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Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047

Inspection

Department of the Treasury

Go to www.irs.gov/Form990 for instructions and the latest information. and ending A For the 2023 calendar year, or tax year beginning Check if applicable: C Name of organization D Employer identification number Address change SECOND CHANCE ANIMAL SERVICES, Name change 04 - 3490671Initial return Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Room/suite Final return/ PO BOX 136 508-867-5525 termin-ated 8,200,362. City or town, state or province, country, and ZIP or foreign postal code **G** Gross receipts \$ Amended EAST BROOKFIELD, MA 01515 H(a) Is this a group return Applica-F Name and address of principal officer: SHERYL BLANCATO Yes X No for subordinates? pending 111 YOUNG ROAD, PO BOX 136, EAST BROOKFIELD, ∐Yes L No **H(b)** Are all subordinates included? Tax-exempt status: X = 501(c)(3) = 501(c)(insert no.) 4947(a)(1) or L If "No," attach a list. See instructions WWW.SECONDCHANCEANIMALS.ORG H(c) Group exemption number **K** Form of organization: **X** Corporation Trust L Year of formation: 1999 M State of legal domicile: MA Part I Summary Briefly describe the organization's mission or most significant activities: THE SECOND CHANCE ANIMAL Activities & Governance SERVICES IS AN ORGANIZATION THAT CARES FOR THE NEEDS OF THE oxdot if the organization discontinued its operations or disposed of more than 25% of its net assets. 6 Number of voting members of the governing body (Part VI, line 1a) 4 Number of independent voting members of the governing body (Part VI, line 1b) 116 5 Total number of individuals employed in calendar year 2023 (Part V, line 2a) 0 6 Total number of volunteers (estimate if necessary) 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 7b **Prior Year** Current Year 1,593,590. 2,429,883. Contributions and grants (Part VIII, line 1h) Revenue 4,678,408. 5,405,908. Program service revenue (Part VIII, line 2g) 94,303. -12,198.Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 107.020. 113,392. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 6,473,321. 7,936,985. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 0. 0. 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) 3,634,785. 4,097,064. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 2,612,969. 2,542,042. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 6,639,106. 6,247,754. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 1,297,879. 225,567. Revenue less expenses. Subtract line 18 from line 12 Beginning of Current Year **End of Year** 5,181,433. 6,632,844. 20 Total assets (Part X, line 16) 285,719. 304,302. 21 Total liabilities (Part X, line 26) 4,895,714. 6,328,542. Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has anv knowledge. Signature of officer Date Sign SARA GASPARRINI, TREASURER Here Type or print name and title PTIN Preparer's signature Print/Type preparer's name GLENN M. CREAVEN, CPA GLENN M. CREAVEN, CPI04/22/24 P01215518 Paid STOLBERG, EBBELING & BLANCHETTE, LLP Firm's EIN 20-1260740 Preparer Firm's name Use Only Firm's address 41 ELM STREET Phone no. 508 - 363 - 3000 WORCESTER, MA 01609

X Yes

Pa	Check if Schoolule O contains a reasonable are note to any line in this Part III	X
1	Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission:	21
•	TO PROVIDE TEMPORARY SHELTER TO STRAY, ABANDONED, AND SURRENDER	.ED
	ANIMALS FOR THE PURPOSE OF FINDING PERMANENT SUITABLE NEW HOMES	
	PROVIDE ASSISTANCE AND FINANCIAL AID TO PREVENT OVERPOPULATION	THROUGH
	SPAYING AND NEUTERING PROGRAMS. TO SUPPORT A HEALTHY PET COMMUN	ITY 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?	Yes X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	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 e	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total experience of the second strength	oenses, and
	revenue, if any, for each program service reported. (Code:) (Expenses \$ 5,637,908 • including grants of \$) (Revenue \$ 5,	000,416.)
4a	(Code:) (Expenses \$ 5,637,908 including grants of \$	
	CARE, INCLUDING LOW COST SPAY/NEUTER SERVICES, FOR ANIMALS THRO	
	SUBSIDIZED VETERINARY CLINICS.	
		_
	445 004	101 011
4b		401,844.
	THE SECOND CHANCE ANIMAL SEVICES, INC. RUNS AN ADOPTION PROGRAM	FOR
	HOMELESS ANIMALS.	
4c	(Code:) (Expenses \$ 3 , 719 • including grants of \$) (Revenue \$	3,648.)
	THE SECOND CHANCE ANIMAL SEVICES, INC. RUNS PROJECT GOOD DOG, W	
	PAIRS BEHAVIORALLY NEEDY SHELTER DOGS WITH INMATES WHO PROVIDE	THEM
	WITH 24/7 CARE AND TRAINING.	
		_
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 6,086,921.	
		Form 990 (2023)

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	<u> </u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			,,
	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? <i>If</i> "Yes," <i>complete Schedule C, Part II</i>	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		37	
	Part VI	11a	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			X
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		
C	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? 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	110		
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
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			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	4.415		x
15	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b		
15	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	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		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	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
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			\ _{3,7}
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

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Part IV	Checklist of I	Required Sc	hedules (co	ntinued

	entertained or required contained (contained)			
00	Did the every institute was set as see the set of 000 of swants or althous assistance to set for demonstrating individuals as		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
2 4a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	24d		1
2 5a	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	200		
-	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		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			Х
00	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		<u> </u>
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
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	Х	
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?/f			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			x
22	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		<u>^^</u>
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	"		
•	Part V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	<u> </u>	<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			\ _v
0-	If "Yes," complete Schedule R, Part V, line 2	36	-	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	27		Х
38	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	37		1
50	Note: All Form 990 filers are required to complete Schedule O	38	х	
Pai	rt V Statements Regarding Other IRS Filings and Tax Compliance	, 55		
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
b				
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	<u> </u>	

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

				Yes	No							
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,											
	filed for the calendar year ending with or within the year covered by this return	2a 116										
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	ns?	2b	Х								
За	· · · · · · · · · · · · · · · · · · ·		3a		X							
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule		3b									
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other											
	financial account in a foreign country (such as a bank account, securities account, or other financial	account)?	4a		X							
b	If "Yes," enter the name of the foreign country											
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A				77							
5а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X							
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa		5b 5c		X							
С	, , , , , , , , , , , , , , , , , , , ,											
6a	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 contribut	-										
-	were not tax deductible?		6b									
7	Organizations that may receive deductible contributions under section 170(c).	uissa musuidad ta tha mayaya	_	Х								
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser		7a	X								
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	Λ								
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was to file Form 2000	· · · · · · · · · · · · · · · · · · ·	70		Х							
A	to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year		7с		21							
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of		7e		Х							
e f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contribute organization, during the year, pay premiums, directly or indirectly, on a personal benefit contribute organization.		7 6		X							
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7g									
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h									
8												
_			8									
9	Sponsoring organizations maintaining donor advised funds.											
а			9a									
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b									
10	Section 501(c)(7) organizations. Enter:											
а	Initiation fees and capital contributions included on Part VIII, line 12	10a										
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:											
а	Gross income from members or shareholders	11a										
b	Gross income from other sources. (Do not net amounts due or paid to other sources against											
	amounts due or received from them.)	11b										
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?	12a									
	,	12b										
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	المدا										
_	organization is licensed to issue qualified health plans	13b										
C 1/12	Enter the amount of reserves on hand	13c	14-		X							
14a			14a 14b		- 22							
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune		140									
15	excess parachute payment(s) during the year?		15		Х							
	If "Yes," see the instructions and file Form 4720, Schedule N.		ıJ									
16	Is the organization an educational institution subject to the section 4968 excise tax on net investmen	it income?	16		Х							
.0	If "Yes," complete Form 4720, Schedule O.		1.5									
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac	tivities										
-	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17									
	If "Yes," complete Form 6069.											

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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	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
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		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b				
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such 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	X	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and 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	X	
b	Other officers or key employees of the organization	15b	Х	
	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			77
	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		
	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.			
40	X Own website X Another's website X Upon request Uther (explain on Schedule O)	-1.0		
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and the transfer of the transfer o	a tinai	ncial	
00	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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

Check this box if neither the organization n	or any related	orga	aniza	ation	oo r	npei	nsat	ted any current officer, o	director, or trustee.	
(A)	(B)			((C)			(D)	(E)	(F)
Name and title	Average	(do		Pos		than	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson	is bot	h an	compensation	compensation	amount of
	week		cer an	nd a d	lirecto	or/trus	tee)	from	from related	other
	(list any	recto						the	organizations	compensation
	hours for	or di	æ			ated		organization	(W-2/1099-MISC/	from the
	related organizations	ustee	trust		e e	npens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	below	ual tr	tional		yoldr	st con yee	_	1099-NEO)		organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	orme			organization o
(1) SHERYL BLANCATO	60.00	_	_		×	Τ - 0	ш			
PRESIDENT & CEO		Х		Х				169,095.	0.	5,056.
(2) ASHLEY L RAYMOND	40.00									
VETERINARIAN						Х		145,733.	0.	1,643.
(3) JACQULINE M CELMER	40.00								_	
VETERINARIAN						Х		135,667.	0.	4,667.
(4) KATHLYN CLARK	40.00							126 000	•	
VETERINARIAN	26 00					Х		136,000.	0.	0.
(5) LISA NOWICKI	36.00	-				7,		107 704	0	6 505
VETERINARIAN	2 00					Х		127,704.	0.	6,505.
(6) ROBERT WHITE	3.00	,,							•	•
VICE PRESIDENT	20 00	Х						0.	0.	0.
(7) JOSEPH BLANCATO	30.00	٠,,		,,					0	0
CHAIRMAN	2 00	Х		Х				0.	0.	0.
(8) REBECCA AUSTIN	3.00	X		x				0.	0.	0.
(9) HEATHER GABLASKI	2.00	^		^				0.	0.	0.
DIRECTOR	2.00	X		x				0.	0.	0.
(10) SARA GASPARRINI	2.00	^		^				0.	0.	•
TREASURER	2.00	x		х				0.	0.	0.
IKMIDOKUK								0.	•	•
		1								
		1								
		-								
		-								
		-								

Page 8

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
(A) Name and title	(B) Average hours per week	Position (do not check more than one box, unless person is both an officer and a director/trustee)					h an	(D) Reportable compensation from	(E) Reportable compensation from related		an	(F) stimate nount o other	
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organization (W-2/1099-MIS 1099-NEC)	is SC/	SC/ from the		
		_											
		_											
		-											
		-											
		L						714,199.		0.	1	7,8	71
1b Subtotal c Total from continuation sheets to Part V d Total (add lines 1b and 1c)	II, Section A							714,199.		0.		7,8	0.
Total number of individuals (including but no compensation from the organization								-	0,000 of reportab	le		,	7
3 Did the organization list any former officer,			кеу е	emp	loye	e, oı	r hig	phest compensated emp	oloyee on			Yes	No
 line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the st and related organizations greater than \$15 	um of reportab	le co	omp	ensa	atior	n and	d oth	•	the organization		4	х	X
 5 Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com 	accrue compe	nsat	ion f	rom	any	unr/			idual for services	3	5	22	X
Section B. Independent Contractors	•												
Complete this table for your five highest co the organization. Report compensation for										npens			
(A) Name and business	address	NO	ONE	3				(B) Description of s	ervices	С	ompe) nsatio	n
Total number of independent contractors (i \$100,000 of compensation from the organi	-	ot li	mite	d to	tho (se lis	sted	d above) who received m	nore than				

Form **990** (2023)

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Form 990 (2023) SECOND
Part VIII Statement of Revenue SECOND CHANCE ANIMAL SERVICES,

ı aı	LVII		or note to any lir	oo in this Dort \/III			
		Check if Schedule O contains a response	or note to any iii	(A)	(B)	(C)	(D)
				Total revenue	Related or exempt		Revenuè éxcluded
					function revenue	business revenue	from tax under sections 512 - 514
σω							30000013 3 12 3 14
Contributions, Gifts, Grants and Other Similar Amounts		Federated campaigns1a					
عَ ق		Membership dues 1b					
rs,		Fundraising events 1c					
اقِ ق		Related organizations1d					
Sin		Government grants (contributions) 1e					
e Hi	f	All other contributions, gifts, grants, and	420 002				
			429,883.				
n o	g		137,375.	1 420 002			
<u>a</u> C	h	Total. Add lines 1a-1f		2,429,883.			
		HERED THE DV. OF THE O	Business Code	F 000 416	F 000 416		
<u>ice</u>	2 a			5,000,416.			
e S	b	ADOPTION CENTER	541900	401,844.	401,844.		
n S	С	OTHER PROGRAMS	541900	3,648.	3,648.		
grar Rev	d						
Program Service Revenue	е						
۱ ۵	f	All other program service revenue		F 405 000			
\rightarrow	g	Total. Add lines 2a-2f		5,405,908.			
	3	Investment income (including dividends, inter	est, and	00 546			00 516
		other similar amounts)		29,516.			29,516.
	4	Income from investment of tax-exempt bond	='				
	5	Royalties					
		(i) Real	(ii) Personal				
	6 a	Gross rents 6a					
	b	Less: rental expenses 6b					
	С	Rental income or (loss) 6c					
		· · · · · · · · · · · · · · · · · · ·					
	7 a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a 179,035	•				
	b	Less: cost or other basis					
ng		and sales expenses 7b 220,749 Gain or (loss) 7c -41,714	•				
er Revenue			•	41 714			44 544
Ř		Net gain or (loss)		-41,714.			-41,714.
	8 a	Gross income from fundraising events (not					
₹		including \$ of					
		contributions reported on line 1c). See	126 270				
			136,370.				
		Less: direct expenses 85	42,628.	02 742			02 742
		Net income or (loss) from fundraising events	······	93,742.			93,742.
	9 a	Gross income from gaming activities. See					
		Part IV, line 19					
		Less: direct expenses 9b	0				
		Net income or (loss) from gaming activities	······				
	10 a	Gross sales of inventory, less returns					
		and allowances 10	+				
		Less: cost of goods sold	o				
\rightarrow	С	Net income or (loss) from sales of inventory .	Ta				
sn		OMILED INCOME	Business Code	10 650			10 650
e e		OTHER INCOME	900099	19,650.			19,650.
lar en	b						
Miscellaneous Revenue	С						
Ξ		All other revenue		10 650			
		Total Add lines 11a-11d		19,650.	5,405,908 .	0.	101 104
	12	Total revenue. See instructions		, רסכ, טככ, ון	U,4UU,3UO.	ı ∪•	101,194.

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).

Dα	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,	160 005		160 005	
_	trustees, and key employees	169,095.		169,095.	
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	2 402 270	2 267 645	61 055	152 770
7	Other salaries and wages	3,482,370.	3,267,645.	61,955.	152,770
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)	117,317.	104,986.	7,423.	4,908
9	Other employee benefits	328,282.	293,738.	20,795.	13,749
10	Payroll taxes	340,404.	433,130.	40,133.	13,143
11	Fees for services (nonemployees):				
a					
b		26,540.		26,540.	
С.		20,340.		20,540.	
	Lobbying				
e	· · · · · · · · · · · · · · · · · · ·	7,953.		7,953.	
f	Investment management fees	7,755.		7,555.	
g	Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch 0.)	459,904.	444,617.	15,287.	
10	· · · · · · · · · · · · · · · · · · ·	60,099.	60,099.	13,207	
12	Advertising and promotion	12,832.	12,614.		218
13	Office expenses	28,327.	25,350.	1,792.	1,185
14 15	Information technology	20,3274	23,330.	1,752.	1,103
16	Royalties	143,423.	128,347.	9,075.	6,001
17	Occupancy	9,803.	9,803.	370730	0,001
18	Payments of travel or entertainment expenses	3,0031	370031		
10					
10	for any federal, state, or local public officials Conferences, conventions, and meetings				
19 20					
20 21	Interest Payments to affiliates				
22	Depreciation, depletion, and amortization	266,859.	238,808.	16,886.	11,165
23	Insurance	93,847.	87,909.	5,938.	
23 24	Other expenses. Itemize expenses not covered	23,0270	2.,505.	2,2331	
	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	1,255,690.	1,255,690.		
h	BANK & CREDIT CARD FEES	87,331.	87,331.	+	
C	PRINTING & POSTAGE	37,557.	18,646.	2,376.	16,535
d	TRANSPORTATION	20,794.	20,794.	=, -, -, -,	,
e	A.II I	31,083.	30,544.	539.	
25	Total functional expenses. Add lines 1 through 24e	6,639,106.	6,086,921.	345,654.	206,531
26	Joint costs. Complete this line only if the organization	, == ,====	, ,	-,	,
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				

Part X | Balance Sheet

Part 2	X	Balance Sheet					
		Check if Schedule O contains a response or no	te to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing				1	4 400 550
:	2	Savings and temporary cash investments			763,467.	2	1,190,759
;	3	Pledges and grants receivable, net		02 550	3	F2 240	
'	4	Accounts receivable, net		23,770.	4	53,348	
!	5	Loans and other receivables from any current of					
		trustee, key employee, creator or founder, subs					
		controlled entity or family member of any of the		5			
'	6	Loans and other receivables from other disqual					
		under section 4958(f)(1)), and persons describe				6	
ets .	7	Notes and loans receivable, net			106 600	7	000 624
Assets	8	Inventories for sale or use			196,622.	8	207,634
~ 9	9	Prepaid expenses and deferred charges			21,711.	9	27,810
10	0a	Land, buildings, and equipment: cost or other		4 060 103			
		basis. Complete Part VI of Schedule D	10a	4,968,103.	2 261 222		2 171 550
	b	Less: accumulated depreciation		1,796,545.	3,261,992.		3,171,558
	1	Investments - publicly traded securities		913,871.		1,981,735	
- 1	2	Investments - other securities. See Part IV, line		12			
- 1	3	Investments - program-related. See Part IV, line		13			
	4	Intangible assets		14			
	5	Other assets. See Part IV, line 11	F 101 422	15	C C22 04/		
	6	Total assets. Add lines 1 through 15 (must equ	5,181,433.	16	6,632,844		
1		Accounts payable and accrued expenses			285,719.	17	304,302
- 1	8	Grants payable		18			
	9	Deferred revenue				19	
20		Tax-exempt bond liabilities				20	
2		Escrow or custodial account liability. Complete				21	
Se: 2	2	Loans and other payables to any current or form					
		trustee, key employee, creator or founder, subs					
Liabilities		controlled entity or family member of any of the				22	
2		Secured mortgages and notes payable to unrel				23	
2		Unsecured notes and loans payable to unrelate				24	
2	:5	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on line	S 17-24,). Complete Part X		25	
1		of Schedule D		·····	285,719.		304,302
20	:0	Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, che			205,715.	26	304,302
မွ		and complete lines 27, 28, 32, and 33.	JUN IICI	e			
<u>ang</u> 2	7				4,662,590.	27	5,849,591
		Net assets with donor restrictions			233,124.	28	478,951
֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓	.0	Organizations that do not follow FASB ASC 9				20	
Ī		and complete lines 29 through 33.	, cii	scr liefe			
ာ် ဥ	9	Capital stock or trust principal, or current funds				29	
Sets		Paid-in or capital surplus, or land, building, or ea				30	
ASS 3		Retained earnings, endowment, accumulated in				31	
Net Assets or Fund Balances いたのである		Total net assets or fund balances			4,895,714.	32	6,328,542
	3	Total liabilities and net assets/fund balances			5,181,433.	33	6,632,844
3.		TOTAL HADHILLES AND THEL ASSETS/TUHO DAIANCES .			J, 101, 133.	<u> </u>	Form 990 (202

Form	990 (2023)	SECOND	CHANCE	ANIMAL	SERVICES,	INC	04-34	90671	Pag	ge 12
Pai	t XI Reconciliatio	n of Net As	sets							
	Check if Schedule	e O contains a r	esponse or no	te to any line i	n this Part XI					X
1	Total revenue (must equ	ual Part VIII, col	umn (A), line 1	2)			1	7,930		
2	Total expenses (must e	qual Part IX, col	umn (A), line 2				2	6,639		
3	Revenue less expenses						3	1,29		
4	Net assets or fund bala	nces at beginni	ng of year (mu	st equal Part)	K, line 32, column (A)))	4	4,89		
5	Net unrealized gains (lo						5			39.
6	Donated services and u	se of facilities					6	1'	7,9	10.
7	Investment expenses						7			
8	Prior period adjustment						8			
9	Other changes in net as	sets or fund ba	lances (explai	n on Schedule	O)		9		9,0	00.
10	Net assets or fund bala	nces at end of y	ear. Combine	lines 3 throug	h 9 (must equal Par	t X, line 32,				
	column (B))						10	6,328	3,5	<u>42.</u>
Pai	rt XII Financial Sta			_						
	Check if Schedule	e O contains a r	esponse or no	te to any line i	n this Part XII					X
					77	7			Yes	No
1	Accounting method use				X Accrual	Other				
	If the organization chan	-	-							
2a	Were the organization's							2a		X
	If "Yes," check a box be			nancial staten	nents for the year we	ere compiled or reviewe	ed on a			
	separate basis, consolid									
	Separate basis		idated basis		consolidated and s				77	
b	Were the organization's							2b	X	
	If "Yes," check a box be		whether the fi	nancial staten	nents for the year we	ere audited on a separa	te basis,			
	consolidated basis, or b									
	X Separate basis		idated basis		consolidated and s					
С	If "Yes" to line 2a or 2b,	-			· · · · · · · · · · · · · · · · · · ·	•	ne audit,		37	
	review, or compilation of							2c	Х	
_	If the organization chan						hedule O.			
3а	As a result of a federal a									37
	Uniform Guidance, 2 C.							3a		X
b	If "Yes," did the organiz	-	•		-		uired audit			
	or audits, explain why o	n Schedule O a	nd describe a	ny stens taker	to undergo such a	udits		3h		I

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Name of the organization

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.

Open to Public

Employer identification number

OMB No. 1545-0047

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

Inspection

SECOND CHANCE ANIMAL SERVICES, 04 - 3490671TNC Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 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 g 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 your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) 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						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1367596.	884,028.	826,424.	1593590.	2429883.	7101521.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	1367596.	884,028.	826,424.	1593590.	2429883.	7101521.
5	The portion of total contributions						_
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						7101521.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4	1367596.	884,028.	826,424.	1593590.	2429883.	7101521.
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	12,785.	17,399.	33,998.	41,303.	29,516.	135,001.
9	Net income from unrelated business	-	-	-	-	-	
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						7236522.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12 20	,850,891.
13	First 5 years. If the Form 990 is for the					501(c)(3)	
	organization, check this box and stop						
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2023 (line 6, column (f), c	livided by line 11,	column (f))		14	98.13 %
15	Public support percentage from 2022	Schedule A, Part	II, line 14			15	97.98 %
16a	33 1/3% support test - 2023. If the					nore, check this bo	x and
	stop here. The organization qualifies	as a publicly supp	orted organization				X
b	33 1/3% support test - 2022. If the	organization did no	t check a box on I	ine 13 or 16a, and	l line 15 is 33 1/3%	or more, check th	nis box
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			
17a	10% -facts-and-circumstances tes						
	and if the organization meets the fact	s-and-circumstand	es test, check this	box and stop he	re. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances to	est. The organization	on qualifies as a pu	ublicly supported	organization		
b	10% -facts-and-circumstances tes	t - 2022. If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the	ne facts-and-circur	nstances test, che	ck this box and st	op here. Explain i	n Part VI how the	
	organization meets the facts-and-circ	umstances test. Th	ne organization qu	alifies as a publicly	y supported organ	ization	
18	Private foundation. If the organization						
						Sobodulo A	(Form 990) 2023

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	etion A. Public Support	elow, please com	ipiete i ait ii.)				
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gifts, grants, contributions, and			,	` '		,
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose						
2	Gross receipts from activities that						
3	are not an unrelated trade or bus-						
1	Tax revenues levied for the organ-						
4							
	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						
	Total. Add lines 1 through 5						
7 <i>a</i>	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
Ľ	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						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	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 th	ne organization's f	I first second third	fourth or fifth tax	vear as a section	 501(c)(3) organizat	ion
•	check this box and stop here	•		•			
Sec	tion C. Computation of Publ						
	Public support percentage for 2023 (I			column (fl)		15	9
	Public support percentage from 2022					16	9
	tion D. Computation of Invest					1 10 1	
	Investment income percentage for 20		<u>~</u> _			17	Ç
	Investment income percentage from 2					18	Ç
	33 1/3% support tests - 2023. If the						
198	more than 33 1/3%, check this box a						., 13 1101
L	33 1/3% support tests - 2022. If the						└── and
i.	• •	•			*	•	
20	line 18 is not more than 33 1/3%, che						
ZU	Private foundation. If the organization	ar dia not check 2	A DUX UH IME 14, IS	a, or 190, check t	ins dux and see i	กรถนบเบกรี	

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

	Yes	No
1		
2		
3a		
3b		
3с		
4a		
4b		
4c		
5a		
5b		
5с		
6		
7		
8		
9a		
9b		
9c		
10a		
10b		

Par	t 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	ion B. Type I Supporting Organizations			
			Yes	No
	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? 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 supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sect	ion C. Type II Supporting Organizations			
			Yes	No
	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Seci	ion D. All Type III Supporting Organizations			
			Yes	No
	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		
	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	•		
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
	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	ion 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 instruction	s).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	instructio	ns).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in	_		
	these activities but for the organization's involvement.	2b		
	Parent of Supported Organizations. Answer lines 3a and 3b below.			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI .	3a		
a	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			

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of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Orgar	nizations_							
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.									
	All other Type III non-functionally integrated supporting organizations mu-	st complete	Sections A through E.							
Sect	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								
Sect	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								
Sect	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 supporting ora	anization (see						
	instructions).	, 0		,						

Schedule A (Form 990) 2023

Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2023 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2023			
а	From 2018			
b	From 2019			
С	From 2020			
d	From 2021			
е	From 2022			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2023 distributable amount			
i	Carryover from 2018 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2023 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2023 distributable amount			
С	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2023, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2023. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2024. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2019			
b	Excess from 2020			
С	Excess from 2021			
d	Excess from 2022			
е	Excess from 2023			

Schedule A (Form 990) 2023

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047 Open to Public

Inspection

Name of the organization

SECOND CHANCE ANIMAL SERVICES, INC

Employer identification number 04 - 3490671

Pai	t I Organizations Maintaining Donor Advise organization answered "Yes" on Form 990, Part IV, lin		Similar Funds	or Accounts. Complete if the
	organization answered Tes Off Offices, Fartiv, in	(a) Donor advise	d funds	(b) Funds and other accounts
1	Total number at end of year	, ,		
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in		eld in donor advise	d funds
	are the organization's property, subject to the organization's	-		
6	Did the organization inform all grantees, donors, and donor a			
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for a	ny other purpose c	onferring
	impermissible private benefit?			Yes No
Pai	t II Conservation Easements. Complete if the org	ganization answered "Ye	s" on Form 990, Pa	art IV, line 7.
1	Purpose(s) of conservation easements held by the organization	ion (check all that apply)	<u>-</u>	
	Preservation of land for public use (for example, recrea	ation or education)	Preservation of a	historically important land area
	Protection of natural habitat		Preservation of a	certified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a quality	fied conservation contrib	oution in the form of	
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a
b	Total acreage restricted by conservation easements			
С	Number of conservation easements on a certified historic str	ructure included on line 2	?a	2c
d	Number of conservation easements included on line 2c acqu	•		
	on a historic structure listed in the National Register			
3	Number of conservation easements modified, transferred, re	leased, extinguished, or	terminated by the	organization during the tax
	year			
4	Number of states where property subject to conservation ea			
5	Does the organization have a written policy regarding the per		tion, handling of	
_	violations, and enforcement of the conservation easements i			
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, a	nd enforcing conse	ervation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and or	oforcing consorvation	on agraments during the year
′	Amount of expenses incurred in monitoring, inspecting, name	alling of violations, and el	norching conservation	on easements during the year
8	Does each conservation easement reported on line 2d above	e satisfy the requirement	s of section 170(h)((4)(B)(i)
	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports conservati			
	balance sheet, and include, if applicable, the text of the footr	note to the organization's	s financial statemer	nts that describes the
	organization's accounting for conservation easements.			
Pai	t III Organizations Maintaining Collections o	•	easures, or Oth	her Similar Assets.
	Complete if the organization answered "Yes" on Form			
1a	If the organization elected, as permitted under FASB ASC 95	•		
	of art, historical treasures, or other similar assets held for pul	·	•	•
	service, provide in Part XIII the text of the footnote to its final			
b	If the organization elected, as permitted under FASB ASC 95			
	art, historical treasures, or other similar assets held for public	e exhibition, education, o	r research in furthe	erance of public service,
	provide the following amounts relating to these items.			_
	(i) Revenue included on Form 990, Part VIII, line 1			\$
_				
2	If the organization received or held works of art, historical tre			gaın, provide
	the following amounts required to be reported under FASB A			*
a	Revenue included on Form 990, Part VIII, line 1			
b	Assets included in Form 990, Part X			\$

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Schedule D (Form 990) 2023

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

Pai	t III Organizations Maintaining C	Collections of A	rt, Hist	torical Tr	easures, o	or Othe	r Simila	ar Asse	ts (conti	nued)	
3	Using the organization's acquisition, access	ion, and other record	ds, check	any of the	following tha	at make si	gnificant	use of its			
	collection items (check all that apply).										
а	Public exhibition	c	ı 🗆 1	Loan or exc	hange progra	am					
b											
С											
4	4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.										
5											
	to be sold to raise funds rather than to be m	aintained as part of	the orga	nization's c	ollection?			<u></u>	Yes	No	
Pai	t IV Escrow and Custodial Arran	-	te if the	organizatio	n answered "	Yes" on F	orm 990,	Part IV, I	ine 9, or		
	reported an amount on Form 990, Pa	· · · · · · · · · · · · · · · · · · ·									
1a	Is the organization an agent, trustee, custod	•	•						7		
	on Form 990, Part X?								Yes	∟ No	
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing t	able:					A		
									Amoun	τ	
	Beginning balance										
	Additions during the year										
_	Distributions during the year										
† 0-	Ending balance								\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
	Did the organization include an amount on F						•		Yes	No	
Pai	If "Yes," explain the arrangement in Part XIII. t V Endowment Funds Complete if										
· u	Endownient i ando complete ii	(a) Current year		rior year	(c) Two year			ears hack	(e) Fou	r vears hack	
10	Beginning of year balance	(a) carrone year	(2):	nor your	(0)	,	u, ,		(0) : 00	. youro suon	
	Contributions										
	Grants or scholarships										
	Other expenditures for facilities										
-											
f	Administrative expenses										
	End of year balance										
2	Provide the estimated percentage of the cur	rent vear end haland	e (line 1	a column (a)) held as:	I					
	Board designated or quasi-endowment		%	9, 001411111 (ajj riola ao.						
	Permanent endowment	%									
		<u></u>									
	The percentages on lines 2a, 2b, and 2c sho	ould equal 100%.									
За	Are there endowment funds not in the posse	•	ation tha	at are held a	and administe	ered for th	ie				
	organization by:	· ·								Yes No	
	(i) Unrelated organizations?								3a(i)		
	(ii) Related organizations?										
b	If "Yes" on line 3a(ii), are the related organiza										
4	Describe in Part XIII the intended uses of the										
Pai	t VI Land, Buildings, and Equipm										
	Complete if the organization answere	d "Yes" on Form 99	0, Part IV	/, line 11a. S	See Form 990), Part X,	line 10.				
	Description of property	(a) Cost or o	ther	(b) Cost	t or other	(c) Ac	cumulate	d	(d) Boo	k value	
		basis (investr	ment)		(other)	dep	reciation				
1a	Land				4,958.					4,958.	
	Buildings				2,407.		60,80			1,602.	
С	Leasehold improvements				1,593.		82,83			8,757.	
d	Equipment				2,031.		15,82			6,209.	
	Other				7,114.	3	37,08			0,032.	
Tota	. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	X, line 1	0c, columr	n (B))				<u>კ,17</u>	1,558.	

Schedule D (Form 990) 2023

Schedule D) (Form 990) 2023	PECOND	СПА
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(a) Description of security or category (including name of security)		1b. See Form 990, Part X, line 12. (c) Method of valuation: Cost or end-of-year market value
	(b) Book value	(G) Method of Valuation: Cost or end-of-year market Valu
Financial derivatives		
Closely held equity interests		
Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G) (H)		
tal. (Col. (b) must equal Form 990, Part X, line 12, col. (B))		
art VIII Investments - Program Related.		
Complete if the organization answered "Yes"	on Form 990 Part IV line 1	1c See Form 990 Part X line 13
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market valu
	(b) Book value	(b) Mothod of Valdation. Good of ond of your market vale
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9) tal. (Col. (b) must equal Form 990, Part X, line 13, col. (B))		
Part IX Other Assets		
Complete if the organization answered "Yes"	on Form 990 Part IV line 1	1d See Form 990 Part Y line 15
	Description	(b) Book value
	Description	(S) Book value
(1)		
(2)		
(2)		
(2) (3) (4)		
(2) (3) (4) (5)		
(2) (3) (4) (5) (6)		
(2) (3) (4) (5) (6) (7)		
(2) (3) (4) (5) (6) (7) (8)		
(2) (3) (4) (5) (6) (7) (8) (9)	N (D))	
(2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, line 15, co	ol. (B))	
(2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, line 15, column to the Liabilities		1a or 11f See Form 900 Part V line 25
(2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, line 15, column X		
(2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, line 15, column X Complete if the organization answered "Yes" (a) Description of liability		1e or 11f. See Form 990, Part X, line 25.
(2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, line 15, column X Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes		
(2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, line 15, column X Other Liabilities Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2)		
(2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, line 15, column to the complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3)		
(2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, line 15, column X Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4)		
(2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, line 15, column to the complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)		
(2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, line 15, column to the complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)		
(2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, line 15, column to the complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)		
(2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, line 15, column to the complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8)		
(2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, line 15, column to the complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)	on Form 990, Part IV, line 1	(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, line 15, column to the complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, line 25, column to the column to	on Form 990, Part IV, line 1	(b) Book value

332053 09-28-23

Λ	4 –	2	1	a	Λ	6	71	Page 4
u	4-	J	4	7	u	O.	<i>,</i> т	Page 4

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return							
Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.						
1 Total revenue, gains, and other support per audited financial statements			1	8,221,652.			
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:							
a Net unrealized gains (losses) on investments	2a	108,039.					
b Donated services and use of facilities	2b	141,953.					
c Recoveries of prior year grants	2c						
d Other (Describe in Part XIII.)	2d						
e Add lines 2a through 2d			2e	249,992.			
3 Subtract line 2e from line 1			3	7,971,660.			
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:							
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	7,953.					
b Other (Describe in Part XIII.)	4b	-42,628.					
c Add lines 4a and 4b			4c	-34,675.			
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	7,936,985.			
Part XII Reconciliation of Expenses per Audited Financial Stat	ements Wit	h Expenses per	Retu	rn			
Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.						
1 Total expenses and losses per audited financial statements			1	6,788,824.			
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:							
a Donated services and use of facilities	2a	124,043.					
b Prior year adjustments	2b						
c Other losses							
d Other (Describe in Part XIII.)		42,628.					
e Add lines 2a through 2d	•		2e	166,671.			
3 Subtract line 2e from line 1			3	6,622,153.			
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:							
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	7,953.					
b Other (Describe in Part XIII.)		9,000.					
c Add lines 4a and 4b	' '		4c	16,953.			
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	6,639,106.			
Part XIII Supplemental Information							
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; I	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							
PART X, LINE 2:							
THE ORGANIZATION EVALUATES ALL SIGNIFICANT	TAX POS	SITIONS AS	REQ	UIRED BY			
CENEDALLY ACCEDMED ACCOUNTING DRINGIDLES I	NT (TITLE TTN		ıa 01	a wedtor			
GENERALLY ACCEPTED ACCOUNTING PRINCIPLES I	N THE UN	ITED STATE	S 0.	F AMERICA.			
AS OF DECEMBER 31, 2022, THE ORGANIZATION	DOEG MO	י סטודטטסי	т ц	አሮ ጥአሦፔክ፣			
AS OF DECEMBER 31, 2022, THE ORGANIZATION	DOES NOT	. БЕПТЕЛЕ Т	1 11/	HO INVEN			
ANY TAX POSITIONS THAT WOULD REQUIRE THE R	ECOPDING	L OE VIV VD	ישדתי	томат. Фач			
ANT TAX FOSTITONS THAT WOULD REQUIRE THE R.	ECONDING	OF ANI AD	יבעי.	IONAL IAA			
LIABILITY NOR DOES IT BELIEVE THAT THERE A	RE ANY U	NREALIZED	TAX	BENEFITS			
THAT WOULD INCREASE OR DECREASE WITHIN THE	NEXT TW	ELVE MONTH	s.				
DADM VI IINE AD OMUED AD THOMBAMO.							
PART XI, LINE 4B - OTHER ADJUSTMENTS:							
DIRECT FUNDRAISING EXPENSES				-42,628.			

PART XII, LINE 2D - OTHER ADJUSTMENTS:

Schedule D (Form 990) 2023

2023.03040 SECOND CHANCE ANIMAL SERVIC 06118__1

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.

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

OMB No. 1545-0047

2023

Open to Public Inspection

Employer identification number Name of the organization SECOND CHANCE ANIMAL SERVICES, 04 - 3490671Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants Internet and email solicitations b Solicitation of government grants ☐ Phone solicitations In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or Yes No key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) have custody or control of contributions? (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

LHA 332081 09-13-23

Schedule G (Form 990) 2023

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

		of fundraising event contributions and gr	oss income on Form 990	FEZ, lines I and 60. List	events with gross receip	ots greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			ANNUAL		_	(add col. (a) through
			DINNER AUCTI	GOLF OUTING	2	col. (c))
<u>e</u>			(event type)	(event type)	(total number)	
Revenue			60 410	24 565	44 206	126 270
Вè	1	Gross receipts	60,419.	31,565.	44,386.	136,370.
	_					
	2	Less: Contributions				
	2	Gross income (line 1 minus line 2)	60,419.	31,565.	44,386.	136,370.
		Gross income (line 1 militus line 2)	00,123	32,3331	11,000	230,3701
	4	Cash prizes				
	5	Noncash prizes				
ses						
ben	6	Rent/facility costs				
Direct Expenses						
Je Se	7	Food and beverages				
莅	_					
		Entertainment Other direct evenues	18,380.	9,285.	14,963.	42,628.
		Other direct expenses Direct expense summary. Add lines 4 through		5,205.	•	42,628.
		Net income summary. Subtract line 10 from li	. ,			93,742.
Pa	rt I					
		\$15,000 on Form 990-EZ, line 6a.			•	
Ф			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
eun			(4) 59	bingo/progressive bingo	(e) outlot guithing	col. (a) through col. (c))
Revenue						
	1	Gross revenue				
		Ocale asiana				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Ä		Noncasti prizes				
Je Se	4	Rent/facility costs				
莅						
	5	Other direct expenses				
			Yes %	Yes %	Yes %	
	6	Volunteer labor	└── No	└── No	└── No	
	_					
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)			
	٥	Net gaming income summary. Subtract line 7	from line 1 column (d)			
	- 0	Net garning income summary. Subtract line 7	nomine i, column (u)			
9	Fnt	er 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) 2023

332082 09-13-23

Schedule G (Form 990) 2023 SECOND CHANCE ANIMAL SERVICES, INC 04	1-3490671	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 formed		
to administer charitable gaming?	Yes	☐ No
13 Indicate the percentage of gaming activity conducted in:		
a The organization's facility	13a	%
b An outside facility		%
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
Name		
Address		
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	└── No
b If "Yes," enter the amount of gaming revenue received by the organization \$ and the amoun	t	
of gaming revenue retained by the third party \$		
c If "Yes," enter name and address of the third party:		
Name		
Address		
16 Gaming manager information:		
Name		
Gaming manager compensation \$		
Description of services provided		
Discrete de la Companya de la descripción de la		
Director/officer Employee Independent contractor		
47. Mary distance all ability of the second		
17 Mandatory distributions:		
a Is the organization required under state law to make charitable distributions from the gaming proceeds to	Yes	□ No
retain the state gaming license?		NO
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	ne	
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); an	d Dart III. lings 0. 0	h 10h
15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	u Fait III, IIIIes 9, 8	ю, тою,
13b, 13c, 10, and 17b, as applicable. Also provide any additional information. See instructions.		

Schedule G	i (Form 990)	SECOND	CHANCE	ANIMAL	SERVICES,	INC	04-3490671	Page 4
Part IV	(Form 990) Supplemental Infor	mation (cont	inued)					

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Part I Questions Regarding Compensation

Department of the Treasury

Internal Revenue Service

SECOND CHANCE ANIMAL SERVICES, INC

 $\begin{array}{c} \textbf{Employer identification number} \\ 0\,4-3\,4\,9\,0\,6\,71 \end{array}$

	·		Yes	No
1 a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	X Compensation committee Written employment contract			
	Independent compensation consultant X Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		X
	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		Х
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			.,,
	The organization?	5a		X
b	Any related organization?	5b		Х
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			37
a	The organization?	6a		X
b	Any related organization?	6b		Λ
_	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			v
_	not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			v
_	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53 4958-6(c)?	9	i l	1

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

Schedule J (Form 990) 2023

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of W	V-2 and/or 1099-MIS compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) SHERYL BLANCATO	(i)	169,095.	0.	0.	0.	5,056.	174,151.	0.
PRESIDENT & CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i) (ii)							
	(i)							
	(i) (ii)							
	[(11)							

Part III Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

SCHEDULE L

(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

2023

Open to Public Inspection

Name of the organization

Department of the Treasury

Internal Revenue Service

SECOND CHANCE ANIMAL SERVICES, INC

Employer identification number 04-3490671

Excess beliefft fra	(Section 50 I(C)(3), Section 50	r(c)(4), and section 50 r(c)(29) orga	inizations only)		
Complete if the organizat	ion answered "Yes" on Form 990, Part IV,	line 25a or 25b; or Form 990-EZ, Pa	art V, line 40b.		
1 (-) Name of diamontification	(b) Relationship between disqualified	(a) December of these	(0	d) Correc	ted?
(a) Name of disqualified person	person and organization	(c) Description of tran	saction	Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
2 Enter the amount of tax incurred	by the organization managers or disqualific	ed persons during the year under			
section 4958			\$		
3 Enter the amount of tax, if any, or	n line 2, above, reimbursed by the organiza	ition	\$		
			•		
Part II Loans to and/or Fr	om Interested Persons				
Complete if the organizat	ion answered "Yes" on Form 990-EZ, Part	V, line 38a, or Form 990, Part IV, lir	ne 26; or if the organiz	ation	
reported an amount on F	orm 990, Part X, line 5, 6, or 22.				
	I ' I from the I '	e) Original (f) Balance due cipal amount	(g) In default? (h) Approv	(i) Wr	

	(a) Name of interested person	(b) Relationship with organization	fron	an to or n the zation?	(e) Original principal amount	(f) Balance due	(g) defa	In ault?	(h) Ap by bo comm	proved ard or littee?	(i) W agreer	ritten ment?
			То	From			Yes	No	Yes	No	Yes	No
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												
Total			 		\$							

Part III Grants or Assistance Benefiting Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

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

Schedule L (Form 990) 2023

Part IV	Business Transactions Involving Interested Persor	าร

(a) Name of interested person	red "Yes" on Form 990, Part IV, line 28a, 28 (b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	òrganiz	aring of zation's
	person and the organization	transaction	transaction	rever Yes	No
(1)LINDSAY M DORAY	DAUGHTER OF EXECUTI	0.	COMPENSATIO		X
(2)					
(3)					
(4) (5)					
(6)					
(7)					
(8)					
(9) (10)					
Part V Supplemental Information			1		
	sponses to questions on Schedule L. See i	nstructions.			
COULT DARK THE DUCTNING	mpanga omtong timiotiiti		TED DEDGONG		
SCH L, PART IV, BUSINESS	TRANSACTIONS INVOLVIN	IG INTEREST	ED PERSONS:		
(A) NAME OF PERSON: LINDS	SAY M DORAY				
(B) RELATIONSHIP BETWEEN	INTERESTED PERSON AND	ORGANIZAT	TION:		
DAUGHTER OF EXECUTIVE DI	RECTOR/CEO/PRESIDENT				
DITOGRAPH OF BARCOTTVE DIT	KHETOK, CHO, I KHBIBHKI				
(C) AMOUNT OF TRANSACTION	N \$ (D) DESCRIPTION O				
/D) DECEDEDATON OF MEANS	ACMIONI. COMPENSAMIONI I	OD TMDI OVI	ATENITO A C		
(D) DESCRIPTION OF TRANSA	ACTION: COMPENSATION F	OK EMPLOIP	IENI AS		
DEVELOPMENT DIRECTOR					
(=) GUIDING OF ORGINITALE					
(E) SHARING OF ORGANIZAT	ION REVENUES? = NO				
SCHEDULE L PART IV					
LINDSAY DORAY'S ANNUAL CO	OMPENSATION IS DETERMI	NED BY THE	SUBCOMMITT	EE	
			. Bobcomilii		
OF INDEPENDENT BOARD MEM	BERS WHICH DOES NOT IN	ICLUDE 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

Name of the organization

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.

SECOND CHANCE ANIMAL SERVICES, INC **Employer identification number** 04 - 3490671

Pai	rt I Types of Property							
		(a)	(b) Number of	(c)	(d)			
		Check if applicable	l	Noncash contribution amounts reported on	Method of de noncash contribu		_	·e
		арріісаріє		Form 990, Part VIII, line 1	g	ation a	mount	<u> </u>
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							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	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 24	Scientific specimens							
2 4 25	Archeological artifacts Other (IN KIND DONATIO)	X	1,044	137 375	.FAIR MARKET	' 7/A	HUE	
26	Other ()			20.,0.0				
27	Other (
28	Other (
29	Number of Forms 8283 received by the organiz	zation durin	the tax vear for c	contributions				
	for which the organization completed Form 828		,					
	3	, ,					Yes	No
30a	During the year, did the organization receive by	/ contribution	on any property rep	oorted in Part I, lines 1 thro	ough 28, that it			
	must hold for at least 3 years from the date of t							
	exempt purposes for the entire holding period?					30a		Х
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance p	oolicy that re	equires the review	of any nonstandard contri	outions?	31		Х
32a	Does the organization hire or use third parties of	or related or	ganizations to soli	cit, process, or sell noncas	h			
	contributions?					32a		Х
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in co	olumn (c) fo	r a type of propert	y for which column (a) is cl	necked,			
	describe in Part II.							

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

Schedule M (Form 990) 2023

Schedule M (Form 990) 2023

332142 09-11-23

SCHEDULE O (Form 990)

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.

OMB No. 1545-0047 Open to Public

Inspection

Department of the Treasury 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. 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 VI, SECTION A, LINE 2:

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.

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

Schedule O (Form 990) 2023

Schedule O (Form 990) 2023 Page **2**

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

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 XI, LINE 9, CHANGES IN NET ASSETS:

CHANGE IN ALLOWANCE 9,000.

FORM 990, PART XII, LINE 2C

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