the organizati	axable Subsidiaries and I (B) Percentage of ownership interest % % ransfers Associated with ceive any funds, directly or indirectly, are not income.	Oisregarded Enti (C) Nature of activities Personal Benefity, to pay premiums of	ities (Sec	e page 34 of the ir Total income cts (See page 34 of th	e instructions.) e instructions.) Yes X No
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Part VIII Line No. N/A Part IX Name, add partner N Part X (a) Did (b) Did	Relationship of Activitie Explain how each activity for which of the organization's exempt purpose in the organization's exempt purpose in the organization of the org	axable Subsidiaries and I (B) Percentage of ownership interest % ransfers Associated with receive any funds, directly or indirectly, a 4720 (see instructions)	Disregarded Enti (C) Nature of activities Personal Benefit tly, to pay premiums con a personal benefit	ities (Sec	e page 34 of the in (D) Total income Cts (See page 34 of the al benefit contract?	e instructions.) Per Solutions. Per Solution
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SCHEDULE À (Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information-(See separate instructions.)

2003

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

▶ MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

Employer identification number

SECOND CHANCE PROGRAM, INC			59-369785	2
Part I Compensation of the Five Highest Paid (See page 1 of the instructions. List each				es
(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee ben plans & deferred compensation	(e) Expense account and other allowances
NONE				
				
		· ————		·
		·		
Total number of other employees paid over				
Part II Compensation of the Five Highest Paid (See page 2 of the instructions. List each				ter "None ")
(a) Name and address of each independent contractor paid		(b) Type		(c) Compensation
NONE				
· · · · · · · · · · · · · · · · · · ·				
Total number of others receiving over \$50,000 for professional services		-,		

<u>Sct</u>	nedul	e A (Form 990 or 990-EZ) 2003 SECOND CHANCE PROGRAM, INC 59-3697852		F	age
. F	art	III Statements About Activities (See page 2 of the instructions.)		Yes	No
1	att	uring the year, has the organization attempted to influence national, state, or local legislation, including any tempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid incurred in connection with the lobbying activities \$ (Must equal amounts on line 38,			
	Or	art VI-A, or line I of Part VI-B.) rganizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other	1		X
2	the	ganizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of e lobbying activities. uring the year, has the organization, either directly or indirectly, engaged in any of the following acts with any			1
	sui wit	bstantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or the any taxable organization with which any such person is affiliated as an officer, director, trustee, majority rer, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the			
	tra	nsactions.)			
a		le, exchange, or leasing of property?	2a	<u> </u>	X
D		nding of money or other extension of credit? mishing of goods, services, or facilities?	2b 2c		X
d		yment of compensation (or payment or reimbursement of expiration if more than \$1,000)?	2d		X
e		ansfer of any part of its income or assets?	20		Х
3a		you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how u determine that recipients qualify to receive payments.)	3a		X
3b	-	you have a section 403(b) annuity plan for your employees?	3b		X
4	Did	you maintain any separate account for participating donors where donors have the right to provide advice			
	on	the use or distribution of funds?	4		X
The 5 6 7	orga	Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.) nization is not a private foundation because it is: (Please check only ONE applicable box.) A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i). A school. Section 170(b)(1)(A)(ii). (Also complete Part V.) A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).			
8 9	\mathbb{H}	A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v). A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city,			
40	\Box	and state >		•••	
10		An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the Support Schedule in Part IV-A.)			
l1a		An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)			
1b 2	Н	A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)			
12	Ш	An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions-subject to certain exceptions, and (2) no more than 33 1/3% of			
		Its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the Support Schedule in Part IV-A.)			
13		An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: (1) lines 5 through 12 above; or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See			
		section 509(a)(3)) Provide the following information about the supported organizations. (See page 5 of the instructions)			
		(a) Name(s) of supported organization(s)	Line no		
					_
					_
4	Д	An organization organized and operated to test for public safety. Section 509(a)(4). (See page 6 of the instructions.)			

Page 3

	e: You may use the worksheet in the instruction of	(a) 2002	(b) 2001	(c) 2000	ng. (d) 1999		(e) Total
15	Gifts, grants, and contributions	(8) 2002	(b) 2001	(6) 2000	(0) 1993	' +-	(e) Total
13	received. (Do not include unusual					-	
	grants. See fine 28.)		j			1	
16	Membership fees received			 			-
17	Gross receipts from admissions, merchandise				1		
	sold or services performed, or furnishing of			1	Ĭ	ĺ	
	facilities in any activity that is related to the						
	organization's charitable, etc , purpose			<u> </u>	<u> </u>		
18	Gross income from interest, dividends,						
	amounts received from payment on securities			}	ļ	1	
	loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less						
	section 511 taxes) from businesses acquired			J]		
	by the organization after June 30, 1975				 		
19	Net income from unrelated business		}				
	activities not included in line 18				<u> </u>		
20	Tax revenues levled for the organization's		1				
	benefits and either paid to it or expended on			}		- 1	
	its behalf		+	 	 		
21	The value of services or facilities furnished to the organization by a governmental unit						
	without charge Do not include the value of						
	services or facilities generally furnished to the public without charge						
22	Other income Attach a schedule Do not			<u> </u>			
	Include gain or (loss) from sale of capital assets				i		
23	Total of lines 15 through 22	 -	 		1		
24	Line 23 minus line 17						
25	Enter 1% of line 23						
26	Organizations described on lines 10 or	11: a Enter 2% o	of amount in column (e)	line 24	▶	26a	
b	Prepare a list for your records to show the	name of and amount	contributed by each pe	rson (other than a			
	governmental unit or publicly supported or	ganization) whose tota	al gifts for 1999 through	2002 exceeded the		1 1	
	amount shown in line 26a. Do not file this	list with your return	n. Enter the total of all the	ese excess amounts		26b	
C	Total support for section 509(a)(1) test: En	ter line 24, column (e)		🕨	26c	
d	Add: Amounts from column (e) for lines:	18	19				
		22	26b			26d	
e	Public support (line 26c minus line 26d tota					26e	
<u> </u>	Public support percentage (line 26e (nu				from a Valianuali	26f	%
27	Organizations described on line 12: person," prepare a list for your records to s		uded in lines 15, 16, and		=		
	Do not file this list with your return. Enter			i iii eaur year iioni, eac	ar disquaimed p	513011.	N/A
	•	01)	(2000	١	(1999	١	,
ь	For any amount included in line 17 that was				• • • •		
_	show the name of, and amount received fo		•		-		
	(Include in the list organizations described						
	the difference between the amount receive	_	· · · · · · · · · · · · · · · · · · ·		-		_
	amounts) for each year:	-					N/A
	(2002)	01)	(2000))	(1999))	
С	Add: Amounts from column (e) for lines:	15	16		•		
	17	20	21			27c	
d	Add: Line 27a total	and line 2	7b total	 .	.	27d	
е	Public support (line 27c total minus line 27c					27е	
f	Total support for section 509(a)(2) test: Ent			▶ 27f			<i>:</i>
g	Public support percentage (line 27e (nui					27g	<u>%</u>
<u>h</u>	Investment income percentage (line 18,)00 Abressel 2000	27h	<u>%</u>
28	Unusual Grants: For an organization desc					3.	
	prepare a list for your records to show, for	each year, the name o	or the contributor, the da	ue and amount of the g	rant, and a priet		

Page 4

29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, N/	Ά	Yes	No
	other governing instrument, or in a resolution of its governing body?	29		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its	,	\Box	·
	brochures, catalogues, and other written communications with the public dealing with student admissions,	.		
	programs, and scholarships?	30	<u>L</u>	
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during			
	the period of solicitation for students, or during the registration period if it has no solicitation program, in a way			
	that makes the policy known to all parts of the general community it serves?	31		<u> </u>
	If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)		İ	
			1	1
]	ł	
		,-		
		Ì		
32	Does the organization maintain the following:			
a		32a		┢
	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory	206		
	basis?	32b	 	
С	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing	1 222		
	with student admissions, programs, and scholarships?	32c 32d		<u> </u>
u	Copies of all material used by the organization or on its behalf to solicit contributions?	320		\vdash
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)	'		
	if you answered. No it of the above, please explain. (if you need more space, attach a separate statement.)	1 .	, ,	
		'		
33	Does the organization discriminate by race in any way with respect to:	Ì		
		1 1		
а	Students' rights or privileges?	33a		
b	Admissions policies?	33b		
				Ì
C	Employment of faculty or administrative staff?	33c		
		1		
d	Scholarships or other financial assistance?	33d		
			1	Ì
0	Educational policies?	33e		
_				ı
T	Use of facilities?	33f		
_	Athletic argamens?	22-		ı
g	Athletic programs?	33g	-	
h	Other extracurricular activities?	33h		
"	Outer exhactinical activities:	00		
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)		1	
	,	[-]	١٠ [
			_	
			1	
34a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		
			Ī	
b	Has the organization's right to such aid ever been revoked or suspended?	34Ь		
	If you answered "Yes" to either 34a or b, please explain using an attached statement.		. 📶	
		' .	-	
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05			
	of Rev. Proc. 75-50, 1975-2 C B. 587, covering racial nondiscrimination? If "No," attach an explanation	35		

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

P	art VII			ansfers To and Transaction ee page 12 of the instruction	ns and Relationships With Noncharitable		
<u>.</u> 51	Did the repo				ith any other organization described in section		
••	•		•	3) organizations) or in section 527, r	•		
а				noncharitable exempt organization o	- · ·	Yes	No
	(I) Cash			, , , , , , , , , , , , , , , , , , ,	51a(i)		X
		assets	• •	• • • • • • • • • • • • • • • • • • • •	a(ii)	\neg	X
h	Other trans	•			· · · · · · · · · · · · · · · · · · ·	$\neg \dagger$	
_			e with a non	charitable exempt organization	b(i)	J	Х
		lases of assets from a l			b(ii)		X
		of facilities, equipment		•			X
		bursement arrangemen			b(iv)		X
			11.5		· · · · · · · · · · · · · · · · · · ·		X
		s or loan guarantees .	 nombombin	or fundraising collections	b(v)	\dashv	X
_				or fundraising solicitations	b(vi)		$\frac{\Lambda}{X}$
C				her assets, or paid employees			
d					n (b) should always show the fair market value of the		
					tion received less than fair market value in any		
			, snow in co	lumn (d) the value of the goods, oth			
	(a)	(b)	J	(c)	(d)		
	Line no	Amount involved	Name o	of noncharitable exempt organization	Description of transfers, transactions, and sharing arrangemen	nts	
	/2		ļ		 		
N	/A		 				
			ļ				
		<u> </u>					
							_
							
					<u> </u>		
		<u> </u>		- -			
	described in	section 501(c) of the Coplete the following school	ode (other ti	with, or related to, one or more tax- nan section 501(c)(3)) or in section 5	527? ▶ ☐ Yes	· X	No
		(a)		(b)	(c) Description of relationship		
N	A\N	lame of organization		Type of organization	Description of relationship		
	.1/ 21						
_							
							_
							
							
							—
. —							
							_
							
							
				[

SECONDCHANC SECOND CHANCE PROGRAM, INC 59-3697852 Federal Statements

FYE: 12/31/2003

59-3697852

Statement 2 - Form 990, Part II, Line 43 - Other Functional Expenses

Description	Total Expenses	Program Service	Mgt & General	Fund- Raising
	\$	\$	\$	\$
Expenses	•	•	·	
OTHER PROFESSIONAL FEES	49,483		49,483	
CONTRACT SERVICES	214,486	183,761	30,725	
MEMBERSHIP DUES	15,000	7,500		7,500
GENERAL OFFICE	13,234		13,234	
Total	\$ 292,203	\$ 191,261	\$ 93,442	\$ 7,500

Statement 3 - Form 990, Part III, Line a - Statement of Program Service Accomplishments

IMPLEMENTATION OF THE PROGRAM IN PUERTO RICAN PRISON SYSTEM. VERY HIGH SUCCESS RATE OF BRINGING PRISONER AROUND TO A HIGHER UNDERSTANDING OF ETHICS AND SELF WORTH.

12/30/2004 2:42 PM

SECONDCHANC SECOND CHANCE PROGRAM, INC 59-3697852 Federal Statements

FYE: 12/31/2003

59-3697852

Statement 4 - Form 990, Part IV, Line 65 - Other Liabilities

Description	Beginning of Year	Year Year	
LOAN FROM DIRECTOR	\$ 136,975	\$ <u>130,975</u>	
Total	\$ 136,975	\$ 130,975	

12/30/2004 2:42 PM

Form **8868**

(December 2000)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

OMB No 1545-1709

-	re filing for an Automatic 3-Month Extension re filing for an Additional (not automatic) 3-N			
•	not complete Part II unless you have already i	•		·
Form 886	•			y
All other o	Automatic 3-Month Extension of Timm 990-T corporations requesting an automatic corporations (including Form 990-C filers) mus	6-month extension—check that tuse Form 7004 to reques	his box and complete Part I st an extension of time to f	īle income tax
	Partnerships, REMICs and trusts must use Fort Name of Exempt Organization	n 8/36 to request an exter		I <i>065, 1066, Or 1041.</i> Identification number
Type or print	SECOND CHANCE PROGRA	all inc	, , ,	3697851
File by the	Number, street, and room or suite no. If a P.O.			701104
due date for filing your	18130 CAMESA DUD J			
return See instructions	City, town or post office, state, and ZIP code.		tructions	
	LAMESA CA 9194,	<u> </u>		
Check typ	be of return to be filed (file a separate application	ation for each return):		
Form 9			☐ Form 41	
Form 9		sec. 401(a) or 408(a) trust) rust other than above)	☐ Form 52	 :
Form 9		rust other than above,	Form 88	
• If the or	ganization does not have an office or place of	business in the United Sta	ates, check this box	▶ □
	for a Group Return, enter the organization's f			If this is
	nole group, check this box ▶□ . If it is for		nis box 🕨 🔲 and attach	a list with the
	d EINs of all members the extension will cover	·		0115 0005
to file	uest an automatic 3-month (6-month, for 99) the exempt organization return for the organi			
	calendar year 200,3 or			
▶ ∟] tax year beginning	, 20 , and ending		, 20
2 If this	s tax year is for less than 12 months, check re	ason: 🔲 Initial return 🗀	Final return Change	in accounting period
	s application is for Form 990-BL, 990-PF, 990 fundable credits. See instructions	O-T, 4720, or 6069, enter t	the tentative tax, less any	\$
	application is for Form 990-PF or 990-T, ente Include any prior year overpayment allowed		d estimated tax payments	\$
with	nce Due. Subtract line 3b from line 3a. Include FTD coupon or, if required, by using EFTF ctions	e your payment with this fo PS (Electronic Federal Tar	rm, or, if required, deposit Regiment System). See	\$
Under penaltic		ture and Verification iding accompanying schedules and form.	d statements, and to the best of n	ny knowledge and belief,
	(A)	_		4 4
Signature ►	South -	Title ► EA	Date ▶	3/10/04
For Paperw	ork Reduction Act Notice, see Instruction	Cat. No. 279)16D	Form 8868 (12-2000)

Form 8868 (12-2000)		Page :
	e filing for an Additional (not automatic) 3-Month Extension, complete only Part II and chec	k this box	>
_	omplete Part II if you have already been granted an automatic 3-month extension on a pr	eviously filed	Form 8868.
***************************************	filing for an Automatic 3-Month Extension, complete only Part I (on page 1).	ininal and (0 0
Part II Type or	Additional (not automatic) 3-Month Extension of Time-Must File Or Name of Exempt Organization	iginai and	Employer identification number
print			
File by the	SECUND CHANCE PROGRAM, INC		59-369 7852
extended due date for	Number, street, and room or suite no. If a P.O. box, see instructions. 8/30 CAMESA SWD STE 7/5	, ;	For IRS use only
filing the return See instructions	City, town or post office, state, and ZIP code. For a foreign address, see instr.	. (// .	
	of return to be filed (File a separate application for each return):		
Form 990		n 1041-A n 4720	Form 5227 Form 8870
STOP: Do no	t complete Part II if you were not already granted an automatic 3-month extension on a p	reviously filed	1 Form 8868.
If the org	nization does not have an office or place of business in the United States, check this box		> [
	or a Group Return, enter the organization's four digit Group Exemption Number (GEN)		If this is
		d attach a list v	vith the
	Ns of all members the extension is for. It an additional 3-month extension of time until 1 1 5 0 4		
-	endar year 2003 , or other tax year beginning and ending _		
6 If this to	x year is for less than 12 months, check reason: Initial return Final retu	m Ch	ange in accounting period
7 State in	detail why you need the extension ADDITIONAL THIRD PARTY L	NFORMA	TIEN IS REOVIRED _
1/2	ORDER TO PREMARE A COMPORTE AND ACC	CURAI	E_ AETURN
	aplication is far Form 200 PL 200 PE 200 T 4720 or 6060 orter the testablicatory less carry		
	oplication is for Form 990-BL, 990-FF, 990-T, 4720, or 6069, enter the tentative tax, less any		2
	oplication is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated	i	<u> </u>
	nents made. Include any prior year overpayment allowed as a credit and any amount paid		
previous	sly with Form 8868		\$
	Due. Subtract line 8b from line 8a. Include your payment with this form, or, it required, deposit	t	
	O coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See		•
instructi	Signature and Verification		······
Under penaltie	s of perjury, I declare that I have examined this form, including accompanying schedules and s	tatements, and	to the best of my
-	belief, it is true, correct, and complete, and that I am authorized to prepare this form.	•	•
	$C \sim C \sim$		Elelor
Signature 🕨	Title EA		Date ► \$/5/0Y
Π	Notice to Applicant-To Be Completed by the	IRS	
	upproved this application. Please attach this form to the organization's return. not approved this application. However, we have granted a 10-day grace period from the later of	i tha alata abaw	= bolovi oz tho
_	tot approved this application. However, we have granted a 10-day grace period from the later of f the organization's return (including any prior extensions). This grace period is considered to b		
	therwise required to be made on a timely return. Please attach this form to the organization's re		noti of time for
$\overline{}$	not approved this application. After considering the reasons stated in item 7, we cannot grant yo		an extension of time
to file. We	are not granting a 10-day grace period.		
We canno	t consider this application because it was filed after the due date of the return for which an ext	ension was req	uested
Other _			
	D ₄		
Director	By'		ate
	ing Address - Enter the address if you want the copy of this application for an additional 3-mor		
	address different than the one entered above.		
:	SAUL B. LIPSON & COMPANY		
Type or print	Number and street (include suite, room, or apt no.) Or a P.O. box number 15 15 UNIUE KS174 DR1VE. # 222		
Pint	City or town, province or state, and country (including postal or ZIP code)		
	C_{100} are C_{100} C_{100} C_{100}		