

Forms 990 / 990-EZ Return Summary

For calendar year 2016, or tax year beginning _____, and ending _____

84-1266231

SECOND CHANCE HUMANE SOCIETY, INC.

Net Asset / Fund Balance at Beginning of Year		<u>1,696,332</u>
Revenue		
Contributions	<u>1,547,868</u>	
Program service revenue	<u>67,785</u>	
Investment income	<u> </u>	
Capital gain / loss	<u> 0</u>	
Fundraising / Gaming:		
Gross revenue	<u>66,551</u>	
Direct expenses	<u> </u>	
Net income	<u>66,551</u>	
Other income	<u>25,547</u>	
Total revenue		<u>1,707,751</u>
Expenses		
Program services	<u>900,116</u>	
Management and general	<u>115,930</u>	
Fundraising	<u>66,406</u>	
Total expenses		<u>1,082,452</u>
Excess / (deficit)		<u>625,299</u>
Changes		<u>-3,276</u>
Net Asset / Fund Balance at End of Year		<u>2,318,355</u>

Reconciliation of Revenue	
Total revenue per financial statements	<u> </u>
Less:	
Unrealized gains	<u>-374</u>
Donated services	<u> </u>
Recoveries	<u> </u>
Other	<u> </u>
Plus:	
Investment expenses	<u> </u>
Other	<u> </u>
Total revenue per return	<u>1,707,751</u>

Reconciliation of Expenses	
Total expenses per financial statements	<u> </u>
Less:	
Donated services	<u> </u>
Prior year adjustments	<u> </u>
Losses	<u> </u>
Other	<u> </u>
Plus:	
Investment expenses	<u> </u>
Other	<u> </u>
Total expenses per return	<u>1,082,452</u>

	Balance Sheet		Differences
	Beginning	Ending	
Assets	<u>2,452,891</u>	<u>2,672,813</u>	
Liabilities	<u>756,559</u>	<u>354,458</u>	
Net assets	<u>1,696,332</u>	<u>2,318,355</u>	<u>622,023</u>

Miscellaneous Information

Amended return _____
 Return / extended due date 11/15/17
 Failure to file penalty _____

Form **8879-EO**

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

Department of the Treasury
Internal Revenue Service

For calendar year 2016, or fiscal year beginning 2016, and ending 20

2016

u Do not send to the IRS. Keep for your records.

u Information about Form 8879-EO and its instructions is at www.irs.gov/form8879eo.

Name of exempt organization

Employer identification number

SECOND CHANCE HUMANE SOCIETY, INC.

84-1266231

Name and title of officer

**DAN SCINTO
SECRETARY/TREASURER**

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

1a	Form 990 check here	<input checked="" type="checkbox"/>	b Total revenue , if any (Form 990, Part VIII, column (A), line 12)	1b	<u>1,707,751</u>
2a	Form 990-EZ check here	<input type="checkbox"/>	b Total revenue , if any (Form 990-EZ, line 9)	2b	_____
3a	Form 1120-POL check here	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	_____
4a	Form 990-PF check here	<input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	_____
5a	Form 8868 check here	<input type="checkbox"/>	b Balance Due (Form 8868, line 3c)	5b	_____

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2016 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize **MAXFIELD PETERSON, PC** to enter my PIN **66231** as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2016 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2016 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature }

Date } **08/12/17**

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

84247012874

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2016 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature } **STEPHEN M. PETERSON**

Date } **08/12/17**

ERO Must Retain This Form — See Instructions

Do Not Submit This Form To the IRS Unless Requested To Do So

For Paperwork Reduction Act Notice, see back of form.

Form **8879-EO** (2016)

Form **990**

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

OMB No. 1545-0047

2016
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.
Information about Form 990 and its instructions is at www.irs.gov/form990.

A For the 2016 calendar year, or tax year beginning _____, **and ending** _____

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization: **SECOND CHANCE HUMANE SOCIETY, INC.**
 Doing business as _____
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
PO BOX 2096
 City or town, state or province, country, and ZIP or foreign postal code
RIDGWAY CO 81432-2096

D Employer identification number: **84-1266231**
E Telephone number: **970-626-2273**
G Gross receipts: **1,709,514**

F Name and address of principal officer:
ASHLEY BRADLEY
P.O. BOX 2096
RIDGWAY CO 81432

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list. (see instructions)

I Tax-exempt status: 501(c)(3) 501(c) () **t** (insert no.) 4947(a)(1) or 527

J Website: **WWW.ADOPTMOUNTAINPETS.ORG** **H(c)** Group exemption number **u** _____

K Form of organization: Corporation Trust Association Other **u** _____ **L** Year of formation: **1994** **M** State of legal domicile: **CO**

Part I Summary		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	8
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	8
	5 Total number of individuals employed in calendar year 2016 (Part V, line 2a)	5	55
	6 Total number of volunteers (estimate if necessary)	6	90
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
7b Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	1,385,143	1,547,868
	9 Program service revenue (Part VIII, line 2g)	50,007	67,785
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-2,100	0
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	46,827	92,098
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,479,877	1,707,751
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	50,000
14 Benefits paid to or for members (Part IX, column (A), line 4)			0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		584,876	663,753
16a Professional fundraising fees (Part IX, column (A), line 11e)			0
b Total fundraising expenses (Part IX, column (D), line 25) u 66,406			
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		349,777	381,199
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		984,653	1,082,452
Net Assets or Fund Balances	19 Revenue less expenses. Subtract line 18 from line 12	495,224	625,299
	20 Total assets (Part X, line 16)	2,452,891	2,672,813
	21 Total liabilities (Part X, line 26)	756,559	354,458
	22 Net assets or fund balances. Subtract line 21 from line 20	1,696,332	2,318,355

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here Signature of officer: _____ Date: _____
 Type or print name and title: **DAN SCINTO** **SECRETARY/TREASURER**

Paid Preparer Use Only Print/Type preparer's name: **STEPHEN M. PETERSON** Preparer's signature: **STEPHEN M. PETERSON** Date: **08/09/17** Check if self-employed PTIN: **P00512874**
 Firm's name: **MAXFIELD PETERSON, PC** Firm's EIN: **46-0513214**
 Firm's address: **1203 NORTH 1ST STREET**
MONTROSE, CO 81401 Phone no.: **970-249-9074**

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

MISSION STATEMENT: SAVING ANIMALS LIVES AND PROMOTING THE HUMAN-ANIMAL BOND.

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 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 No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ **388,850** including grants of\$) (Revenue \$ **55,295**)

OPERATE ANIMAL SHELTER: PROVIDE CARE FOR LOST, ABANDONED, SURRENDERED AND HOMELESS DOMESTIC ANIMALS IN OURAY AND SAN MIGUEL COUNTIES IN SOUTHWESTERN COLORADO. PROGRAMING INCLUDES MEDICAL CARE, SPAY/NEUTERING, VACCINATING, MICROCHIPPING, SHELTERING, ADOPTION PLACEMENT, PRE-ADOPTION MEDICAL SERVICES, LOST/FOUND SERVICES, AND PHYSICAL AND BEHAVIORAL REHABILITATION.

4b (Code:) (Expenses \$ **354,646** including grants of\$) (Revenue \$ **709,883**)

OPERATION OF THRIFT SHOPS. ALL GOODS SOLD IN THE THRIFT SHOPS ARE DONATED AND ALL NET INCOME FROM THE SALE OF THESE GOODS IS APPLIED TO FUND ANIMAL CARE AND OPERATIONAL COSTS. IN ADDITION TO THEIR PRIMARY EXEMPT PURPOSE, THE THRIFT SHOPS ARE ONE OF THE COMMUNITY'S LARGEST EMPLOYERS. MOREOVER, THEY SERVE AS AN IMPORTANT REGIONAL CENTER FOR RECYCLING HOUSEHOLD GOODS AND CLOTHING THAT MIGHT OTHERWISE END UP IN LANDFILLS.

4c (Code:) (Expenses \$ **156,620** including grants of\$ **37,500**) (Revenue \$ **12,490**)

MISSION STATEMENT: SAVING ANIMAL'S LIVES AND PROMOTING RESPONSIBLE PET PARENTING AND THE HUMAN-ANIMAL BOND. SECOND CHANCE HUMANE SOCIETY OPERATES AN ANIMAL SHELTER AND IS A PROVIDER OF EDUCATION AND PREVENTION PROGRAMS INCLUDING SPAY/NEUTER ASSISTANCE, MOBILE ADOPTION, SAFE HARBORING, AND PET THERAPY FOR CHILDREN, THE ELDERLY, THE SICK, AND THE DISABLED.

4d Other program services (Describe in Schedule O.)

(Expenses \$ including grants of\$) (Revenue \$)

4e Total program service expenses **u 900,116**

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)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		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 "Yes," complete Schedule C, Part II</i>		X
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 Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		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? <i>If "Yes," complete Schedule D, Part I</i>		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? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
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? <i>If "Yes," complete Schedule D, Part IV</i>		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
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? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
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)? <i>If "Yes," complete Schedule D, Part X</i>		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		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 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
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? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)		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? <i>If "Yes," complete Schedule G, Part II</i>	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		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? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	X	
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		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? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, or IV, and Part V, line 1</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		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? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.		X

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
3b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
4b	If "Yes," enter the name of the foreign country: u See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7d	If "Yes," indicate the number of Forms 8282 filed during the year		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		X
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	X	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the sponsoring organization make any taxable distributions under section 4966?		
9b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
10a	Initiation fees and capital contributions included on Part VIII, line 12		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter:		
11a	Gross income from members or shareholders		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
13b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
13c	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

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

Section 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 in Schedule O.		
1b	Enter the number of voting members included in line 1a, above, who are independent		
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?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	The governing body?	X	
8b	Each committee with authority to act on behalf of the governing body?	X	
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 in Schedule O		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
10b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?		X
14	Did the organization have a written document retention and destruction policy?		X
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	The organization's CEO, Executive Director, or top management official	X	
15b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	X	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
16b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **u NONE**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial 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: **u**

SECOND CHANCE HUMANE SOCIETY P.O. BOX 2096

RIDGWAY

CO 81432-2096 970-626-2273

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) KELLY GOODIN EXEC. DIR & BOARD	50.00 0.00	X						69,277	0	0
(2) ASHLEY BRADLEY PRESIDENT	10.00 0.00	X		X				0	0	0
(3) MARTHA GEARTY VICE PRESIDENT	10.00 0.00	X		X				0	0	0
(4) DUDLEY CASE BOARD MEMBER	10.00 0.00	X						0	0	0
(5) LAWRENCE MCREYNOLDS MD BOARD MEMBER	10.00 0.00	X						0	0	0
(6) DAVID MULLINGS BOARD MEMBER	10.00 0.00	X						0	0	0
(7) DAVID BOWMAN BOARD MEMBER	10.00 0.00	X						0	0	0
(8) DUDLEY CASE BOARD MEMBER	10.00 0.00	X						0	0	0
(9) DAN SCINTO SECRETARY/TREASURER	10.00 0.00	X		X				0	0	0
(10)										
(11)										

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Sub-total							69,277			
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							69,277			

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	1,547,868				
	g Noncash contributions included in lines 1a-1f: \$		709,883				
	h Total. Add lines 1a-1f	u		1,547,868			
Program Service Revenue	2a SHELTER OPERATIONS INCOME	Busn. Code	44,300			44,300	
	b ANIMAL CONTROL ASSISTANCE INC		13,455			13,455	
	c GOV'T GRANTS FOR COMMUNITY OR		10,030			10,030	
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f	u		67,785			
	Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	u				
4 Income from investment of tax-exempt bond proceeds		u					
5 Royalties		u					
6a Gross rents		(i) Real	(ii) Personal				
b Less: rental exps.							
c Rental inc. or (loss)							
d Net rental income or (loss)		u					
7a Gross amount from sales of assets other than inventory		(i) Securities	(ii) Other				
			1,763				
b Less: cost or other basis & sales exps.			1,763				
c Gain or (loss)							
d Net gain or (loss)		u					
8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18		a	66,551				
		b Less: direct expenses	b				
	c Net income or (loss) from fundraising events	u	66,551			66,551	
9a Gross income from gaming activities. See Part IV, line 19	a						
	b Less: direct expenses	b					
	c Net income or (loss) from gaming activities	u					
10a Gross sales of inventory, less returns and allowances	a						
	b Less: cost of goods sold	b					
	c Net income or (loss) from sales of inventory	u					
Miscellaneous Revenue		Busn. Code					
11a INCIDENTAL RENTAL INCOME			23,418			23,418	
b OTHER MISC INCOME			2,129			2,129	
c							
d All other revenue							
e Total. Add lines 11a-11d	u		25,547				
12 Total revenue. See instructions.	u		1,707,751	0	0	159,883	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	37,500	37,500		
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, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	604,089	513,476	60,409	30,204
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	12,584	8,809	2,517	1,258
10 Payroll taxes	47,080	32,956	9,416	4,708
11 Fees for services (non-employees):				
a Management	10,595	7,416	2,119	1,060
b Legal	5,118	3,582	1,024	512
c Accounting	3,080	2,156	616	308
d Lobbying				
e Professional fundraising services. See Part IV, line 7				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	119,140	111,471	5,113	2,556
12 Advertising and promotion	9,594	6,716	1,919	959
13 Office expenses	36,888	22,939	9,454	4,495
14 Information technology	6,995	4,896	1,399	700
15 Royalties				
16 Occupancy	43,971	30,780	8,794	4,397
17 Travel	3,714	2,599	743	372
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	26,709	21,368	4,006	1,335
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	66,832	66,832		
23 Insurance	37,588	26,620	8,401	2,567
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a COGS	10,975			10,975
b				
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	1,082,452	900,116	115,930	66,406
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part 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
Assets	1 Cash—non-interest bearing	42,403	1	255,502
	2 Savings and temporary cash investments	139,136	2	122,324
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	9,575	4	9,625
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	3,696	9	2,777
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 2,498,961		
	b Less: accumulated depreciation	10b 266,369	2,257,829	10c 2,232,592
	11 Investments—publicly traded securities		11	49,993
	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	252	15	
16 Total assets. Add lines 1 through 15 (must equal line 34)	2,452,891	16	2,672,813	
Liabilities	17 Accounts payable and accrued expenses	4,678	17	3,457
	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	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	385,332	22	
	23 Secured mortgages and notes payable to unrelated third parties	359,332	23	346,080
	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	7,217	25	4,921
	26 Total liabilities. Add lines 17 through 25	756,559	26	354,458
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	1,606,332	27	1,573,355
	28 Temporarily restricted net assets	90,000	28	90,000
	29 Permanently restricted net assets		29	655,000
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	1,696,332	33	2,318,355	
34 Total liabilities and net assets/fund balances	2,452,891	34	2,672,813	

Part 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	1,707,751
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,082,452
3	Revenue less expenses. Subtract line 2 from line 1	3	625,299
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,696,332
5	Net unrealized gains (losses) on investments	5	-374
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	-4,158
9	Other changes in net assets or fund balances (explain in Schedule O)	9	1,256
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	2,318,355

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

u Attach to Form 990 or Form 990-EZ.

u Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

Open to Public Inspection

Name of the organization

SECOND CHANCE HUMANE SOCIETY, INC.

Employer identification number

84-1266231

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
- 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) u	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	253,806	298,515	429,139	872,013	1,547,868	3,401,341
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	253,806	298,515	429,139	872,013	1,547,868	3,401,341
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						3,401,341

Section B. Total Support

Calendar year (or fiscal year beginning in) u	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7 Amounts from line 4	253,806	298,515	429,139	872,013	1,547,868	3,401,341
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources		35	9	235	782	1,061
9 Net income from unrelated business activities, whether or not the business is regularly carried on	880	280		772		1,932
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)				110,012	159,883	269,895
11 Total support. Add lines 7 through 10						3,674,229
12 Gross receipts from related activities, etc. (see instructions)					12	

13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))	14	92.57%
15 Public support percentage from 2015 Schedule A, Part II, line 14	15	94.93%

16a 33 1/3% support test—2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support test—2015. 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 qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test—2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

b 10%-facts-and-circumstances test—2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) u	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(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 performed, 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 business under section 513						
4 Tax revenues levied for the organization'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						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) u	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2015 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2015 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests—2016. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests—2015. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

- 11** Has the organization accepted a gift or contribution from any of the following persons?
- a** A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?
 - b** A family member of a person described in (a) above?
 - c** A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in Part VI.*

	Yes	No
11a		
11b		
11c		

Section B. Type I Supporting Organizations

- 1** Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? *If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.*
- 2** Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.*

	Yes	No
1		
2		

Section C. Type II Supporting Organizations

- 1** Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).*

	Yes	No
1		

Section D. All Type III Supporting Organizations

- 1** Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?
- 2** Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? *If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).*
- 3** By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.*

	Yes	No
1		
2		
3		

Section E. Type III Functionally-Integrated Supporting Organizations

- 1** Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- a** The organization satisfied the Activities Test. *Complete line 2 below.*
 - b** The organization is the parent of each of its supported organizations. *Complete line 3 below.*
 - c** The organization supported a governmental entity. *Describe in Part VI how you supported a government entity (see instructions).*

2 Activities Test. Answer (a) and (b) below.

- a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*
 - b** Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*
- 3** Parent of Supported Organizations. Answer (a) and (b) below.
- a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI.*
 - b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*

	Yes	No
2a		
2b		
3a		
3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

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.

Section 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	
Section 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):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	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 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1.	2	
3	Minimum asset amount for prior year (from Section B, 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	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2016 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required-explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2016:			
a			
b			
c From 2013			
d From 2014			
e From 2015			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2016 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2016, 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 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2017. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b Excess from 2013			
c Excess from 2014			
d Excess from 2015			
e Excess from 2016			

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

PART II, LINE 10 - OTHER INCOME DETAIL

OTHER INCOME \$ **110,012**

Schedule B
 (Form 990, 990-EZ,
 or 990-PF)
 Department of the Treasury
 Internal Revenue Service

Schedule of Contributors

OMB No. 1545-0047

2016

u Attach to Form 990, Form 990-EZ, or Form 990-PF.

u Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

Name of the organization SECOND CHANCE HUMANE SOCIETY, INC.	Employer identification number 84-1266231
--	--

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(**3**) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃ % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Name of organization SECOND CHANCE HUMANE SOCIETY, INC.	Employer identification number 84-1266231
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Part I Contributors (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	\$ 655,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	\$ 50,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements
u 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.
u Attach to Form 990.

u Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

Open to Public Inspection

Name of the organization

Employer identification number

SECOND CHANCE HUMANE SOCIETY, INC.

84-1266231

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? (Yes/No), 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? (Yes/No)

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. (2a Total number of conservation easements, 2b Total acreage restricted by conservation easements, 2c Number of conservation easements on a certified historic structure included in (a), 2d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register), 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year u, 4 Number of states where property subject to conservation easement is located u, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? (Yes/No), 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year u, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year u \$, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? (Yes/No), 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. 1b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 u \$, (ii) Assets included in Form 990, Part X u \$, 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1 u \$, b Assets included in Form 990, Part X u \$

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|--|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

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

- | | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|---|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance | | | | | |
| b Contributions | | | | | |
| c Net investment earnings, gains, and losses | | | | | |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | | | | | |
| f Administrative expenses | | | | | |
| g End of year balance | | | | | |
- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment **u**
 - b** Permanent endowment **u**
 - c** Temporarily restricted endowment **u**
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|---------------|----|
| (i) unrelated organizations | 3a(i) | |
| (ii) related organizations | 3a(ii) | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		685,102		685,102
b Buildings				
c Leasehold improvements				
d Equipment				
e Other		1,813,859	266,369	1,547,490
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)			u	2,232,592

Part VII Investments—Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) u		

Part VIII Investments—Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) u		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) u	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2) ACCRUED TAXES PAYABLE	4,921	
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) u	4,921	

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

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

Part XIII Supplemental Information.

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

Part XIII Supplemental Information *(continued)*

Dotted lines for supplemental information entry.

**SCHEDULE G
(Form 990 or 990-EZ)**

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

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.

2016

Department of the Treasury
Internal Revenue Service

U Attach to Form 990 or Form 990-EZ.

U Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the organization

SECOND CHANCE HUMANE SOCIETY, INC.

Employer identification number

84-1266231

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.

- a Mail solicitations
- b Internet and email solicitations
- c Phone solicitations
- d In-person solicitations
- e Solicitation of non-government grants
- f Solicitation of government grants
- g Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total							

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-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
		FUNDRAISING (event type)	(event type)	NONE (total number)	(add col. (a) through col. (c))
Revenue	1	Gross receipts	66,551		66,551
	2	Less: Contributions			
	3	Gross income (line 1 minus line 2)	66,551		66,551
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses			
	10	Direct expense summary. Add lines 4 through 9 in column (d)			
11	Net income summary. Subtract line 10 from line 3, column (d)				66,551

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.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue			
	Direct Expenses	2	Cash prizes		
3		Noncash prizes			
4		Rent/facility costs			
5		Other direct expenses			
6		Volunteer labor	<input type="checkbox"/> Yes % <input type="checkbox"/> No	<input type="checkbox"/> Yes % <input type="checkbox"/> No	<input type="checkbox"/> Yes % <input type="checkbox"/> 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? Yes No

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:

- 11** Does the organization conduct gaming activities with nonmembers? Yes No
- 12** Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13** Indicate the percentage of gaming activity conducted in:
- | | | | |
|----------|-----------------------------|------------|---|
| a | The organization's facility | 13a | % |
| b | An outside facility | 13b | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name **u**

Address **u**

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b** If "Yes," enter the amount of gaming revenue received by the organization **u\$** and the amount of gaming revenue retained by the third party **u\$**
- c** If "Yes," enter name and address of the third party:

Name **u**

Address **u**

16 Gaming manager information:

Name **u**

Gaming manager compensation **u\$**

Description of services provided **u**

- Director/officer Employee Independent contractor

17 Mandatory distributions:

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year **u\$**

Part IV **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions

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**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
u Attach to Form 990.

u Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

**Open to Public
Inspection**

Name of the organization

SECOND CHANCE HUMANE SOCIETY, INC.

Employer identification number

84-1266231

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	TELLURIDE ANIMAL FOUNDATION P.O. BOX 1881 TELLURIDE CO 81435	45-0839793		37,500				EXTEND SCHS REACH
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **u**
- 3 Enter total number of other organizations listed in the line 1 table **u**

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

Schedule I (Form 990) (2016)

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1					
2					
3					
4					
5					
6					
7					

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2 - PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS
 RECIPIENT ORGANIZATION IS RESTRICTED BY A GRANT RESTRICTION AGREEMENT THAT
 ALSO SPECIFIES THE OBLIGATIONS OF THE GRANTEE FOR REPORTING AND FOR
 REGULATORY COMPLIANCE. PERIODIC REPORTING IS REQUIRED OF THE GRANTEE AND IS
 REVIEWED BY THE GRANTOR FOR COMPLIANCE. THE AGREEMENT PROVIDES FOR FULL
 INSPECTION OF THE BOOKS SHOULD THAT BE DEEMED NECESSARY AND APPROPRIATE.

SCHEDULE L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

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

u Attach to Form 990 or Form 990-EZ.

u Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

Open To Public Inspection

Name of the organization

SECOND CHANCE HUMANE SOCIETY, INC.

Employer identification number

84-1266231

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

- 2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 u \$ _____
- 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization u \$ _____

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

1	(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the org.?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
				To	From			Yes	No	Yes	No	Yes	No
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													

Total u \$ _____

Part III Grants or Assistance Benefiting Interested Persons.

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

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

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

Noncash Contributions

- u** Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- u** Attach to Form 990.
- u** Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

**Open To Public
Inspection**

SECOND CHANCE HUMANE SOCIETY, INC.

Employer identification number

84-1266231

Part 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 determining noncash contribution amounts
1 Art — Works of art				
2 Art — Historical treasures				
3 Art — Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		709,883	THRIFT STORE SALES
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 u ()				
26 Other u ()				
27 Other u ()				
28 Other u ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

29

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

u Attach to Form 990 or 990-EZ.

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

**Open to Public
Inspection**

Name of the organization

SECOND CHANCE HUMANE SOCIETY, INC.

Employer identification number

84-1266231

FORM 990 - ORGANIZATION'S MISSION OR MOST SIGNIFICANT ACTIVITIES

**SAVING ANIMAL'S LIVES AND PROMOTING THE HUMAN-ANIMAL BOND. SECOND CHANCE
HUMANE SOCIETY OPERATES AN ANIMAL SHELTER AND IS A PROVIDER OF HUMANE
EDUCATION AND PREVENTION PROGRAMS, INCLUDING SPAY/NEUTER ASSISTANCE, MOBILE
ADOPTION, SAFE HARBORING AND PET THERAPY.**

FORM 990, PART VI - ADDITIONAL INFORMATION

**SECTION C. SECOND CHANCE HUMANE SOCIETY MAKES BUSINESS INFORMATION
AVAILABLE AS FOLLOWS: ARTICLES OF INCORPORATION - VIA COLORADO SECRETARY
OF STATE WEBSITE. BYLAWS AND CONFLICT OF INTEREST DISCLOSURE POLICY -
AVAILABLE FOR REVIEW UPON REQUEST. FINANCIAL INFORMATION -- SECOND CHANCE
ENSURES TRANSPARENCY BY MAKING BOARD OF DIRECTORS' MEETINGS OPEN TO THE
PUBLIC. CURRENT FINANCIAL STATUS IS REVIEWED AT EACH MEETING, AND MEETINGS
ARE NOTICED ON OUR WEBSITE. ANNUAL FINANCIAL INFORMATION IS ALSO AVAILABLE
ON OUR ANNUAL REPORT AND ON THE COLORADO SECRETARY OF STATE WEBSITE.**

**FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990
TREASURER, FINANCE COMMITTEE, AND E.D. REVIEW AND APPROVE BEFORE FILING**

**FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY
CONFLICTS DISCLOSED ARE REVIEWED AND IF NECESSARY OFFICERS RECUSE
THEMSELVES FROM ANY VOTE OR DISCUSSION OF MATTERS IN WHICH THERE IS EVEN
THE APPEARANCE OF A CONFLICT.**

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL

Name of the organization SECOND CHANCE HUMANE SOCIETY, INC.	Employer identification number 84-1266231
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REVIEW AND APPROVAL FOR TOP OFFICIAL (EXECUTIVE DIRECTOR) IS DONE BY INDEPENDENT ADVISORS USING MARKET COMPARABILITY DATA, AND HISTORY AND PERFORMANCE BENCHMARKS. DELIBERATIONS AND DECISIONS ARE SUBSTANTIATED IN CONTEMPORANEOUS NOTES AND RECORDS.

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS
KEY EMPLOYEE COMPENSATION IS REVIEWED AND APPROVED BY THE EXECUTIVE COMMITTEE AFTER CONSIDERATION OF ACHEIVEMENT AND MARKET FACTORS. SECOND CHANCE RELIES UPON THE SALARY SURVEY GUIDE PUBLISHED BY THE COLORADO NONPROFIT ASSOCIATION TO ESTABLISH COMPENSATION LEVELS CONSISTENT WITH INDUSTRY STANDARDS IN OUR AREA AND WITH OUR INDUSTRY. VERY DETAILED, THIS GUIDE PROVIDES DATA ACCORDING TO POSITION, SIZE OF THE ORGANIZATIONAL BUDGET, AND GEOGRAPHIC REGION. THE FOLLOWING POSITIONS ARE EVALUATED USING THIS GUIDE: EXECUTIVE DIRECTOR, BUSINESS MANAGER, AND SHELTER MANAGER.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION
NO DOCUMENTS AVAILABLE TO THE PUBLIC

FORM 990, PART IX, LINE 11G - OTHER FEES FOR SERVICES

DESCRIPTION

	PROGRAM SERVICE	MGT & GENERAL	FUNDRAISING
ANIMAL CARE FOOD AND EXPENSES	\$ 69,401	\$ 0	\$ 0
ACCOUNTING/PAYROLL FEES	\$ 3,775	\$ 1,079	\$ 539
CREDIT CART MERCHANT FEES	\$ 14,135	\$ 0	\$ 0

Name of the organization SECOND CHANCE HUMANE SOCIETY, INC.	Employer identification number 84-1266231
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THIS GUIDE: EXECUTIVE DIRECTOR, BUSINESS MANAGER, SHELTER MANAGER, AND THRIFT STORE MANAGER.

RETAIL SUPPLIES

\$ 3,084 \$ 881 \$ 441

VEHICLE FUEL AND EXPENSES

\$ 3,891 \$ 1,112 \$ 556

ADVISORY FEES

\$ 110 \$ 32 \$ 16

TOTAL

\$ 111,471 \$ 5,113 \$ 2,556

FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS EXPLANATION

BOOK / TAX DEPRECIATION DIFFERENCE \$ 1,256

Form **4562**

Department of the Treasury
Internal Revenue Service (99)

Depreciation and Amortization
(Including Information on Listed Property)

u Attach to your tax return.

u Information about Form 4562 and its separate instructions is at www.irs.gov/form4562.

OMB No. 1545-0172

2016

Attachment Sequence No. **179**

Name(s) shown on return

SECOND CHANCE HUMANE SOCIETY, INC.

Identifying number

84-1266231

Business or activity to which this form relates

INDIRECT DEPRECIATION

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	500,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,010,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2015 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2017. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property.) (See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	66,774

Part III MACRS Depreciation (Don't include listed property.) (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2016	17	0
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input checked="" type="checkbox"/> u <input type="checkbox"/>		

Section B—Assets Placed in Service During 2016 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2016 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	58
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	66,832
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2016)

SECOND CHANCE HUMANE SOCIETY, INC. 84-1266231

Form 4562 (2016)

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed?				<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	24b If "Yes," is the evidence written?			<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No																						
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost																								
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)								25																								
26 Property used more than 50% in a qualified business use:																																
UTILITY TRAILER																																
	10/27/16	100.00 %	1,749	1,749	5.0	S/L-	58																									
27 Property used 50% or less in a qualified business use:																																
<table border="1"> <tr> <td></td> <td></td> <td>%</td> <td></td> <td></td> <td></td> <td>S/L-</td> <td></td> <td colspan="3"></td> </tr> <tr> <td></td> <td></td> <td>%</td> <td></td> <td></td> <td></td> <td>S/L-</td> <td></td> <td colspan="3"></td> </tr> </table>													%				S/L-							%				S/L-				
		%				S/L-																										
		%				S/L-																										
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1								28	58																							
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1								29																								

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
30 Total business/investment miles driven during the year (don't include commuting miles)												
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year. Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?												
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons (see instructions).

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
39 Do you treat all use of vehicles by employees as personal use?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions.)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2016 tax year (see instructions):					
43 Amortization of costs that began before your 2016 tax year					43
44 Total. Add amounts in column (f). See the instructions for where to report					44

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv	Meth	Prior	Current
Other Depreciation:										
1	Thrift Shop Building	4/13/01	106,572			106,572	39	MO S/L	40,080	2,732
7	2008 Quickbooks Non Profit Edition	1/08/08	334			334	5	MO S/L	334	0
8	Printers	2/10/08	656			656	5	MO S/L	656	0
9	Laptop	2/10/08	1,157			1,157	5	MO S/L	1,157	0
11	2 ea. Desktops & Server	2/10/08	4,023			4,023	5	MO S/L	4,023	0
12	Wireless Modems	2/10/08	81			81	5	MO S/L	81	0
14	Client & Server Anit Virus Software	4/03/08	315			315	5	MO S/L	315	0
15	All-In-One Printer	5/12/08	185			185	5	MO S/L	185	0
17	Photo Viewer	7/14/08	243			243	5	MO S/L	243	0
18	Dog Run Improvements	2/20/08	13,600			13,600	15	MO S/L	7,105	906
19	Thrift Shop Land	4/13/01	122,615			122,615	0	-- Land	0	0
22	Canon Digital Camera	12/05/06	137			137	5	MO S/L	137	0
24	Used Clothes Dryer	8/21/09	249			249	5	MO S/L	249	0
27	2009 Thrift Shop Improvements	11/25/09	21,665			21,665	15	MO S/L	8,785	1,445
28	2 ea. Backup Disk Drives	1/06/01	195			195	5	MO S/L	195	0
30	5-4-10 Laptop Computer	5/04/10	600			600	5	MO S/L	600	0
31	Home Again Microchip Scanner	9/08/10	200			200	5	MO S/L	200	0
32	POS System Hardware	9/08/10	1,014			1,014	5	MO S/L	1,014	0
33	2010 Thrift Shop Improvements	10/01/10	46,669			46,669	15	MO S/L	16,339	3,112
34	GE Washing Machine	10/04/10	650			650	5	MO S/L	650	0
35	Thrift Solar Voltaic System	11/15/10	14,000			14,000	15	MO S/L	4,783	934
36	7-5-11 Shelter Desktop Computer	7/05/11	380			380	5	MO S/L	341	39
37	New Cat Enclosures	10/20/11	9,646			9,646	15	MO S/L	2,699	643
38	Thrift Storage Building	11/25/11	899			899	5	MO S/L	738	161
39	11-9-11 Shelter Manager Laptop	11/09/11	603			603	5	MO S/L	501	102
40	Thrift Security System	12/12/11	499			499	5	MO S/L	405	94
41	Ange Ridge Ranch 39 year	10/06/11	317,931			317,931	39	MO S/L	34,529	8,152
42	Angel Ridge Ranch 15 year	10/06/11	31,964			31,964	15	MO S/L	9,023	2,131
43	Angel Ridge Ranch Land	10/06/11	287,550			287,550	0	-- Land	0	0
44	2011 Thrift Shop Improvements	10/12/11	2,168			2,168	15	MO S/L	612	144
45	Shelter Design (for RLIP)	1/27/11	4,831			4,831	1	MO S/L	4,831	0
46	Admin Laptop	1/04/12	536			536	5	MO S/L	536	0
47	Dog Scale, Camera & Microscope	2/08/12	2,036			2,036	5	MO S/L	1,586	407
48	2011 Chevrolet Express Van	4/18/12	19,299			19,299	5	MO S/L	14,293	3,860
49	Shelter Entrance Sign	6/25/12	2,713			2,713	15	MO S/L	636	181
50	Van Signage	7/17/12	1,250			1,250	5	MO S/L	864	250
51	Palay Display Rack - Thrift	9/05/12	860			860	15	MO S/L	189	58
52	Fujitsu Scanner	1/30/13	429			429	5	MO S/L	251	86
53	1-30-13 Thrift Desktop	1/30/13	427			427	5	MO S/L	248	86
54	The Dog Den 39 Year	7/01/14	690,167			690,167	39	MO S/L	26,545	17,696
55	The Dog Den 15 year	6/30/14	62,216			62,216	15	MO S/L	6,233	4,147
56	2014 Palay Display Rack - Thrift	3/31/14	1,652			1,652	15	MO S/L	193	110
57	2014 Shelter Desktops	6/30/14	822			822	5	MO S/L	247	165
58	2014 Admin Laptop	7/31/14	691			691	5	MO S/L	196	138
59	2014 Credit Card Reader	11/30/14	326			326	5	MO S/L	71	65
60	2014 Surgical Suite	11/29/14	12,495			12,495	15	MO S/L	907	833
62	2014 Thrift Improvements - South Wall	11/02/14	5,045			5,045	15	MO S/L	392	337
63	Dog Den Shed Roofs	2/13/15	29,527			29,527	15	MO S/L	1,739	1,968
64	10-15 Cat Enclosures	10/21/15	4,993			4,993	15	MO S/L	65	333
65	9-15 Cat Cages & Accessors	9/08/15	2,200			2,200	15	MO S/L	46	147
66	Donation Center Sign	9/16/15	834			834	15	MO S/L	16	56
67	1-15 Cash Register	1/05/15	517			517	5	MO S/L	102	103
68	1-15 Cash Register	1/05/15	517			517	5	MO S/L	102	103
69	Donation Center Building	7/31/15	95,250			95,250	39	MO S/L	1,018	2,442
70	2015 Donation Center Building Improveme	12/31/15	10,667			10,667	39	MO S/L	0	274
71	Donation Center Land	7/31/15	174,237			174,237	0	-- Land	0	0
72	140 Railroad Building	8/19/15	163,800			163,800	39	MO S/L	1,540	4,200
73	2015 140 Railroad Improvements	12/31/15	16,410			16,410	39	MO S/L	0	421
74	140 Railroad Land	8/19/15	100,700			100,700	0	-- Land	0	0
75	2006 Dodge Sprinter Van	7/28/15	22,000			22,000	5	MO S/L	1,870	4,400
76	2015 Shelter Improvements	12/31/15	41,142			41,142	39	MO S/L	0	1,055
77	Sprinter Signage	8/31/15	1,470			1,470	5	MO S/L	98	294
78	140RR Improvements	1/28/16	11,920			11,920	15	MO S/L	0	728
79	Hymeman improvements	4/15/16	24,255			24,255	15	MO S/L	0	1,213
80	Corner of 357 Sherman	7/31/15	1,763			1,763	0	-- Land	0	0
	Sold/Scrapped: 12/22/16									
81	Thrift Store Water Pipes	12/07/16	4,178			4,178	15	MO S/L	0	23

Federal Asset Report**Form 990, Page 1**

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
	Total Other Depreciation		<u>2,498,975</u>			<u>2,498,975</u>		<u>200,793</u>	<u>66,774</u>
	Total ACRS and Other Depreciation		<u>2,498,975</u>			<u>2,498,975</u>		<u>200,793</u>	<u>66,774</u>
Listed Property:									
82	Utility Trailer	10/27/16	<u>1,749</u>			<u>1,749</u>	5 MO S/L	<u>0</u>	<u>58</u>
			<u>1,749</u>			<u>1,749</u>		<u>0</u>	<u>58</u>
Amortization:									
10	Software - TechSoupStock	2/10/08	<u>300</u>			<u>300</u>	5 MO Amort	<u>300</u>	<u>0</u>
23	Adopt A Firend Software	12/05/06	<u>650</u>			<u>650</u>	3 MO Amort	<u>650</u>	<u>0</u>
25	Adobe CS3 Software	1/06/09	<u>136</u>			<u>136</u>	3 MO Amort	<u>136</u>	<u>0</u>
26	Microsoft Office 2007 License	11/04/09	<u>190</u>			<u>190</u>	3 MO Amort	<u>190</u>	<u>0</u>
			<u>1,276</u>			<u>1,276</u>		<u>1,276</u>	<u>0</u>
	Grand Totals		<u>2,502,000</u>			<u>2,502,000</u>		<u>202,069</u>	<u>66,832</u>
	Less: Dispositions and Transfers		<u>1,763</u>			<u>1,763</u>		<u>0</u>	<u>0</u>
	Less: Start-up/Org Expense		<u>0</u>			<u>0</u>		<u>0</u>	<u>0</u>
	Net Grand Totals		<u>2,500,237</u>			<u>2,500,237</u>		<u>202,069</u>	<u>66,832</u>

AMT Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179B	Bonus	Basis for Depr	Per Conv	Meth	Prior	Current	
Other Depreciation:												
1	Thrift Shop Building	4/13/01	0					0	0	HY	0	0
7	2008 Quickbooks Non Profit Edition	1/08/08	0					0	0	HY	0	0
8	Printers	2/10/08	0					0	0	HY	0	0
9	Laptop	2/10/08	0					0	0	HY	0	0
11	2 ea. Desktops & Server	2/10/08	0					0	0	HY	0	0
12	Wireless Modems	2/10/08	0					0	0	HY	0	0
14	Client & Server Anit Virus Software	4/03/08	0					0	0	HY	0	0
15	All-In-One Printer	5/12/08	0					0	0	HY	0	0
17	Photo Viewer	7/14/08	0					0	0	HY	0	0
18	Dog Run Improvements	2/20/08	0					0	0	HY	0	0
19	Thrift Shop Land	4/13/01	0					0	0	HY	0	0
22	Canon Digital Camera	12/05/06	0					0	0	HY	0	0
24	Used Clothes Dryer	8/21/09	0					0	0	HY	0	0
27	2009 Thrift Shop Improvements	11/25/09	0					0	0	HY	0	0
28	2 ea. Backup Disk Drives	1/06/01	0					0	0	HY	0	0
30	5-4-10 Laptop Computer	5/04/10	0					0	0	HY	0	0
31	Home Again Microchip Scanner	9/08/10	0					0	0	HY	0	0
32	POS System Hardware	9/08/10	0					0	0	HY	0	0
33	2010 Thrift Shop Improvements	10/01/10	0					0	0	HY	0	0
34	GE Washing Machine	10/04/10	0					0	0	HY	0	0
35	Thrift Solar Voltaic System	11/15/10	0					0	0	HY	0	0
36	7-5-11 Shelter Desktop Computer	7/05/11	0					0	0	HY	0	0
37	New Cat Enclosures	10/20/11	0					0	0	HY	0	0
38	Thrift Storage Building	11/25/11	0					0	0	HY	0	0
39	11-9-11 Shelter Manager Laptop	11/09/11	0					0	0	HY	0	0
40	Thrift Security System	12/12/11	0					0	0	HY	0	0
41	Ange Ridge Ranch 39 year	10/06/11	0					0	0	HY	0	0
42	Angel Ridge Ranch 15 year	10/06/11	0					0	0	HY	0	0
43	Angel Ridge Ranch Land	10/06/11	0					0	0	HY	0	0
44	2011 Thrift Shop Improvements	10/12/11	0					0	0	HY	0	0
45	Shelter Design (for RLIP)	1/27/11	0					0	0	HY	0	0
46	Admin Laptop	1/04/12	0					0	0	HY	0	0
47	Dog Scale, Camera & Microscope	2/08/12	0					0	0	HY	0	0
48	2011 Chevrolet Express Van	4/18/12	0					0	0	HY	0	0
49	Shelter Entrance Sign	6/25/12	0					0	0	HY	0	0
50	Van Signage	7/17/12	0					0	0	HY	0	0
51	Palay Display Rack - Thrift	9/05/12	0					0	0	HY	0	0
52	Fujitsu Scanner	1/30/13	0					0	0	HY	0	0
53	1-30-13 Thrift Desktop	1/30/13	0					0	0	HY	0	0
54	The Dog Den 39 Year	7/01/14	0					0	0	HY	0	0
55	The Dog Den 15 year	6/30/14	0					0	0	HY	0	0
56	2014 Palay Display Rack - Thrift	3/31/14	0					0	0	HY	0	0
57	2014 Shelter Desktops	6/30/14	0					0	0	HY	0	0
58	2014 Admin Laptop	7/31/14	0					0	0	HY	0	0
59	2014 Credit Card Reader	11/30/14	0					0	0	HY	0	0
60	2014 Surgical Suite	11/29/14	0					0	0	HY	0	0
62	2014 Thrift Improvements - South Wall	11/02/14	0					0	0	HY	0	0
63	Dog Den Shed Roofs	2/13/15	0					0	0	HY	0	0
64	10-15 Cat Enclosures	10/21/15	0					0	0	HY	0	0
65	9-15 Cat Cages & Accessors	9/08/15	0					0	0	HY	0	0
66	Donation Center Sign	9/16/15	0					0	0	HY	0	0
67	1-15 Cash Register	1/05/15	0					0	0	HY	0	0
68	1-15 Cash Register	1/05/15	0					0	0	HY	0	0
69	Donation Center Building	7/31/15	0					0	0	HY	0	0
70	2015 Donation Center Building Improveme	12/31/15	0					0	0	HY	0	0
71	Donation Center Land	7/31/15	0					0	0	HY	0	0
72	140 Railroad Building	8/19/15	0					0	0	HY	0	0
73	2015 140 Railroad Improvements	12/31/15	0					0	0	HY	0	0
74	140 Railroad Land	8/19/15	0					0	0	HY	0	0
75	2006 Dodge Sprinter Van	7/28/15	0					0	0	HY	0	0
76	2015 Shelter Improvements	12/31/15	0					0	0	HY	0	0
77	Sprinter Signage	8/31/15	0					0	0	HY	0	0
78	140RR Improvements	1/28/16	11,920				11,920	15	MO S/L	0	728	
79	Hymeman improvements	4/15/16	24,255				24,255	15	MO S/L	0	1,213	
80	Corner of 357 Sherman	7/31/15	0				0	0	HY	0	0	
	Sold/Scrapped: 12/22/16											
81	Thrift Store Water Pipes	12/07/16	4,178				4,178	15	MO S/L	0	23	

AMT Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
	Total Other Depreciation		<u>40,353</u>			<u>40,353</u>		<u>0</u>	<u>1,964</u>
	Total ACRS and Other Depreciation		<u>40,353</u>			<u>40,353</u>		<u>0</u>	<u>1,964</u>
Listed Property:									
82	Utility Trailer	10/27/16	<u>1,749</u>			<u>1,749</u>	5 MO S/L	<u>0</u>	<u>58</u>
			<u>1,749</u>			<u>1,749</u>		<u>0</u>	<u>58</u>
	Grand Totals		<u>42,102</u>			<u>42,102</u>		<u>0</u>	<u>2,022</u>
	Less: Dispositions and Transfers		<u>0</u>			<u>0</u>		<u>0</u>	<u>0</u>
	Net Grand Totals		<u>42,102</u>			<u>42,102</u>		<u>0</u>	<u>2,022</u>

Bonus Depreciation Report

Asset	Property Description	Date In Service	Tax Cost	Bus Pct	Tax Sec 179 Exp	Current Bonus	Prior Bonus	Tax - Basis for Depr
Activity: Form 990, Page 1								
78	140RR Improvements	1/28/16	11,920		0	0	0	11,920
79	Hymeman improvements	4/15/16	24,255		0	0	0	24,255
81	Thrift Store Water Pipes	12/07/16	4,178		0	0	0	4,178
	Form 990, Page 1		<u>40,353</u>		<u>0</u>	<u>0</u>	<u>0</u>	<u>40,353</u>
	Grand Total		<u>40,353</u>		<u>0</u>	<u>0</u>	<u>0</u>	<u>40,353</u>

Depreciation Adjustment Report

All Business Activities

<u>Form</u>	<u>Unit</u>	<u>Asset</u>	<u>Description</u>	<u>Tax</u>	<u>AMT</u>	<u>AMT Adjustments/ Preferences</u>
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There are no assets that meet the criteria of this report

Asset	Description	Date In Service	Cost	Tax	AMT
Other Depreciation:					
1	Thrift Shop Building	4/13/01	106,572	2,733	0
7	2008 Quickbooks Non Profit Edition	1/08/08	334	0	0
8	Printers	2/10/08	656	0	0
9	Laptop	2/10/08	1,157	0	0
11	2 ea. Desktops & Server	2/10/08	4,023	0	0
12	Wireless Modems	2/10/08	81	0	0
14	Client & Server Anit Virus Software	4/03/08	315	0	0
15	All-In-One Printer	5/12/08	185	0	0
17	Photo Viewer	7/14/08	243	0	0
18	Dog Run Improvements	2/20/08	13,600	907	0
19	Thrift Shop Land	4/13/01	122,615	0	0
22	Canon Digital Camera	12/05/06	137	0	0
24	Used Clothes Dryer	8/21/09	249	0	0
27	2009 Thrift Shop Improvements	11/25/09	21,665	1,444	0
28	2 ea. Backup Disk Drives	1/06/01	195	0	0
30	5-4-10 Laptop Computer	5/04/10	600	0	0
31	Home Again Microchip Scanner	9/08/10	200	0	0
32	POS System Hardware	9/08/10	1,014	0	0
33	2010 Thrift Shop Improvements	10/01/10	46,669	3,111	0
34	GE Washing Machine	10/04/10	650	0	0
35	Thrift Solar Voltaic System	11/15/10	14,000	933	0
36	7-5-11 Shelter Desktop Computer	7/05/11	380	0	0
37	New Cat Enclosures	10/20/11	9,646	643	0
38	Thrift Storage Building	11/25/11	899	0	0
39	11-9-11 Shelter Manager Laptop	11/09/11	603	0	0
40	Thrift Security System	12/12/11	499	0	0
41	Ange Ridge Ranch 39 year	10/06/11	317,931	8,152	0
42	Angel Ridge Ranch 15 year	10/06/11	31,964	2,131	0
43	Angel Ridge Ranch Land	10/06/11	287,550	0	0
44	2011 Thrift Shop Improvements	10/12/11	2,168	145	0
45	Shelter Design (for RLIP)	1/27/11	4,831	0	0
46	Admin Laptop	1/04/12	536	0	0
47	Dog Scale, Camera & Microscope	2/08/12	2,036	43	0
48	2011 Chevrolet Express Van	4/18/12	19,299	1,146	0
49	Shelter Entrance Sign	6/25/12	2,713	181	0
50	Van Signage	7/17/12	1,250	136	0
51	Palay Display Rack - Thrift	9/05/12	860	57	0
52	Fujitsu Scanner	1/30/13	429	85	0
53	1-30-13 Thrift Desktop	1/30/13	427	85	0
54	The Dog Den 39 Year	7/01/14	690,167	17,697	0
55	The Dog Den 15 year	6/30/14	62,216	4,148	0
56	2014 Palay Display Rack - Thrift	3/31/14	1,652	110	0
57	2014 Shelter Desktops	6/30/14	822	164	0
58	2014 Admin Laptop	7/31/14	691	139	0
59	2014 Credit Card Reader	11/30/14	326	66	0
60	2014 Surgical Suite	11/29/14	12,495	833	0
62	2014 Thrift Improvements - South Wall	11/02/14	5,045	336	0
63	Dog Den Shed Roofs	2/13/15	29,527	1,969	0
64	10-15 Cat Enclosures	10/21/15	4,993	333	0
65	9-15 Cat Cages & Accessors	9/08/15	2,200	146	0
66	Donation Center Sign	9/16/15	834	55	0
67	1-15 Cash Register	1/05/15	517	104	0
68	1-15 Cash Register	1/05/15	517	104	0
69	Donation Center Building	7/31/15	95,250	2,442	0
70	2015 Donation Center Building Improvements	12/31/15	10,667	273	0
71	Donation Center Land	7/31/15	174,237	0	0
72	140 Railroad Building	8/19/15	163,800	4,200	0
73	2015 140 Railroad Improvements	12/31/15	16,410	421	0
74	140 Railroad Land	8/19/15	100,700	0	0
75	2006 Dodge Sprinter Van	7/28/15	22,000	4,400	0
76	2015 Shelter Improvements	12/31/15	41,142	1,055	0
77	Sprinter Signage	8/31/15	1,470	294	0
78	140RR Improvements	1/28/16	11,920	795	795
79	Hymeman improvements	4/15/16	24,255	1,617	1,617
81	Thrift Store Water Pipes	12/07/16	4,178	279	279

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>Tax</u>	<u>AMT</u>
Total Other Depreciation			<u>2,497,212</u>	<u>63,912</u>	<u>2,691</u>
Total ACRS and Other Depreciation			<u>2,497,212</u>	<u>63,912</u>	<u>2,691</u>
Listed Property:					
82	Utility Trailer	10/27/16	<u>1,749</u>	<u>350</u>	<u>350</u>
			<u>1,749</u>	<u>350</u>	<u>350</u>
Amortization:					
10	Software - TechSoupStock	2/10/08	300	0	0
23	Adopt A Firend Software	12/05/06	650	0	0
25	Adobe CS3 Software	1/06/09	136	0	0
26	Microsoft Office 2007 License	11/04/09	190	0	0
			<u>1,276</u>	<u>0</u>	<u>0</u>
Grand Totals			<u>2,500,237</u>	<u>64,262</u>	<u>3,041</u>

Form 990	Two Year Comparison Report	2015 & 2016
For calendar year 2016, or tax year beginning _____, ending _____		

Name

Taxpayer Identification Number

SECOND CHANCE HUMANE SOCIETY, INC.**84-1266231**

		2015	2016	Differences
Revenue	1. Contributions, gifts, grants	1,359,428	1,547,868	188,440
	2. Membership dues and assessments			
	3. Government contributions and grants	25,715		-25,715
	4. Program service revenue	50,007	67,785	17,778
	5. Investment income			
	6. Proceeds from tax exempt bonds			
	7. Net gain or (loss) from sale of assets other than inventory	-2,100		2,100
	8. Net income or (loss) from fundraising events	39,910	66,551	26,641
	9. Net income or (loss) from gaming			
	10. Net gain or (loss) on sales of inventory			
	11. Other revenue	6,917	25,547	18,630
	12. Total revenue. Add lines 1 through 11	1,479,877	1,707,751	227,874
Expenses	13. Grants and similar amounts paid	50,000	37,500	-12,500
	14. Benefits paid to or for members			
	15. Compensation of officers, directors, trustees, etc.			
	16. Salaries, other compensation, and employee benefits	584,876	663,753	78,877
	17. Professional fundraising fees			
	18. Other professional fees	120,550	137,933	17,383
	19. Occupancy, rent, utilities, and maintenance	40,747	43,971	3,224
	20. Depreciation and Depletion	56,250	66,832	10,582
	21. Other expenses	132,230	132,463	233
	22. Total expenses. Add lines 13 through 21	984,653	1,082,452	97,799
	23. Excess or (Deficit). Subtract line 22 from line 12	495,224	625,299	130,075
Other Information	24. Total exempt revenue	1,479,877	1,707,751	227,874
	25. Total unrelated revenue	772		-772
	26. Total excludable revenue	93,962	159,883	65,921
	27. Total assets	2,452,891	2,672,813	219,922
	28. Total liabilities	756,559	354,458	-402,101
	29. Retained earnings	1,696,332	2,318,355	622,023
	30. Number of voting members of governing body	7	8	
	31. Number of independent voting members of governing body	7	8	
	32. Number of employees	54	55	
	33. Number of volunteers	89	90	

Form 990T	Two Year Comparison Report	2015 & 2016
For calendar year 2016, or tax year beginning _____, ending _____		

Name **SECOND CHANCE HUMANE SOCIETY, INC.** Taxpayer Identification Number **84-1266231**

		2015	2016	Differences	
Revenue	1. Gross profit/loss on business activities	1.			
	2. Capital gains/losses	2.			
	3. Income/loss from partnerships and S corporations	3.			
	4. Rental income (net of expense)	4.			
	5. Unrelated debt-financed income (net of expense)	5.			
	6. Interest, and other income from controlled organizations (net of expense)	6.			
	7. Investment income of specific organizations (net of expense)	7.			
	8. Exploited exempt activity income (net of expense)	8.			
	9. Advertising income (net of expense)	9.			
	10. Other income	10.	772		-772
	11. Total trade or business income. Combine lines 1 through 10	11.	772		-772
Expenses	12. Compensation of officers, directors, and trustees	12.			
	13. Other salaries and wages	13.			
	14. Repairs and maintenance	14.			
	15. Bad debts	15.			
	16. Interest	16.			
	17. Taxes and licenses	17.			
	18. Charitable contributions	18.			
	19. Depreciation and Depletion	19.			
	20. Contributions to deferred compensation plans	20.			
	21. Employee benefit programs	21.			
	22. Other deductions	22.			
	23. Total deductions. Add lines 12 through 22	23.			
	24. Taxable income before NOL. Subtract line 23 from 11	24.	772		-772
	25. Net operating loss deduction	25.			
	26. Specific deduction	26.	1,000		-1,000
	27. Unrelated business taxable income.	27.	-228		228
	Tax & Credits	28. Income tax (corporate or trust)	28.		
29. Proxy tax		29.			
30. Alternative minimum tax		30.			
31. Total taxes		31.			
32. Other credits		32.			
33. General business credit		33.			
34. Credit for prior year minimum tax		34.			
35. Total credits		35.			
36. Net tax after credits		36.			
37. Recapture taxes		37.			
38. Total Taxes	38.				
Due/Refund	39. Prior year overpayment and estimated tax payments	39.			
	40. Payment made with extension	40.			
	41. Backup withholding and foreign withholding	41.			
	42. Other payments	42.			
	43. Total payments	43.			
	44. Balance due/(Overpayment)	44.			
	45. Overpayment applied to next year	45.			
	46. Penalties	46.			
	47. Total due/(Refund)	47.			

Form 990	Tax Return History	2016
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Name SECOND CHANCE HUMANE SOCIETY, INC.	Employer Identification Number 84-1266231
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	2012	2013	2014	2015	2016	2017
Contributions, gifts, grants				1,385,143	1,547,868	
Membership dues						
Program service revenue				50,007	67,785	
Capital gain or loss				-2,100		
Investment income						
Fundraising revenue (income/loss)				39,910	66,551	
Gaming revenue (income/loss)						
Other revenue				6,917	25,547	
Total revenue				1,479,877	1,707,751	
Grants and similar amounts paid				50,000	37,500	
Benefits paid to or for members						
Compensation of officers, etc.						
Other compensation				584,876	663,753	
Professional fees				120,550	137,933	
Occupancy costs				40,747	43,971	
Depreciation and depletion				56,250	66,832	
Other expenses				132,230	132,463	
Total expenses				984,653	1,082,452	
Excess or (Deficit)				495,224	625,299	
Total exempt revenue				1,479,877	1,707,751	
Total unrelated revenue				772		
Total excludable revenue				93,962	159,883	
Total Assets				2,452,891	2,672,813	
Total Liabilities				756,559	354,458	
Net Fund Balances				1,696,332	2,318,355	

Form 990T	Tax Return History	2016
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Name SECOND CHANCE HUMANE SOCIETY, INC.	Employer Identification Number 84-1266231
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	2012	2013	2014	2015	2016	2017
Business activity profit/loss						
Capital gains/losses						
Partner and S Corp gain/loss						
Rental income*						
Debt-financed income*						
Controlled organizations income/interest*						
Investment income, specific organizations*						
Exploited exempt activity income*						
Other income				772		
Total trade or business income.				772		
Compensation of officers, ect.						
Other salaries and wages						
Repairs and maintenance						
Bad debts						
Interest						
Taxes and licenses						
Charitable contributions						
Depreciation and Depletion						
Deferred compensation plans						
Employee benefit programs						

Form 990T	Tax Return History	2016
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Name SECOND CHANCE HUMANE SOCIETY, INC.	Employer Identification Number 84-1266231
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	2012	2013	2014	2015	2016	2017
Other deductions						
Net operating loss deduction						
Specific deduction				1,000		
Income after expense and deductions				-228		
Income tax (corporate or trust)						
Other taxes						
Total taxes						
General business credit						
Other credits						
Net tax after credits						
Estimated tax payments						
Other payments						
Balance due/Overpayment						

* Income shown net of expenses

Federal Statements**Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)**

<u>Description</u>	<u>Total Expenses</u>	<u>Program Service</u>	<u>Management & General</u>	<u>Fund Raising</u>
ANIMAL CARE FOOD AND EXPENSES	\$ 69,401	\$ 69,401		
ACCOUNTING/PAYROLL FEES	5,393	3,775	1,079	539
CREDIT CARD MERCHANT FEES	14,135	14,135		
FACILITY REPAIRS AND MAINT	20,088	17,075	2,009	1,004
RETAIL SUPPLIES	4,406	3,084	881	441
VEHICLE FUEL AND EXPENSES	5,559	3,891	1,112	556
ADVISORY FEES	158	110	32	16
TOTAL	<u>\$ 119,140</u>	<u>\$ 111,471</u>	<u>\$ 5,113</u>	<u>\$ 2,556</u>

Schedule A, Part II, Line 1(e)

<u>Description</u>	<u>Amount</u>
DIRECT PUBLIC SUPPORT	\$ 105,634
OTHER DONATIVE NON PROFIT INCOME	6,261
PRIVATE FOUNDATIONS & TRUST GRANTS	21,090
DIRECT PUB SUPP. THRIFT	709,883
ELAINE HYNEMAN	
CASH CONTRIBUTION	655,000
TIMOTHY SYKES FOUNDATION	
CASH CONTRIBUTION	50,000
TOTAL	<u>\$ 1,547,868</u>

Schedule A, Part II, Line 10(e)

<u>Description</u>	<u>Amount</u>
SHELTER OPERATIONS INCOME	\$ 44,300
ANIMAL CONTROL ASSISTANCE INC	13,455
GOV'T GRANTS FOR COMMUNITY OR	10,030
INCIDENTAL RENTAL INCOME	23,418
OTHER MISC INCOME	2,129
FUNDRAISING	66,551
TOTAL	<u>\$ 159,883</u>

Fundraising

Other Direct Fundraising or Gaming Expenses

<u>Description</u>	<u>Amount</u>
FOOD, FACILITIES ETC	\$ _____
TOTAL	\$ <u>0</u>