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.

and ending

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

A For the 2024 calendar year, or tax year beginning

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

Open to Public Inspection

B	Check if applicable	C Name of organization		D Employer identific	cation number
	Addres	S GEGOND GUANGE ANTWAL GEDUTGEG ING			
F	Name change			04-34906	71
F	Initial return	,	Room/suite	E Telephone number	
	Final	PO BOX 136	1100111/Julio	508-867-	
	⊸return/ termin- ated			G Gross receipts \$	8,411,094.
	Amend			H(a) Is this a group re	
	Application			for subordinates	
	pendin	9 111 YOUNG ROAD, PO BOX 136, EAST BROOK	FIELD,	H(b) Are all subordinates in	
<u> </u>	Гах-ехе	mpt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1)			list. See instructions
	Nebsit			H(c) Group exemption	
K	orm of	organization: X Corporation Trust Association Other	L Year	of formation: 1999 N	State of legal domicile: MA
	art I	Summary		_	
-	1	Briefly describe the organization's mission or most significant activities: $\overline{ ext{THE}}$	SECOND	CHANCE ANI	MAL
Activities & Governance	1	SERVICES IS AN ORGANIZATION THAT CARES F	OR THE	NEEDS OF T	HE
ž	2 (Check this box if the organization discontinued its operations or dispos	sed of more	than 25% of its net as	
ŏ	3 1	Number of voting members of the governing body (Part VI, line 1a)		3	39
<u>ھ</u>	4	Number of independent voting members of the governing body (Part VI, line 1b)			39
ies		Fotal number of individuals employed in calendar year 2024 (Part V, line 2a)		 1	0
ixit		Total number of volunteers (estimate if necessary)			53
Act	1			7a	0.
	b l	Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
				Prior Year 2,429,883.	Current Year 1,728,967.
ne	1	Contributions and grants (Part VIII, line 1h)		5,405,908.	6,198,642.
Revenue	1	Program service revenue (Part VIII, line 2g)		-12,198.	129,344.
Re		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		113,392.	163,523.
	1	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		7,936,985.	8,220,476.
		Fotal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0,220,470.
	1			0.	0.
'n	15 9	Salaries other compensation employee benefits (Part IX column (A) lines 5.10)		4,097,064.	4,729,196.
Expenses	16a l	Professional fundraising fees (Part IX, column (A), line 11e) Fotal fundraising expenses (Part IX, column (D), line 25) 255, 2		0.	0.
per	b -	Fotal fundraising expenses (Part IX, column (D), line 25) 255, 2	95.	-	
Щ		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		2,542,042.	3,122,209.
	1	Fotal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		6,639,106.	7,851,405.
	19	Revenue less expenses. Subtract line 18 from line 12		1,297,879.	369,071.
or		·		ginning of Current Year	End of Year
Net Assets Fund Baland	20	Total assets (Part X, line 16)		6,632,844.	7,072,121.
t As	21	Total liabilities (Part X, line 26)		304,302.	364,162.
		Net assets or fund balances. Subtract line 21 from line 20		6,328,542.	6,707,959.
	art II	Signature Block			
		ties of perjury, I declare that I have examined this return, including accompanying schedule			/ knowledge and belief, it is
true	, correct	t, and complete. Declaration of preparer (other than officer) is based on all information of wh	nich preparer	has any knowledge.	
	-	Signature of officer		 Date	
Sig				Date	
Her	e	SARA GASPARRINI, TREASURER Type or print name and title			
		1	- 11	Date Check	PTIN
Paid		Preparer's name GLENN M. CREAVEN, CPA GLENN M. CREAVE		Ollook L	I
		Firm's name STOLBERG, EBBELING & BLANCHETTE,	LLP	Firm's EIN 2	0-1260740
	Only	Firm's address 41 ELM STREET	ппЕ	FIIIII SEIN Z	0 1200/40
536	Jilly	WORCESTER, MA 01609		Dhone no 50	8-363-3000
Mar	, the ID	S discuss this return with the preparer shown above? See instructions		Tellolle IIO. 30	77
ivia	y une in	So discuss this return with the preparer shown above? See instructions			X Yes No

Pa	rt III Statement of Program Service Accomplishments	X
_	Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission:	_
1	TO PROVIDE TEMPORARY SHELTER TO STRAY, ABANDONED, AND SURRENDE	RED
	ANIMALS FOR THE PURPOSE OF FINDING PERMANENT SUITABLE NEW HOME	
	PROVIDE ASSISTANCE AND FINANCIAL AID TO PREVENT OVERPOPULATION	
	SPAYING AND NEUTERING PROGRAMS. TO SUPPORT A HEALTHY PET COMMU	
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	
	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 section 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total experience of the section 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total experience of the section 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total experience of the section 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total experience of the section 501(c)(4) organizations are required to report the amount of grants and allocations to others, the section 501(c)(4) organizations are required to report the amount of grants and allocations to other section 501(c)(4) organizations are required to report the section 501(c)(4) organization 501(c)(4) organizatio	expenses, and
_	revenue, if any, for each program service reported. (Code:) (Expenses \$ 6,763,531 • including grants of \$) (Revenue \$ 5	,788,736.)
4a	(Code:) (Expenses \$6, 763, 531. including grants of \$) (Revenue \$5 THE SECOND CHANCE ANIMAL SERVICES, INC. PROVIDES AFFORDABLE VE	
	CARE, INCLUDING LOW COST SPAY/NEUTER SERVICES, FOR ANIMALS THR	
	SUBSIDIZED VETERINARY CLINICS.	
	486.054	405 406
4b	(Code:) (Expenses \$ 476,954. including grants of \$) (Revenue \$	407,126.
	THE SECOND CHANCE ANIMAL SEVICES, INC. RUNS AN ADOPTION PROGRA	M FOR
	HOMELESS ANIMALS.	
4c	(Code:) (Expenses \$3 , 054 • including grants of \$) (Revenue \$)	2,780.)
	· · · · · · · · · · · · · · · · · · ·	WHICH
	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 7,243,539.	
		Form 990 (2024)

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

Pa	rt IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			Х
00	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<u>^</u>
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	23	х	
24 a	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23		
240	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	- 12		
_	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			l
	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			۱,,
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
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	00-		Х
h	"Yes," complete Schedule L, Part IV A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28a 28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?lf	200		
C	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29	х	†
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		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			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
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		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36	<u> </u>	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			,,
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	<u> </u>	X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	1	l	1

Note: All Form 990 filers are required to complete Schedule O Statements Regarding Other IRS Filings and Tax Compliance Part V

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	1a	113				
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0				
С	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming						
	(gambling) winnings to prize winners?			1c			

432004 12-10-24

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

b If "Yes," has it filled a Form 980-T for this year? If "No" to line 3b, provide an explanation on Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account? 4b If "Yes," enter the name of the foreign country seen instructions for filing requirements for FincEN Form 114, Report of Foreign Bank and Financial accounts (FBAR). 5b Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 6c Does the organization have armual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles? 6c Does the organization have armual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles? 6c Did the organization set that may receive deductible contributions under section 170(c). 6c Did the organization set that may receive deductible contributions under section 170(c). 6c Did the organization receive aparentel in excess of 57 made partly as contribution and partly for goods and services provided to the payor? 6c Did the organization receive aparentel in excess of 57 made partly as contribution and partly for goods and services provided to the payor? 6c Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7c To the organization received any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7c Did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-07 8 Sponsoring organization make any taxished idetributions under section 4966? 9 Sponsoring organi					Yes	No		
b If at least one is reported on line 2s, did the organization file all required federal employment tax returns? 3a Did the organization have unrelated unusues gross income of \$1,000 or more during the year? 3b If Yes, 'this is filed a Form 980-T for this year? If Ye's 16 Ind 3p, provide air outplanding on Schedule O 3b If Yes, 'this is filed a Form 980-T for this year? If Ye's 16 Ind 3p, provide air outplanding on Schedule O 3b If Yes, 'enter the name of the foreign country (such as a bank account, securities account, or other financial accountly (yeu, a standard provided in the year) 5c Was the organization a party to a prohibitorial tax shelter transaction at any time during the tax year? 5c Was the organization a party to a prohibitorial tax shelter transaction at any time during the tax year? 5c Was the organization and the organization file form 9886.7? 5d Was the organization and party to a prohibitorial tax shelter transaction? 5d Did any taxable party notify the organization file form 9886.7? 5d Does the organization and provided the transaction and provided to the organization include with every solicitation an express stems and years that such contributions or gifts were not tax deductible? 5d If Yes, 'did the organization include with every solicitation and express stems and years are provided? 5d Did the organization schedule appreted in excess of \$75 made party as a contribution and party for goods and services provided to the payor? 5d Did the organization include appreted in excess of \$75 made party as a contribution and party for goods and services provided to the payor? 5d If Yes, 'did the organization on only developed or tax years and years are premised to the proparization schedule and payor and years are promised to the proparization schedule and years are promised depose of taxphyle personal property for which it was required to the form 8282? Ifted during the year 6 Did the organization organization organization file proms 8292 ifted during the year 6 Did the organization	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	_					
sa Did the organization have unrelated business gross income of \$1.000 or more during the year? b if "Yes," has it filled a Form 990T for this year? If "No" to line 35, provide an explanation on Schedule O 30 4 At any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country. See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial accounts (FBAR). 50 50 50 60 60 60 60 60 60 60 60 60 60 60 60 60		filed for the calendar year ending with or within the year covered by this return	2a 0					
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accountity) 5b If "Yes," enter the name of the foreign country 5ce instructions for filing requirements for FinCEH Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization a party to a prohibitote tax shelter transaction at any time during the tax year? 5a Did any taxable party nority the organization that twas or is a party to a prohibitotion shelt were produced to the organization shelt was or is a party to a prohibitotion of the organization shelt are organization and the organization shelt was or is a party to a prohibitotion of the organization solicit any contributions that were not tax deductible as charitable contributions? 5b If "Yes," of the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7c organizations that may receive deductible contributions under section 170(c). 8d bill the organization receive a payment in excess of 57 made pally as a contribution and partly for goods and services provided to the payor? 7b If "Yes," ridict the organization notify the donor of the value of the goods or services provided? 7c Did the organization receive a contribution of years and payment of the payor of the value of the goods or services provided? 7c Did the organization received a contribution of year permisms, directly or indirectly, on a personal benefit contract? 7r Did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7d Sponsoring organization received a contribution of a surjeal received by a foreign organization hase are visuable distributions under section 4966? 8 Sponsoring organization ma	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	ns?	2b	Х			
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				17				

432005 12-10-24

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			
	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 39			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2	Х	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
-	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
	and an analytic analytic and an analytic analytic and an analytic analytic analytic and an analytic analytic and an analytic ana		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	1.00	X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	100		
~	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.	116		
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	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	12.5		
Ū	on Schedule O how this was done	12c	х	
13	Print the state of	13	X	
14	Did the organization have a written whistleblower policy? 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	17		
15	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
_	The organization's CEO, Executive Director, or top management official	150	х	
a h	Other officers or key employees of the organization	15a 15b	X	
D	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	130		
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
ıua		16a		Х
h	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	ioa		
D				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	16h		
800	exempt status with respect to such arrangements? tion C. Disclosure	16b		
17 10	List the states with which a copy of this Form 990 is required to be filed MA Section 6104 requires an experiention to make its Forms 1003 (1004 or 1004 A. if applicable), 200, and 200 T (acction 501(a))	\o ==!	۱ ۵۰۰-۱۱	ab!-
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	is only) avail	aDIE
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website X Another's website X Upon request Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, are	nd fina	ncial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	SHERYL BLANCATO - 508-867-5525			
	111 YOUNG ROAD, EAST BROOKFIELD, MA 01515			

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, 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		I	AI 1126			прсі	IJUI			(F)
(A)	(B)			ر) Pos	C) ition	1		(D)	(E)	
Name and title	Average hours per		(do not check n		neck more than one			Reportable compensation	Reportable compensation	Estimated amount of
	week			and a director/trustee)				from	from related	other
	(list any	tor						the	organizations	compensation
	hours for	direc				ъ.		organization	(W-2/1099-MISC/	from the
	related	tee or	ıstee			ensat		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	trus	nal tru		oyee	ompe		1099-NEC)		and related
	below	Individual trustee or director	Institutional trustee	je.	Key employee	nest c loyee	ner			organizations
	line)	Indi	Insti	Officer	Key	Highest compensated employee	Forr			
(1) SHERYL BLANCATO	60.00								_	
PRESIDENT & CEO		Х		Х				152,251.	0.	5,244.
(2) JACQULINE M CELMER	40.00									
VETERINARIAN						X		150,914.	0.	4,855.
(3) LISA NOWICKI	36.00									
VETERINARIAN		1				Х		131,294.	0.	9,113.
(4) KATHLYN CLARK	40.00									
VETERINARIAN		1				Х		136,494.	0.	2,960
(5) COLLEEN DUGAN-LUTH	40.00									
VETERINARIAN		1				Х		125,234.	0.	7,557
(6) ASHLEY L RAYMOND	40.00							-		-
VETERINARIAN		1				Х		117,179.	0.	1,957
(7) ROBERT WHITE	3.00							-		-
VICE PRESIDENT		X						0.	0.	0.
(8) JOSEPH BLANCATO	30.00									
CHAIRMAN		X		x				0.	0.	0.
(9) REBECCA AUSTIN	3.00									
SECRETARY		X		x				0.	0.	0 .
(10) HEATHER GABLASKI	2.00	 								
DIRECTOR		X		x				0.	0.	0 .
(11) SARA GASPARRINI	2.00	∺		-				•		
TREASURER	2.00	x		х				0.	0.	0
THE STEEL		 		 					•	
		1								
		┨								
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		-			_	\vdash				
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		-			_	\vdash				
		-								
		<u> </u>					<u> </u>			
		1	1	1	l		1	1		

Part VII Section A. Officers, Directors, Tru	stees, Key Em	ploy	/ees	, an	d Hi	ighe	st C	Compensated Employe	es (continued)				
(A)	(B)			•	C)			(D)	(E)			(F)	
Name and title	Average	(do not check more than one		one	Reportable	Reportable		Es	timate	ed			
	hours per week					is bot or/trus		compensation	compensatio			nount	of
	(list any	-	T				<u> </u>	from the	from related organizations			other pensa	tion
	hours for	Individual trustee or director				L.		organization	(W-2/1099-MIS			om the	
	related	e or (stee			ısate		(W-2/1099-MISC/	1099-NEC)			anizat	
	organizations	truste	Institutional trustee		yee	umbei		1099-NEC)	, , , , , , , , , , , , , , , , , , , ,			d relat	
	below	idual	tution	-e	Key employee	est co	Jer	·			orga	anizati	ons
	line)	Indiv	Insti	Officer	Key e	Highest compensated employee	Former						
		$oxed{oxed}$	<u> </u>		$oxed{oxed}$								
					<u> </u>								
		1											
		1											
		1											
								012 266			_	1 -	~_
1b Subtotal								813,366.		0.	3	1,6	
c Total from continuation sheets to Part \								0.		0.		4 6	0.
d Total (add lines 1b and 1c)								813,366.		0.	3	1,6	86.
2 Total number of individuals (including but	not limited to th	nose	liste	ed a	bov	e) wł	no r	eceived more than \$100	,000 of reportable	ie			_
compensation from the organization												1	8
										,		Yes	No
3 Did the organization list any former office			key e	emp	loye	e, o	r hig	ghest compensated emp	loyee on				37
line 1a? If "Yes," complete Schedule J for											3		X
4 For any individual listed on line 1a, is the s	•							•	•			37	
and related organizations greater than \$15											4	Х	
5 Did any person listed on line 1a receive or	· · · · · · · · · · · · · · · · · · ·				-			ted organization or indivi	dual for services				37
rendered to the organization? If "Yes," con	nplete Schedul	e J i	or s	uch	pers	son .					5		X
Section B. Independent Contractors									•				
1 Complete this table for your five highest c										ıpens	ation 1	rom	
the organization. Report compensation fo	the calendar y	ear	endi	ng v	vith	or w	rithir T		year.				
(A) Name and busines	s address	NT	INC					(B) Description of s	ervices	C	(Compe	ز) nsatio	n
Traine and Saemes	3 444,000	14,	2111				\dashv	Boothpalon of o	0.11000	<u>_</u>	ОПРО	- Ioutio	
							-						
							\dashv						
							\dashv		+				
2 Total number of independent contractors	(including but n	not li	mite	d to	tho	se li	ster	d above) who received m	ore than				
\$100,000 of compensation from the organ		.01 11		ى ب _ا		0	٥٠٥٥	a abovo, willo locelved II	.c.c man				
ψ100,000 of compensation from the organ	n_atioH										Гокт	000 /	2004)

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Form 990 (2024) SECOND
Part VIII Statement of Revenue SECOND CHANCE ANIMAL SERVICES, INC

		Check if Schedule O contains a respon	se or note to any lir	ne in this Part VIII			
		Check if Schedule O Contains a respon	se of flote to arry in	(A)	(B)	(C)	(D)
				Total revenue	Related or exempt	, ,	Revenuè éxcluded
					function revenue	business revenue	from tax under sections 512 - 514
o o l	_						30000013 0 12 0 14
lit au		Federated campaigns 1a		_			
اع ق		Membership dues 1b					
Contributions, Gifts, Grants and Other Similar Amounts		Fundraising events 1c					
ig ig		Related organizations 1d					
ns,		Government grants (contributions)		_			
e ë	f	All other contributions, gifts, grants, and					
호취			<u>,728,967.</u>				
g	g	Noncash contributions included in lines 1a-1f	400,479.				
<u>a Ö</u>	h	Total. Add lines 1a-1f		1,728,967.			
			Business Code				
9	2 a			5,788,736.			
Program Service Revenue	b	ADOPTION CENTER	541900	407,126.			
ر ا ا	С	OTHER PROGRAMS	541900	2,780.	2,780.		
eve	d						
Pg	е						
Ţ.	f	All other program service revenue					
	а	Total. Add lines 2a-2f		6,198,642.			
	3	Investment income (including dividends, int					
		other similar amounts)		119,406.			119,406.
	4	Income from investment of tax-exempt bon					•
	5	Royalties	·				
	J	(i) Real	(ii) Personal				
	6 2	0	(1) 1 01001101	-			
				-			
		· · · · · · · · · · · · · · · · · · ·		_			
		Rental income or (loss) 6c					
		Net rental income or (loss)					
	<i>i</i> a	4 7 0 000		-			
		· 	•	_			
اه	b	Less: cost or other basis					
nu		and sales expenses 7ь 168,884 Gain or (loss) 7с 9,938	<u> </u>				
her Revenue		· · · · · · · · · · · · · · · · · · ·		0 020			0 020
<u>ہ</u> ھ		Net gain or (loss)	·····	9,938.			9,938.
	8 a	Gross income from fundraising events (not					
₫		including \$ of					
		contributions reported on line 1c). See	168 815				
		[-	$_{167,715}$				
			3b 21,734.	1.45 0.04			1.45 0.01
	С	Net income or (loss) from fundraising events	3	145,981.			145,981.
	9 a	Gross income from gaming activities. See					
			Эа				
	b	Less: direct expenses	9b				
	С	Net income or (loss) from gaming activities_					
	10 a	Gross sales of inventory, less returns					
		and allowances1	0a				
	b		0b				
	С	Net income or (loss) from sales of inventory					
<u>"</u>			Business Code				
Miscellaneous Revenue	11 a	OTHER INCOME	900099	17,542.			17,542.
ane	b						
	c						
<u> </u>		All other revenue					
Σ		Total. Add lines 11a-11d		17,542.			
	12	Total revenue. See instructions		8,220,476.		0.	292,867.

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Do	Check if Schedule O contains a respon not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
•	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
•	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
3	trustees, and key employees	4,234,904.	3,831,286.	233,578.	170,040
6	Compensation not included above to disqualified	1/201/3010	3,031,200.	23373701	1707010
U	persons (as defined under section 4958(f)(1)) and				
	nersons described in section 40E0(a)(2)(D)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
5	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	121,063.	109,525.	6,677.	4,861
10	Payroll taxes	373,229.	336,903.	21,022.	15,304
11	Fees for services (nonemployees):	0.07==0	000,000		
··					
b		189.		189.	
c		30,137.		30,137.	
	Lobbying				
e	D (' ' ' ' ' ' ' ' ' ' O D ' ' ' ' ' ' ' '				
f	Investment management fees	11,001.		11,001.	
g		,		,	
9	column (A), amount, list line 11g expenses on Sch O.)	590,365.	574,154.	16,211.	
12	Advertising and promotion	83,832.	83,832.		
13	Office expenses	22,231.	21,589.	401.	241
14	Information technology	27,231.	24,636.	1,502.	1,093
15	Royalties				· · · · · · · · · · · · · · · · · · ·
16	Occupancy	137,548.	124,438.	7,587.	5,523
17	Travel	10,992.	10,992.		-
18	Payments of travel or entertainment expenses		-		
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	295,235.	267,097.	16,284.	11,854
23	Insurance	91,067.	86,044.	5,023.	
24	Other expenses. Itemize expenses not covered				
	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	1,655,147.	1,637,603.		17,544
b	BANK & CREDIT CARD FEES	88,100.	88,100.		
С	PRINTING & POSTAGE	47,502.	16,047.	2,620.	28,835
d	REPAIRS & MAINTENANCE	14,751.	14,751.		
е	All other expenses	16,881.	16,542.	339.	
25	Total functional expenses. Add lines 1 through 24e	7,851,405.	7,243,539.	352,571.	255,295
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Pai	rt X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		1	
	2	Savings and temporary cash investments	1,190,759.	2	1,216,430.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	53,348.	4	64,214.
	5	Loans and other receivables from 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		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
ţ	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use	207,634.	8	254,361.
Ϋ́	9	Prepaid expenses and deferred charges	27,810.	9	16,119.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 5,437,004.			
	b	Less: accumulated depreciation 10b 2,091,780.	3,171,558.	10c	3,345,224.
	11	Investments - publicly traded securities	1,981,735.	11	3,345,224. 2,175,773.
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	6,632,844.	16	7,072,121.
	17	Accounts payable and accrued expenses	304,302.	17	364,162.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
ű	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
abil		controlled entity or family member of any of these persons		22	
Ĩ	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	304,302.	26	364,162.
		Organizations that follow FASB ASC 958, check here	,		
Ses		and complete lines 27, 28, 32, and 33.			
anc	27	Net assets without donor restrictions	5,849,591.	27	6,360,694.
Bal	28	Net assets with donor restrictions	478,951.	28	347,265.
pu		Organizations that do not follow FASB ASC 958, check here	,		,
Fu		and complete lines 29 through 33.			
ō	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Ass	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net Assets or Fund Balances	32	Total net assets or fund balances	6,328,542.	32	6,707,959.
Z	33	Total liabilities and net assets/fund balances	6,632,844.	33	7,072,121.
	UU	i otal liabilities aliu liet assets/iuliu balalites	0,000,044.	აა	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,

Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
			_			
1	Total revenue (must equal Part VIII, column (A), line 12)	1		,22		
2	Total expenses (must equal Part IX, column (A), line 25)	2	7	,85		
3	Revenue less expenses. Subtract line 2 from line 1	3				71.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	6	,32		
5	Net unrealized gains (losses) on investments	5				79.
6	Donated services and use of facilities	6		1	4,6	25.
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	6	,70	7,9	59.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					X
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	e O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis	5,			
	consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th	e audit	t,			
	review, or compilation of its financial statements and selection of an independent accountant?			2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	nedule	Ο.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired au	ıdit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

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

Attach to Form 990 or Form 990-EZ.

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

2024

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

SECOND CHANCE ANIMAL SERVICES, INC

Employer identification number 04-3490671

Pa	rt I	Reason for Public (Charity Status. (All organizations must o	omplete th	nis part.) S	See instructions.	
he	e 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 secti	*					
3		A hospital or a cooperative				(b)(1)(A)(i	ii).	
4	一	A medical research organiz						the hospital's name
		city, and state:		ijanionon mini a nicopina		00000		and mospital o maine,
5		An organization operated for	or the benefit of a co	llege or university owner	d or operat	ted by a d	overnmental unit describ	ned in
5		section 170(b)(1)(A)(iv). (C		liege of drilversity owner	а ог орста	ica by a g	overnmental and desent	JCG 1
6			•	antal unit described in	coetion 17	70/6V/4V/AV	(v)	
6	X	A federal, state, or local gov	-					nublic described in
′	21	An organization that norma	•	ntial part of its support i	rom a gov	emmentai	unit or from the general	public described in
_		section 170(b)(1)(A)(vi). (Co	•	4VAVed) (Occupated Dec				
8	Н	A community trust describe			-			
9		An agricultural research org				-	-	-
		or university or a non-land-g	rant college of agric	ulture (see instructions).	Enter the	name, city	y, and state of the colleg	je or
		university:						
10		An organization that norma						
		activities related to its exen		•				-
		income and unrelated busir		(less section 511 tax) from	om busine	sses acqu	ired by the organization	after June 30, 1975.
		See section 509(a)(2). (Cor						
11	Н	An organization organized a	•		•			_
12		An organization organized a	•	•	-		•	
		more publicly supported or	-					Check the box on
		lines 12a through 12d that	* *			-	•	
а			· ·	•		•		
		the supported organization			a majority	of the dire	ctors or trustees of the s	supporting
	_	organization. You must c						
b		■ Type II. A supporting organization.	anization supervised	or controlled in connec	tion with it	s support	ed organization(s), by ha	aving
		control or management o	f the supporting orga	anization vested in the s	ame perso	ons that co	ontrol or manage the sup	ported
		organization(s). You mus	t complete Part IV,	Sections A and C.				
С							•	ed with,
		its supported organization		·				
d								• •
		that is not functionally int	egrated. The organiz	ation generally must sat	tisfy a dist	ribution re	quirement and an attent	iveness
		requirement (see instructi	ions). You must con	plete Part IV, Sections	s A and D,	and Part	V.	
е		☐ Check this box if the orga	anization received a	written determination fro	m the IRS	that it is a	a Type I, Type II, Type III	
		functionally integrated, or	* *	nally integrated support	ing organiz	zation.		
f		er the number of supported of	-					
g		vide the following information		. ,	(iv) Is the orga	nization lietad	(a) Amount of monotons	(vi) Amazunt af atlasu
	(1	i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	ng document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
		organization		above (see instructions))	Yes	No	Support (See Instructions)	Support (See Instructions)
- Ota	.I							

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		iso complete r urt				
Cale	ndar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
	Gifts, grants, contributions, and	` ,	, ,	, ,	, ,	` '	.,
	membership fees received. (Do not						
	include any "unusual grants.")	884,028.	826,424.	1593590.	2429883.	1728967.	7462892.
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	004 000	006 404	1502500	040000	1700067	7460000
	Total. Add lines 1 through 3	884,028.	826,424.	1593590.	2429883.	1728967.	7462892.
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)						7462002
	Public support. Subtract line 5 from line 4.						7462892.
	etion B. Total Support	() 0000	" > 000 /	() 0000	(1) 2000		<u> </u>
	ndar year (or fiscal year beginning in)	(a) 2020 884, 028.	(b) 2021 826, 424.	(c) 2022 1593590.	(d) 2023 2429883.	(e) 2024 1728967.	(f) Total 7462892.
	Amounts from line 4	004,020.	020,424.	1393390.	2423003.	1/2090/-	7402032.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	17,399.	33,998.	41,303.	29,516.	119,406.	241,622.
^	and income from similar sources	17,333.	33,330.	41,303.	27,510.	110,4000	241,022.
9	Net income from unrelated business						
	activities, whether or not the						
10	business is regularly carried on Other income. Do not include gain						
10	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11							7704514.
12	Gross receipts from related activities,	etc (see instruction	nne)			12 23	,839,768.
	First 5 years. If the Form 990 is for the	•					, ,
	organization, check this box and stor						
Se	ction C. Computation of Publ						
14	Public support percentage for 2024 (I	line 6, column (f), d	livided by line 11,	column (f))		14	96.86 %
	Public support percentage from 2023					15	98.13 %
	33 1/3% support test - 2024. If the o					nore, check this bo	x and
	stop here. The organization qualifies	as a publicly supp	orted organization				X
b	b 33 1/3% support test - 2023. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box						
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			
17a	10% -facts-and-circumstances tes	t - 2024. If the org	anization did not o	heck a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the fact	s-and-circumstand	es test, check this	box and stop he	r e. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization						
b	10% -facts-and-circumstances tes	t - 2023. If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or
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	organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization						
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a		S

Schedule A (Form 990) 2024

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.)

quality diluter title tests listed be	slow, please com	piete i ait ii.)				
Section A. Public Support			1			
Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 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						
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5					1	
7a Amounts included on lines 1, 2, and					1	
3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that						
exceed the greater of \$5,000 or 1% of the						
amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support				•		
alendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
9 Amounts from line 6						
IOa 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						
11 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						
assets (Explain in Part VI.)					1	
14 First 5 years. If the Form 990 is for the	e organization's f	irst second third	fourth or fifth tax	Vear as a section	501(c)(3) organizat	ion
check this box and stop here	· ·		•	•	. , . , .	,
Section C. Computation of Publi						
15 Public support percentage for 2024 (li			column (fl)		15	9
16 Public support percentage from 2023					16	Ç
Section D. Computation of Inves					<u>,,</u>	
17 Investment income percentage for 20					17	Ç
18 Investment income percentage from 2					18	C
19a 33 1/3% support tests - 2024. If the						
more than 33 1/3%, check this box ar	•		•		•	
b 33 1/3% support tests - 2023. If the						 and
line 18 is not more than 33 1/3%, che	•			•	•	
20 Private foundation. If the organization						

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
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2		
3a		
3b		
JD		
3с		
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Ves No No No No No No No N	Par	t IV Supporting Organizations _(continued)			
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b A family member of a person described on line 11 as a brow? c 38% controlled mitty of a person described on line 11 as a brow? c 38% controlled mitty of a person described on line 11 as of 11b above? If "Yes" to line 11a, 11b, or 11c, provide design in Part VI. Section B. Type I Supporting Organizations 1 Did the growning body, members of the governing body, offices acting in their official capacity, or membership of one or more supported organizations between the power to guillary apport or celect at least a support of organizations offices, directors, or trustees at all times during the tax year? If "No." describe in Part VI how the supported organizations of the supported organization of the third organization and more than one supported organization, describe how the powers to appoint ancior remove officers, directors, or trustees were allocated among the supported organization of the than the supported organization and are organization and an organization and an organization of the third than the supported organization and are organization and provides. If the organization had more than one supported organization such benefit carried out the purposes of the supported organization and properties. If the organization had more than one supported organization that operated, supported organization of the than the supported organization of the trust of the supported organization of the organization of the organization of th	11	Has the organization accepted a gift or contribution from any of the following persons?			
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1.0	b		3h		
	432025	1.0		n 990	2024

Pa	Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Orgai	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 must complete Sections A through E.					
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)		
1	Net short-term capital gain	1				
2	Recoveries of prior-year distributions	2				
3	Other gross income (see instructions)	3				
4	Add lines 1 through 3.	4				
5	Depreciation and depletion	5				
6	Portion of operating expenses paid or incurred for production or					
	collection of gross income or for management, conservation, or					
	maintenance of property held for production of income (see instructions)	6				
7	Other expenses (see instructions)	7				
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8				
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)		
1	Aggregate fair market value of all non-exempt-use assets (see					
	instructions for short tax year or assets held for part of year):					
а	Average monthly value of securities	1a				
b	Average monthly cash balances	1b				
	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	ion 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-functional	ally integrat	ed Type III supporting org	anization (see		
	instructions)					

Schedule A (Form 990) 2024

	rt V Type III Non-Functionally Integrated 509	ANIMAL SERVICE			4-34906/1 Page 7
	ion D - Distributions	(u)(o) cupper ting orga	(Continu	uea) 	Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		1	
2	Amounts paid to perform activity that directly furthers exempt				
	organizations, in excess of income from activity	1 1 11		2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	s	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	he organization is responsive	<u> </u>		
_	(provide details in Part VI). See instructions.	9		8	
9	Distributable amount for 2024 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2024		(iii) Distributable Amount for 2024
1	Distributable amount for 2024 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2024 (reason-			l	
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2024				
а	From 2019				
b	From 2020				
С	From 2021				
d	From 2022				
е	From 2023				
f	Total of lines 3a through 3e				
g	Applied to under distributions of prior years				
h	Applied to 2024 distributable amount				
i_	Carryover from 2019 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2024 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2024 distributable amount				
c	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2024, 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 2024. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2025. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2020				
b	Excess from 2021				
С	Excess from 2022				

Schedule A (Form 990) 2024

d Excess from 2023 e Excess from 2024

SCHEDULE D (Form 990)

(Rev. December 2024) Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

SECOND CHANCE ANIMAL SERVICES, INC

Employer identification number 04 - 3490671

Pai	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Fund	s or Accounts.Complete if the				
	organization answered "Yes" on Form 990, Part IV, lir	ne 6.					
		(a) Donor advised funds	(b) Funds and other accounts				
1	Total number at end of year						
2	Aggregate value of contributions to (during year)						
3	Aggregate value of grants from (during year)						
4	Aggregate value at end of year						
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advi	sed funds				
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No				
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be	e used only				
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose	e conferring				
Pai	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990,	Part IV, line 7.				
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply).					
	Preservation of land for public use (for example, recrea	ation or education)	f a historically important land area				
	Protection of natural habitat	Preservation o	f a certified historic structure				
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form					
	day of the tax year.		Held at the End of the Tax Year				
а	Total number of conservation easements		2a				
	Total acreage restricted by conservation easements						
	Number of conservation easements on a certified historic str		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	eleased, extinguished, or terminated by the	e 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 pe						
_	violations, and enforcement of the conservation easements in						
6	Staff and volunteer hours devoted to monitoring, inspecting,	, nandling of violations, and enforcing cor	servation easements during the year				
7	Amount of evapones included in monitoring inspecting home	dling of violations, and enforcing concern	ation accompate duving the year				
7	Amount of expenses incurred in monitoring, inspecting, hand	uling of violations, and emorcing conserv	ation easements during the year				
8	Does each conservation easement reported on line 2d above	e satisfy the requirements of section 170	(h)(/)(R)(i)				
Ü	and section 170(h)(4)(B)(ii)?						
9	In Part XIII, describe how the organization reports conservat						
Ū	balance sheet, and include, if applicable, the text of the foot	·					
	organization's accounting for conservation easements.	note to the organization o infariolal states.	ionio mai decembee me				
Pai	t III Organizations Maintaining Collections o	of Art, Historical Treasures, or C	Other Similar Assets.				
	Complete if the organization answered "Yes" on Form						
1a	If the organization elected, as permitted under FASB ASC 95	58, not to report in its revenue statement	and balance sheet works				
	of art, historical treasures, or other similar assets held for pul						
	service, provide in Part XIII the text of the footnote to its financial statements that describes these items.						
b	If the organization elected, as permitted under FASB ASC 95						
	art, historical treasures, or other similar assets held for public	c exhibition, education, or research in fur	herance of public service,				
	provide the following amounts relating to these items.		•				
	(i) Revenue included on Form 990, Part VIII, line 1		\$				
	(ii) Assets included in Form 990, Part X						
2	If the organization received or held works of art, historical tre						
	the following amounts required to be reported under FASB A						
а	Revenue included on Form 990, Part VIII, line 1		\$				
h	Assets included in Form 990 Part Y		\$				

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

Schedule D (Form 990) (Rev. 12-2024)

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		274,958.		274,958.
b Buildings		1,882,407.	313,782.	1,568,625.
c Leasehold improvements		1,224,766.	335,324.	889,442.
d Equipment		1,675,641.	1,090,149.	585,492.
e Other		379,232.	352,525.	26,707.
Total. Add lines 1a through 1e. (Column (d) must equa	3,345,224.			

Schedule D (Form 990) (Rev. 12-2024)

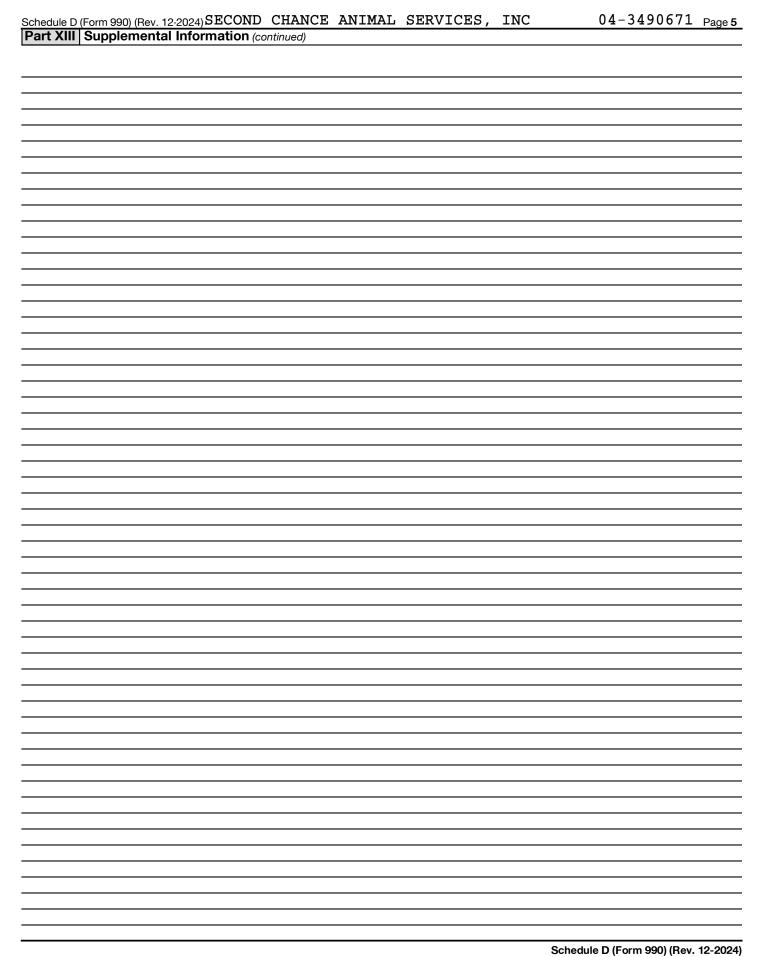
Schedule D (Form 990) (Rev. 12-2024) SECOND CHAIN Part VIII Investments - Other Securities Complete if the organization answered "Yes" of			4-34906/1 Page:
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or e	end-of-vear market value
(4) Financial desiration	(b) Book value	(o) Welfied of Valuation. Good of C	ma or your market value
(1) Financial derivatives (2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))			
Part VIII Investments - Program Related.	F 000 P+ IV line	- 14 - O Farm 000 Bart V live 40	
Complete if the organization answered "Yes" o (a) Description of investment	(b) Book value	(c) Method of valuation: Cost or e	end-of-vear market value
(1)	(a) Book value	(S) Monios S. Valuation. Cost of C	3. jour marrier value
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX Other Assets			
Complete if the organization answered "Yes" o		e 11d. See Form 990, Part X, line 15.	1 (1) 5
	escription		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)	(D))		
Total. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities	(B))		
	on Form 000 Dort IV line	a 11 a av 11f Can Farm 000 Dort V line	05
Complete if the organization answered "Yes" of a Description of liability	on Form 990, Part IV, line	e TTE OF TTT: See FORTH 990, Fart A, IIITE	(b) Book value
(1) Federal income taxes			(b) Book value
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 25, col.	(R))		
2. Liability for uncertain tax positions. In Part XIII, provide t			ts that reports the

432053 01-02-25

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII... X

Schedule D (Form 990) (Rev. 12-2024)

Pai	T XI Reconciliation of Revenue per Audited Financial Stat		Revenue per F	Returr	1
	Complete if the organization answered "Yes" on Form 990, Part IV, line			1 . 1	8,365,693.
1	Total revenue, gains, and other support per audited financial statements			1	0,303,093.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	2a	-4,279.		
a	Net unrealized gains (losses) on investments Donated services and use of facilities		138,763.	-	
b	Recoveries of prior year grants		130,7036	-	
c d				-	
e	Add lines 2a through 2d			2e	134,484.
3	Subtract line 2e from line 1			3	8,231,209.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				., . ,
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	11,001.		
b	Other (Describe in Part XIII.)	4b	-21,734.		
С	Add lines 4a and 4b		-	4c	-10,733.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).			5	8,220,476.
Pa	t XII Reconciliation of Expenses per Audited Financial Sta	tements Wit	h Expenses per	Retu	rn
	Complete if the organization answered "Yes" on Form 990, Part IV, line	e 12a.			
1	Total expenses and losses per audited financial statements			1	7,986,276.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	124,138.		
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	21,734.		4
е	Add lines 2a through 2d			2e	145,872.
3	Subtract line 2e from line 1			3	7,840,404.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1	11 001		
а	Investment expenses not included on Form 990, Part VIII, line 7b		11,001.	-	
b	Other (Describe in Part XIII.)	<u>-</u>			11 001
	Add lines 4a and 4b			4c	11,001.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.	. <u>) </u>		5	7,851,405.
	t XIII Supplemental Information	D 1 1 1 1 1 1 1	101 5 11/1	4.5.	V.E. 0.D. 1.VI
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4,			4; Part	X, line 2; Part XI,
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any $\mathtt{RT} \ \mathbf{X}$, $\mathbf{LINE} \ 2$:	y additional infor	mation.		
	TIA, DINE 2. E ORGANIZATION EVALUATES ALL SIGNIFICANT		TTTONS AS	REO	IITRED BV
	VERALLY ACCEPTED ACCOUNTING PRINCIPLES				
	OF DECEMBER 31, 2022, THE ORGANIZATION				
	TAX POSITIONS THAT WOULD REQUIRE THE F				
	ABILITY NOR DOES IT BELIEVE THAT THERE A				
	AT WOULD INCREASE OR DECREASE WITHIN THE				
				-	
PAI	RT XI, LINE 4B - OTHER ADJUSTMENTS:				
DII	RECT FUNDRAISING EXPENSES				-21,734.
PAI	RT XII, LINE 2D - OTHER ADJUSTMENTS:				
DII	RECT FUNDRAISING EXPENSES				21,734.



SCHEDULE G (Form 990)

(Rev. December 2024)

Department of the Treasury

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information. Employer identification number Name of the organization SECOND CHANCE ANIMAL SERVICES, 04 - 3490671INC Part 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. Solicitation of nongovernment grants Internet and email solicitations b Solicitation of government grants ☐ Phone solicitations □ Special fundraising events 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.

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

Schedule G (Form 990) (Rev. 12-2024)

04-3490671 Page 2 Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 **(b)** Event #2 (c) Other events (d) Total events ANNUAL (add col. (a) through DINNER AUCTIGOLF OUTING col. (c)) (event type) (event type) (total number) Revenue 62,286. 29,964. 75,464. 167,714. 1 Gross receipts 2 Less: Contributions 167,714. 62,286. 29,964. 75,464. **3** Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes Direct Expenses 6 Rent/facility costs 7 Food and beverages 8 Entertainment 14,501. 6,471. 9 Other direct expenses 752. 10 Direct expense summary. Add lines 4 through 9 in column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming Revenue bingo/progressive bingo col. (a) through col. (c)) 1 Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes 4 Rent/facility costs **5** Other direct expenses Yes Yes Yes 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) **9** Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? **b** If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? _____ Yes ____ No **b** If "Yes," explain:

Schedule G (Form 990) (Rev. 12-2024)

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Sch	edule G (Form 990) (Rev. 12-2024) SECOND CHANCE ANIMAL SERVICES, INC 04-3	490671	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	☐ No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	☐ No
12	Indicate the percentage of gaming activity conducted in:		
		120	0/
	The organization's facility	13a	<u>%</u>
	o An outside facility	13b	%
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?	· L Yes	└─ No
Ł	o If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount		
	of gaming revenue retained by the third party \$		
,	If "Yes," enter the name and address of the third party:		
•	7 1 165, Citter the hame and address of the time party.		
	Name		
	Name		
	Address		
16	Gaming manager information:		
	Name		
	Gaming manager compensation \$		
	Description of services provided		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
á	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	຺∟∐ Yes	└─ No
k	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
	organization's own exempt activities during the tax year \$		
Pa	Irt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa	rt III. lines 9.	9b. 10b.
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	, ,	, ,
	100, 100, 10, and 110, as approache. The provide any additional information.		

Schedule G	(Form 990)	SECOND CHANCE	ANIMAL	SERVICES,	INC	04-3490671	Page 4
Part IV	Supplemental I	SECOND CHANCE nformation (continued)					
	•••	,					
							
					<u> </u>		

SCHEDULE J (Form 990)

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Name of the organization

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.

INC

OMB No. 1545-0047

Open to Public Inspection

SECOND CHANCE ANIMAL SERVICES

Employer identification number 04-3490671

Pa	art I Questions Regarding Compensation						
	·		Yes	No			
1a	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		<u> </u>			
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.						
	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						
	Desire the constitution of the desire of the constitution of the c						
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: Receive a severance payment or change-of-control payment?	40		х			
a h	Receive a severance payment or change-of-control payment? Participate in or receive payment from a supplemental nonqualified retirement plan?	4a 4b		X			
0	c Participate in or receive payment from an equity-based compensation arrangement?						
·	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	4c		X			
ii 165 to any or lines 460, list the persons and provide the applicable amounts for each item in Fart III.							
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.						
5							
	contingent on the revenues of:						
а	The organization?	5a		Х			
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:						
а	The organization?	6a		Х			
b	Any related organization?	6b		Х			
	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						
	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						
	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		ĺ			

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

Schedule J (Form 990) (Rev. 12-2024)

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	/-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)	152,251.	0.	0.	0.	5,244.		
PRESIDENT & CEO	(ii)	0.	0.	0.	0.	0.		
(2) JACQULINE M CELMER	(i)	150,914.	0.	0.	0.	4,855.		
VETERINARIAN	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

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 M (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Noncash Contributions

OMB No. 1545-0047

Employer identification number

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

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

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	SECOND CHANC	E ANIM	AL SERVIC	ES, INC	04-3	490	571	
Pa	rt I Types of Property				•			
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu		•	s
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	Scientific specimens							
24	Archeological artifacts							
25	Other (IN KIND DONATIO)	X	1,400	400,479.	FAIR MARKET	' VA	LUE	
26	Other ()							
27	Other ()							
28	Other ()							
29	Number of Forms 8283 received by the organi		•					
	for which the organization completed Form 82	83, Part V, [Donee Acknowledg	jement 29				
							Yes	No
30a	During the year, did the organization receive b							
	must hold for at least 3 years from the date of							37
_	exempt purposes for the entire holding period	?				30a		X
	If "Yes," describe the arrangement in Part II.					31		Х
31								
32a	Does the organization hire or use third parties contributions?		_	· ·		32a		х
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in o	column (c) fo	r a type of propert	v for which column (a) is che	cked			

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

Schedule M (Form 990) 2024

describe in Part II.

Schedule M (Form 990) 2024

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SCHEDULE O (Form 990)

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

SECOND CHANCE ANIMAL SERVICES, INC

Employer identification number 04-3490671

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
COMMUNITY'S PET POPULATION THROUGH PROGRAMS DESIGNED FOR ANIMAL
WELFARE. THE ORGANIZATION PROVIDES A TEMPORARY HOME FOR ANIMALS IN
TRANSITION TO NEW PERMANENT HOMES. THE COMMUNITY HAS ACCESS TO
AFFORDABLE VETERINARY CARE PAID FOR WITH GRANTS, CONTRIBUTIONS AND
PROGRAM REVENUES GENERATED BY THE OPERATING VETERINARY CLINICS. THE
ORGANIZATION ALSO PROVIDES SPAY / NEUTER SERVICES TO ASSIST IN
CONTROLLING THE OVERPOPULATION OF ANIMALS.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
RESPONSIBLE ANIMAL HUSBANDRY BY PROVIDING GENERAL VETERINARY SERVICES
AT A REASONABLE COST, LOW AS WELL AS LOW/NO COST GENERAL VETERINARY
SERVICES TO THOSE UNABLE TO AFFORD CARE FOR THEIR PETS. TO PROVIDE
LOW/NO COST GENERAL VETERINARY SERVICES TO ANIMAL CONTROL AGENCIES,
ANIMAL SHELTERS AND RESCUES. TO ESTABLISH CROSS-REFERRAL NETWORKS WITH
LOCAL "FOR PROFIT" VETERINARY DOCTORS AND CLINICS. TO PROVIDE
ASSISTANCE AND INFORMATION TO OTHERS WHOSE PURPOSES ARE CONSISTENT WITH
THE PURPOSE OF SECOND CHANCE ANIMAL SERVICES, INC.

FORM 990, PART 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.

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

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

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

A SUBCOMMITTEE OF FOUR BOARD MEMBERS MEET ANNUALLY TO DETERMINE

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

SUBCOMMITTEE REVIEWS OPERATING RESULTS AND COMPARATIVE DATA FROM OTHER

ORGANIZATIONS TO DETERMINE A REASONABLE COMPENSATION PACKAGE FOR THE CEO

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

BY THE CEO AND TOP MANAGEMENT. THE SUBCOMMITTEE ANNUALLY REVIEWS

RECOMMENDATIONS FROM THE CEO AND TOP MANAGEMENT RELATED TO KEY EMPLOYEES

BASED ON THE PERFORMANCE REVIEWS. THE SUBCOMMITTEE THEN DETERMINES

COMPENSATION FOR KEY EMPLOYEES.

FORM 990, PART VI, SECTION C, LINE 19: THE DOCUMENTS ARE AVAILABLE UPON REQUEST.

FORM 990, PART XII, LINE 2C

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

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

Schedule O (Form 990) (Rev. 12-2024)