Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

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		, or and made real and the property of the pro	LUL
Department of the Treasury	Do not enter social securit	ty numbers on this form as it may be made public.	Open to Pu
Internal Revenue Service	Go to www.irs.gov/Form	n990 for instructions and the latest information.	Inspection
A For the 2021 calend	ar year, or tax year beginning	and ending	

В	Check if applicabl	C Name of organization		D Employer identifie	cation number
	Addre				
F	Name chang			04-34906	71
	Initial return	Š	m/suite	E Telephone numbe	
	Final return	DO BOY 136	,	508-867-	
	termin ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	5,736,121.
	Ameno	EAST BROOKFIELD, MA 01515		H(a) Is this a group re	eturn
	Application	F Name and address of principal officer. DILLICIT DEPARTMENT		for subordinates	
	pendir	9 $ $ 111 YOUNG ROAD, PO BOX 136 , EAST BROOKFIE	ELD,	H(b) Are all subordinates in	ncluded? Yes No
		empt status: $X = 501(c)(3)$ $501(c)(0)$ (insert no.) $4947(a)(1)$ or	527	If "No," attach a	list. See instructions
		e: WWW.SECONDCHANCEANIMALS.ORG		H(c) Group exemptio	
			L Year o	of formation: 1999 N	M State of legal domicile: MA
Р	art I	Summary	CONTD	CIIANCE ANT	MAT
S	1	Briefly describe the organization's mission or most significant activities: $\overline{ t THE ext{ SEC}}$	TOND	CHANCE ANT	MAL TE
Activities & Governance					
Ver	3	Check this box if the organization discontinued its operations or disposed on the continued its operations or disposed or dis			6
ၓ	4	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
Š	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)			117
/itie	6	Total number of volunteers (estimate if necessary)			397
Ę	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.
⋖	b	Net unrelated business taxable income from Form 990-T, Part I, line 11		_	0.
				Prior Year	Current Year
ø	8	Contributions and grants (Part VIII, line 1h)		1,529,797.	1,190,613.
eun	9	Program service revenue (Part VIII, line 2g)		3,355,404.	4,201,405.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		55,302.	35,731.
ш.	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		58,859.	274,330.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		4,999,362.	5,702,079.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
ses		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		2,728,525.	3,122,521.
Expenses		Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 164,537		0.	0.
Ä				1,610,246.	2,051,519.
		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		4,338,771.	5,174,040.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		660,591.	528,039.
Z e		nevertue less expenses. Subtract line 10 non line 12		ginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)		4,249,346.	5,053,487.
ASS 1 Ba	21	Total liabilities (Part X, line 26)		252,371.	216,088.
	22	Net assets or fund balances. Subtract line 21 from line 20		3,996,975.	4,837,399.
P	art II	Signature Block			
	-	lties of perjury, I declare that I have examined this return, including accompanying schedules and			y knowledge and belief, it is
true	e, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of which p	oreparer l	has any knowledge.	
		Signature of officer		 Date	
Sig				Date	
He	re	SARA GASPARRINI, TREASURER Type or print name and title			
			I D	ate Check	II PTIN
Pai	d	Print/Type preparer's name GLENN M. CREAVEN, CPA GLENN M. CREAVEN,		Ollock	I I
	parer		LLP	Firm's FINI >	20-1260740
	Only	Firm's address 41 ELM STREET		THIIISLIN	
	,	WORCESTER, MA 01609		Phone no 50	8-363-3000
Ma	v the IF	RS discuss this return with the preparer shown above? See instructions		11 115110 110.3 0	X Yes No
400	,	Cot. LUA For Denominary Poduction Act Notice and the congrete instructions			Earm 990 (2021)

Par	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
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
	SPAYING AND NEUTERING PROGRAMS. TO SUPPORT A HEALTHY PET COMMUNITY AND
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	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? Yes 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, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 3,743,328 . including grants of \$) (Revenue \$ 3,306,102 .)
	THE SECOND CHANCE ANIMAL SERVICES, INC. PROVIDES AFFORDABLE VETERINARY
	CARE FOR ANIMALS THROUGH SUBSIDIZED VETERINARY CLINICS.
	(Code:) (Expenses \$ 477,605 • including grants of \$) (Revenue \$ 421,820 •)
4b	(Code:) (Expenses \$ 477,605. including grants of \$) (Revenue \$ 421,820.) THE SECOND CHANCE ANIMAL SERVICES, INC. PROVIDES LOW COST SPAY/NEUTER
	SERVICES FOR THE ANIMALS IN ITS PROGRAMS AND IN THE COMMUNITY.
	SERVICES FOR THE ANIMALS IN 115 PROGRAMS AND IN THE COMMUNITY.
4c	(Code:) (Expenses \$ 530,712 • including grants of \$) (Revenue \$ 468,724 •)
40	(Code:) (Expenses \$ 550, /12 • including grants of \$) (Revenue \$ 408, /24 •) THE SECOND CHANCE ANIMAL SEVICES, INC • RUNS AN ADOPTION PROGRAM FOR
	HOMELESS ANIMALS.
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ 5,390 • including grants of \$) (Revenue \$ 4,760 •)
4e	Total program service expenses 4,757,035.
	Form 990 (2021)

Part IV | Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			3,7
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			,
_	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		x
•	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			x
7	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
0	Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
5	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	Ť		
	or in 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			
	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			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		37	
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			х
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Did the organization maintain an office, employees, or agents outside of the United States?	13 14a		X
14a		144		
b	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	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. See instructions	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		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
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

Form 990 (2021)		SECOND	CHANCE	ANI
Part IV	Che	ecklist of	Required Sc	hedules (co	ntinued)

ı a	Officerist of nequired schedules (continued)			
	5.1.1		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			X
00	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		
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
24.5	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23		- 25
24 a	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		x
h	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		
	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		Х
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		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	X	
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?If			
	"Yes," complete Schedule L, Part IV	28c	37	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			- V
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			x
20	Schedule N, Part II	32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	22		х
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33		
34		34		х
35 a	Part V, line 1 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	000		
	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 on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	X	
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	<u></u> .		
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	l	l

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return			
b	If at 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 1a and 2a is greater than 250, you may be required to e-file. See instructions.			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
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 account)?	4a		Х
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).			
5а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7с		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
_	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	0-		
a b	Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9a 9b		
10	Section 501(c)(7) organizations. Enter:	an		
а	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			
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?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			
	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 on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			٠,,
	excess parachute payment(s) during the year?	15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.	, .		v
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
47	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			

Form **990** (2021) 132005 12-09-21 2021.03050 SECOND CHANCE ANIMAL SERVIC 06118__1

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 6			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 4			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2	Х	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		Х
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		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
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 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)	s only) availa	able
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website X Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d finaı	ncial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records >			
	SHERYL BLANCATO - 508-867-5525			
	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 the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

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

(A)	(B)	l	111120		C)	прсі	isat	(D)	(E)	(F)
Name and title	Average	(do			ition more	than	one	Reportable	Reportable	Estimated
	hours per					is bot or/trus		compensation	compensation	amount of
	week (list any	_					Ĺ	from the	from related organizations	other compensation
	hours for	r direc				pa		organization	(W-2/1099-MISC/	from the
	related	stee o	ustee			ensat		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	al trus	onal tr		loyee	comp		1099-NEC)		and related
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) SHERYL BLANCATO	50.00	드	드	6	3	표 등	ъ.			
PRESIDENT & CEO		х		x				142,746.	0.	4,682.
(2) JACQULINE M CELMER	40.00							,		<u> </u>
VETERINARIAN						Х		116,071.	0.	0.
(3) ASHLEY RAYMOND	40.00							-		
VETERINARIAN		1				Х		111,014.	0.	0.
(4) ALISON COULNLOCK	40.00									
VETERINARIAN						Х		109,099.	0.	0.
(5) COLLEEN DUGAN-LOTH	40.00									
VETERINARIAN						Х		108,578.	0.	0.
(6) KRISTEN T CORMIER	35.00									
VETERINARIAN						Х		101,116.	0.	0.
(7) ROBERT WHITE	3.00									
VICE PRESIDENT		Х						0.	0.	0.
(8) JOSEPH BLANCATO	50.00	l		l					•	
CHAIRMAN	2 00	Х		Х				0.	0.	0.
(9) REBECCA AUSTIN	3.00	,,		,,					0	•
SECRETARY	2 00	Х		Х				0.	0.	0.
(10) HEATHER GABLASKI	2.00	Х		x				0.	0.	0.
OIRECTOR (11) SARA GASPARRINI	2.00	^		_				0.	0.	0.
TREASURER	2.00	Х						0.	0.	0.
IKEASUKEK		^						0.	· ·	<u> </u>
		1								
		L	L		L					

Par	t VII Section A. Officers, Directors, Trus		ploy	/ees	, an	d Hi	ighe	st C	Compensated Employe	es (continued)				
	(A)	(B)			•	C)			(D)	(E)			(F)	
	Name and title	Average	Position (do not check more than one				than	one	Reportable	Reportable		Es	timate	d
		hours per	box	, unle	ss pe	rson	is bot	h an	compensation	compensation			nount o	of
		week	\vdash	ou al	,u a u	5010	Ji i us	,,,,,,	from	from related			other	
		(list any hours for	irecto						the	organization			pensat	
		related	or d	ee			sated		organization (W-2/1099-MISC/	(W-2/1099-MIS 1099-NEC)			om the anizati	
		organizations	ruste	l trus		ee	nben		1099-NEC)	1099-1120)			d relate	
		below	dualt	ıtiona	_	nploy	st co I	<u></u>	10001420)				anizatio	
		line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	P m e						
			 	 	Ť	1	T .							
			1											
			1											
			1											
							\vdash				-			
			1											
			1											
			\vdash		\vdash		+	\vdash			-			
			1											
							\vdash							
			1											
							\vdash				-			
			1											
			1											
1h	Subtotal	<u> </u>		<u> </u>			<u> </u>		688,624.		0.		4,68	32.
	Total from continuation sheets to Part VI								0.00,021		0.			0.
	Total (add lines 1b and 1c)								688,624.		0.		4,68	
2	Total number of individuals (including but n								<u> </u>	000 of reportab	_			
_	compensation from the organization	ot inflited to the	1036	ilott	su a	DOV	C) WI	10 11	eceived more than proc	,000 or reportab	ic			6
	compensation from the organization												Yes	No
3	Did the organization list any former officer,	director trust	00	kov.	amn	lovo		r hio	shoet componented omn	lovoo on	ſ			
3	line 1a? If "Yes," complete Schedule J for s	•		•		•		_		•		3		Х
4	For any individual listed on line 1a, is the su											3		
4	and related organizations greater than \$150	-		-					•	ine organization		4		Х
_	Did any person listed on line 1a receive or a									dual for convices		4		
5	, ,	•				,	•		· ·			5		Х
Sect	rendered to the organization? If "Yes," com tion B. Independent Contractors	piete Scriedui	e J i	OI S	ucn	pers	SOII .					5		- 21
	Complete this table for your five highest co	manageted in	don	anda	nt o	ont	roote	aro t	that received more than	\$100,000 of oon		ation f	rom	
1	the organization. Report compensation for	=	-								ihelis	auom	10111	
		trie Caleridar y	eai	enui	ng v	VILII	OI W	141111	(B)	year.		(0	<u> </u>	
	(A) Name and business	address	NO	INC	F.				Description of s	ervices	С		י) nsatior	1
			-11	<u> </u>				\dashv						
								_						
								\dashv						
2	Total number of independent contractors (i	ncluding but n	ot li	mite	d to	tho	se li	l stec	d above) who received m	nore than				
	\$100,000 of compensation from the organic					(0						000	

Form 990 (2021) SECOND (Part VIII Statement of Revenue

		Check if Schedule O cor	ntains a response o	or note to any lir	ne in this Part VIII			
		Check ii Conodaic C coi	ritaino a reopende s	or riote to arry in	(A)	(B)	(C)	(D)
					Total revenue	Related or exempt	Unrelated	Revenue excluded
						function revenue	business revenue	from tax under sections 512 - 514
S (a)			1.1					300000113 3 12 3 14
in gr		Federated campaigns						
흥리		b Membership dues						
A,		Fundraising events						
Contributions, Gifts, Grants and Other Similar Amounts	C	d Related organizations	1d					
ıs,	e	e Government grants (contribu	utions) 1e					
i Si	f	f All other contributions, gifts, gra						
ip i		similar amounts not included ab		190,613.				
일	ç	Noncash contributions included in line	es 1a-1f 1g \$	364,189.				
a C	ŀ	h Total. Add lines 1a-1f			1,190,613.			
				Business Code				
o	2 a	VETERINARY CLI	NIC		3,306,102.	3.306.102.		
Š.		ADOPTION CENTE		541900	470,234.			_
Ser		SPAY & NEUTER		541900	421,820.			
EŠ		OMITTED DECORATION		541900	3,249.	3,249.		
gra Re	_		<u>'</u>	341700	3,247.	3,243.		_
Program Service Revenue	6							
-	f	f All other program service rev	-		4 201 405			
$\overline{}$		Total. Add lines 2a-2f			4,201,405.			
	3	Investment income (includin			25 720			25 700
		other similar amounts)			35,728.			35,728.
	4	Income from investment of t	tax-exempt bond p	roceeds				
	5	Royalties						
			(i) Real	(ii) Personal				
	6 a	a Gross rents6	ia 💮					
	b	b Less: rental expenses 6	6b					
	c	c Rental income or (loss) 6	ic					
	c	d Net rental income or (loss)						
	7 a	a Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory 7	_{'a} 53.					
	Ŀ	b Less: cost or other basis						
e			_ю 50.					
en			/c 3.					
Revenue		d Net gain or (loss)			3.			3.
ther		a Gross income from fundraising		······				
됩		including \$	of					
		contributions reported on lin						
		Part IV, line 18	, I I	72,287.				
	L			26,806.				
		b Less: direct expenses			45,481.			45,481.
		Net income or (loss) from fu		····· •	43,401.			43,401.
	9 8	a Gross income from gaming						
		Part IV, line 19						
		Less: direct expenses						
		Net income or (loss) from ga						
	10 a	 Gross sales of inventory, les 		44 405				
		and allowances						
	k	b Less: cost of goods sold	10b	7,186.				
		 Net income or (loss) from sa 	les of inventory		3,949.			3,949.
က္				Business Code				
Miscellaneous Revenue	11 a	a EMPLOYEE RETEN	TION CRE	900099	211,200.	211,200.		
an	k	OTHER INCOME		900099	13,700.	13,700.		
E ĕ	c							
Ais.	c	All other revenue						
_		e Total. Add lines 11a-11d			224,900.			
	12	Total revenue. See instructions			5,702,079.	4,426,305.	0.	85,161.
				,				

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).

Do	Check if Schedule O contains a respon not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	142 746		142 746	
_	trustees, and key employees	142,746.		142,746.	
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	2 627 052	2 460 564	24 212	101 176
7	Other salaries and wages	2,627,953.	2,469,564.	34,213.	124,176
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)	98,552.	92,258.	6,294.	
9	Other employee benefits	253,270.	226,168.	15,926.	11,176
10	Payroll taxes	233,270.	220,100.	13,920.	11,170
11	Fees for services (nonemployees):				
a	Management				
b	Legal	21,255.		21,255.	
С.	Accounting	41,433.		21,233.	
	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch 0.)	310,281.	308,639.	1,642.	
10	· · ·	37,247.	37,247.	1,012.	
12	Advertising and promotion	16,445.	13,537.	2,908.	
13	Office expenses	22,216.	19,801.	1,419.	996
14 15	Information technology	22,210.	15,001.	1,110	
15 16	Royalties	92,784.	82,700.	5,926.	4,158
17	Occupancy	2,651.	2,651.	373200	1,130
18	Payments of travel or entertainment expenses	2,0320	2,0311		
10					
10	for any federal, state, or local public officials Conferences, conventions, and meetings				
19 20					
20 21	Payments to affiliates				
22	Depreciation, depletion, and amortization	181,996.	162,215.	11,624.	8,157
23		82,256.	77,002.	5,254.	0,101
23 24	Other expenses. Itemize expenses not covered	32,233.	,	3,231.	
47	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	SUPPLIES	1,106,900.	1,106,900.		
a b	BANK & CREDIT CARD FEES	65,352.	62,423.		2,929
C	PRINTING & POSTAGE	35,047.	19,864.	2,238.	12,945
d	REPAIRS & MAINTENANCE	32,933.	32,933.	2,2300	
	All other expenses	44,156.	43,133.	1,023.	
25	Total functional expenses. Add lines 1 through 24e	5,174,040.	4,757,035.	252,468.	164,537
<u>25</u> 26	Joint costs. Complete this line only if the organization	2,2,2,020	_,,,,		_0_/00/
20	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
	In following 001 30-2 (A00 300-120)				Form 990 (202

Part X | Balance Sheet

Par	τλ	Balance Sheet					
		Check if Schedule O contains a response or not	e to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing				1	4= 0 0 0 0
	2	Savings and temporary cash investments			913,697.	2	650,999
	3	Pledges and grants receivable, net			3	211,200	
	4	Accounts receivable, net			34,077.	4	30,284
	5	Loans and other receivables from any current or	forme	r officer, director,			
		trustee, key employee, creator or founder, subst	antial o	contributor, or 35%			
		controlled entity or family member of any of thes	e pers	ons		5	
	6	Loans and other receivables from other disquali	· ·				
		under section 4958(f)(1)), and persons described		6			
2	7	Notes and loans receivable, net		110 061	7	455 50	
433613	8	Inventories for sale or use			119,361.	8	177,792
۱ ۱	9				9,718.	9	3,445
	10a	Land, buildings, and equipment: cost or other		4 526 020			
		basis. Complete Part VI of Schedule D	10a	1,393,612.	0 205 102		2 142 006
	b	Less: accumulated depreciation	2,395,183.	10c	3,143,226		
	11	Investments - publicly traded securities	775,445.	11	836,541		
	12	Investments - other securities. See Part IV, line 1		12			
	13	Investments - program-related. See Part IV, line	—		13		
	14	Intangible assets		1 065	14		
	15	Other assets. See Part IV, line 11		1,865.	15	F 0F2 40F	
	16	Total assets. Add lines 1 through 15 (must equa			4,249,346.	16	5,053,487
	17	Accounts payable and accrued expenses			252,371.	17	216,088
	18	Grants payable		18			
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete I				21	
Liabilities	22	Loans and other payables to any current or form					
		trustee, key employee, creator or founder, subst				-	
<u> </u>		controlled entity or family member of any of thes	•			22	
	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines	17-24)	. Complete Part X		25	
	06	of Schedule D			252,371.	26	216,088
\dashv	26	Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, che			232,371.	26	210,000
ខ្ល		and complete lines 27, 28, 32, and 33.	CK IICI				
[27	Net assets without donor restrictions			3,438,313.	27	4,744,712
ğ	28	Net assets with donor restrictions			558,662.	28	92,687
2		Organizations that do not follow FASB ASC 9					J = ,
2		and complete lines 29 through 33.	00, 0110	JOK HOTO P			
5	29	Capital stock or trust principal, or current funds				29	
<u> </u>	30	Paid-in or capital surplus, or land, building, or ed				30	
ž	31	Retained earnings, endowment, accumulated in				31	
Net Assets of Fund balances	32	Total net assets or fund balances			3,996,975.	32	4,837,399
-	33	Total liabilities and net assets/fund balances			4,249,346.	33	5,053,487

Pa	rt XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI						
			_				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		,70			
2	Total expenses (must equal Part IX, column (A), line 25)	2	5	,17			
3	Revenue less expenses. Subtract line 2 from line 1	3				39.	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3	3,996,975			
5	Net unrealized gains (losses) on investments	5				98.	
6	Donated services and use of facilities	6				<u> 17.</u>	
7	Investment expenses	7		-8,631.			
8	Prior period adjustments	8					
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,						
	column (B))	10	4	,83	7,3	98.	
Pa	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII					X	
					Yes	No	
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 on Schedule O.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a					
	separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?			2b	Х		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat						
	consolidated basis, or both:						
	X Separate basis Consolidated basis Both consolidated and separate basis						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit	.,				
	review, or compilation of its financial statements and selection of an independent accountant?			2c	Х		
	If the organization changed either its oversight process or selection process during the tax year, explain on Scl	nedule	Ο.				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Au	ıdit				
	Act and OMB Circular A-133?			За		Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired au	ıdit				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b			

SCHEDULE A

(Form 990)

Total

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

Employer identification number Name of the organization SECOND CHANCE ANIMAL SERVICES, INC 04 - 3490671Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I 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).) 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). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on 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. 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 ì your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

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

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

Sec	ction A. Public Support			,			
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and	, ,	, ,	, ,	, ,	` '	.,
	membership fees received. (Do not						
	include any "unusual grants.")	1162241.	825,084.	1367596.	884,028.	826,424.	5065373.
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	4460044	005 004	4065506	224 222	206 404	5065050
	Total. Add lines 1 through 3	1162241.	825,084.	1367596.	884,028.	826,424.	5065373.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						5065050
	Public support. Subtract line 5 from line 4.						5065373.
	ction B. Total Support				г	r - 1	
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018 825, 084.	(c) 2019 1367596.	(d) 2020	(e) 2021	(f) Total 5065373.
	Amounts from line 4	1162241.	825,084.	136/596.	884,028.	826,424.	50653/3.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	C 245	0 004	10 705	17 200	22 000	70 (11
	and income from similar sources	6,345.	8,084.	12,785.	17,399.	33,998.	78,611.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						5143984.
	Total support. Add lines 7 through 10	-1- (!11	\			15	$\frac{5143904.}{,510,190.}$
12	Gross receipts from related activities,	•		for white the second			, 510 , 150 •
13	First 5 years. If the Form 990 is for the organization, check this box and stop						ightharpoonup
Sec	ction C. Computation of Publ		rcentage				<u> </u>
	Public support percentage for 2021 (I			column (f))		14	98.47 %
	Public support percentage from 2020					15	99.03 %
	33 1/3% support test - 2021. If the o					L L	
	stop here. The organization qualifies						
b	33 1/3% support test - 2020. If the o						
	and stop here. The organization qual	-					
17a	10% -facts-and-circumstances tes						
	and if the organization meets the fact	_					
	meets the facts-and-circumstances to						
b	10% -facts-and-circumstances tes	ū	•	• • • •	•		
	more, and if the organization meets the	_					
	organization meets the facts-and-circu				-		>
18	Private foundation. If the organizatio	n did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a	and see instruction	s ▶□

Schedule A (Form 990) 2021

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.)

Sec	qualify under the tests listed be ction A. Public Support	elow, please com	plete Part II.)				
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and	(a) 2017	(b) 2010	(6) 2019	(u) 2020	(e) 2021	(i) iotai
•	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
2	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the						
•	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7 <i>a</i>	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
C	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support						
	ndar year (or fiscal year beginning in) 🖊	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties,						
	and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	: Add lines 10a and 10b						
	Net income from unrelated business						
	activities not included on line 10b,						
	whether or not the business is regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital						
13	assets (Explain in Part VI.)						
	First 5 years. If the Form 990 is for the	e organization's f	irst second third	fourth or fifth tax	vear as a section	I 501(c)(3) organizat	ion
••		· ·			•	. , . ,	▶ □
Sec	ction C. Computation of Publi						
	Public support percentage for 2021 (li			column (f))		15	%
	Public support percentage for 2021 (iii					16	
	ction D. Computation of Inves					1 10 1	70
17						17	%
18	Investment income percentage from 2					18	
	33 1/3% support tests - 2021. If the						
196	more than 33 1/3%, check this box ar						17 13 1101
L	33 1/3% support tests - 2020. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						
20	i intato roundationi il tile organization	i ala not onech a		a, or rob, oriect t	THE DOT WHO SEE III	J. 40110113	

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

		Yes	No
	1		
	2		
	3a		
	3b		
	3с		
	4a		
	44		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	۵h		
	9b		
	9с		
	10a		
	10b		
41		~ 000	0004

Par	rt IV Supporting Organizations _(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 on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sect	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's o	fficers,		
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one sup	ported		
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among			
	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		
Sect	tion C. Type II Supporting 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			
<u> </u>	the supported organization(s).	1		
Seci	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the 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			
2	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sect	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yeafsee inst	ructions)		
' a	The organization satisfied the Activities Test. Complete line 2 below.	detions).		
b	The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below</i> .			
c	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity.	itv (see instructio	ns).	
2	Activities Test. Answer lines 2a and 2b below.	., (Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			-110
	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		
b				
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
h	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			

04-3490671 P	age 6	Page 6	71 p	7	6	0	9	4	-3	4	0
--------------	--------------	--------	------	---	---	---	---	---	----	---	---

Par 1	Check here if the organization satisfied the Integral Part Test as a qualify			Part VI). See instructions.
-	All other Type III non-functionally integrated supporting organizations mu	•	, , ,	,
Secti	on 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		
Secti	on 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		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Secti	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
-	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	ally integrate	ed Type III supportina ora	anization (see
	instructions).	, 5	71 11 3-19	·

Schedule A (Form 990) 2021

Par	t V	Type III Non-Functionally Integrated 509	(a)(3) Supporting Org	anizations _{(continu}	ıed)	
Secti	on D	- Distributions		·		Current Year
1	Amou	unts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amou	unts paid to perform activity that directly furthers exemp	ot purposes of supported			
	orgar	nizations, in excess of income from activity			2	
3	Admi	nistrative expenses paid to accomplish exempt purpose	es of supported organization	ns	3	
4	Amou	unts paid to acquire exempt-use assets			4	
5	Quali	fied set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Othe	r distributions (describe in Part VI). See instructions.			6	
7	Total	annual distributions. Add lines 1 through 6.		7		
8	Distri	butions to attentive supported organizations to which the	ne organization is responsiv	е		
	(provi	ide details in Part VI). See instructions.			8	
9_	Distri	butable amount for 2021 from Section C, line 6			9	
10	Line 8	8 amount divided by line 9 amount			10	
Secti	on E -	- Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2021	าร	(iii) Distributable Amount for 2021
1	Distri	butable amount for 2021 from Section C, line 6				
2	Unde	erdistributions, if any, for years prior to 2021 (reason-				
	able	cause required - explain in Part VI). See instructions.				
3	Exces	ss distributions carryover, if any, to 2021				
a	From	2016				
b	From	2017				
c	From	2018				
d	From	2019				
е	From	2020				
f	Total	of lines 3a through 3e				
g	Appli	ed to underdistributions of prior years				
h	Appli	ed to 2021 distributable amount				
i_	Carry	over from 2016 not applied (see instructions)				
j	Rema	ainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distri	butions for 2021 from Section D,				
	line 7	: \$				
a	Appli	ed to underdistributions of prior years				
b	Appli	ed to 2021 distributable amount				
c	Rema	ainder. Subtract lines 4a and 4b from line 4.				
5		aining underdistributions for years prior to 2021, if				
	any. S	Subtract lines 3g and 4a from line 2. For result greater				
	than:	zero, explain in Part VI. See instructions.				
6	Rema	aining underdistributions for 2021. Subtract lines 3h				
	and 4	b from line 1. For result greater than zero, explain in				
		VI. See instructions.				
7	Exce	ss distributions carryover to 2022. Add lines 3j				
	and 4					
8		kdown of line 7:				
		ss from 2017				
		ss from 2018				
		ss from 2019				
d	Exces	ss from 2020				

Schedule A (Form 990) 2021

e Excess from 2021

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

Inspection

Name of the organization

SECOND CHANCE ANIMAL SERVICES, INC

Employer identification number 04 - 3490671

Par			r Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lir	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	(u) z sinsi uu vissa ruinus	(2) (3) (3) (3) (3) (3) (3) (3) (
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		funds
3	are the organization's property, subject to the organization's	-	
6	Did the organization inform all grantees, donors, and donor a		
U	for charitable purposes and not for the benefit of the donor		
	• •		
Par		roanization answered "Yes" on Form 990. Par	
1	Purpose(s) of conservation easements held by the organizat	-	,
•	Preservation of land for public use (for example, recreations)		istorically important land area
	Protection of natural habitat		ertified 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 conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
	Total acreage restricted by conservation easements		
	Number of conservation easements on a certified historic st		
	Number of conservation easements included in (c) acquired		···
_	listed in the National Register		
3	Number of conservation easements modified, transferred, re		
•	year >		gament caming the tax
4	Number of states where property subject to conservation ea	asement is located	
5	Does the organization have a written policy regarding the pe		
	violations, and enforcement of the conservation easements		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting		
	>	, 3	3 ,
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservation	n easements during the year
	▶ \$, ,	5 ,
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		
	balance sheet, and include, if applicable, the text of the foot	•	
	organization's accounting for conservation easements.	· ·	
Par	t III Organizations Maintaining Collections of	of Art, Historical Treasures, or Oth	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 FASB ASC 9	58, not to report in its revenue statement and	balance sheet works
	of art, historical treasures, or other similar assets held for pu	iblic exhibition, education, or research in furth	erance of public
	service, provide in Part XIII the text of the footnote to its fina	ancial statements that describes these items.	•
b	If the organization elected, as permitted under FASB ASC 9		ance sheet works of
	art, historical treasures, or other similar assets held for public		
	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		
	the following amounts required to be reported under FASB A	- · · · · · · · · · · · · · · · · · · ·	
а	Revenue included on Form 990, Part VIII, line 1		> \$
	Assets included in Form 990, Part X		
	For Paperwork Reduction Act Notice, see the Instruction		Schedule D (Form 990) 2021

132051 10-28-21

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection terms (shock all that apply): a Public exhibition b Scholarly research c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solled or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?	Pai	t III Organizations Maintaining C	Collections of A	rt, Historical T	reasures, or	Other S	Similar Ass	e ts (conti	nued)		
a Public exhibition d Loan or exchange program b Scholarly research c Preservation for future generations d Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. Part V Excrow and Custodial Arrangements. Complete if the organization answered "Ves" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Is the organization an angent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21, for escrow or custodial account liability? If "Yes," explain the arrangement in Part XIII and complete the following table: Amount 10 Additions during the year 11 Ending balance 12 Both the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Part V Endowment Funds and Part XIII Check here if the septents in has been provided on Part XIII Part V Endowment Funds. Part V Endowment Funds and Part XIII and	3	Using the organization's acquisition, accessi	ion, and other record	ds, check any of the	e following that	make sign	ificant use of it	S			
b Scholarly research c		collection items (check all that apply):									
c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?	а	Public exhibition	C	I <u> </u> Loan or ex	change program	า					
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as pant of the organization's collection?	b	b Scholarly research e Other									
So During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 9. Part IV	С	c Preservation for future generations									
Part IV Escrew and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, frustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X line 21. 1b If "Yes," explain the arrangement in Part XIII and complete the following table: Complete Part V	4	Provide a description of the organization's co	ollections and explain	n how they further	the organization	n's exempt	purpose in Pa	rt XIII.			
Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X line 21. 1a Is the organization an agent, trustee, oustodian or other intermediary for contributions or other assets not included on Form 990, Part X Yes	5	During the year, did the organization solicit of	or receive donations	of art, historical tre	asures, or other	similar as	sets _	_			
reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? b If "Yes," explain the arrangement in Part XIII and complete the following table: C Beginning balance d Additions during the year 1			aintained as part of	the organization's o	collection?		L	Yes	No_		
on Form 990, Part X? b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount c Beginning balance d Additions during the year f Ending balance 2 Distributions during the year f Ending balance 1 te 1 te 1 te 1 te 2 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance b Contributions 1a Beginning of year balance c Net investment earnings, gains, and losses d Garants or scholarships c Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment % b Permanent endowment % c Term endowment % c Term endowment % c Term endowment % c Term endowment Mark the endowment thous not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Ralated organizations (iii) Ralated organizations (iv) Ralated organizations (iv) Ralated organizations Sa(ii) Again Administrative expenses (iv) For No 3a(ii) 3a(i	Pai		-	ete if the organizati	on answered "Y	es" on Fo	rm 990, Part IV	, line 9, o	r		
b If "Yes," explain the arrangement in Part XIII and complete the following table: C Beginning balance	1a	Is the organization an agent, trustee, custod	ian or other intermed	diary for contribution	ns or other asse	ets not inc	luded				
b If "Yes," explain the arrangement in Part XIII and complete the following table: C Beginning balance		on Form 990, Part X?						Yes	☐ No		
C Beginning balance	b	b If "Yes," explain the arrangement in Part XIII and complete the following table:									
d Additions during the year Ending balance 1 t											
d Additions during the year Ending balance 1 t	С	Beginning balance					1c				
e Distributions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. [a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back on the organization answered in Part XIII. Check here if the explanation has been provided on Part XIII. [a] Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back on the organization answered in Part XIII. See Form 990, Part IV, line 10. [a] Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back on the organization that are held and administered for the organization by: [a] Contributions (b) Prior year (c) Two years back (d) Three years back (e) Four yea							1d				
f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?							1e				
Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?	_						1f				
Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back	2a	Did the organization include an amount on F	orm 990, Part X, line	21, for escrow or o	custodial accour	nt liability?	·	Yes	No		
(a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back (e) Four years back (d) Three years back (e) Four years back (d) Three years back (e) Four years	<u>b</u>										
1a Beginning of year balance	Pai	t V Endowment Funds. Complete i	if the organization ar	nswered "Yes" on F							
b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance			(a) Current year	(b) Prior year	(c) Two years	back (d)	Three years back	(e) Fou	r years back		
c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶	1a	Beginning of year balance									
d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶	b	Contributions									
e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (al) held as: a Board designated or quasi-endowment ▶	С	Net investment earnings, gains, and losses									
and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶	d	Grants or scholarships									
g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶	е	Other expenditures for facilities									
Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶		and programs									
Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment	f	Administrative expenses									
a Board designated or quasi-endowment b Permanent endowment y c Term endowment y The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations b If "Yes" on line 3a(ii), are the related organization's isled as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) basis (other) depreciation 1a Land 2774,958. 274,958. 5776,829. 274,958. 40 Buildings 1,882,407. 154,850. 1,727,557. 571,516. 431,337. 414,505. 16,832.	g	End of year balance									
b Permanent endowment ▶	2	Provide the estimated percentage of the cur	rent year end baland	ce (line 1g, column	(a)) held as:						
Term endowment ▶	а	Board designated or quasi-endowment		_%							
The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations 3a(ii) 3b 4	b	Permanent endowment >	%								
Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) b Buildings 1 A Land 274,958. B Buildings 1,882,407. C Leasehold improvements 776,829. Other 431,337. 414,505. 16,832.	С	Term endowment	%								
Ves No (i) Unrelated organizations Sa(i)		The percentages on lines 2a, 2b, and 2c sho	ould equal 100%.								
(i) Unrelated organizations 3a(i) (ii) Related organizations 3a(ii) b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land 274, 958 • 274, 958 • b Buildings 1,882,407 • 154,850 • 1,727,557 • c Leasehold improvements 776,829 • 205,313 • 571,516 • d Equipment 1,171,307 • 618,944 • 552,363 • e Other 431,337 • 414,505 • 16,832 •	3a	Are there endowment funds not in the posse	ession of the organiz	ation that are held	and administere	ed for the o	organization				
(iii) Related organizations 3a(ii) b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land 274,958. 274,958. 274,958. 274,958. b Buildings 1,882,407. 154,850. 1,727,557. c Leasehold improvements 776,829. 205,313. 571,516. d Equipment 1,171,307. 618,944. 552,363. e Other 431,337. 414,505. 16,832.		by:							Yes No		
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) 1a Land 274,958. b Buildings 1,882,407. 154,850. 1,727,557. c Leasehold improvements 431,337. 414,505. 16,832.											
4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land 274,958. 274,958. 274,958. b Buildings 1,882,407. 154,850. 1,727,557. c Leasehold improvements 776,829. 205,313. 571,516. d Equipment 1,171,307. 618,944. 552,363. e Other 431,337. 414,505. 16,832.											
Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land 274,958. 274,958. b Buildings 1,882,407. 154,850. 1,727,557. c Leasehold improvements 776,829. 205,313. 571,516. d Equipment 1,171,307. 618,944. 552,363. e Other 431,337. 414,505. 16,832.	b				?			3 b			
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation				owment funds.							
Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land 274,958. 274,958. 274,958. b Buildings 1,882,407. 154,850. 1,727,557. c Leasehold improvements 776,829. 205,313. 571,516. d Equipment 1,171,307. 618,944. 552,363. e Other 431,337. 414,505. 16,832.	Pai										
basis (investment) basis (other) depreciation 1a Land 274,958. 274,958. b Buildings 1,882,407. 154,850. 1,727,557. c Leasehold improvements 776,829. 205,313. 571,516. d Equipment 1,171,307. 618,944. 552,363. e Other 431,337. 414,505. 16,832.		<u> </u>									
b Buildings 1,882,407. 154,850. 1,727,557. c Leasehold improvements 776,829. 205,313. 571,516. d Equipment 1,171,307. 618,944. 552,363. e Other 431,337. 414,505. 16,832.		Description of property			I	. ,		(d) Boo	k value		
b Buildings 1,882,407. 154,850. 1,727,557. c Leasehold improvements 776,829. 205,313. 571,516. d Equipment 1,171,307. 618,944. 552,363. e Other 431,337. 414,505. 16,832.	1a	Land	274,	958.				27	4,958.		
c Leasehold improvements 776,829. 205,313. 571,516. d Equipment 1,171,307. 618,944. 552,363. e Other 431,337. 414,505. 16,832.			4 000			15	4,850.				
d Equipment 1,171,307. 618,944. 552,363. e Other 431,337. 414,505. 16,832.			776,			20	5,313.				
e Other 431,337. 414,505. 16,832.			4 4 1 1 4	307.		61	8,944.	55	2,363.		
			101	337.		41	4,505.				
				X, column (B), line	10c.)			3,14	3,226.		

Schedule D (Form 990) 2021

Schedule F) (Form 990) 2021 SECOND CHAN	ICE ANIMAL SER	VICES, INC 0	4-3490671 Page
Part VII	Investments - Other Securities.			. ugo
	Complete if the organization answered "Yes"		-	
(a) Descri	ption of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or e	nd-of-year market value
(1) Financi	ial derivatives			
(2) Closely	held equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	(b) must equal Form 990, Part X, col. (B) line 12.)			
Part VII	I Investments - Program Related.			
	Complete if the organization answered "Yes"	•		
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or e	nd-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	(b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	J			
	Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	1
	(a)	Description		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	umn (b) must equal Form 990, Part X, col. (B) lin	ne 15.)		•
Part X	Other Liabilities. Complete if the organization answered "Yes"	on Form 990. Part IV. line	11e or 11f. See Form 990. Part X. line 2	25.
1.	(a) Description of liability			(b) Book value
	deral income taxes			
(2)				
(3)				
(4)				
(5)				
(6)				

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

2. 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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII...

X

Schedule D (Form 990) 2021

(7) (8)

Jary VI	Dagge	:::-4:	Davis	A d:4	J Financial	Ctatamanta V	Mith Dovonus nor
cnedule D	(Form 990) 2021	SECOND	CHANCE	WILLIAM	SEKATCES	, INC

Pa	Reconciliation of Revenue per Audited Financial States	ments with	Revenue per R	eturr	1.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1	2a.			
1	Total revenue, gains, and other support per audited financial statements			1	6,197,002.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	33,998.		
b	Donated services and use of facilities	2b	435,563.		
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)		33,992.		
е	Add lines 2a through 2d			2e	503,553.
3	Subtract line 2e from line 1			3	5,693,449.
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	8,631.		
b	Other (Describe in Part XIII.)	4b			
	Add lines 4a and 4b			4c	8,631.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	5,702,080.
Pa	rt XII Reconciliation of Expenses per Audited Financial State	ements Wit	h Expenses per	Retu	rn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1	2a.			
1	Total expenses and losses per audited financial statements			1	5,356,578.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	148,546.		
b	Prior year adjustments	2b			
С	Other losses	2c			
d			33,992.		
е	Add lines 2a through 2d			2e	182,538.
3	Subtract line 2e from line 1			3	5,174,040.
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	4a			
b	Other (Describe in Part XIII.)	4b			
	Add lines 4a and 4b			4c	0.
					5,174,040.

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, 2020, 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 26,806. COST OF GOODS SOLD 7,186.

TOTAL TO SCHEDULE D, PART XI, LINE 2D

33,992. Schedule D (Form 990) 2021

132054 10-28-21

SCHEDULE G (Form 990)

Department of the Treasury

Internal Revenue Service

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.

OMB No. 1545-0047

Open to Public

Name of the organization

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

Inspection **Employer identification number**

SECOND	CHANCE	ANIMAL	SERV	ICE	S,	INC	04-3490	671
Part I Fundraising Activities. required to complete this par		the organizati	ion answe	red "Y	'es" or	n Form 990, Part IV,	line 17. Form 990-EZ	Z filers are not
 Indicate whether the organization rais a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a written of key employees listed in Form 990, P b If "Yes," list the 10 highest paid individed compensated at least \$5,000 by the 	or oral agreer art VII) or ent viduals or ent	e f g ment with any ity in connectities (fundraise	Solicitat Solicitat Special individual ion with p	ion of ion of fundra (includerofess	non-g gover sising o ding o ional f	overnment grants nment grants events fficers, directors, true fundraising services?	stees, or Yes	
(i) Name and address of individual or entity (fundraiser)		(ii) Activity		(iii) fundr have co or con contribu	Did aiser ustody trol of utions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
				Yes	No			
- Total								
3 List all states in which the organization or licensing.						s or has been notified	d it is exempt from re	egistration
								_

Schedule G (Form 990) 2021

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

Part II 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-F7, lines 1 and 6b. List events with gross receipts greater than \$5,000

		of fundraising event contributions and gr				ots greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			ANNUAL			(add col. (a) through
			DINNER AUCTI		3	col. (c))
e			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	27,263.	20,554.	24,470.	72,287.
ъ	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)	27,263.	20,554.	24,470.	72,287.
	4	Cash prizes				
	_	Namanah milana				
S	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
t Ex	_					
irec	7	Food and beverages				
Ω		Entertainment				
	8	Entertainment Other direct expenses		8,699.	10,168.	25,631.
	_	Direct expense summary. Add lines 4 through		0,000	•	25,631.
		Net income summary. Subtract line 10 from I				46,656.
Pa	rt I					
		\$15,000 on Form 990-EZ, line 6a.				
ē			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
Revenue			., 3	bingo/progressive bingo		col. (a) through col. (c))
Rev						
	1	Gross revenue				
	2	Cook prizes				
ses	_	Cash prizes				
pen	3	Noncash prizes				
Direct Expenses						
irec	4	Rent/facility costs				
О						
	5	Other direct expenses				
			Yes %	Yes %	Yes %	
	6	Volunteer labor	└── No	└── No	└── No	
	_	D: 1			_	
	7	Direct expense summary. Add lines 2 through	h 5 in column (d)		>	
	Я	Net gaming income summary. Subtract line 7	from line 1 column (d)		.	
	<u> </u>	Net garning income summary. Subtract line 7	nonnine i, column (a)			
9	Ent	ter the state(s) in which the organization condu	ucts gaming activities:			
		he organization licensed to conduct gaming a	· · · · -	states?		Yes No
		No," explain:				
		ere any of the organization's gaming licenses re	· · · · · · · · · · · · · · · · · · ·		year?	Yes No
b	lf "	Yes," explain:				
	_					

Schedule G (Form 990) 2021

132082 10-21-21

Schedule G (Form 990) 2021 SECOND CHANCE ANIMAL SERVICES, INC.	04-3490071 Page 3
11 Does the organization conduct gaming activities with nonmembers?	Yes No
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity former	
to administer charitable gaming?	
13 Indicate the percentage of gaming activity conducted in:	
	13 a
a The organization's facility	
b An outside facility	
14 Enter the name and address of the person who prepares the organization's gaming/special events books and re	ecords:
Name	
Address >	
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes No
b If "Yes," enter the amount of gaming revenue received by the organization ▶\$ and the	amount
of gaming revenue retained by the third party > \$	
c If "Yes," enter name and address of the third party:	
c ii Tes, entername and address of the tillia party.	
Name >	
Name	
Address	
16 Gaming manager information:	
Name	
Gaming manager compensation > \$	
Description of services provided	
Description of services provided -	
Director/officer Employee Independent contractor	
17 Mandatory distributions:	
a Is the organization required under state law to make charitable distributions from the gaming proceeds to	
retain the state gaming license?	Yes No
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or sp	ent in the
organization's own exempt activities during the tax year ▶ \$	
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and	(v): and Part III. lines 9, 9b, 10b.
15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	. (-,,
Too, 100, 10, and 110, as applicable. The provide any additional information.	

Schedule G	G (Form 990)	SECOND CHA	NCE ANIMAL	」SERVICES,	INC	04-3490671 _{Page}	e 4
Part IV	G (Form 990) Supplemental Info	rmation (continued)					
	• •						
		<u> </u>					

SCHEDULE L

Department of the Treasury

Internal Revenue Service

(Form 990)

Transactions With Interested Persons

➤ Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

➤ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open To Public Inspection

Nam	ne of the organization											-			on nu	ımber
_				ANCE ANI									906	71		
Ра										n 501(c)(29) org						
	Complete if th	e organizatior I						ine 25a or 25l	o, or	Form 990-EZ, P	art V,	line 40)b.	1, 5		
1	(a) Name of disqualified	d person	(b) H	Relationship bet person and o			litied	(0	c) De	escription of tran	sactio	n		· · ·		cted?
				person and o	garnze	20011								 Y	es	No
														+		
														+		
														+		
2	Enter the amount of ta	x incurred by	the o	rganization mar	nagers	or dis	qualifie	d persons du	ring	the year under						
	section 4958											▶ \$				
3	Enter the amount of ta	x, if any, on li	ne 2, a	above, reimburs	sed by	the or	ganiza	tion				▶ \$				
D -																
Ра				erested Per												
	·	· ·					Z, Part \	V, line 38a or l	Forn	n 990, Part IV, lir	ie 26;	or if th	ne orga	anizati	on	
	•	(b) Relatio		, Part X, line 5, ((c) Purpose		2. an to or	1 /2	1 Original	1,5) Dalamaa dura	100	\ ln	(h) Ap	proved	/:> \A	/ritten
	(a) Name of interested person	with organi		of loan	fron	n the zation?	۷,) Original ipal amount	(1) Balance due) In ault?	by bo	ard or	1 (1) *	ment?
	•				<u> </u>	From	l .				Yes	No	Yes	No	Yes	No
					10	1 10111					103	110	103	110	103	110
Tota		\eeietance	Ron	nefiting Inte	rosto	d Da	reone	<u> </u>								
ı u				vered "Yes" on												
	(a) Name of intereste			(b) Relationship				Amount of		(d) Type	of		le.) Purp	ose o	f
	(a) Hamo of intorooto	a porcorr	'	interested pers			٠,	assistance		assistan			•	assist		•
				the organiza												
			_													
			1				I			I		- 1				

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

Schedule L (Form 990) 2021

Schedule L (Form 990) 2021 SECONI Part IV Business Transactions Involved	CHANCE ANII			04-3490		r ago z
Complete if the organization answered	"Yes" on Form 990, Pa	rt IV, line 28a, 28	3b, or 28c.			
(a) Name of interested person	(b) Relationship between person and the or	een interested	(c) Amount of transaction	(d) Description of transaction	òrgani	aring of zation's nues?
T TAID CAN M. DODAY	DALIGUEED OF	DVDCIMI	02 574	COMPENSATIO	Yes	No
LINDSAY M DORAY	DAUGHTER OF	EXECUTI	93,5/4.	COMPENSATIO		Х
Part V Supplemental Information.						
Provide additional information for resp	onses to questions on S	Schedule L (see i	nstructions).			
·	·	•	•			
SCH L, PART IV, BUSINESS	RANSACTIONS	INVOLVI	NG INTEREST	ED PERSONS:		
(A) NAME OF PERSON: LINDSA	Y M DORAY					
(B) RELATIONSHIP BETWEEN	NTERESTED P	ERSON ANI	ORGANIZAT	ION:		
DAUGHTER OF EXECUTIVE DIRE	CTOR/CEO/PRI	ESIDENT				
(C) AMOUNT OF TRANSACTION	\$ 93,574.					
(D) DESCRIPTION OF TRANSAC	TION: COMPE	NSATION E	FOR EMPLOYM	ENT AS		
DEVELOPMENT DIRECTOR						
(E) SHARING OF ORGANIZATION	N REVENUES?	= NO				
SCHEDULE L PART IV						
LINDSAY DORAY'S ANNUAL COM	IPENSATION IS	S DETERMI	INED BY THE	SUBCOMMITT	EE	
OF INDEPENDENT BOARD MEMBE	RS WHICH DO	ES NOT IN	NCLUDE ANY	FAMILY MEMB	ERS.	

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization SECOND CHANCE ANIMAL SERVICES, INC Employer identification number 04 - 3490671

Par	rt I Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu		_	3
1	Art - Works of art			, , ,				
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded							
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
40	trust interests							
12 13	Securities - Miscellaneous Qualified conservation contribution -							
13	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other (IN KIND DONAT)	X	900	•				
26	Other (MEDICAL EQUIP)	X	100	148,551.	MARKET			
27	Other ()							
28	Other ()							
29	Number of Forms 8283 received by the organi							
	for which the organization completed Form 82	183, Part V, [Donee Acknowledg	gement 29				
				=		Y	es	No
30a	During the year, did the organization receive b							
	must hold for at least three years from the dat		,	•		00-		Х
	exempt purposes for the entire holding period	7				30a		
	If "Yes," describe the arrangement in Part II.	naliau that ::	oguiroo tha ravie	of any popularidarid socialis	rtions?	24		Х
31	Does the organization have a gift acceptance Does the organization hire or use third parties					31	-	
s∠a	contributions?		J	, ,		32a		Х
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in o	column (c) fo	r a type of propert	y for which column (a) is che	cked,			
	describe in Part II.							
1 1 1 4	- B		= 00		Cobodulo N		0001	

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

Schedule M (Form 990) 2021

Schedule M (Form 990) 2021

132142 11-17-21

SCHEDULE O (Form 990)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

2021
Open to Public Inspection

Internal Revenue Service

Name of the organization

SECOND CHANCE ANIMAL SERVICES, INC

Employer identification number 04-3490671

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

COMMUNITY'S PET POPULATION THROUGH PROGRAMS DESIGNED FOR ANIMAL

WELFARE. THE ORGANIZATION 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

ORGANIZATION 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 HUSBANDRY 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 SERVICES, INC.

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

THE SECOND CHANCE ANIMAL SERVICES, INC. RUNS MISCELLANEOUS

PROGRAMS/SERVICES FOR THE BENEIFT OF ANIMALS THAT DO NOT FALL UNDER

OTHER PROGRAMS OFFERED.

EXPENSES \$ 5,390. INCLUDING GRANTS OF \$ 0. REVENUE \$ 4,760.

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) 2021

Schedule O (Form 990) 2021 Page **2**

Name of the organization

SECOND CHANCE ANIMAL SERVICES, INC

Employer identification number 04-3490671

SHERYL BLANCATO (PRESIDENT & CEO) AND JOSEPH BLANCATO (CHARIMAN OF THE

BOARD) ARE HUSBAND AND WIFE. MS. BLANCATO'S DAUGHTER, LINDSEY DORAY IS THE

DEVELOPMENT DIRECTOR.

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 FOUR BOARD MEMBERS MEET ANNUALLY TO DETERMINE

COMPENSATION FOR THE CEO, TOP MANAGEMENT AND KEY EMPLOYEES. THE

SUBCOMMITTEE REVIEWS OPERATING RESULTS AND COMPARATIVE DATA FROM OTHER

ORGANIZATIONS TO DETERMINE A REASONABLE COMPENSATION PACKAGE FOR THE CEO

AND TOP MANAGEMENT. PERFORMANCE REVIEWS ARE CONDUCTED ON AN ONGOING BASIS

BY THE CEO AND TOP MANAGEMENT. THE SUBCOMMITTEE ANNUALLY REVIEWS

RECOMMENDATIONS FROM THE CEO AND TOP MANAGEMENT RELATED TO KEY EMPLOYEES

BASED ON THE PERFORMANCE REVIEWS. THE SUBCOMMITTEE 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.

Schedule O (Form 990) 2021

132212 11-11-21

Schedule O (Form 990) 20	21					Page 2
Name of the organization	SECOND	CHANCE	ANIMAL	SERVICES,	INC	Employer identification number 04-3490671