## EXTENDED TO NOVEMBER 15, 2018

Form **990** 

## **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

2017 Open to Public Inspection

OMB No. 1545=0047

Department of the Treasury Internal Revenue Service

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

A For the 2017 calendar year, or tax year beginning and ending Check if applicable: C Name of organization D Employer identification number Address change SECOND CHANCE ANIMAL SERVICES, INC X Name change Doing business as 04-3490671 Initial return Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Room/suite Final return/ PO BOX 136 508-867-5525 City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ 3,639,703. Amended EAST BROOKFIELD, MA 01515 H(a) Is this a group return Applica-F Name and address of principal officer: SHERYL BLANCATO for subordinates? Yes X No 111 YOUNG ROAD, PO BOX 136, EAST BROOKFIELD H(b) Are all subordinates included? Yes I Tax-exempt status: ■ 501(c)(3) ■ 501(c) ( ) ◀ (insert no.) 4947(a)(1) or \_\_\_\_ 527 If "No," attach a list. (see instructions) J Website: ► WWW.SECONDCHANCEANIMALS.ORG H(c) Group exemption number ▶ K Form of organization: X Corporation Trust Association L Year of formation: 1999 M State of legal domicile: MA Part I Summary 1 Briefly describe the organization's mission or most significant activities: THE SECOND CHANCE ANIMAL Activities & Governance SERVICES (THE SHELTER) IS AN ORGANIZATION THAT CARES FOR THE NEEDS 2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) 4 6 5 Total number of individuals employed in calendar year 2017 (Part V, line 2a) 73 6 Total number of volunteers (estimate if necessary) 6 325 7 a Total unrelated business revenue from Part VIII, column (C), line 12 6,587. b Net unrelated business taxable income from Form 990-T, line 34 **Prior Year Current Year** 8 Contributions and grants (Part VIII, line 1h) 747,430. 1,219,092. Revenue Program service revenue (Part VIII, line 2g) 1,577,962. 2,048,552. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) -32,717.200,667. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 64,399. 71,645. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) ....... 2,357,074. 3,539,<u>956.</u> 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Expenses 1,320,923. 1,653,553. 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) 

97,688. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 987,301 1,283,639. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 2,308,224. 2,937,192. Revenue less expenses. Subtract line 18 from line 12 48,850. 602,764. or **Beginning of Current Year** End of Year 20 Total assets (Part X, line 16) 2,120,155. 2,783,815. 21 Total liabilities (Part X, line 26) 288,326. 339,319. Net assets or fund balances. Subtract line 21 from line 20 1,831,829. 2,444,496. Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of prepare (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Sign Here CURTIS A SCHOEN, CPA, TREASURER Type or print name and title Print/Type preparer's name Preparer's signature Check Paid GLENN M. CREAVEN, CPA GLENN M. CREAVEN, CP07/02/18 self-employed P01215518 Preparer Firm's name STOLBERG, EBBELING & BLANCHETTE, LLP 20-1260740 Firm's EIN 🛌 Use Only Firm's address 41 ELM STREET WORCESTER, MA 01609 Phone no. 508 - 363 - 3000 May the IRS discuss this return with the preparer shown above? (see instructions) X Yes

Pai	Statement of Program Service Accomplishments	37
	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission: TO PROVIDE TEMPORARY SHELTER TO STRAY, ABANDONED, AND SURRENDERED	
	ANIMALS FOR THE PURPOSE OF FINDING PERMANENT SUITABLE NEW HOMES. TO	
	PROVIDE ASSISTANCE AND FINANCIAL AID TO PREVENT OVERPOPULATION THROUGH	GH
	SPAYING AND NEUTERING PROGRAMS. TO SUPPORT A HEALTHY PET COMMUNITY A	ND
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	X No
•	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.	
-	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, an	٦
		u
_	revenue, if any, for each program service reported.  (Code: ) (Expenses \$ 1,610,716 • including grants of \$ ) (Revenue \$ 1,229,9)	70 \
4a	(Code:) (Expenses \$I, 610, 716 • including grants of \$) (Revenue \$I, 229, 9] THE SECOND CHANCE ANIMAL SHELTER PROVIDES AFFORDABLE VETERINARY CARE	<u>/ 9 •</u> )
	FOR ANIMALS THROUGH SUBSIDIZED VETERINARY CLINICS.	
4b	(Code: ) (Expenses \$ 400,577 • including grants of \$ ) (Revenue \$ 305,85	90.)
	THE SECOND CHANCE ANIMAL SHELTER PROVIDES LOW COST SPAY/NEUTER SERVI	CES
	FOR THE ANIMALS IN ITS PROGRAM AND IN THE COMMUNITY.	
4c	(Code:) (Expenses \$ 497,872. including grants of \$ ) (Revenue \$ 380,18	86.
70	THE SECOND CHANCE ANIMAL SHELTER RUNS AN ADOPTION PROGRAM FOR HOMELE	
	ANIMALS.	
	INTIMID •	
4d	Other program services (Describe in Schedule O.)	
	(Expenses \$ 173,511. including grants of \$ ) (Revenue \$ 132,497.)	
4e	Total program service expenses ▶ 2,682,676.	
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## Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		37	
_	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Λ	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			X
	public office? If "Yes," complete Schedule C, Part I	3		^
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			х
-	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		х
6	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
6	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	0		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
Ü	Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
•	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			3,7
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			v
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	446	х	
100	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Λ	
128	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	х	
h	Schedule D, Parts XI and XII  Was the organization included in consolidated, independent audited financial statements for the tax year?	120		
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a		14a		Х
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			,
	complete Schedule G, Part III	19	000	X

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## Part IV Checklist of Required Schedules (continued)

			Yes	No
<b>20</b> a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
·	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
-	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	Х	
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## Part V Statements Regarding Other IRS Filings and Tax Compliance

The Enter the number reported in Box 3 of Form 1096. Enter 0. If not applicable be there the number of Forms W-2G included in line 1a. Enter 0. If not applicable 0. Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?  2a. Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax Statements, filled for the calendar year ending with or within the year covered by this return.  3b. If at least one is reported on line 2a, dot the organization file all required federal employment tax returns?  3c. Did the organization all as greater than 250, you may be required to 6-file persistrations).  3c. Did the organization have unrelated business gross income of \$1,000 or more during the year?  3c. Did the organization have unrelated business gross income of \$1,000 or more during the year?  3c. Did the organization have unrelated business gross income of \$1,000 or more during the year of financial accounts of the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a shark account, securities account, or other financial accounts?  3c. V. Bir If Yes, and the financial Accounts (FEAR),  3c. V. Bir If Yes, and the financial Accounts (FEAR),  3c. V. Bir If Yes, and the proprietments for FincENF Form 114, Report of Foreign Bank and Financial Accounts (FEAR),  3c. V. Did any textual party notify the organization file Form 8888 1?  3c. If Yes, and the proprietments for FincENF Form 114, Report of Foreign Bank and Financial Accounts (FEAR),  3c. V. Did any textual party notify the organization file Form 8888 1?  3c. If Yes, and the organization and the value of the account any time during the tax where transaction?  3c. V. Did any contributions that were not tax deductible organization file Form 8888 1?  3c. If Yes, and the organization shall exclude with overy solicitation an express statement that such benefits of the page of the page of the		Check if Schedule O contains a response of note to any line in this part v				Ш
b Enter the number of Forms W2G included in line 1a. Enter-0-if not applicable  Did the organization comply with backing withholding rules for reportable payments to vendors and reportable gaming (ganthling) withing to prize withness?  2a. Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Stattements, filed for the calendary year ending with or within the year covered by this return  To b. If all least one is reported on line 2a, did the organization file all required federal employment tax returns?  2b. X  Note. If the sum of lines 1 and 2a is greater than 250, you may be required to 4-office instructions)  3a. Did the organization have unrelated business gross income of \$1,000 or more during the year?  3a. 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. Evolve the name of the foreign country.  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  See Was the organization approach to a prohibited tax shelter transaction?  5a. X  b If we have the harm of the foreign country.  5b. Was the organization should be organization that it was or is a party to a prohibited tax shelter transaction?  5c. A  6c. Y  6d. Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible and entirable contributions?  7c. Y  8d. If "ves," indicate the number of Forms 8882 Time and the organization file Foreign Bank and Foreign See Provided 7  7re Toganization receive a payment in excess of \$75 made party is a dendurion and prify for goods and services provided to the payor of the organization r					Yes	No
Did the organization comply with backup withholding rules for reportable payments to vendors and reportable garning gramming winnings to prize winners?  2a Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, flee for the calendar year ending with or within the year covered by this return.  3 In Ital teast one is reported on in 22, did the organization file all required tederal employment tax returns?  3 In Ital teast one is reported on in 22, did the organization file all required tederal employment tax returns?  3 In Ital teast one is reported on in 22, did the organization file all required toe-file (see instructions)  3 In Ital teast one during the calendar year, did the organization have an explanation in Schedule O  3 In Ital teast one during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account is a foreign country (such as a bank account, securities account, or other financial accounts?)  5 If Y'es, 'the line the name of the foreign country.  5 If Y'es, 'the line Sa or Sb, did the organization file Form 8886:17  5 If Y'es, 'the line Sa or Sb, did the organization file Form 8886:17  5 If Y'es, 'the line Sa or Sb, did the organization file Form 8868:17  5 If Y'es, 'the line Sa or Sb, did the organization file Form 8896:17  5 If Y'es, 'the line Sa or Sb, did the organization file Form 8896:17  5 If Y'es, 'the line Sa or Sb, did the organization file Form 8896:17  5 If Y'es, 'the line Sa or Sb, did the organization file Form 8896:17  5 If Y'es, 'the line Sa or Sb, did the organization file Form 8896:17  5 If Y'es, 'the line Sa or Sb, did the organization file Form 8890 as a file organization social any contributions that were not tax deductible as charitable contributions under social on any strip for goods and services provided to the payor?  5 If Y'es, 'the line organization necesses of Sfs made partly as a fearbuling on any services provided to the payor?  5 If Y'es, 'the date organization services s			···			
a Enter the number of employees reported on Form W93, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return    Total   Formation			_ ID			
2a Effect the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, filed for the calendary year ending with or within the year covered by this return.  b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines ta and 2a is greater than 250, you may be required to e-file (see instructions)  3a Did the organization have unreated business gross income of \$1,000 or more during the year?  3a X  b If Yes, *has it filed a Form 990-T for this year? If *No, *to file 3b, provide an explanation in Schedule O  3b A At any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  4a At any time the haname of the foreign country.  5b If Yes, *to line 5a or 5b, did the organization have it was or is a party to a prohibited tax shelter transaction?  5b Did any taxebe party nority the organization have it was or is a party to a prohibited tax shelter transaction?  5c If Yes, *to line 5a or 5b, did the organization file form 8886:17  6c Does the organization have manual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  5c Did the organization include with every solicitation an express statement that such bombutions or gifts were not tax deductible?  7c Organizations that may receive deductible contributions under asption 170(s).  8d Did the organization include with every solicitation an express statement that such bombutions or gifts were not tax deductible?  7b X  7c Did the organization receive a payment in excess of \$5° made party as a designation and girty for goods and services provided to the payor?  7a X  7b Did the organization received a contribution of the value of the post of the payor of the payor of the payor of the payor o	С					
fleet for the calendary year ending with or within the year covered by this return 2 2 73    Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3    30    Did the organization have unrelated business gross income of \$1,000 or more during the year? 3    30    Did the organization have unrelated business gross income of \$1,000 or more during the year? 3    31    Did the organization have unrelated business gross income of \$1,000 or more during the year? 3    32    Did the organization have unrelated business gross income of \$1,000 or more during the year? 3    33    Did the organization have unrelated business gross income of \$1,000 or more during the year? 3    44    Atary 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)? 4    45    Did any taxable party notify the organization that it was or is a party to a prohibited tax sheller transaction at any time during the tax year? 5    46    Dose the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles of tax deductibles on that deductible contributions? 5    46    Did any taxable party notify the organization include with every solicitation an express statement that such combutions or gifts were not tax deductibles of tax deductibles of a charitable contributions? 6    47    Organizations that may receive deductible contributions under soft on 170(s)    48    Did the organization receive a sparent in excess of \$5 is male party as a familiarious and your problemation solicit any contributions of the value of the goods are senses provided? 7    48    Diff Yes, "did the organization notify the donor of the value of the goods are senses provided? 7    49    Diff were granization received a sparent in excess of \$5 is male party as a fam			 I I	1c		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  3a Did the organization have unrelated business gross income of \$1,000 or more during the year?  3a Did the organization have unrelated business gross income of \$1,000 or more during the year?  3a At any time during the calendary year, did the organization have unifered fin or a signature or other authority over, a financial account, in a foreign country (such as a bank account, securities account, or other financial account)?  4a At any time the name of the foreign country (such as a bank account, securities account, or other financial account)?  5b If "Yes," enter the name of the foreign country (such as a bank account, securities account, or other financial account)?  5b If "Yes," there the name of the foreign country (such as a bank account, securities account, or other financial account)?  5c If "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year?  5c If "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?  5c If "Yes," to line 5a or 5b, did the organization file Form 888617  6c If "Yes," to line 5a or 5b, did the organization in include with every solicitation an express statement that such combibutions or gifts were not tax deductible?  6c If Yes, "I did the organization include with every solicitation an express statement that such combibutions or gifts were not tax deductible?  6c If Yes," did the organization include with every solicitation an express statement that such combibutions or gifts were not tax deductible?  7c If If Yes," did the organization include with every solicitation an express statement that such combibutions or gifts were not tax deductible?  7d If Yes," did the organization include with every solicitation and express statement that such combibutions or gifts were not tax deductible.  6d If Yes, included on the such as a	2a		72			
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  3a Dit the organization have unrelated business gross income of \$1,000 or more during the year?  4a 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. She as a bank account, securities account, or other financial account in a foreign country. She see instructions for filing requirements for FincEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  5a Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year?  5a Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitate local contributions?  5b If "Yes," did the organization include with every solicitation an express statement that such combututions or gifts were not tax deductible?  6c Descriptions that may receive deductible contributions under section 170(c).  a bit the organization sell, exchange, or otherwise dispose attamptible personal property for which it was required to tile Form 8882?  b) If "Yes," indicate the number of Forms 8282 filed during the year  7c X  If "Yes," indicate the number of Forms 8282 filed during the year  7				-	v	
3a	b			2b	Λ	
b If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O  4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial accountly and financial accountly and financial accountly are financial accountly and financial accountly for year, and the foreign country. ►  5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5a Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year?  5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5c Uniform the fire organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax electubiles as charatale contributions?  5c Uniform the fire organization include with every solicitation an express statement that such combibutions or gifts were not tax deductible?  6c Organizations that may receive deductible contributions under section 170(c).  6d Uniform that the properties of the organization include with every solicitation an express statement that such combibutions or gifts were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  8 Uniform that the properties of the organization include with every solicitation and service provided to the payor?  7a X Y  7b X Y  7c X X  7b If "Yes," indicate that may receive deductible contributions under section 170(c).  8 Uniform that may receive apparent to the scass of \$75 made party as a democration and party for goods and services provided to the payor?  7b X X  7c X X  7d If "Yes," indicate the number of Forms 8282 filed during the year and the firm of the section 170(c).  9 Uniform that the organization neceived any funds, directly or indirectly, to pay pronums on a personal benefit contract?  7r X X  9 Uniform that the org	_					v
4a 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 accounts?  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  See instructions or programment of the organization that it was or is a party to a prohibited tax shelter transaction?  See 1 "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?  See 1 "Yes," to line 5a or 5b, did the organization file Form 8886-17"  Organizations that were not tax deductible as charitable contributions?  See 1 "Yes," to did the organization include with every solicitation an express statement that such combibutions or gifts were not tax deductible?  Organizations that may receive deductible contributions under seption 170cj.  Join the organization receive a payment in excess of \$76 made party as a dynthoution and party for goods and services provided to the payor?  To ganization receive a payment in excess of \$75 made party as a dynthoution and party for goods and services provided to the payor?  To 1 If Yes," did the organization notify the donor of the value of the goods are services provided?  To 1 If Yes, "indicate the number of Forms 8282 filed during the year.  To 2 If Yes, "indicate the number of Forms 8282 filed during the year.  If Did the organization, during the year, pay premiums directly or indirectly, to pay premiums on a personal benefit contract?  To 2 If He organization received a contribution of a pullified relectual prop		•				
financial account in a foreign country (such as a bank account, securities account, or other financial account)?  b (if "Yes," enter the name of the foreign country; "See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5b US any stable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5b US X  c If "Yes," to line Sa or 5b, did the organization file Form 8886-17  6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solict any contributions that were not tax deductible as charitable contributions?  6a X  b If "Yes," did the organization include with every solicitation an express statement that such combibutions or gifts were not tax deductible?  7 Organizations that may receive deductible contributions under stofon 170(c)  a bild the organization that may receive deductible contributions under stofon 170(c)  b If "Yes," did the organization notify the donor of the value of the gords or gas-gives provided?  7 Organization stat may receive deductible contributions under stofon 170(c)  b If "Yes," indicate the number of Forms 8282 filed during the year  c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required  to file Form 8282?  7 Organization received any funds, directly or indirectly not particular to a personal benefit contract?  7 Organization received a contribution of autilified intelectual property, did the organization file a Form 1098-C?  8 Sponsoring organization make any the vary pay reprehums deceived or ordived fund maintained by the sponsoring organization make any through of cars, boats, audiants of other vehicles, did the organization file a Form 1098-C?  9 Sponsoring organization make any through of cars, boats, audiants of the reprehums and the pay of the repre				30		
b If "Yes," enter the name of the foreign country:   Sae instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  Sae instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  Sae instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  Sae instructions partly to a prohibited tax shelter transaction at any time during the tax year?  Sae If "Yes," oil ine Sao r 58, lot the organization in Form 8889 687?  Soe If "Yes," oil of the organization include with every solicitation an express statement that such combutions or gifts were not tax deductible?  Organizations that may receive deductible contributions under section 170()  Bid the organization receive a payment in excess of \$75 made partly as a demoultance of the goods any services provided to the payor?  The "Yes," did the organization notity the donor of the value of the goods as services provided?  To lid the organization receive a payment in excess of \$75 made partly as a demoultance of the value of the goods as services provided?  The life Form 8282?  If "Yes," indicate the number of Forms 8282 filed during the year  Did the organization receive any funds, directly or indirectly, to pay preniums on a personal benefit contract?  The life organization funding the year, pay premiums directly or indirectly, to pay preniums on a personal benefit contract?  If yield the organization during the year, pay premiums directly or indirectly, to pay preniums on a personal benefit contract?  For X if yield the organization during the year, pay premiums directly or indirectly, to pay preniums on a personal benefit contract?  For X if yield the organization during the year pay premiums directly or indirectly, to pay preniums on a personal benefit contract?  For X if yield the organization organization make a local pay in a service provided of the organization file Form 8899 as required?  If the organization	4a		•	4.		v
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b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  6b	50			50		х
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h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?  9 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10 Did 10 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders 11 Section 501(c)(12) organizations. Enter: a Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11 Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13 Light the organization receive any payments for indoor tanning services during the tax year? 14 Did the organization receive any payments for indoor tanning services during the tax year? 14 Did the organization receive any payments for indoor tanning services during the tax year? 14	f	Did the organization, during the year, pay premiums, directly or indirectly on a personal benefit cont	ract?	7f		X
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sponsoring organization have excess business holdings at any time during the year?  9 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b Did the sponsoring organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Did 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11a Did 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 12a 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b	h			7h		
9 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b Initiation fees and capital contributions included on Part VIII, line 12 I0a Initiation fees and capital contributions included on Part VIII, line 12 I0b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities I0b Inscription or some members or shareholders Intia Inti	8		I by the	_		
a Did the sponsoring organization make any taxable distributions under section 4966?  b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  9b	_			8		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  Section 501(c)(7) organizations. Enter:  a Initiation fees and capital contributions included on Part VIII, line 12  b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b  Section 501(c)(12) organizations. Enter:  a Gross income from members or shareholders  b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  13 Section 501(c)(29) qualified nonprofit health insurance issuers.  I Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13b  c Enter the amount of reserves on hand  13c  14a X  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.  14b						
10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12	_					
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b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter:  a Gross income from members or shareholders 11a			102			
11 Section 501(c)(12) organizations. Enter:  a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  13b Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13c  14a Did the organization receive any payments for indoor tanning services during the tax year?  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.  14b						
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amounts due or received from them.)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b  13 Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13c  14a Did the organization receive any payments for indoor tanning services during the tax year?  14a X  14b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.  14b						
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	-		11b			
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12a			12a		
a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13c  14a Did the organization receive any payments for indoor tanning services during the tax year?  14a X  15 If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  15 If "No," provide an explanation in Schedule O  16 If "No," provide an explanation in Schedule O  17 If "No," provide an explanation in Schedule O			l I			
Note. See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13c  14a Did the organization receive any payments for indoor tanning services during the tax year?  14a X  15 If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  15 If "No," provide an explanation in Schedule O  16 If "No," provide an explanation in Schedule O  17 If "No," provide an explanation in Schedule O  18 If "No," provide an explanation in Schedule O  19 If "No," provide an explanation in Schedule O	13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13c  14a Did the organization receive any payments for indoor tanning services during the tax year?  14a X  15 If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  15 If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  16 If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c  14a Did the organization receive any payments for indoor tanning services during the tax year? 14a If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b		Note. See the instructions for additional information the organization must report on Schedule O.				
c Enter the amount of reserves on hand 13c 14a  X	b	Enter the amount of reserves the organization is required to maintain by the states in which the				
14aDid the organization receive any payments for indoor tanning services during the tax year?14aXbIf "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O14b			13b			
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O14b						
						<u> X</u>
	b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul	e O		000	(00.17

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI				X
<u>Sec</u>	tion A. Governing Body and Management				
		1 1		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	7		
	If there are material differences in voting rights among members of the governing body, or if the governing				
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		_		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	6		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	ip with any other			
	officer, director, trustee, or key employee?		2	X	
3	Did the organization delegate control over management duties customarily performed by or under the	he direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person? $\dots$		3		X
4	Did the organization make any significant changes to its governing documents since the prior Form	990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's as	ssets?	5		Х
6	Did the organization have members or stockholders?		6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a				
	more members of the governing body?		7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	stockholders, or			
	persons other than the governing body?		7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ear by the following:			
а	The governing body?		8a	Х	
b	Each committee with authority to act on behalf of the governing body?		8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re	ached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		X
<u>Sec</u>	tion B. Policies (This Section B requests information about policies not required by the Internal F	Revenue Code.)			
				Yes	No
	Did the organization have local chapters, branches, or affiliates?		10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such of				
	and branches to ensure their operations are consistent with the organization's exempt purposes?		10b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing bo	dy before filing the form?	11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				
	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris	e to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "	Yes," describe		l	
	in Schedule O how this was done		12c	X	
13	Did the organization have a written whistleblower policy?		13	Х	
14	Did the organization have a written document retention and destruction policy?		14	X	
15	Did the process for determining compensation of the following persons include a review and approve	al by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision				
	The organization's CEO, Executive Director, or top management official		15a	X	
b	Other officers or key employees of the organization		15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange				3,7
	taxable entity during the year?		16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organic	anization's			
	exempt status with respect to such arrangements?		16b		
Sec.	tion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed ►MA				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	I (Section 501(c)(3)s only)	availal	ole	
	for public inspection. Indicate how you made these available. Check all that apply.				
		n in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, co	onflict of interest policy, a	nd finar	icial	
	statements available to the public during the tax year.				
20	State the name, address, and telephone number of the person who possesses the organization's b SHERYL BLANCATO $-\ 508-867-5525$	ooks and records: ►			
	111 YOUNG ROAD. EAST BROOKFIELD. MA 01515				

# Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

#### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(A) Name and Title  Average hours per week  (B)  Average hours per week  (C)  Position (do not check more than one box, unless person is both an officer and a director/trustee)  (D)  Reportable compensation compensation from related	on	<b>(F)</b> Estimated
hours per box, unless person is both an compensation compensation	on	
hours per   box, unless person is both an   compensation   compensation		
week week week week week week week week		amount of
		other
(list any   ਰੁੱਚ     the organization hours for   ਰੁੱਚ   ਰੁੱਚ organization (W-2/1099-MI		compensation from the
related   \$\frac{1}{8} \frac{1}{8} 1	30)	organization
hours for related organizations below below below below for the first of the first		and related
below   I   I   I   I   I   I   I   I   I		organizations
(list any hours for related organizations below line)		· ·
(1) ROBERT WHITE 3.00		
DIRECTOR X 0.	0.	0.
(2) SHERYL BLANCATO 60.00		
EXECUTIVE DIRECTOR X X 102,846.	0.	4,050.
(3) JOSEPH BLANCATO 50.00	•	
VICE PRESIDENT X X X 0.	0.	0.
(4) REBECCA AUSTIN 3.00 X X X 0.	0.	0.
SECRETARY X X X 0.	0.	0.
TREASURER X X X	0.	0.
(6) SARA GASPARRINI 2.00	0.	•
DIRECTOR X 0.	0.	0.
(7) HEATHER LOGRIPPO 2.00		
DIRECTOR X 0.	0.	0.

Page 8

Name and title		Average hours per week	box	not c	Posi heck r ss per id a di	ition more rson	than is bot	h an	Reportable compensation from	Reportable compensation from related	n		timat nount other	of
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization (W-2/1099-MIS		fr org an	pensa om th aniza d rela anizat	ne tion ted
								4						
1b	Sub-total					<b></b>			102,846.		0.		4,0	50.
	Total from continuation sheets to Part V				,	417			102,846.		0.		<u>/                                    </u>	50.
a	Total (add lines 1b and 1c)  Total number of individuals (including but r						) w/	no r		) 000 of reportab			4,0	50.
	compensation from the organization	lot ill filted to th	1036	iiste	Ju al	300	<i>5)</i> WI	10 11	eceived more than proc	,,000 of reportab	10			1
													Yes	No
3	Did the organization list any <b>former</b> officer,											_		x
4	line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the si								her compensation from			3		- 25
•	and related organizations greater than \$15											4		Х
5	Did any person listed on line 1a receive or													
	rendered to the organization? If "Yes," com	plete Schedul	e J f	or su	ıch p	pers	son .					5		X
	tion B. Independent Contractors		.l					4	N4	ф100 000 -f		-41		
1	Complete this table for your five highest countries the organization. Report compensation for	•	•							•	npens	ation	rom	
	(A)	tiro caloridai y	<u>ou</u> ,	orran	<u>g                                   </u>	,,,,,,	<u> </u>		(B)	you.		((	<del></del>	
	Name and business	address	N	ONE	3				Description of s	services	С	ompe		on
2	Total number of independent contractors ( \$100,000 of compensation from the organi	•	ot li	mite	d to		se lis	stec	d above) who received n	nore than				
		-										Form	990	(2017)

#### Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (**D**) Revenue excluded from tax under (B) (C) Unrelated Total revenue Related or exempt function business sections 512 - 514 revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns **b** Membership dues 1b c Fundraising events d Related organizations 1d e Government grants (contributions) f All other contributions, gifts, grants, and ,219,092 similar amounts not included above 177,618 g Noncash contributions included in lines 1a-1f: \$ ,219,092. h Total. Add lines 1a-1f .. Business Code 541900 1,229,979.1,229,979. 2 a VETERINARY CLINIC Program Service Revenue b ADOPTION CENTER 541900 380,186. 380,186. c SPAY & NEUTER SERVICES 541900 305,890. 305,890. $1\overline{32,497}$ d OTHER PROGRAMS 541900 132,497. f All other program service revenue 2,048,552 g Total. Add lines 2a-2f Investment income (including dividends, interest, and 6,345. other similar amounts) Income from investment of tax-exempt bond proceeds (i) Real (ii) Personal 6 a Gross rents **b** Less: rental expenses c Rental income or (loss) **d** Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of **270**,000 assets other than inventory b Less: cost or other basis 75,678 and sales expenses 194,322. c Gain or (loss) 194,322. 194,322. d Net gain or (loss) ..... 8 a Gross income from fundraising events (not Revenue including \$ contributions reported on line 1c). See 77,104 Part IV, line 18 Other 22,708. **b** Less: direct expenses 54,396. 54,396 c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 a **b** Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns 9,251. and allowances 1,361. **b** Less: cost of goods sold 7,890. 7,890. c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 6,587. 11 a CREDIT CARD POINTS RED 900099 6,587 b OTHER INCOME 2,772. 900099 2,772. С d All other revenue 9,359. e Total. Add lines 11a-11d 539,956.2,051,324. 6,587. 262,953. Total revenue. See instructions.

#### Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (D) (C) Do not include amounts reported on lines 6b. Program service expenses Management and general expenses Total expenses Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 ..... Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members ..... Compensation of current officers, directors, 102,846. 102,846. trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 1,374,965. 1,316,317. 58,648. Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 39,303. 43,569. 4,266. Other employee benefits 9 132,173. 9,256. 5,278. 117,639 Payroll taxes 10 Fees for services (non-employees): a Management ..... Legal 7,744. 744 Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees \_\_\_\_\_ Other, (If line 11g amount exceeds 10% of line 25, 54,080 45,726. 8,354 column (A) amount, list line 11g expenses on Sch O.) 23,721. 3,300. 27,021 Advertising and promotion 12 8,083. 7,295. 788. Office expenses 13 8,088. 7,203. 563. 322. Information technology 14 15 Royalties 77,672. 69,185. 5,405. 3,082. 16 Occupancy 5,141. 5,141. 17 Travel Payments of travel or entertainment expenses 18 for any federal, state, or local public officials Conferences, conventions, and meetings 19 6,120. 6,120. 20 Payments to affiliates 21 176,120. 156,874. 12,257. 6,989. Depreciation, depletion, and amortization ..... 22 40,941. 38,092. 2,849. 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 774,654. 774,654. SUPPLIES BANK & CREDIT CARD FEES 26,186. 25,147. 1,039. PRINTING & POSTAGE 23,328. 3,175. 1,623. 18,530. 21,241 21,241. TRANSPORTATION 877. 27,220. 25,843. 500. e All other expenses 2,937,192. 2,682,676. 156,828. 97,688. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

Pa	rt X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing	100 100	1	
	2	Savings and temporary cash investments	139,182.	2	282,778.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	27,567.	4	28,089.
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under			
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
şţ		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
⋖	8	Inventories for sale or use	61,186.	8	106,101.
	9	Prepaid expenses and deferred charges	20,489.	9	13,624.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 2,601,196.			
	b	Less: accumulated depreciation 10b 659,075.	1,551,797.	10c	1,942,121. 408,702.
	11	Investments - publicly traded securities	317,534.	11	408,702.
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets	<b>Y</b>	14	
	15	Other assets. See Part IV, line 11	2,400.	15	2,400.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	2,120,155.	16	2,783,815.
	17	Accounts payable and accrued expenses	117,600.	17	175,081.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
es	22	Loans and other payables to current and former officers, directors, trustees,			
≣		key employees, highest compensated employees, and disqualified persons.			
Liabilities		Complete Part II of Schedule	450 506	22	161 000
_	23	Secured mortgages and notes payable to unrelated third parties	170,726.	23	164,238.
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X of			
		Schedule D	000 206	25	220 240
	26	Total liabilities. Add lines 17 through 25	288,326.	26	339,319.
		Organizations that follow SFAS 117 (ASC 958), check here ▶ X and			
Ses		complete lines 27 through 29, and lines 33 and 34.	1 761 225		0 047 747
Fund Balances	27	Unrestricted net assets	1,761,335.	27	2,247,747.
Bal	28	Temporarily restricted net assets	70,494.	28	196,749.
pu	29	Permanently restricted net assets		29	
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐			
, o		and complete lines 30 through 34.			
šets	30	Capital stock or trust principal, or current funds		30	
As	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or	32	Retained earnings, endowment, accumulated income, or other funds	1 021 000	32	0 444 406
2	33	Total net assets or fund balances	1,831,829.	33	2,444,496.
	34	Total liabilities and net assets/fund balances	2,120,155.	34	2,783,815.

Form **990** (2017)

	990 (2017) SECOND CHANCE ANIMAL SERVICES, INC	04-349	0671	Pag	ge <b>12</b>
Pai	T XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>			
1 2 3 4 5 6 7 8 9 10	Total revenue (must equal Part VIII, column (A), line 12)  Total expenses (must equal Part IX, column (A), line 25)  Revenue less expenses. Subtract line 2 from line 1  Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))  Net unrealized gains (losses) on investments  Donated services and use of facilities  Investment expenses  Prior period adjustments  Other changes in net assets or fund balances (explain in Schedule O)  Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,	3	1,831	7,19 2,70 L,83	92. 64.
10	column (B))	10	2,444	1,4	96.
Pai	t XII Financial Statements and Reporting	1			
	Check if Schedule O contains a response or note to any line in this Part XII				X
1	Accounting method used to prepare the Form 990: Cash X Accrual Other  If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedul	e O.		Yes	No
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?  If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both:  Separate basis  Consolidated basis  Both consolidated and separate basis	ed on a	2a		X
b	Were the organization's financial statements audited by an independent accountant?		2b	х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separa consolidated basis, or both:  X Separate basis Consolidated basis Both consolidated and separate basis  If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the separate basis.				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sc				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the S	ingle Audit	3a		X
h	Act and OMB Circular A-133?  If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits?	uired audit	Ja		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

#### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization Employer identification number SECOND CHANCE ANIMAL SERVICES, INC 04 - 3490671Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 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 exempt 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). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or 12 more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. ☐ Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes above (see instructions))

Total

## Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	460,818.	504,705.	1398180.	747,430.	1162241.	4273374.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	460,818.	504,705.	1398180.	747,430.	1162241.	4273374.
	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)				1		
6	Public support. Subtract line 5 from line 4.						4273374.
	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	<b>(e)</b> 2017	(f) Total
7	Amounts from line 4	460,818.	504,705.	1398180.	747,430.	1162241.	4273374.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	-71.	2,499.	3,618.	3,978.	6,345.	16,369.
9	Net income from unrelated business						
	activities, whether or not the			1			
	business is regularly carried on			/			
10	Other income. Do not include gain						
	or loss from the sale of capital		1				
	assets (Explain in Part VI.)	1					
11	<b>Total support.</b> Add lines 7 through 10						4289743.
	Gross receipts from related activities,	etc. (see instruction	ons)			12 6	,354,935.
	First five years. If the Form 990 is for			d. fourth. or fifth ta	ax vear as a sectio		-
	organization, check this box and stor	here					
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2017 (	line 6, column (f) di	vided by line 11, c	olumn (f))		14	99.62 %
15	Public support percentage from 2016	Schedule A, Part	II, line 14			15	99.71 %
16a	33 1/3% support test - 2017. If the o	organization did no	t check the box or	n line 13, and line	14 is 33 1/3% or n	nore, check this bo	ox and
	stop here. The organization qualifies	as a publicly supp	orted organization				<b>\</b> X
b	33 1/3% support test - 2016. If the o						
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a	publicly supported	d organization		
b	10% -facts-and-circumstances tes						
	more, and if the organization meets the	ne "facts-and-circu	mstances" test, ch	neck this box and	stop here. Explain	in Part VI how the	)
	organization meets the "facts-and-circ	cumstances" test.	The organization of	qualifies as a publi	cly supported orga	anization	
18	Private foundation. If the organization	n did not check a l	box on line 13, 16a	a, 16b, 17a, or 17b	o, check this box a	nd see instruction	s ▶
						dula A /Earm 000	000 53) 0043

Schedule A (Form 990 or 990-EZ) 2017

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

qualify under the tests listed be Section A. Public Support	elow, please com	iplete Part II.)				
· · · · · · · · · · · · · · · · · · ·	(a) 2012	(b) 2014	(a) 2015	(4) 2016	(a) 2017	(f) Total
Calendar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	<b>(e)</b> 2017	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")				+		<del> </del>
<b>2</b> Gross receipts from admissions, merchandise sold or services per-						
formed, or facilities furnished in						
any activity that is related to the						
organization's tax-exempt purpose  3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-				+		
ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities			1	4		
furnished by a governmental unit to						
the organization without charge			1			
6 Total. Add lines 1 through 5					<del> </del>	<del>                                     </del>
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received						
from other than disqualified persons that						
exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6	(3) = 1 1 1	(1)	(=,==:=	(-,	(-,	(-7
10a Gross income from interest,						
dividends, payments received on						
securities loans, rents, royalties, and income from similar sources						
<b>b</b> Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business						
activities not included in line 10b, whether or not the business is						
regularly carried on						
12 Other income. Do not include gain						
or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for	r the organization	's first, second, thi	rd, fourth, or fifth	tax year as a secti	on 501(c)(3) organ	nization,
check this box and stop here						<b>&gt;</b>
Section C. Computation of Publ						
<b>15</b> Public support percentage for 2017 (					15	%
16 Public support percentage from 2016					16	%
Section D. Computation of Inves						
17 Investment income percentage for 20						%
18 Investment income percentage from						%
19a 33 1/3% support tests - 2017. If the						
more than 33 1/3%, check this box a						
<b>b 33 1/3% support tests - 2016.</b> If the						
line 18 is not more than 33 1/3%, che						
20 Private foundation. If the organization	n did not check a	a box on line 14, 19	a, or 19b, check t	this box and see in	nstructions	<u></u> ▶∟

## Part IV | Supporting Organizations

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

#### Section A. All Supporting Organizations

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

		Yes	No
	_		
	1		
	2		
	3a		
	OI-		
	3b		
	3с		
	00		
	4a		
	4b		
	4c		
	5a		
	Ja		
	5b		
	5c		
	6		
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	7		
	8		
	0		
	9a		
	9b		
	9с		
	10a		
	101-		
m 0	10b	00 E7	2017

Pai	rt IV   Supporting Organizations (continued)			
	(continued)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	tion B. Type I Supporting Organizations			
	71 11 3 3		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
-	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
	alon or type in eapper any organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations	•		
	tion Divin Type in Supporting Cigaminations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		100	
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
3	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's			
	supported organizations played in this regard.	3		
<u>Sac</u>	tion E. Type III Functionally Integrated Supporting Organizations	3		<u> </u>
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yeafsee instructions			
ı a	The organization satisfied the Activities Test. Complete line 2 below.	•		
b	The organization is the parent of each of its supported organizations. <i>Complete</i> <b>line 3</b> below.			
C	The organization is the parent of each of its supported organizations. Complete line 3 below.  The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins	tructions	2)	
2	Activities Test. Answer (a) and (b) below.	ir actions	Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		163	140
а	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
h	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	Za		
D	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
2	•	ZU		
3	Parent of Supported Organizations. <b>Answer (a) and (b) below.</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	20		
h	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	3a		
D	of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	3b		
	or to supported organization of it. Too, accombo in East Eletto for played by the organization in this regard.	75		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Support	ing Orga	anizations	J
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust o	n Nov. 20, 1970 (explain in	Part VI.) See instructions. All
	other Type III non-functionally integrated supporting organizations must	complete S	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
_7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in <b>Part VI</b> ):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
_3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
_5_	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
_6_	Multiply line 5 by .035	6		
_7_	Recoveries of prior-year distributions	7		
_8_	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
_1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, Jine 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
_5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-function	ally integra	ated Type III supporting org	ganization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2017

Par	rt V Type III Non-Functionally Integrat	ed 509	(a)(3) Supporting Org	anizations (continued)	
Secti	tion D - Distributions			,	Current Year
1					
2	Amounts paid to perform activity that directly furthe	rs exem <sub>l</sub>	pt purposes of supported		
organizations, in excess of income from activity					
3	Administrative expenses paid to accomplish exemp	าร			
4	Amounts paid to acquire exempt-use assets				
5	Qualified set-aside amounts (prior IRS approval requ	ıired)			
6	Other distributions (describe in Part VI). See instruc	tions.			
7	Total annual distributions. Add lines 1 through 6.				
8	Distributions to attentive supported organizations to	which t	he organization is responsive	е	
	(provide details in <b>Part VI</b> ). See instructions.				
9	Distributable amount for 2017 from Section C, line 6	i			
10	Line 8 amount divided by line 9 amount				
Secti	tion E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6	i			
2	Underdistributions, if any, for years prior to 2017 (re	ason-			
	able cause required- explain in Part VI). See instruct	ions.			
3	Excess distributions carryover, if any, to 2017				
а					
b	From 2013				
С	From 2014				
d	From 2015				
е	From 2016				
f	Total of lines 3a through e				
g	Applied to underdistributions of prior years				
h	Applied to 2017 distributable amount				
i_	, , , ,				
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.				
4	Distributions for 2017 from Section D,				
	line 7:	_			
	Applied to underdistributions of prior years				
	Applied to 2017 distributable amount				
	Remainder. Subtract lines 4a and 4b from 4.				
5	Remaining underdistributions for years prior to 2017				
	any. Subtract lines 3g and 4a from line 2. For result				
	than zero, explain in <b>Part VI.</b> See instructions.	- 01-			
6	Remaining underdistributions for 2017. Subtract line				
	and 4b from line 1. For result greater than zero, expl	ain in			
	Part VI. See instructions.	0:			
7	Excess distributions carryover to 2018. Add lines	<b>J</b>			
8	and 4c.  Breakdown of line 7:				
	Excess from 2013				
	Excess from 2014				
	Excess from 2015				
	Excess from 2016				
	Excess from 2017				

Schedule A (Form 990 or 990-EZ) 2017

### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

SECOND CHANCE ANIMAL SERVICES, INC

**Employer identification number** 04 - 3490671

Pai	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds o	r Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lir	ne 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised	funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be use	ed only
	for charitable purposes and not for the benefit of the donor	or donor advisor, or for any other purpose cor	nferring
Pai	·		t IV, line 7.
1	Purpose(s) of conservation easements held by the organizat		
	Preservation of land for public use (e.g., recreation or		
	Protection of natural habitat	Preservation of a certified	d historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	ified conservation contribution in the form of a	
	day of the tax year.		Held at the End of the Tax Year
	Total number of conservation easements		
	Number of conservation easements on a certified historic st		
a	Number of conservation easements included in (c) acquired		
•	listed in the National Register		
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by the or	ganization during the tax
4	year  Number of states where preparty subject to concernation as	exament is located	
4 5	Number of states where property subject to conservation ear Does the organization have a written policy regarding the pe		
3	violations, and enforcement of the conservation easements		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting		
Ū	Starr and volunteer riodis devoted to morntoning, inspecting	, mandaling of violations, and emoroting conserv	vation casements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservation	n easements during the year
-	<b>▶</b> \$		· cacomeme aaning and year
8	Does each conservation easement reported on line 2(d) abo	ve satisfy the requirements of section 170(h)(	(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservat		
	include, if applicable, the text of the footnote to the organiza	•	
	conservation easements.		
Pai	t III Organizations Maintaining Collections o	of Art, Historical Treasures, or Othe	er Similar Assets.
	Complete if the organization answered "Yes" on Forn	n 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (A	SC 958), not to report in its revenue statemer	nt and balance sheet works of art,
	historical treasures, or other similar assets held for public ex	hibition, education, or research in furtherance	e of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri	ibes these items.	
b	If the organization elected, as permitted under SFAS 116 (A	SC 958), to report in its revenue statement an	nd balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of public	service, provide the following amounts
	relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical tre	easures, or other similar assets for financial ga	ain, provide
	the following amounts required to be reported under SFAS 1		
	Revenue included on Form 990, Part VIII, line 1		
	Assets included in Form 990, Part X		
LHA	For Paperwork Reduction Act Notice, see the Instruction	s for Form 990.	Schedule D (Form 990) 2017

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Pai	t III Organizations Maintaining Co	ollections of Ar	t, Historical T	reasures, c	or Other S	Similar Ass	sets(contin	ued)
3	Using the organization's acquisition, accession	n, and other records	s, check any of th	e following tha	t are a signi	ficant use of i	ts collection	n items
	(check all that apply):							
а	Public exhibition	d	Loan or ex	change progra	ıms			
b	Scholarly research	е	Other					
С	Preservation for future generations							
4	Provide a description of the organization's col	lections and explain	how they further	the organization	on's exemp	t purpose in P	art XIII.	
5	During the year, did the organization solicit or	receive donations o	f art, historical tre	easures, or othe	er similar as	sets		
	to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No							
Pai	t IV Escrow and Custodial Arrang	<b>jements.</b> Complet	e if the organizat	ion answered "	'Yes" on Fo	rm 990, Part I	V, line 9, or	
	reported an amount on Form 990, Part	X, line 21.						
1a	Is the organization an agent, trustee, custodia	ın or other intermedi	ary for contribution	ons or other as	sets not inc	luded		
	on Form 990, Part X?					L	Yes	└── No
b	If "Yes," explain the arrangement in Part XIII a	nd complete the foll	owing table:					
							Amount	
С	Beginning balance					1c		
d	Additions during the year					1d		
е	Distributions during the year					1e		
f	Ending balance					1f		
2a	Did the organization include an amount on Fo	rm 990, Part X, line 2	21, for escrow or	custodial acco	unt liability?	· [	Yes	☐ No
	If "Yes," explain the arrangement in Part XIII.							
Pai	t V Endowment Funds. Complete if							
		(a) Current year	(b) Prior year	(c) Two year	s back (d)	Three years bac	k (e) Four	years back
1a	Beginning of year balance							
b	Contributions			)	<u> </u>			
С	Net investment earnings, gains, and losses							
d	Grants or scholarships							
е	Other expenditures for facilities							
	and programs							
f	Administrative expenses		7 >					
g	End of year balance							
2	Provide the estimated percentage of the curre	ent year end balance	e (line 1g, column	(a)) held as:				
а	Board designated or quasi-endowment		_%					
b	Permanent endowment	%						
С	Temporarily restricted endowment	%						
	The percentages on lines 2a, 2b, and 2c should							
3a	Are there endowment funds not in the posses	sion of the organiza	tion that are held	and administe	red for the	organization	г	
	by:							Yes No
	(i) unrelated organizations						3a(i)	
	(ii) related organizations						3a(ii)	
b	If "Yes" on line 3a(ii), are the related organizat			l?			3b	
4	Describe in Part XIII the intended uses of the		vment funds.					
Pai	t VI Land, Buildings, and Equipme							
	Complete if the organization answered		1	1				
	Description of property	(a) Cost or ot	1 ' '	st or other	(c) Accu		(d) Book	k value
		basis (investm	,	s (other)	depred	ciation	10	1 250
	Land				E	1 665		4,358.
	Buildings					1,665.		3,638.
	Leasehold improvements					9,408.		1,710.
d	Equipment					9,707.		7,399.
	Other			10-1	40	8,295.		7,016.
Iota	. Add lines 1a through 1e. (Column (d) must eq	iuai Form 990, Part )	k, column (B), line	10c.)		<u></u>		2,121.

Schedule D (Form 990) 2017

Schedule D (Form 990) 2017 SECOND CHAN	CE ANTMAL	SERVICES, INC	0.4	-3490671	Dogo
Part VIII Investments - Other Securities.	CD MITHID	DERVICED, INC	0 1	3430071	Page
Complete if the organization answered "Yes"	on Form 990 Part IV	/ line 11h See Form 990	Part X line 12		
(a) Description of security or category (including name of security)	(b) Book value		aluation: Cost or end	d-of-vear market v	value
(1) Financial derivatives	(a) Don Talas	(0)		,	
(2) Closely-held equity interests					
(3) Other					
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)					
Part VIII Investments - Program Related.					
Complete if the organization answered "Yes"	on Form 990 Part IV	/ line 11c, See Form 990	Part X line 13		
(a) Description of investment	(b) Book value		aluation: Cost or end	d-of-year market v	value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)					
Part IX Other Assets.					
Complete if the organization answered "Yes"	on Form 990, Part N	/. line 11d. See Form 990.	Part X. line 15.		
	Description	,	,	(b) Book va	alue
(1)					
(2)					
(3)					
(4)	4				
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 15.)		<b>•</b>		
Part X Other Liabilities.	,				
Complete if the organization answered "Yes"	on Form 990, Part IV	/, line 11e or 11f. See Forr	n 990, Part X, line 25	i.	
1. (a) Description of liability	·	(b) Book value	. ,		

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	

Schedule D (Form 990) 2017

<sup>2.</sup> Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII X

Part XI	Reconciliatio	n of Revenue p	er Audited F	Financial Stateme	nts With Revenu	e per Return.

ıaı	TAI Reconciliation of Nevertue per Addited I mancial stateme	IIIO WILL	i nevenue per n	Cluii	1.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total revenue, gains, and other support per audited financial statements			1	3,739,935.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	10,082.		
b	Donated services and use of facilities	2b	166,008.		
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	24,068.		
е	Add lines 2a through 2d			2e	200,158.
3	Subtract line 2e from line 1			3	3,539,777.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	179.		
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	179.
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	3,539,956.
Pa	rt XII Reconciliation of Expenses per Audited Financial Statem	ents Wit	h Expenses per	Retu	ırn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total expenses and losses per audited financial statements	4		1	3.127.268.

7	lotal expenses and losses per audited financial statements		3,127,200.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments 2b		
	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	190,076.
3	Subtract line 2e from line 1	3	2,937,192.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	0.
_5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	2,937,192.

#### Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

#### PART X, LINE 2:

THE ORGANIZATION EVALUATES ALL SIGNIFICANT TAX POSITIONS AS REQUIRED BY GENERALLY ACCEPTED ACCOUNTING PRINCIPLES IN THE UNITED STATES OF AMERICA. AS OF DECEMBER 31, 2017, THE ORGANIZATION DOES NOT BELIEVE IT HAS TAKEN ANY TAX POSITIONS THAT WOULD REQUIRE THE RECORDING OF ANY ADDITIONAL TAX LIABILITY NOR DOES IT BELIEVE THAT THERE ARE ANY UNREALIZED TAX BENEFITS THAT WOULD INCREASE OR DECREASE WITHIN THE NEXT TWELVE MONTHS.

#### PART XI, LINE 2D - OTHER ADJUSTMENTS:

DIRECT FUNDRAISING EXPENSES	22,707.
COST OF GOODS SOLD	1,361.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	24,068.

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Schedule D (Form 990) 2017

#### **SCHEDULE G**

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

**Supplemental Information Regarding Fundraising or Gaming Activities** 

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization

SECOND CHANCE ANIMAL SERVICES, INC

Employer identification number 04-3490671

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.  a   Mail solicitations   e   Solicitation of non-government grants   b   Internet and email solicitations   f   Solicitation of non-government grants   c   Phone solicitations   g   Special fundraising events   d   In person solicitations   2 a Did the organization have a written or oral agreement with any individual (including officers, siretors, trustees, or key employee listed in Form 980, Part VII) or entity in connection with professional fundraising services?   Yee   No   b   if "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.  (i) Name and address of individual or entity (fundraiser)   (ii) Dod (forms receipts)   (iv) Amount paid to (or retained by organization   Yes   40	Part I Fundraising Activities. required to complete this part	Complete if the organization answ	ered "Yes" or	n Form 990, Part IV,	line 17. Form 990-EZ	I filers are not
(i) Name and address of individual or entity (fundraiser)  (ii) Activity    Name and address of individual or entity (fundraiser)	<ul> <li>a Mail solicitations</li> <li>b Internet and email solicitations</li> <li>c Phone solicitations</li> <li>d In-person solicitations</li> <li>2 a Did the organization have a written o key employees listed in Form 990, Pab If "Yes," list the 10 highest paid indiv</li> </ul>	e Solicita f Solicita g Specia  r oral agreement with any individua art VII) or entity in connection with priduals or entities (fundraisers) purs	tion of non-g tion of gover fundraising I (including o professional f	overnment grants nment grants events fficers, directors, true undraising services?	stees, or Yes	
Total  3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration		(ii) Activity	or control of		to (or retained by) fundraiser	to (or retained by)
3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration			Yes No			
	3 List all states in which the organization	n is registered or licensed to solicit	contributions	s or has been notified	d it is exempt from re	egistration

04-3490671 Page 2 Schedule G (Form 990 or 990-EZ) 2017 SECOND CHANCE ANIMAL SERVICES, INC Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 **(b)** Event #2 (c) Other events (d) Total events ANNUAL (add col. (a) through DINNER AUCTIGOLF OUTING 3 col. (c)) (event type) (event type) (total number) 42,172. 16,669. 18,263. 77,104. 1 Gross receipts 2 Less: Contributions 42,172. 16,669. 18,263. 77,104. Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes Direct Expenses 6 Rent/facility costs **7** Food and beverages 8 Entertainment 8,934. 7,345. 9 Other direct expenses ..... 6,429. 22,708. 22,708 10 Direct expense summary. Add lines 4 through 9 in column (d) 54,396 11 Net income summary. Subtract line 10 from line 3, column (d) Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes Rent/facility costs Other direct expenses Yes Yes % Yes 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d)

9	Enter the state(s) in which the organization conducts gaming activities:		
а	Is the organization licensed to conduct gaming activities in each of these states?	Yes	No
b	If "No," explain:		
0a	Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?	Yes	No
b	If "Yes," explain:		

Schedule G (Form 990 or 990-EZ) 2017

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8 Net gaming income summary. Subtract line 7 from line 1, column (d)

Sch	edule G (Form 990 or 990-EZ) 2017 SECOND CHANCE ANIMAL SERVICES, INC 04-3	<u>3490671</u>	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	□ No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	☐ No
13	Indicate the percentage of gaming activity conducted in:		
	The organization's facility	13a	%
	o An outside facility	13b	<del></del>
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:	100	
17	the marie and address of the person who prepares the organization's garming/special events books and records.		
	Name		
	Address ►		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	□ No
	16 IIV.		
r	of If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount		
	of gaming revenue retained by the third party > \$		
(	If "Yes," enter name and address of the third party:		
	Name		
	Address		
	Address		
40	Combine and the formation		
10	Gaming manager information:		
	Name ▶		
	Name		
	Coming response to the Community of the		
	Gaming manager compensation ▶ \$		
	Description of conviged provided		
	Description of services provided		
	Director/officer Employee Independent contractor		
	Mandatory distributions:		
á	a Is the organization required under state law to make charitable distributions from the gaming proceeds to		<b>—</b>
	retain the state gaming license?	L Yes	∟ No
k	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
_	organization's own exempt activities during the tax year ▶ \$		
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, I	ines 9, 9b, 10	b, 15b,
	15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		

art IV Supplemental Information (continued)	04-34906/1 Pag
Supplemental Information (continued)	

# SCHEDULE M (Form 990)

Noncash Contributions

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

INC

2017

OMB No. 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Attach to Form 990.

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

SECOND CHANCE ANIMAL SERVICES,

Employer identification number 04-3490671

Part I Types of Property (a) (b) (c) (d) Check if Number of Noncash contribution Method of determining contributions or amounts reported on applicable noncash contribution amounts items contributed Form 990, Part VIII, line 1g Art - Works of art Art - Historical treasures Art - Fractional interests ..... 3 Books and publications ..... 4 5 Clothing and household goods Cars and other vehicles ..... 6 Boats and planes 7 Intellectual property 8 Securities - Publicly traded ..... 9 Securities - Closely held stock ..... 10 Securities - Partnership, LLC, or trust interests Securities - Miscellaneous 12 13 Qualified conservation contribution -Historic structures Qualified conservation contribution - Other 14 Real estate - Residential 15 Real estate - Commercial 16 Real estate - Other 17 18 Collectibles Food inventory 19 20 Drugs and medical supplies Taxidermy 21 Historical artifacts 22 23 Scientific specimens ..... 24 Archeological artifacts 1,000 177,618.COST ( IN KIND DONAT) 25 26 Other 27 Other ▶ 28 Other 29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement 29 Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for Х exempt purposes for the entire holding period? 30a **b** If "Yes." describe the arrangement in Part II. Х Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash Х contributions? 32a **b** If "Yes," describe in Part II. If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, 33 describe in Part II.

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

Schedule M (Form 990) 2017

Schedule M (Form 990) 2017

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#### SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

## Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information. 2017
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

SECOND CHANCE ANIMAL SERVICES, INC

Employer identification number 04-3490671

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

OF THE COMMUNITY'S PET POPULATION THROUGH PROGRAMS DESIGNED FOR ANIMAL

WELFARE. THE SHELTER PROVIDES A TEMPORARY HOME FOR ANIMALS IN

TRANSITION TO NEW PERMANENT HOMES. THE COMMUNITY HAS ACCESS TO

AFFORDABLE VETERINARY CARE PAID FOR WITH GRANTS, CONTRIBUTIONS AND

PROGRAM REVENUES GENERATED BY THE OPERATING VETERINARY CLINICS. THE

SHELTER ALSO PROVIDES SPAY / NEUTER SERVICES TO ASSIST IN CONTROLLING

THE OVERPOPULATION OF ANIMALS.

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

RESPONSIBLE ANIMAL HUSBANDRT BY PROVIDING GENERAL VETERINARY SERVICES

AT A REASONABLE COST, LOW AS WELL AS LOW/NO COST GENERAL VETERINARY

SERVICES TO THOSE UNABLE TO AFFORD CARE FOR THEIR PETS. TO PROVIDE

LOW/NO COST GENERAL VETERINARY SERVICES TO ANIMAL CONTROL AGENCIES,

ANIMAL SHELTERS AND RESCUES. TO ESTABLISH CROSS-REFERRAL NETWORKS WITH

LOCAL "FOR PROFIT" VETERINARY DOCTORS AND CLINICS. TO PROVIDE

ASSISTANCE AND INFORMATION TO OTHERS WHOSE PURPOSES ARE CONSISTENT WITH

THE PURPOSE OF SECOND CHANCE ANIMAL SHELTER, INC.

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

THE SECOND CHANCE ANIMAL SHELTER RUNS CLINICS TO PROVIDE VACCINES TO

ANIMALS IN THE COMMUNITY. THE SECOND CHANCE ANIMAL SHELTER PROVIDES

EDUCATION AND COUNSELING SERVICES TO ANIMAL OWNERS.

EXPENSES \$ 173,511. INCLUDING GRANTS OF \$ 0. REVENUE \$ 132,497.

FORM 990, PART VI, SECTION A, LINE 2:

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

Schedule O (Form 990 or 990-EZ) (2017)

Name of the organization

SECOND CHANCE ANIMAL SERVICES, INC

Employer identification number 04-3490671

SHERYL BLANCATO (EXECUTIVE DIRECTOR) AND JOSEPH BLANCATO (VICE PRESIDENT)

ARE HUSBAND AND WIFE.

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

FORM 990 WAS REVIEWED AND APPROVED BY THE BOARD PRIOR TO FILING.

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

EACH MEMBER OF THE BOARD IS REQUIRED TO SELF-ASSESS AND DISCLOSE ANY CONFLICTS OF INTEREST.

FORM 990, PART VI, SECTION B, LINE 15:

A SUBCOMMITTEE OF FIVE BOARD MEMBERS MEET ANNUALLY TO DETERMINE

COMPENSATION FOR THE EXECUTIVE DIRECTOR, TOP MANAGEMENT AND KEY EMPLOYEES.

THE SUBCOMMITTEE REVIEWS OPERATING RESULTS AND COMPARATIVE DATA FROM OTHER

ORGANIZATIONS TO DETERMINE A REASONABLE COMPENSATION PACKAGE FOR THE

EXECUTIVE DIRECTOR AND TOP MANAGEMENT. PERFORMANCE REVIEWS ARE CONDUCTED ON

AN ONGOING BASIS BY THE EXECUTIVE DIRECTOR AND TOP MANAGEMENT. THE

SUBCOMMITTEE ANNUALLY REVIEWS RECOMMENDATIONS FROM THE EXECUTIVE DIRECTOR

AND TOP MANAGEMENT RELATED TO KEY EMPLOYEES BASED ON THE PERFORMANCE

REVIEWS. THE COMMITTEE THEN DETERMINES COMPENSATION FOR KEY EMPLOYEES.

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

THE DOCUMENTS ARE AVAILABLE UPON REQUEST.

FORM 990, PART XII, LINE 2C

THE ORGANIZATION HAS NOT CHANGED ITS OVERSIGHT OR SELECTION PROCESS FOR ITS ANNUAL AUDIT.