



August 2, 2019

CONFIDENTIAL

Second Chance Humane Society, Inc.
PO Box 2096
Ridgway, CO 81432-2096

Dear Second Chance Humance Society:

We have prepared the following returns from information provided by you without verification or audit.

Return of Organization Exempt From Income Tax (Form 990)

We suggest that you examine these returns carefully to fully acquaint yourself with all items contained therein to ensure that there are no omissions or misstatements. Attached are instructions for signing and filing each return. Please follow those instructions carefully.

Enclosed is any material you furnished for use in preparing the returns. If the returns are examined, requests may be made for supporting documentation. Therefore, we recommend that you retain all pertinent records for at least seven years.

In order that we may properly advise you of tax considerations, please keep us informed of any significant changes in your financial affairs or of any correspondence received from taxing authorities.

If you have any questions, or if we can be of assistance in any way, please call.

Sincerely,

MAXFIELD PETERSON, PC

Forms 990 / 990-EZ Return Summary

For calendar year 2018, or tax year beginning _____, and ending _____

84-1266231

SECOND CHANCE HUMANE SOCIETY, INC.

Net Asset / Fund Balance at Beginning of Year 2,866,233

Revenue

Contributions	<u>1,044,887</u>	
Program service revenue	<u>67,167</u>	
Investment income	<u>2,728</u>	
Capital gain / loss	<u>-226</u>	
Fundraising / Gaming:		
Gross revenue	<u>45,697</u>	
Direct expenses	<u> </u>	
Net income	<u>45,697</u>	
Other income	<u>25,668</u>	
Total revenue		<u>1,185,921</u>

Expenses

Program services	<u>1,057,130</u>	
Management and general	<u>139,966</u>	
Fundraising	<u>73,583</u>	
Total expenses		<u>1,270,679</u>
Excess / (deficit)		<u>-84,758</u>
 Changes		 <u>-1,797</u>

Net Asset / Fund Balance at End of Year 2,779,678

Reconciliation of Revenue

Total revenue per financial statements	<u>1,184,127</u>
Less:	
Unrealized gains	<u>-1,794</u>
Donated services	<u> </u>
Recoveries	<u> </u>
Other	<u> </u>
Plus:	
Investment expenses	<u> </u>
Other	<u> </u>
Total revenue per return	<u>1,185,921</u>

Reconciliation of Expenses

Total expenses per financial statements	<u>1,270,682</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>1,270,679</u>

Balance Sheet

	Beginning	Ending	
Assets	<u>3,054,559</u>	<u>2,965,046</u>	
Liabilities	<u>188,326</u>	<u>185,368</u>	
Net assets	<u>2,866,233</u>	<u>2,779,678</u>	<u>-86,555</u>

Miscellaneous Information

Amended return _____
 Return / extended due date 11/15/19
 Failure to file penalty _____

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2018 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: **SECOND CHANCE HUMANE SOCIETY**
 Number and street (or P.O. box if mail is not delivered to street address): **PO BOX 2096** Room/suite:
 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\$: **1,186,147**

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) () (insert no.) 4947(a)(1) or 527

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

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

Part I Summary

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	5
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	5
	5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	68
	6 Total number of volunteers (estimate if necessary)	6	90
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, line 38	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	1,599,571	1,044,887
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	70,662	67,167
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	86,872	71,365
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,757,105	1,185,921
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	62,500	37,500
	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)	746,156	842,869
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 73,583		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	411,869	390,310
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	1,220,525	1,270,679	
19 Revenue less expenses. Subtract line 18 from line 12	536,580	-84,758	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	3,054,559	2,965,046
	22 Net assets or fund balances. Subtract line 21 from line 20	188,326	185,368
		2,866,233	2,779,678

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: **KEVIN MCNEILL** Date: **SECRETARY / TREASURER**
 Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: **STEPHEN M. PETERSON** Preparer's signature: **STEPHEN M. PETERSON** Date: **08/02/19** 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 \$ **456,680** including grants of\$) (Revenue \$ **52,502**)
OPERATE ANIMAL SHELTER: PROVIDE CARE FOR LOST, ABANDONED, SURRENDERED AND HOMELESS DOMESTIC ANIMALS IN OURAY, MONTROSE, 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. IN 2016 SECOND CHANCE ACCEPTED, PLACED, AND CARED FOR HUNDREDS OF ANIMALS.

4b (Code:) (Expenses \$ **416,509** including grants of\$) (Revenue \$ **861,768**)
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 \$ **183,941** including grants of\$ **37,500**) (Revenue \$ **19,665**)
MISSION STATEMENT: SAVING ANIMALS AND PROMOTING 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 ► **1,057,130**

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
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	

Part IV Checklist of Required Schedules *(continued)*

		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on 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, Part 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		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		

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

		Yes	No		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	68		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	X		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X	
b	If "Yes," enter the name of the foreign country: ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X	
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X	
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	Organizations that may receive deductible contributions under section 170(c).				
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X	
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		X	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		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?	8			
9	Sponsoring organizations maintaining donor advised funds.				
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b			
10	Section 501(c)(7) organizations. Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X	
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b			
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15		X	
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		X	

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?		<input checked="" type="checkbox"/>
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?		<input checked="" type="checkbox"/>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		<input checked="" type="checkbox"/>
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		<input checked="" type="checkbox"/>
6	Did the organization have members or stockholders?		<input checked="" type="checkbox"/>
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?		<input checked="" type="checkbox"/>
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		<input checked="" type="checkbox"/>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	The governing body?	<input checked="" type="checkbox"/>	
8b	Each committee with authority to act on behalf of the governing body?	<input checked="" type="checkbox"/>	
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		<input checked="" type="checkbox"/>

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?		<input checked="" type="checkbox"/>
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?		<input checked="" type="checkbox"/>
11b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	<input checked="" type="checkbox"/>	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<input checked="" type="checkbox"/>	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	<input checked="" type="checkbox"/>	
13	Did the organization have a written whistleblower policy?		<input checked="" type="checkbox"/>
14	Did the organization have a written document retention and destruction policy?		<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>	
15b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	<input checked="" type="checkbox"/>	
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?		<input checked="" type="checkbox"/>
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 **▶ NONE**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) 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 **▶**

**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	47.00 0.00	X						81,410	0	0
(2) ASHLEY BRADLEY PRESIDENT	10.00 0.00	X		X				0	0	0
(3) DAVE BOWMAN VICE PRESIDENT	10.00 0.00	X		X				0	0	0
(4) CHAUCEY EDWARDS BOARD MEMBER	10.00 0.00	X						0	0	0
(5) KEVIN MCNEILL SECRETARY/TREASURER	10.00 0.00	X		X				0	0	0
(6) CINDY OTT-JONES BOARD MEMBER	10.00 0.00	X						0	0	0
(7)										
(8)										
(9)										
(10)										
(11)										

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	1,044,887			
	g Noncash contributions included in lines 1a-1f: \$	867,768			
	h Total. Add lines 1a-1f	1,044,887			
Program Service Revenue	2a SHELTER OPERATIONS INCOME	39,967			39,967
	b GOV'T GRANTS FOR COMMUNITY OR	14,665			14,665
	c ANIMAL CONTROL ASSISTANCE INC	12,535			12,535
	d				
	e				
	f All other program service revenue				
	g Total. Add lines 2a-2f	67,167			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	2,728	2,728		
	4 Income from investment of tax-exempt bond proceeds				
	5 Royalties				
	6a Gross rents				
	b Less: rental exps.				
	c Rental inc. or (loss)				
	d Net rental income or (loss)				
	7a Gross amount from sales of assets other than inventory				
	b Less: cost or other basis & sales exps.	226			
	c Gain or (loss)	-226			
	d Net gain or (loss)	-226	-226		
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	45,697			
	b Less: direct expenses				
	c Net income or (loss) from fundraising events	45,697			45,697
	9a Gross income from gaming activities. See Part IV, line 19				
b Less: direct expenses					
c Net income or (loss) from gaming activities					
10a Gross sales of inventory, less returns and allowances					
b Less: cost of goods sold					
c Net income or (loss) from sales of inventory					
Miscellaneous Revenue					
11a INCIDENTAL RENTAL INCOME	23,240			23,240	
b OTHER MISC INCOME	2,428			2,428	
c					
d All other revenue					
e Total. Add lines 11a-11d	25,668				
12 Total revenue. See instructions.	1,185,921	2,502	0	138,532	

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	752,197	639,367	75,220	37,610
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	32,220	22,566	6,436	3,218
10 Payroll taxes	58,452	40,917	11,690	5,845
11 Fees for services (non-employees):				
a Management	9,798	6,858	1,960	980
b Legal	33	23	7	3
c Accounting	8,350	5,845	1,670	835
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.)	124,350	116,616	5,156	2,578
12 Advertising and promotion	9,466	6,626	1,893	947
13 Office expenses	55,603	34,503	14,399	6,701
14 Information technology	6,948	4,863	1,390	695
15 Royalties				
16 Occupancy	48,799	34,159	9,760	4,880
17 Travel	3,508	2,455	702	351
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	7,886	6,309	1,183	394
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	72,062	72,062		
23 Insurance	37,388	26,461	8,500	2,427
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	6,119			6,119
b				
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	1,270,679	1,057,130	139,966	73,583
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	534,836	1	468,839
	2 Savings and temporary cash investments	115,332	2	117,337
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	9,625	4	
	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	1,904	9	3,151
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 2,680,027		
	b Less: accumulated depreciation	10b 396,069	10c 2,301,063	2,283,958
	11 Investments—publicly traded securities	91,799	11	91,761
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)	3,054,559	16	2,965,046	
Liabilities	17 Accounts payable and accrued expenses	5,704	17	5,054
	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		22	
	23 Secured mortgages and notes payable to unrelated third parties	175,658	23	171,126
	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	6,964	25	9,188
	26 Total liabilities. Add lines 17 through 25	188,326	26	185,368
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	1,544,612	27	1,458,057
	28 Temporarily restricted net assets	90,000	28	90,000
	29 Permanently restricted net assets	1,231,621	29	1,231,621
	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	2,866,233	33	2,779,678	
34 Total liabilities and net assets/fund balances	3,054,559	34	2,965,046	

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	1,185,921
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,270,679
3	Revenue less expenses. Subtract line 2 from line 1	3	-84,758
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,866,233
5	Net unrealized gains (losses) on investments	5	-1,794
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-3
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	2,779,678

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		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
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)

Public Charity Status and Public Support

OMB No. 1545-0047

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

2018

Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 990 or Form 990-EZ.**

Open to Public Inspection

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

Name of the organization SECOND CHANCE HUMANE SOCIETY, INC.	Employer identification number 84-1266231
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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) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	429,139	872,013	1,567,493	1,599,571	1,044,887	5,513,103
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	429,139	872,013	1,567,493	1,599,571	1,044,887	5,513,103
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.						5,513,103

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 Amounts from line 4	429,139	872,013	1,567,493	1,599,571	1,044,887	5,513,103
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	9	235	782	6,736	2,728	10,490
9 Net income from unrelated business activities, whether or not the business is regularly carried on		772				772
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)		110,012	159,883	157,534	138,532	565,961
11 Total support. Add lines 7 through 10						6,090,326
12 Gross receipts from related activities, etc. (see instructions)					12	2,728

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 2018 (line 6, column (f) divided by line 11, column (f))	14	90.52%
15 Public support percentage from 2017 Schedule A, Part II, line 14	15	91.61%

16a 33 1/3% support test—2018. 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—2017. 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—2018. 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—2017. 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) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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 ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2017 Schedule A, Part III, line 17	18	%

- 19a 33 1/3% support tests—2018.** 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—2017.** 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>		
3b	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>		
3c	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>		
4b	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>		
4c	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>		
5b	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?		
5c	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 (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <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>		
9b	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>		
9c	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>		
10b	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)*

	Yes	No
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? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>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.</i>		
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? <i>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.</i>		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>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).</i>		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

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 <input type="checkbox"/> The organization satisfied the Activities Test. <i>Complete line 2 below.</i>		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>		
c <input type="checkbox"/> The organization supported a governmental entity. <i>Describe in Part VI how you supported a government entity (see instructions).</i>		
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? <i>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.</i>		
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? <i>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.</i>		
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? <i>Provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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 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 2018 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-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2018			
a From 2013			
b From 2014			
c From 2015			
d From 2016			
e From 2017			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2018, 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 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2019. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2014			
b Excess from 2015			
c Excess from 2016			
d Excess from 2017			
e Excess from 2018			

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

SHELTER OPERATIONS INCOME	\$39,967
ANIMAL CONTROL ASSISTANCE INCOME	\$12,535
GOV'T GRANTS FOR COMMUNITY OUTREACH	\$14,665
INCIDENTAL RENTAL INCOME	\$23,240
OTHER MISC INCOME	\$2,428
EVENT FUNDRAISING	\$45,697

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047

2018

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... Yes No, 6 Did the organization inform all grantees... Yes No.

Part II Conservation Easements.

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

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements, 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution, 3 Number of conservation easements modified, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy..., 6 Staff and volunteer hours..., 7 Amount of expenses..., 8 Does each conservation easement..., 9 In Part XIII, describe how the organization reports...

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: Description, Amount. Rows include: 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report..., 1b If the organization elected, as permitted under SFAS 116 (ASC 958), to report..., 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain...

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 ▶ %
 - b** Permanent endowment ▶ %
 - c** Temporarily restricted endowment ▶ %
 The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	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		1,994,925	396,069	1,598,856
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				2,283,958

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.) ▶		

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.) ▶		

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.) ▶	

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	9,188
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	9,188

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	1,184,127
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		-1,794
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	-1,794
3	Subtract line 2e from line 1		3	1,185,921
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	1,185,921

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	1,270,682
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		3
e	Add lines 2a through 2d		2e	3
3	Subtract line 2e from line 1		3	1,270,679
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	1,270,679

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 XII, LINE 2D - EXPENSE AMOUNTS INCLUDED IN FINANCIALS - OTHER

BOOK / TAX DEPRECIATION DIFFERENCE \$ **3**

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

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047
2018
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990 or Form 990-EZ.

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

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.

.....
.....
.....
.....

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	45,697			45,697
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)	45,697			45,697
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)				45,697	

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:

**SCHEDULE I
(Form 990)**

**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.

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 990.**

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

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 ▶
- 3** Enter total number of other organizations listed in the line 1 table ▶

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

Schedule I (Form 990) (2018)

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 M (Form 990)

Noncash Contributions

OMB No. 1545-0047

2018

Open To Public Inspection

Department of the Treasury Internal Revenue Service

- Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization

SECOND CHANCE HUMANE SOCIETY, INC.

Employer identification number

84-1266231

Part I Types of Property

Table with 4 columns: (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. Rows include Art, Books, Clothing, Cars, Boats, Intellectual property, Securities, etc.

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

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?

Table with 3 columns: Question, Yes, No. Rows 30a, 31, 32a.

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?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

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.

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2018

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 ANIMALS 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. ANNUAL FINANCIAL INFORMATION IS ALSO AVAILABLE ON OUR WEBSITE INCLUDING THE ANNUAL REPORT AND FEDERAL FORM 990.

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

Employer identification number

SECOND CHANCE HUMANE SOCIETY, INC.

84-1266231

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 XI, LINE 9 - OTHER CHANGES IN NET ASSETS EXPLANATION

BOOK / TAX DEPRECIATION DIFFERENCE \$ -3

Form **4562**

Department of the Treasury
Internal Revenue Service (99)

Depreciation and Amortization (Including Information on Listed Property)

▶ Attach to your tax return.

▶ Go to www.irs.gov/Form4562 for instructions and the latest information.

OMB No. 1545-0172

2018

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	1,000,000
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	2,500,000
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 2017 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 2019. 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	70,942

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 2018	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 type="checkbox"/>	

Section B—Assets Placed in Service During 2018 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	
i	Nonresidential real property	03/16/18	39 yrs.	MM	S/L	1,120

Section C—Assets Placed in Service During 2018 Tax Year Using the Alternative Depreciation System

20a	Class life				S/L	
b	12-year		12 yrs.		S/L	
c	30-year		30 yrs.	MM	S/L	
d	40-year		40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
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	72,062
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** (2018)

THERE ARE NO AMOUNTS FOR PAGE 2

Federal Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Basis for Depr	PerConv Meth	Prior	Current
Non-Residential Real Property:									
89	Training Barn and Storage Shed	3/16/18	55,186			55,186	39 MMS/L	0	1,120
			<u>55,186</u>			<u>55,186</u>		<u>0</u>	<u>1,120</u>
Other Depreciation:									
1	Thrift Shop Building	4/13/01	106,572			106,572	39 MO S/L	45,545	2,732
7	2008 Quickbooks Non Profit Edition	1/08/08	334			334	5 MO S/L	334	0
	Mass Sale: 1/01/18								
8	Printers	2/10/08	656			656	5 MO S/L	656	0
	Mass Sale: 1/01/18								
9	Laptop	2/10/08	1,157			1,157	5 MO S/L	1,157	0
	Mass Sale: 1/01/18								
11	2 ea. Desktops & Server	2/10/08	4,023			4,023	5 MO S/L	4,023	0
	Mass Sale: 1/01/18								
12	Wireless Modems	2/10/08	81			81	5 MO S/L	81	0
	Mass Sale: 1/01/18								
14	Client & Server Anit Virus Software	4/03/08	315			315	5 MO S/L	315	0
	Mass Sale: 1/01/18								
15	All-In-One Printer	5/12/08	185			185	5 MO S/L	185	0
	Mass Sale: 1/01/18								
17	Photo Viewer	7/14/08	243			243	5 MO S/L	243	0
	Mass Sale: 1/01/18								
18	Dog Run Improvements	2/20/08	13,600			13,600	15 MO S/L	8,918	907
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
	Mass Sale: 1/01/18								
24	Used Clothes Dryer	8/21/09	249			249	5 MO S/L	249	0
	Mass Sale: 1/01/18								
27	2009 Thrift Shop Improvements	11/25/09	21,665			21,665	15 MO S/L	11,674	1,444
28	2 ea. Backup Disk Drives	1/06/01	195			195	5 MO S/L	195	0
	Mass Sale: 1/01/18								
30	5-4-10 Laptop Computer	5/04/10	600			600	5 MO S/L	600	0
	Mass Sale: 1/01/18								
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	22,562	3,111
34	GE Washing Machine	10/04/10	650			650	5 MO S/L	650	0
	Mass Sale: 1/01/18								
35	Thrift Solar Voltaic System	11/15/10	14,000			14,000	15 MO S/L	6,650	933
36	7-5-11 Shelter Desktop Computer	7/05/11	380			380	5 MO S/L	380	0
	Mass Sale: 1/01/18								
37	New Cat Enclosures	10/20/11	9,646			9,646	15 MO S/L	3,985	643
38	Thrift Storage Building	11/25/11	899			899	5 MO S/L	899	0
39	11-9-11 Shelter Manager Laptop	11/09/11	603			603	5 MO S/L	603	0
	Mass Sale: 1/01/18								
40	Thrift Security System	12/12/11	499			499	5 MO S/L	499	0
41	Ange Ridge Ranch 39 year	10/06/11	317,931			317,931	39 MO S/L	50,833	8,152
42	Angel Ridge Ranch 15 year	10/06/11	31,964			31,964	15 MO S/L	13,285	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	901	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
	Mass Sale: 1/01/18								
47	Dog Scale, Camera & Microscope	2/08/12	2,036			2,036	5 MO S/L	2,036	0
48	2011 Chevrolet Express Van	4/18/12	19,299			19,299	5 MO S/L	19,299	0
49	Shelter Entrance Sign	6/25/12	2,713			2,713	15 MO S/L	998	180
50	Van Signage	7/17/12	1,250			1,250	5 MO S/L	1,250	0
51	Palay Display Rack - Thrift	9/05/12	860			860	15 MO S/L	304	57
52	Fujitsu Scanner	1/30/13	429			429	5 MO S/L	422	7
53	1-30-13 Thrift Desktop	1/30/13	427			427	5 MO S/L	419	0
	Mass Sale: 1/01/18								
54	The Dog Den 39 Year	7/01/14	690,167			690,167	39 MO S/L	61,938	17,696
55	The Dog Den 15 year	6/30/14	62,216			62,216	15 MO S/L	14,528	4,148
56	2014 Palay Display Rack - Thrift	3/31/14	1,652			1,652	15 MO S/L	413	111
57	2014 Shelter Desktops	6/30/14	822			822	5 MO S/L	576	165
58	2014 Admin Laptop	7/31/14	691			691	5 MO S/L	473	0
	Mass Sale: 1/01/18								
59	2014 Credit Card Reader	11/30/14	326			326	5 MO S/L	202	65

Federal Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179Bonus	Basis for Depr	PerConv Meth	Prior	Current
60	2014 Surgical Suite	11/29/14	12,495			12,495	15 MO S/L	2,573	833
62	2014 Thrift Improvements - South Wall	11/02/14	5,045			5,045	15 MO S/L	1,065	336
63	Dog Den Shed Roofs	2/13/15	29,527			29,527	15 MO S/L	5,676	1,968
64	10-15 Cat Enclosures	10/21/15	4,993			4,993	15 MO S/L	731	333
65	9-15 Cat Cages & Accessors	9/08/15	2,200			2,200	15 MO S/L	339	147
66	Donation Center Sign	9/16/15	834			834	15 MO S/L	127	56
67	1-15 Cash Register	1/05/15	517			517	5 MO S/L	309	103
68	1-15 Cash Register	1/05/15	517			517	5 MO S/L	309	103
69	Donation Center Building	7/31/15	95,250			95,250	39 MO S/L	5,902	2,443
70	2015 Donation Center Building Improveme	12/31/15	10,667			10,667	39 MO S/L	547	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	9,940	4,200
73	2015 140 Railroad Improvements	12/31/15	16,410			16,410	39 MO S/L	842	420
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	10,670	4,400
76	2015 Shelter Improvements	12/31/15	41,142			41,142	39 MO S/L	2,110	1,055
77	Sprinter Signage	8/31/15	1,470			1,470	5 MO S/L	686	294
78	140RR Improvements	1/28/16	11,920			11,920	15 MO S/L	1,523	795
79	Hymeman improvements	4/15/16	24,255			24,255	15 MO S/L	2,830	1,617
81	Thrift Store Water Pipes	12/07/16	4,178			4,178	15 MO S/L	302	278
82	Utility Trailer	10/27/16	1,749			1,749	5 MO S/L	408	350
83	CUSTOMER DATABASE SOFTWARE	5/09/17	7,161			7,161	5 MO S/L	955	1,432
84	Kawaski ATV & Plow	3/13/17	9,399			9,399	5 MO S/L	1,567	1,879
85	Irrigation	11/01/17	33,957			33,957	15 MO S/L	377	2,264
86	Parking Lot Area	11/15/17	7,700			7,700	15 MO S/L	86	513
87	Training Barn	11/01/17	74,410			74,410	39 MO S/L	318	1,908
88	140RR Gas Conversion	11/01/17	4,715			4,715	15 MO S/L	52	315
	Total Other Depreciation		<u>2,636,303</u>			<u>2,636,303</u>		<u>335,242</u>	<u>70,942</u>
	Total ACRS and Other Depreciation		<u>2,636,303</u>			<u>2,636,303</u>		<u>335,242</u>	<u>70,942</u>
Amortization:									
10	Software - TechSoupStock	2/10/08	300			300	5 MO Amort	300	0
23	Adopt A Firend Software	12/05/06	650			650	3 MO Amort	650	0
25	Adobe CS3 Software	1/06/09	136			136	3 MO Amort	136	0
26	Microsoft Office 2007 License	11/04/09	190			190	3 MO Amort	190	0
	Mass Sale: 1/01/18								
			<u>1,276</u>			<u>1,276</u>		<u>1,276</u>	<u>0</u>
	Grand Totals		2,692,765			2,692,765		336,518	72,062
	Less: Dispositions and Transfers		11,652			11,652		11,426	0
	Less: Start-up/Org Expense		0			0		0	0
	Net Grand Totals		<u>2,681,113</u>			<u>2,681,113</u>		<u>325,092</u>	<u>72,062</u>

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	PerConv	Meth	Prior	Current
Non-Residential Real Property:											
89	Training Barn and Storage Shed	3/16/18	55,186				55,186	39	MMS/L	0	1,120
			<u>55,186</u>				<u>55,186</u>			<u>0</u>	<u>1,120</u>
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
	Mass Sale: 1/01/18										
8	Printers	2/10/08	0				0	0	HY	0	0
	Mass Sale: 1/01/18										
9	Laptop	2/10/08	0				0	0	HY	0	0
	Mass Sale: 1/01/18										
11	2 ea. Desktops & Server	2/10/08	0				0	0	HY	0	0
	Mass Sale: 1/01/18										
12	Wireless Modems	2/10/08	0				0	0	HY	0	0
	Mass Sale: 1/01/18										
14	Client & Server Anit Virus Software	4/03/08	0				0	0	HY	0	0
	Mass Sale: 1/01/18										
15	All-In-One Printer	5/12/08	0				0	0	HY	0	0
	Mass Sale: 1/01/18										
17	Photo Viewer	7/14/08	0				0	0	HY	0	0
	Mass Sale: 1/01/18										
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
	Mass Sale: 1/01/18										
24	Used Clothes Dryer	8/21/09	0				0	0	HY	0	0
	Mass Sale: 1/01/18										
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
	Mass Sale: 1/01/18										
30	5-4-10 Laptop Computer	5/04/10	0				0	0	HY	0	0
	Mass Sale: 1/01/18										
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
	Mass Sale: 1/01/18										
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
	Mass Sale: 1/01/18										
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
	Mass Sale: 1/01/18										
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
	Mass Sale: 1/01/18										
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
	Mass Sale: 1/01/18										
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
	Mass Sale: 1/01/18										
59	2014 Credit Card Reader	11/30/14	0				0	0	HY	0	0

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

Asset	Description	Date In Service	Cost	Bus %	Sec 179Bonus	Basis for Depr	PerConv Meth	Prior	Current
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	1,523	795
79	Hymeman improvements	4/15/16	24,255			24,255	15 MO S/L	2,830	1,617
81	Thrift Store Water Pipes	12/07/16	4,178			4,178	15 MO S/L	302	278
82	Utility Trailer	10/27/16	1,749			1,749	5 MO S/L	408	350
83	CUSTOMER DATABASE SOFTWARE	5/09/17	0			0	0 HY	0	0
84	Kawaski ATV & Plow	3/13/17	9,399			9,399	5 MO S/L	1,567	1,879
85	Irrigation	11/01/17	33,957			33,957	15 MO S/L	377	2,264
86	Parking Lot Area	11/15/17	7,700			7,700	15 MO S/L	86	513
87	Training Barn	11/01/17	74,410			74,410	39 MO S/L	318	1,908
88	140RR Gas Conversion	11/01/17	4,715			4,715	15 MO S/L	52	315
	Total Other Depreciation		<u>172,283</u>			<u>172,283</u>		<u>7,463</u>	<u>9,919</u>
	Total ACRS and Other Depreciation		<u>172,283</u>			<u>172,283</u>		<u>7,463</u>	<u>9,919</u>
	Grand Totals		227,469			227,469		7,463	11,039
	Less: Dispositions and Transfers		<u>0</u>			<u>0</u>		<u>0</u>	<u>0</u>
	Net Grand Totals		<u>227,469</u>			<u>227,469</u>		<u>7,463</u>	<u>11,039</u>

Bonus Depreciation Report**Form 990, Page 1**

Asset	Property Description	Date In Service	Tax Cost	Bus Pct	Tax Sec 179 Exp	Current Bonus	Prior Bonus	Tax - Basis for Depr
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
85	Irrigation	11/01/17	33,957		0	0	0	33,957
86	Parking Lot Area	11/15/17	7,700		0	0	0	7,700
87	Training Barn	11/01/17	74,410		0	0	0	74,410
88	140RR Gas Conversion	11/01/17	4,715		0	0	0	4,715
Grand Total			<u>161,135</u>		<u>0</u>	<u>0</u>	<u>0</u>	<u>161,135</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>
<u>MACRS Adjustments:</u>						
Page 1	1	89	Training Barn and Storage Shed	1,120	1,120	0
				<u>1,120</u>	<u>1,120</u>	<u>0</u>

Asset	Description	Date In Service	Cost	Tax	AMT
Prior MACRS:					
89	Training Barn and Storage Shed	3/16/18	55,186	1,415	1,415
			<u>55,186</u>	<u>1,415</u>	<u>1,415</u>
Other Depreciation:					
1	Thrift Shop Building	4/13/01	106,572	2,733	0
18	Dog Run Improvements	2/20/08	13,600	906	0
19	Thrift Shop Land	4/13/01	122,615	0	0
27	2009 Thrift Shop Improvements	11/25/09	21,665	1,445	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
35	Thrift Solar Voltaic System	11/15/10	14,000	934	0
37	New Cat Enclosures	10/20/11	9,646	643	0
38	Thrift Storage Building	11/25/11	899	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
47	Dog Scale, Camera & Microscope	2/08/12	2,036	0	0
48	2011 Chevrolet Express Van	4/18/12	19,299	0	0
49	Shelter Entrance Sign	6/25/12	2,713	181	0
50	Van Signage	7/17/12	1,250	0	0
51	Palay Display Rack - Thrift	9/05/12	860	58	0
52	Fujitsu Scanner	1/30/13	429	0	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	81	0
59	2014 Credit Card Reader	11/30/14	326	59	0
60	2014 Surgical Suite	11/29/14	12,495	833	0
62	2014 Thrift Improvements - South Wall	11/02/14	5,045	337	0
63	Dog Den Shed Roofs	2/13/15	29,527	1,969	0
64	10-15 Cat Enclosures	10/21/15	4,993	332	0
65	9-15 Cat Cages & Accessors	9/08/15	2,200	147	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	794	794
79	Hymeman improvements	4/15/16	24,255	1,617	1,617
81	Thrift Store Water Pipes	12/07/16	4,178	279	279
82	Utility Trailer	10/27/16	1,749	350	350
83	CUSTOMER DATABASE SOFTWARE	5/09/17	7,161	1,432	0
84	Kawaski ATV & Plow	3/13/17	9,399	1,880	1,880
85	Irrigation	11/01/17	33,957	2,264	2,264
86	Parking Lot Area	11/15/17	7,700	513	513
87	Training Barn	11/01/17	74,410	1,908	1,908
88	140RR Gas Conversion	11/01/17	4,715	314	314
	Total Other Depreciation		<u>2,624,841</u>	<u>70,851</u>	<u>9,919</u>

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>Tax</u>	<u>AMT</u>
Total ACRS and Other Depreciation			<u>2,624,841</u>	<u>70,851</u>	<u>9,919</u>
<u>Amortization:</u>					
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
			<u>1,086</u>	<u>0</u>	<u>0</u>
Grand Totals			<u>2,681,113</u>	<u>72,266</u>	<u>11,334</u>

Form 990	Two Year Comparison Report	2017 & 2018
For calendar year 2018, or tax year beginning _____, ending _____		

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

		2017	2018	Differences
Revenue	1. Contributions, gifts, grants	1,599,571	1,044,887	-554,684
	2. Membership dues and assessments			
	3. Government contributions and grants			
	4. Program service revenue	70,662	67,167	-3,495
	5. Investment income		2,728	2,728
	6. Proceeds from tax exempt bonds			
	7. Net gain or (loss) from sale of assets other than inventory		-226	-226
	8. Net income or (loss) from fundraising events	62,441	45,697	-16,744
	9. Net income or (loss) from gaming			
	10. Net gain or (loss) on sales of inventory			
	11. Other revenue	24,431	25,668	1,237
	12. Total revenue. Add lines 1 through 11	1,757,105	1,185,921	-571,184
Expenses	13. Grants and similar amounts paid	62,500	37,500	-25,000
	14. Benefits paid to or for members			
	15. Compensation of officers, directors, trustees, etc.			
	16. Salaries, other compensation, and employee benefits	746,156	842,869	96,713
	17. Professional fundraising fees			
	18. Other professional fees	151,239	142,531	-8,708
	19. Occupancy, rent, utilities, and maintenance	50,763	48,799	-1,964
	20. Depreciation and Depletion	67,617	72,062	4,445
	21. Other expenses	142,250	126,918	-15,332
	22. Total expenses. Add lines 13 through 21	1,220,525	1,270,679	50,154
	23. Excess or (Deficit). Subtract line 22 from line 12	536,580	-84,758	-621,338
Other Information	24. Total exempt revenue	1,757,105	1,185,921	-571,184
	25. Total unrelated revenue			
	26. Total excludable revenue	157,534	141,034	-16,500
	27. Total assets	3,054,559	2,965,046	-89,513
	28. Total liabilities	188,326	185,368	-2,958
	29. Retained earnings	2,866,233	2,779,678	-86,555
	30. Number of voting members of governing body	8	5	
31. Number of independent voting members of governing body	8	5		
32. Number of employees	62	68		
33. Number of volunteers	90	90		

Form 990	Tax Return History	2018
Name SECOND CHANCE HUMANE SOCIETY, INC.		Employer Identification Number 84-1266231

	2014	2015	2016	2017	2018	2019
Contributions, gifts, grants		1,385,143	1,567,493	1,599,571	1,044,887	1,044,887
Membership dues						
Program service revenue		50,007	67,785	70,662	67,167	67,167
Capital gain or loss		-2,100			-226	-226
Investment income					2,728	2,728
Fundraising revenue (income/loss)		39,910	46,926	62,441	45,697	45,697
Gaming revenue (income/loss)						
Other revenue		6,917	25,547	24,431	25,668	25,668
Total revenue		1,479,877	1,707,751	1,757,105	1,185,921	1,185,921
Grants and similar amounts paid		50,000	37,500	62,500	37,500	37,500
Benefits paid to or for members						
Compensation of officers, etc.						
Other compensation		584,876	663,753	746,156	842,869	842,869
Professional fees		120,550	137,933	151,239	142,531	142,531
Occupancy costs		40,747	43,971	50,763	48,799	48,799
Depreciation and depletion		56,250	66,832	67,617	72,062	72,062
Other expenses		132,230	132,463	142,250	126,918	126,918
Total expenses		984,653	1,082,452	1,220,525	1,270,679	1,270,679
Excess or (Deficit)		495,224	625,299	536,580	-84,758	-84,758
Total exempt revenue		1,479,877	1,707,751	1,757,105	1,185,921	1,185,921
Total unrelated revenue		772				
Total excludable revenue		93,962	140,258	157,534	141,034	141,034
Total Assets		2,452,891	2,672,813	3,054,559	2,965,046	2,965,046
Total Liabilities		756,559	354,458	188,326	185,368	185,368
Net Fund Balances		1,696,332	2,318,355	2,866,233	2,779,678	2,779,678

Form 990T	Tax Return History	2018
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Name SECOND CHANCE HUMANE SOCIETY, INC.	Employer Identification Number 84-1266231
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* Income shown net of expenses

	2014	2015	2016	2017	2018	2019
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	2018
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Name SECOND CHANCE HUMANE SOCIETY, INC.	Employer Identification Number 84-1266231
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	2014	2015	2016	2017	2018	2019
Other deductions						
Net income (990T/first activity)		772				
UBTI from all trades	0	772	0	0	0	0
Taxable employee fringe benefits						
Net operating loss deduction						
Specific deduction		1,000			1,000	1,000
Income after expense and deductions						
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						

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	\$ 64,488	\$ 64,488	\$	\$
ACCOUNTING/PAYROLL FEES	1,551	1,086	310	155
CREDIT CART MERCHANT FEES	18,799	18,799		
FACILITY REPAIRS AND MAINT	30,564	25,980	3,056	1,528
RETAIL SUPPLIES	1,732	1,213	346	173
VEHICLE FUEL AND EXPENSES	6,508	4,555	1,302	651
ADVISORY FEES	708	495	142	71
TOTAL	<u>\$ 124,350</u>	<u>\$ 116,616</u>	<u>\$ 5,156</u>	<u>\$ 2,578</u>

Federal Statements**Schedule A, Part II, Line 1(e)**

Description	Amount
DIRECT PUBLIC SUPPORT	\$ 134,189
OTHER DONATIVE NON PROFIT INCOME	
PRIVATE FOUNDATIONS & TRUST GRANTS	10,430
DIRECT PUB SUPP. THRIFT	861,768
WAGS AND MENACE FOUNDATION	
CASH CONTRIBUTION	5,000
FB FOUNDATION HEALTH INSURANCE	
CASH CONTRIBUTION	10,000
ANSCHUTZ	
CASH CONTRIBUTION	5,000
KATHLEEN FISHER	
CASH CONTRIBUTION	5,000
TIGER GLOBAL MANAGEMENT	
CASH CONTRIBUTION	7,500
DIANE LINEN POWELL	
HOME DEPOT STOCK	6,000
TOTAL	<u>\$ 1,044,887</u>

Schedule A, Part II, Line 10(e)

Description	Amount
SHELTER OPERATIONS INCOME	\$ 39,967
ANIMAL CONTROL ASSISTANCE INC	12,535
GOV'T GRANTS FOR COMMUNITY OR	14,665
INCIDENTAL RENTAL INCOME	23,240
OTHER MISC INCOME	2,428
FUNDRAISING	45,697
TOTAL	<u>\$ 138,532</u>

Schedule A, Part II, Line 12 - Current year

Description	Amount
TAXABLE DIVIDENDS AND INTEREST FROM SECURITIES	\$ 2,728
TOTAL	\$ 2,728

Fundraising

Other Direct Fundraising or Gaming Expenses

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