

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2006

Department of the Treasury
Internal Revenue ServiceOpen to Public
Inspection

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

A For the 2006 calendar year, or tax year beginning , 2006, and ending , 20

- B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization

SECOND CHANCE PROGRAM, INC.

Number and street (or P.O. box if mail is not delivered to street address)

12157 West Linebaugh Avenue, #356

City or town, state or country, and ZIP + 4

Tampa FL 33626

D Employer identification number

59-3697852

E Telephone number

(727) 771-6165

F Acctg. method: ☒ Cash ☐ Accrual

Other (specify) ▶

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

H & I are not applicable to sec 527 organizations

H(a) Is this a group return for affiliates? ☐ Yes ☒ No

H(b) If "Yes," enter number of affiliates ▶

H(c) Are all affiliates included? (If "No," attach a list. See instructions.) ☐ Yes ☐ NoH(d) Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No

I Group Exemption Number ▶

M Check ☐ if organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF)

G Website: ▶ N/A

J Organization type (check only one) ☒ 501(c)(3) (insert no.) 4947(a)(1) or 527K Check here ☐ if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 956,288

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)

1 Contributions, gifts, grants, and similar amounts received					
a	Contributions to donor advised funds	1a			
b	Direct public support (not included on line 1a)	1b	403,506		
c	Indirect public support (not included on line 1a)	1c			
d	Government contributions (grants) (not included on line 1a)	1d	345,612		
e	Total (add lines 1a through 1d) (cash \$ 749,118 noncash \$ 0)	1e		749,118	
2	Program service revenue including government fees and contracts (from Part VII, line 93)	2		206,290	
3	Membership dues and assessments	3			
4	Interest on savings and temporary cash investments	4			
5	Dividends and interest from securities	5			
6a	Gross rents	6a	880		
b	Less: rental expenses	6b			
c	Net rental income or (loss). Subtract line 6b from line 6a	6c		880	
7	Other investment income (describe ▶)	7			
8a	Gross amount from sales of assets other than inventory	(A) Securities		(B) Other	
b	Less: cost or other basis & sales expenses	8a			
c	Gain or (loss) (attach schedule)	8b			
d	Net gain or (loss). Combine line 8c, columns (A) and (B)	8c			
8d		8d			
9	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>				
a	Gross revenue (not including \$ of contributions reported on line 1b)	9a			
b	Less: direct expenses other than fundraising expenses	9b			
c	Net income or (loss) from special events. Subtract line 9b from line 9a	9c			
10a	Gross sales of inventory, less returns and allowances	10a			
b	Less: cost of goods sold	10b			
c	Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a	10c			
11	Other revenue (from Part VII, line 103)	11			
12	Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12		956,288	
13	Program services (from line 44, column (B))	13		838,375	
14	Management and general (from line 44, column (C))	14		321,302	
15	Fundraising (from line 44, column (D))	15		168,411	
16	Payments to affiliates (attach schedule)	16			
17	Total expenses. Add lines 13 and 14, column (A)	17		1,328,088	
18	Excess or (deficit) for the year. Subtract line 17 from line 12.	18		-371,800	
19	Net assets or fund balances at beginning of year (from line 73, column (A))	19		-320,819	
20	Other changes in net assets or fund balances (attach explanation) #1	20		39,459	
21	Net assets or fund balances at end of year. Combine lines 18, 19, and 20	21		-653,160	

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2006)

Part II**Statement of
Functional Expenses**

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See the instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a	Grants paid from donor advised funds (attach sched (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, ck. here <input type="checkbox"/>	22a			
22b	Other grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, ck. here <input type="checkbox"/>	22b			
23	Specific assistance to individuals (attach schedule)	23			
24	Benefits paid to or for members (attach schedule)	24			
25a	Compensation of current officers, directors, key employees, etc. listed in Part V-A (attach schedule)	25a			
b	Compensation of former officers, directors, key employees, etc. listed in Part V-B (attach schedule)	25b			
c	Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)	25c			
26	Salaries and wages of employees not included on lines 25a, b, and c	26	450,682	429,348	21,334
27	Pension plan contributions not included on lines 25a, b, and c	27			
28	Employee benefits not included on lines 25a - 27	28	11,177	11,177	
29	Payroll taxes	29	33,937	32,319	1,618
30	Professional fundraising fees	30	128,874	58,660	62,500
31	Accounting fees	31	750		750
32	Legal fees	32	13,660		13,660
33	Supplies	33	26,398	19,173	5,852
34	Telephone	34	7,595		7,595
35	Postage and shipping	35	4,089	350	2,239
36	Occupancy	36	49,345	28,238	21,107
37	Equipment rental and maintenance	37	1,268		100
38	Printing and publications	38	8,364	2,699	479
39	Travel	39	134,915	32,076	62,555
40	Conferences, conventions, and meetings	40	67,539	49	990
41	Interest	41			
42	Depreciation, depletion, etc. (attach schedule)	42			
43	Other expenses not covered above (itemize)				
a	See attachment #2	43a	389,495	224,286	120,523
b		43b			
c		43c			
d		43d			
e		43e			
f		43f			
g		43g			
44	Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	1,328,088	838,375	321,302

Joint Costs. Check ☐ if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? ☐ Yes ☒ No

If "Yes," enter (i) aggregate amount of these joint costs \$ _____, (ii) amount allocated to Program services \$ _____,

(iii) the amount allocated to Management and general \$ _____; and (iv) the amount allocated to Fundraising \$ _____

Part IV Balance Sheets (See the instructions)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year
A S S E T S	45 Cash -- non-interest-bearing	47,520	45	49,438
	46 Savings and temporary cash investments		46	
	47a Accounts receivable 47a			
	b Less: allowance for doubtful accounts 47b		47c	
	48a Pledges receivable 48a			
	b Less: allowance for doubtful accounts 48b		48c	
	49 Grants receivable		49	
	50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)		50a	
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)		50b	
	51a Other notes and loans receivable (attach schedule) 51a			
	b Less: allowance for doubtful accounts 51b		51c	
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges		53	
	54a Investments -- publicly-traded securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV 54a			
	b Investments -- other securities (attach schedule) <input type="checkbox"/> Cost <input type="checkbox"/> FMV 54b			
	55a Investments -- land, buildings, and equipment basis 55a			
	b Less: accumulated depreciation (attach schedule) 55b		55c	
	56 Investments -- other (attach schedule)		56	
	57a Land, buildings, and equipment: basis #5. 57a 70,351			
b Less: accumulated depreciation (attach schedule) 57b	62,057	57c	70,351	
58 Other assets, including program-related investments (describe <input type="checkbox"/>)		58		
59 Total assets (must equal line 74). Add lines 45 through 58	109,577	59	119,789	
L I A B I L I T I E S	60 Accounts payable and accrued expenses	9,775	60	
	61 Grants payable		61	
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees (attach schedule) #6	130,043	63	126,604
	64a Tax-exempt bond liabilities (attach schedule)		64a	
	b Mortgages and other notes payable (attach schedule) #7	279,578	64b	619,386
	65 Other liabilities (describe <input type="checkbox"/> See attachment #8)	11,000	65	26,959
	66 Total liabilities. Add lines 60 through 65	430,396	66	772,949
F U N D A S S E T S O R B A L A N C E S	Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted	-320,819	67	-653,160
	68 Temporarily restricted		68	
	69 Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
	73 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72 (Column (A) must equal line 19 and column (B) must equal line 21)	-320,819	73	-653,160
74 Total liabilities and net assets/fund balances. Add lines 66 and 73	109,577	74	119,789	

Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return (See the instructions.)

a	Total revenue, gains, and other support per audited financial statements		a	N/A
b	Amounts included on line a but not on Part I, line 12			
1	Net unrealized gains on investments	b1		
2	Donated services and use of facilities	b2		
3	Recoveries of prior year grants	b3		
4	Other (specify) _____	b4		
	Add lines b1 through b4		b	
c	Subtract line b from line a		c	
d	Amounts included on Part I, line 12, but not on line a :			
1	Investment expenses not included on Part I, line 6b	d1		
2	Other (specify) _____	d2		
	Add lines d1 and d2		d	
e	Total revenue (Part I, line 12) Add lines c and d		e	

Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

a	Total expenses and losses per audited financial statements		a	N/A
b	Amounts included on line a but not on Part I, line 17.			
1	Donated services and use of facilities	b1		
2	Prior year adjustments reported on Part I, line 20	b2		
3	Losses reported on Part I, line 20	b3		
4	Other (specify) _____	b4		
	Add lines b1 through b4		b	
c	Subtract line b from line a		c	
d	Amounts included on Part I, line 17, but not on line a :			
1	Investment expenses not included on Part I, line 6b	d1		
2	Other (specify) _____	d2		
	Add lines d1 and d2		d	
e	Total expenses (Part I, line 17) Add lines c and d		e	

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated) (See the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
See attachment #9				

Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)		Yes	No
75a	Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings 4		
b	Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s)	75b	X
c	Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization" If "Yes," attach a statement that includes the information described in the instructions	75c	X
d	Does the organization have a written conflict of interest policy?	75d	X

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
See attachment #10				

Part VI Other Information (See the instructions.)		Yes	No
76	Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change	76	X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	77	X
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? .	78a	X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	78b	X
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement .	79	X
80a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a	X
b	If "Yes," enter the name of the organization ► _____ and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt		
81a	Enter direct and indirect political expenditures (See line 81 instructions) 81a N/A		
b	Did the organization file Form 1120-POL for this year?	81b	X

Part VI Other Information (continued)		Yes	No
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III) 82b N/A		
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?		X
84a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		X
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?		X
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		X
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
c	Dues, assessments, and similar amounts from members 85c N/A		
d	Section 162(e) lobbying and political expenditures 85d N/A		
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e N/A		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f N/A		
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		X
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?		X
86	501(c)(7) orgs. Enter a Initiation fees and capital contributions included on line 12 86a N/A		
b	Gross receipts, included on line 12, for public use of club facilities 86b N/A		
87	501(c)(12) orgs. Enter: a Gross income from members or shareholders 87a N/A		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them) 87b N/A		
88a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX		X
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI		X
89a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ N/A, section 4912 ▶ N/A, section 4955 ▶ N/A		
b	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction		X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ N/A		
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization ▶ N/A		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?		X
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?		X
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		X
90a	List the states with which a copy of this return is filed ▶ N/A		
b	Number of employees employed in the pay period that includes March 12, 2006 (See instructions.) 90b N/A		
91a	The books are in care of ▶ See attachment #11 Telephone no ▶ Located at ▶ ZIP + 4 ▶		
b	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)?		X
	If "Yes," enter the name of the foreign country ▶		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts		

Part VI Other Information (continued)		Yes	No
c At any time during the calendar year, did the organization maintain an office outside of the United States?		91c	X
If "Yes," enter the name of the foreign country ▶ _____			
92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 -- Check here		▶ <input type="checkbox"/>	
and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 92			

Part VII Analysis of Income-Producing Activities (See the instructions)					
Note: Enter gross amounts unless otherwise indicated	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Excl code	(D) Amount	
93 Program service revenue					
a See attachment #12					206,290
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments . . .					
g Fees & contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments					
96 Dividends and interest from securities . .					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					880
98 Net rental income or (loss) from personal property . .					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue a _____					
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))		0		0	207,170
105 Total (add line 104, columns (B), (D), and (E))					207,170
Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I					

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions)	
Line No. ▼	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
	See attachment #13

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions)				
(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership int	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions)	
(a) Did organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).	

Part XI

106 Did the reporting organization **make** any transfers to a controlled entity as defined in section 512(b)(13) of the Code?
If "Yes," complete the schedule below for each controlled entity

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
	Totals			

107 Did the reporting organization **receive** any transfers **from** a controlled entity as defined in section 512(b)(13) of the Code?
If "Yes," complete the schedule below for each controlled entity

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
	Totals			


108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

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.

Please Sign Here

Signature of officer: Roderick Pendery Date: 15 Nov 2007

Type or print name and title: Roderick Pendery Director

Paid	Preparer's signature ▶ 	Date 11-14-2007	Check if self-employed ▶ <input type="checkbox"/>	Preparer's SSN or PTIN (See Gen. Inst. X)
	Preparer's Use Only	Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ SAUL B. LIPSON & COMPANY 1515 UNIVERSITY DRIVE STE 222 CORAL SPRINGS FL 33071	EIN ▶	Phone no. ▶ 954-755-4405

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

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

Supplementary Information -- (See separate instructions.)

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

OMB No 1545-0047

2006

Name of the organization

SECOND CHANCE PROGRAM, INC.

Employer identification number

59-3697852

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See the instructions List each one. If there are none, enter "None")

(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 empl. benefit plans & deferred compensation	(e) Expense account and other allowances
See attachment #14				

Total number of other employees paid over \$50,000 ▶

0

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See the instructions List each one (whether individuals or firms) If there are none, enter "None")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
See attachment #15		

Total number of others receiving over \$50,000 for professional services ▶

0

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services

(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None" See instructions)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

Total number of other contractors receiving over \$50,000 for other services ▶

0

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

Schedule A (Form 990 or 990-EZ) 2006

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Part III Statements About Activities (See the instructions.)

Yes No

1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities. ▶ \$ _____ (Must equal amounts on line 38, Part VI-A, or line I of Part VI-B.)

1 X

Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.

2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)

a Sale, exchange, or leasing of property? 2a X

b Lending of money or other extension of credit? 2b X

c Furnishing of goods, services, or facilities? 2c X

d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? 2d X

e Transfer of any part of its income or assets? 2e X

3a Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.)

3a X

b Did the organization have a section 403(b) annuity plan for its employees? 3b X

c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement.

3c X

d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services? 3d X

4a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g.

4a X

b Did the organization make any taxable distributions under section 4966? 4b

c Did the organization make a distribution to a donor, donor advisor, or related person? 4c

d Enter the total number of donor advised funds owned at the end of the tax year. ▶

e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year. ▶

f Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts. ▶ 0

g Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year. ▶ 0

Part IV Reason for Non-Private Foundation Status (See instructions)I certify that the organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5 ☐ A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 ☐ A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7 ☐ A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 ☐ A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 ☐ A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, 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.)
- 11a ☒ 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.)
- 11b ☐ A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12 ☐ 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 otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:
☐ Type I ☐ Type II ☐ Type III -- Functionally Integrated ☐ Type III -- Other

Provide the following information about the supported organizations. (See instructions.)

(a) Name(s) of supported organization(s)	(b) Employer Identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
Total					

- 14 ☐ An organization organized and operated to test for public safety. Section 509(a)(4). (See instructions.)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting.**Note:** You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28)	151,549	282,751	308,839		743,139
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose		700,000	400,000		1,100,000
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975					
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on 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 include gain or (loss) from sale of capital assets					
23 Total of lines 15 through 22	151,549	982,751	708,839	0	1,843,139
24 Line 23 minus line 17	151,549	282,751	308,839		743,139
25 Enter 1% of line 23	1,515	9,828	7,088		
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24 ▶				26a	14,863
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2002 through 2005 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts ▶				26b	141,632
c Total support for section 509(a)(1) test. Enter line 24, column (e) ▶				26c	743,139
d Add Amounts from column (e) for lines 18 _____ 19 _____ 22 _____ 26b 141,632 . . . ▶				26d	141,632
e Public support (line 26c minus line 26d total) ▶				26e	601,507
f Public support percentage (line 26e (numerator) divided by line 26c (denominator)). ▶				26f	80.94 %
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year (2005) _____ (2004) _____ (2003) _____ (2002) _____					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000 (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year (2005) _____ (2004) _____ (2003) _____ (2002) _____					
c Add Amounts from column (e) for lines. 15 _____ 16 _____ 17 _____ 20 _____ 21 _____ . . . ▶				27c	
d Add Line 27a total _____ and line 27b total ▶				27d	
e Public support (line 27c total minus line 27d total) ▶				27e	
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e). . . ▶				27f	
g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) ▶				27g	%
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) ▶				27h	%
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2002 through 2005, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15					

Part V**Private School Questionnaire** (See the instructions.)(To be completed **ONLY** by schools that checked the box on line 6 in Part IV) **N/A**

	Yes	No
29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, 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 brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30	
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? If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement)	31	
<hr/>		
32 Does the organization maintain the following		
a Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	
d Copies of all material used by the organization or on its behalf to solicit contributions?	32d	
If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement)		
<hr/>		
33 Does the organization discriminate by race in any way with respect to:		
a Students' rights or privileges?	33a	
b Admissions policies?	33b	
c Employment of faculty or administrative staff?	33c	
d Scholarships or other financial assistance?	33d	
e Educational policies?	33e	
f Use of facilities?	33f	
g Athletic programs?	33g	
h Other extracurricular activities?	33h	
If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement)		
<hr/>		
34a Does the organization receive any financial aid or assistance from a governmental agency?	34a	
b Has the organization's right to such aid ever been revoked or suspended?	34b	
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	

Part VI-A Lobbying Expenditures by Electing Public Charities (See the instructions.)
(To be completed **ONLY** by an eligible organization that filed Form 5768)

N/A

Check **a** if the organization belongs to an affiliated group Check **b** if you checked "a" and "limited control" provisions apply**Limits on Lobbying Expenditures**

(The term "expenditures" means amounts paid or incurred)

		(a) Affiliated group totals	(b) To be completed for all electing organizations
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36		
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37		
38 Total lobbying expenditures (add lines 36 and 37)	38		
39 Other exempt purpose expenditures	39		
40 Total exempt purpose expenditures (add lines 38 and 39)	40		
41 Lobbying nontaxable amount Enter the amount from the following table --			
If the amount on line 40 is --	The lobbying nontaxable amount is --		
Not over \$500,000	20% of the amount on line 40		
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	41	
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
Over \$17,000,000	\$1,000,000		
42 Grassroots nontaxable amount (enter 25% of line 41)	42		
43 Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	43		
44 Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	44		

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720**4-Year Averaging Period Under Section 501(h)**(Some organizations that made a section 501(h) election do not have to complete all of the five columns below
See the instructions for lines 45 through 50.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots nontaxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See the instructions)

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of

	Yes	No	Amount
a Volunteers			
b Paid staff or management (Include compensation in expenses reported on lines c through h.)			
c Media advertisements			
d Mailings to members, legislators, or the public			
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators, their staffs, government officials, or a legislative body			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i Total lobbying expenditures (Add lines c through h.)			

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

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See the instructions)**51** Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?**a** Transfers from the reporting organization to a noncharitable exempt organization of

Yes No

(I) Cash 51a(I) ☐ Yes ☒ No(II) Other assets a(II) ☐ Yes ☒ No**b** Other transactions(I) Sales or exchanges of assets with a noncharitable exempt organization b(I) ☐ Yes ☒ No(II) Purchases of assets from a noncharitable exempt organization b(II) ☐ Yes ☒ No(III) Rental of facilities, equipment, or other assets b(III) ☐ Yes ☒ No(IV) Reimbursement arrangements b(IV) ☐ Yes ☒ No(V) Loans or loan guarantees b(V) ☐ Yes ☒ No(VI) Performance of services or membership or fundraising solicitations b(VI) ☐ Yes ☒ No**c** Sharing of facilities, equipment, mailing lists, other assets, or paid employees c ☐ Yes ☒ No**d** If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.

(a) Line no	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements
N/A			

52a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ☐ Yes ☒ No**b** If "Yes," complete the following schedule

(a) Name of organization	(b) Type of organization	(c) Description of relationship
N/A		

Attachment 2: page 1 - 990 Page 2, Part II, Line 43

Inspection

For calendar year 2006 or tax period beginning

, and ending

Employer Identification Number

59-3697852

Total	389,495	224,286	120,523	44,686
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PRIMARY EXEMPT PURPOSE

Attachment 3: page 1 - 990 Page 3, Part III

Open to Public Inspection	For calendar year 2006 or tax period beginning , and ending
Name of Organization SECOND CHANCE PROGRAM, INC.	Employer Identification Number 59-3697852

Primary Purpose

PRISON BASED REHABILITATION PROGRAMS

PROGRAM SERVICE ACCOMPLISHMENT

Attachment 4: page 1 - 990 Page 3, Part III

Open to Public Inspection	For calendar year 2006 or tax period beginning , and ending
Name of Organization SECOND CHANCE PROGRAM, INC.	Employer Identification Number 59-3697852

Part III - Statement of Program Service Accomplishments

Grants and allocations	Amount includes foreign grants	Program service expenses	838,375
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Exempt Purpose Achievements

IMPLEMENTATION OF THE PROGRAM IN NEW MEXICO AND FLORIDA PRISON SYSTEMS. VERY HIGH SUCCESS RATE OF BRINGING PRISONERS AROUND TO A HIGH UNDERSTANDING OF ETHICS AND SELF WORTH. THE PROGRAM WAS ALSO SUCCESSFUL IN REDUCING CRIMINAL RECIDIVISM, REDUCTION OF INMATE DRUG ABUSE, REUNITING FAMILIES AND IMPROVING WORKPLACE SKILLS.

SCHEDULE OF LAND, BUILDINGS & EQUIPMENT

Attachment 5: page 1 - 990 Page 4, Part IV, Line 57

Open to Public Inspection		and ending			
Name of Organization		Employer Identification Number			
SECOND CHANCE PROGRAM, INC.		59-3697852			
Category or Description of Property		Cost or Other Basis	Accumulated Depreciation	End of Year Book Value	Ending FML (990-PF Only)
LAND, BUILDINGS AND EQUIPMENT		70,351		70,351	
Total		70,351		70,351	

Attachment 6: page 1 - 990 Page 4, Part IV, Line 63

and ending

Employer Identification Number

59-3697852

Total	150,175	126,604
Total	150,175	126,604

Security Provided by Borrower	Purpose of Loan	Description of Lender Consideration	Consideration FMV
-------------------------------	-----------------	-------------------------------------	-------------------

SCHEDULE OF MORTGAGES AND OTHER NOTES PAYABLE

Attachment 7: page 1 - 990 Page 4, Part IV, Line 64b

Open to Public Inspection		For Calendar year 2006, or tax year period beginning				and ending	
Name of Organization		Employer Identification Number					
SECOND CHANCE PROGRAM, INC.		59-3697852					
Lender's Name, Title and Relationship to Any Officer, Director, Trustee, Key Employee or Substantial Contributor	Original Amount	Balance Due	Date of Note	Maturity Date	Repayment Terms	Interest Rate	
CITIBANK							
SC CENTERS, LLC	8,818	21,517				18.0000	
Total	8,818	619,386					
Security Provided by Borrower	Purpose of Loan	Description of Lender Consideration	Consideration FMV				
	OPERATIONAL EXPENSES, STAFF TRAINING						
		Total					
		Total amount of mortgages					

Attachment 8: page 1 - 990 Page 4, Part IV, Line 65

Inspection

For calendar year 2006 or tax period beginning

, and ending

Name of Organization

SECOND CHANCE PROGRAM, INC.

Employer Identification Number

59-3697852

PAYROLL TAXES PAYABLE		6,754
LOANS	11,000	20,205

CURRENT OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

Attachment 9: page 1 - 990 Page 5, Part V-A

Open to Public Inspection	For calendar year 2006 or tax period beginning , and ending
---------------------------	---

Name of Organization SECOND CHANCE PROGRAM, INC.	Employer Identification Number 59-3697852
---	--

(A) Name and Address	(B) Title and Average Hrs. per Week	(C) Compensation (If not paid, enter 0)	(D) Cont to Employee Ben Plans & Def Comp.	(E) Expense Account & Other Allowances
RICK PENDERY P.O. BOX 5282 Clearwater, FL 33758	DIRECTOR/CEO 15.00	0	0	0
JOY WESTRUM P.O. BOX 5282 Clearwater, FL 33758	DIRECTOR/PRES 15.00	0	0	0
MIKE KAPLAN 2131 CAMDEN WAY Clearwater, FL 33759	DIRECTOR 0.00	0	0	0
RENE' REED 1770 BRAXTON BRAGG LANE Clearwater, FL 33765	DIR/HEALTH CARE ADVI 2.00	0	0	0

**FORMER OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES
THAT RECEIVED COMPENSATION OR OTHER BENEFITS**

Attachment 10: page 1 - 990 Page 6, Part V-B

Open to Public Inspection	For calendar year 2006 or tax period beginning , and ending			
Name of Organization SECOND CHANCE PROGRAM, INC.			Employer Identification Number 59-3697852	
(A) Name and Address	(B) Loans and Advances	(C) Compensation	(D) Cont to Employee Ben Plans & Def Comp	(E) Expense Account & Other Allowances
NONE	0	0	0	0

BOOKS ARE IN CARE OF

Attachment 11 - 990 Page 7, Part VI, Line 91a

For calendar year 2006 or tax period beginning		, and ending	
Name of Organization SECOND CHANCE PROGRAM, INC.		Employer Identification Number 59-3697852	
Part VI - Line 91a			

Individual Name KRIS BROWN
or
Business Name

Street Address 3380 HUNT CLUB DRIVE

U S Address:

Zip code 33761 City Clearwater State FL
or
Foreign Address

City
Province or State
Country
Postal code
Phone Number
Fax Number

Attachment 12: page 1 - 990 Page 8, Part VII, Line 93

, and ending

59-3697852

206,290

Attachment 13: page 1 990 Page 8, Part VIII

Open to Public Inspection	For calendar year 2006 or tax period beginning , and ending .
Name of Organization SECOND CHANCE PROGRAM, INC.	Employer Identification Number 59-3697852

Line Number	Briefly describe how the activity reported in column (E) of Part VII specifically contributed to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes)
	<p>CONTRACT FEE OF SERVICES SECOND CHANCE CENTER-NM, LLC</p>

COMPENSATION OF THE FIVE HIGHEST PAID EMPLOYEES

Attachment 14: page 1 Schedule A Page 1, Part I

Open to Public Inspection	For calendar year 2006 or tax period beginning , and ending
Name of Organization SECOND CHANCE PROGRAM, INC.	Employer Identification Number 59-3697852

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(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 empl. benefit plans & deferred compensation	(e) Expense account and other allowances
NONE		0	0	0

**COMPENSATION OF THE FIVE HIGHEST PAID INDEPENDENT CONTRACTORS
FOR PROFESSIONAL SERVICES**

Attachment 15: page 1 Schedule A Page 1, Part II-A

Open to Public Inspection	For calendar year 2006 or tax period beginning , and ending
Name of Organization SECOND CHANCE PROGRAM, INC.	Employer Identification Number 59-3697852

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
KRISTINE BROWN 3380 HUNT CLUB DRIVE Clearwater, FL 33761	BOOKKEEPING	58,873
SAM BRUNELLI 15462 GULF BLVD #508 Madeira Beach, FL 33708	EDUCATIONAL CONSULTA	60,000
NANCY DUNHAM 3167 SAN MATEO NE #257 Albuquerque, NM 87110	GEN'L BUS CONSULTANT	62,500

**Application for Extension of Time To File an
Exempt Organization Return**

OMB No. 1545-1709

▶ File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box. ☐
- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

Section 501(c)(3) corporations required to file Form 990-T and requesting an automatic 6-month extension -- check this box and complete Part I only ☐

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for section 501(c)(3) corporations required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits.

Type or print	Name of Exempt Organization SECOND CHANCE PROGRAMS, INC.	Employer identification number 59-3697852
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. C/O THE LIPSON PROFESSIONAL GROUP, INC. 1515 UNIVERSITY DRIVE #222	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. CORAL SPRINGS, FL 33071	

Check type of return to be filed (file a separate application for each return):

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-T (corporation)	<input type="checkbox"/> Form 4720
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust)	<input type="checkbox"/> Form 5227
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 8870

- The books are in the care of ▶ SAME

Telephone No. ▶ 954-754-4405

FAX No. ▶ 954-344-3694

- If the organization does not have an office or place of business in the United States, check this box. ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ . If this is for the whole group, check this box ☐ . If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6 months for a section 501(c)(3) corporation required to file Form 990-T) extension of time until AUGUST 15, 20 07, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶ ☒ calendar year 20 06 or
- ▶ ☐ tax year beginning _____, 20 _____, and ending _____, 20 _____.

2 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$ <u>-0-</u>

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form **8868** (Rev 12-2006)

• If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** and check this box ☒ **X**

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

Part II Additional (not automatic) 3-Month Extension of Time. You must file original and one copy.

Type or print File by the extended due date for filing the return. See Instructions.	Name of Exempt Organization <u>SECOND CHANCE INCUBUS, INC</u>	Employer identification number <u>59-3697852</u>
	Number, street, and room or suite no. If a P.O. box, see instructions. <u>C/O THE LIPSON PROFESSIONAL GROUP, INC</u> <u>155 UNIVERSITY DRIVE #330</u>	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see inst. <u>CORAL SPRINGS, FL 33071</u>	

Check type of return to be filed (File a separate application for each return):

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust)	<input type="checkbox"/> Form 4720	<input type="checkbox"/> Form 8870
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 5227	

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of SAME
Telephone No. 954 255 4405 FAX No. 954 344 3694
- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

- 4 I request an additional 3-month extension of time until 11/15, 2007.
- 5 For calendar year 2006, or other tax year beginning , 20 , and ending , 20 .
- 6 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period
- 7 State in detail why you need the extension ADDITIONAL THIRD PARTY INFORMATION IS NEEDED
IN ORDER TO PREPARE A COMPLETE AND ACCURATE RETURN

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$
8b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$
8c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$ <u>-0-</u>

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature  Title EA Date 8/1/07

Notice to Applicant. (To Be Completed by the IRS)

- ☐ We have approved this application. Please attach this form to the organization's return.
- ☐ We have not approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to the organization's return.
- ☐ We have not approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting a 10-day grace period.
- ☐ We cannot consider this application because it was filed after the extended due date of the return for which an extension was requested.
- ☐ Other

Director By: Date

Alternate Mailing Address -- Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above.

Type or print	Name
	Number and street (include suite, room, or apt. no.) or a P.O. box number
	City or town, province or state, and country (including postal or ZIP code)