efile Public Visual Render ObjectId: 202420999349300532 - Submission: 2024-04-08

**TIN: 20-2624345**OMB No. 1545-0047

Form **990** 

# **Return of Organization Exempt From Income Tax**

2022

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.

2023

Department of the Treasury Go to <u>www.irs.gov/Form990</u> for instructions and the latest information.

Open to Public Inspection

	Revenue Service					Inspection
A F	or the 2023 c	alendar year, or tax year beginning 01-01-2023 , and ending 12-	31-2023			
O Add	ck if applicable: dress change me change	C Name of organization Operation Second Chance Inc		<b>D Employer</b> i		ication number
_	tial return al return/terminated	Doing business as				
☐ Am	nended return plication pending	Number and street (or P.O. box if mail is not delivered to street address) Room/s 20251 Century Blvd Suite 130	suite	E Telephone n	umber	
_		City or town, state or province, country, and ZIP or foreign postal code Germantown, MD 20874		<b>G</b> Gross receip	ots \$ 2	429,808
	s a group retur dinates? Il subordinates led?		☐Yes ☑No ☐Yes ☐No			
	ebsite: www	▼ 501(c)(3) □ 501(c) ( ) (insert no.) □ 4947(a)(1) or □ 527  w.operationsecondchance.org		o," attach a list o exemption nu		nstructions.
<b>K</b> Forn	n of organization:	✓ Corporation ☐ Trust ☐ Association ☐ Other	L Year of form	ation: 2005 M		of legal domicile:
Pa	Sumi	mary cribe the organization's mission or most significant activities:				
Governance	We are par	triotic citizens committed to serving our wounded, injured and ill combat elationships and supporting their immediate needs and interests. We pron				
E G						
69	2 Check thi	s box				
Activities &		of voting members of the governing body (Part VI, line 1a)			3	12
IIe.		of independent voting members of the governing body (Part VI, line 1b)		•	4	11
Ä		nber of individuals employed in calendar year 2023 (Part V, line 2a)		•	5	5
Ā		aber of volunteers (estimate if necessary)		•	6	77
		elated business revenue from Part VIII, column (C), line 12 ated business taxable income from Form 990-T, Part I, line 11			7a 7b	0
	<b>b</b> Net unrei	ated business taxable income from Form 990-1, Part 1, line 11		or Year	/ D	Current Year
	8 Contribut	ions and grants (Part VIII, line 1h)	F11	2,031,866	<u> </u>	2,074,757
를		service revenue (Part VIII, line 2g)		2,031,000		2,074,737
Revenue	_	nt income (Part VIII, column (A), lines 3, 4, and 7d )		76,025		155,941
æ		renue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		70,023	<del>                                     </del>	0
		enue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,107,891	<u> </u>	2,230,698
		nd similar amounts paid (Part IX, column (A), lines 1–3)		37,000	1	10,000
		paid to or for members (Part IX, column (A), line 4)		37,000		0
**	•	other compensation, employee benefits (Part IX, column (A), lines 5–10)		232,907		294,276
See		nal fundraising fees (Part IX, column (A), line 11e)		202/307		0
Expenses		aising expenses (Part IX, column (D), line 25) 9,745				
ă		penses (Part IX, column (A), lines 11a–11d, 11f–24e)		1,357,127		1,232,875
	-	enses. Add lines 13–17 (must equal Part IX, column (A), line 25)		1,627,034	<u> </u>	1,537,151
		less expenses. Subtract line 18 from line 12		480,857	+	693,547
≽ ø			Beginning	of Current Year	+	End of Year
anc of						
Bak	20 Total asse	ets (Part X, line 16)		7,139,777		7,784,744
Net Assets or Fund Balances	21 Total liabi	lities (Part X, line 26)		505,130		360,212
ŽΪ	22 Net asset	s or fund balances. Subtract line 21 from line 20		6,634,647		7,424,532

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.

	Ī						2024-04-08	
Sign		ature of officer					Date	
lere		y McGrew Presider or print name and						
	туре	Print/Type prep		Prenare	r's signature	Date		PTIN
Paid	ł	Fillity Type prep	arer's flame	riepaie	i s signature	2024-04-08	Check if self-employed	P00070812
	oarer	Firm's name	Bechanan & Co	ompany LLC			Firm's EIN 52	-1224305
Jse	Only	Firm's address	22226 Creekvie	ew Drive			Phone no. (30)	1) 869-3747
			Gaithersburg, N	4D 20882				
					? See Instructions.			. Ves 🗆 No
or Pa	aperwork	Reduction Act	Notice, see	the separate in	structions.	Cat. I	No. 11282Y	Form <b>990</b> (202
					—— Page 2 —			
orm 9	990 (2023)							Page
Parl	. ,		rogram Se	ervice Accompl	ishments			rage
	Che	eck if Schedule	O contains a	response or note t	o any line in this Pa	rt III		
1	Briefly desc	cribe the organi	ization's miss	sion:				
								their families by building s of our Armed Forces
0.0.0		supporting the			to. The promote pub	io amareness or the h	iany sacimes	-
	-		, ,	nificant program s	ervices during the y	ear which were not lis	sted on	
	•	orm 990 or 990						☐ Yes 🛂 No
	•	escribe these ne						
			e conducting,	or make significal	nt changes in now it	conducts, any progra	m	. 🗆 Yes 🗸 No
	services?	escribe these ch						. U Yes No
4	Describe th Section 50:	ne organization' 1(c)(3) and 501	s program se L(c)(4) organ	ervice accomplishm				measured by expenses. ners, the total expenses,
4a	(Code:		) (Expenses \$	783,44	6 including grants of	\$	) (Revenue \$	)
	Heroes Ridge offering 4 ca	bins, a dining hall	top of a moun	itain, Heroes Ridge of nter, fitness center, p	fers rest and relaxation ool, horses, ATVs and m	for wounded, injured and	d ill Veterans. Thorseback riding a	ne property consists of 275 acres, and ATV rides. The property,
4b	(Code:		) (Expenses \$	357,29	including grants o	· \$	) (Revenue \$	)
	Providing em	ss and evictions. Leworkers or V.A. re	assistance to o	our nations Veterans, s, flights and lodging	that are wounded, inju so family members can	ed or ill, in the form of rebe together during recov	ery. Assistance r	e payments to prevent requests must come through s, making payments directly to
4c	(Code:		) (Expenses \$	240,34	5 including grants of	· \$	) (Revenue \$	)
				•			, (	,
	multitude of	healing retreats a	ıll aimed at eng	gaging the veterans to		things that they loved be		trips to the movies and a s. Emphasis is placed on outdoor
	multitude of	healing retreats a	ıll aimed at eng	gaging the veterans to rseback riding, white	o get back to doing the water rafting and fishir	things that they loved be g.		
	multitude of sporting activities (Code: Operation Gi or ill veteran	healing retreats a vites such as adap	all aimed at engotive skiing, ho ) (Expenses \$ m - Interns are s. The program	paging the veterans to rseback riding, white 29,50 mentored through er	o get back to doing the water rafting and fishin and including grants of apployment with the org	things that they loved be g. \$ anization. Qualified indivi	fore their injurie ) (Revenue \$ duals serving as	s. Emphasis is placed on outdoor
	multitude of sporting acti  (Code: Operation Gi or ill veteran classes, and  (Code: Scholarship	healing retreats a vites such as adap viting Back Program is or their spouses other appropriate	) (Expenses \$ m - Interns are 5. The program events. ) (Expenses \$ continuous of the program expenses of	29,50 mentored through er includes allowing the	o get back to doing the water rafting and fishin to including grants or imployment with the organiterns to focus on imployment of including grants or including grants	things that they loved be g.  \$ anization. Qualified indiviroving the well-being of	) (Revenue \$ duals serving as caregivers with o	s. Emphasis is placed on outdoor  30,000 ) interns must be wounded, injured
4d	multitude of sporting activation (Code: Operation Gi or ill veteran classes, and (Code: Scholarship pattempts to see the control of the contr	healing retreats a vites such as adap iving Back Program is or their spouses other appropriate program - Scholar	of laimed at engotive skiing, ho  ) (Expenses \$ m - Interns are s. The program e events.  ) (Expenses \$ sthips are awar the most deser	29,50 mentored through er includes allowing the 10,000 ded to applicants that ving individuals.	o get back to doing the water rafting and fishin to including grants or imployment with the organiterns to focus on imployment of including grants or including grants	things that they loved be g.  \$ anization. Qualified indiviroving the well-being of	) (Revenue \$ duals serving as caregivers with o	30,000 ) interns must be wounded, injured dinners, safety and educational
4d	multitude of sporting activation (Code: Operation Gior ill veteran classes, and (Code: Scholarship lattempts to steep the control of the progenies) (Expenses)	healing retreats a vites such as adaptivities such as adaptivities as a daptivities or their spouses other appropriate of the retreatment of the r	) (Expenses \$ m - Interns are s. The program events. ) (Expenses \$ ships are awar the most deser  Describe in So 39,500	29,50 mentored through er includes allowing the 10,000 ded to applicants that ving individuals.	o get back to doing the water rafting and fishing and including grants of an apployment with the organizers to focus on important of the property of \$	things that they loved be g.  \$ anization. Qualified indiviroving the well-being of	) (Revenue \$ duals serving as caregivers with o	30,000 ) interns must be wounded, injured dinners, safety and educational

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Pa	THE Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions. 🥞	2	Yes	
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>	3		No
4	<b>Section 501(c)(3) organizations.</b> 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>	4		No
5	Is the organization a section $501(c)(4)$ , $501(c)(5)$ , or $501(c)(6)$ organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		No
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,</i> Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
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>	8		No
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>	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X, as applicable.			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
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>	11b		No
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	11c		No
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>	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
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? If "Yes," complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
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	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u>.                                    </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
	<u> </u>			<b>n</b> (2022

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Pai	t 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? If "Yes," complete Schedule I, Parts I and III	22	Yes	
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>	23		No
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? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
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? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L,</i> Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV			
		28b		No
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
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>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
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>	32		No
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>	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line $2 \cdot \cdot \cdot$ .	35b		No
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	Yes	
Pa	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
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 8			Ĭ
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable . <b>1b</b> 0			i
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	ſ
				. (2022)

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	rage 3			
orm	990 (2023)			Page
Pa	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
За	Did the organization have unrelated business gross income of $$1,000$ or more during the year?	3a		No
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		
	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		No
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		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			No
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5b 5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization	6a		No
	solicit any contributions that were not tax deductible as charitable contributions?	оа		No
D	not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		No
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		No
8	<b>Sponsoring organizations maintaining donor advised funds.</b> 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.			
а	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		
0	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
1	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)			
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.			<b>†</b>

b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O								
	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?								

5/31

13a

13b

Section 501(c)(29) qualified nonprofit health insurance issuers.

 ${f c}$  Enter the amount of reserves on hand . . . . . . . . . .

Is the organization licensed to issue qualified health plans in more than one state? .

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 . . . . .

Note. See the instructions for additional information the organization must report on Schedule O.

**14a** Did the organization receive any payments for indoor tanning services during the tax year? . . .

0/21/2	24, 4:11 PM Operation Second Chance Inc - Full Filing- Nonprofit Explorer - ProPublica			
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		No
17	<b>Section 501(c)(21) organizations.</b> Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.	17		
	2	F	orm <b>99</b>	0 (2023)
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Form	990 (2023)			Page <b>6</b>
	Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "N lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.	-		
Se	Check if Schedule O contains a response or note to any line in this Part VI	<u>· · · </u>	<u> </u>	<u> </u>
	Retori Ar Governing Body and Hanagement		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 12			
	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.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 11			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
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? .	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? $\cdot$	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
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? <i>If "Yes," provide the names and addresses in Schedule O</i>	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal Revenue	e Code		
10-	Did the organization have local chapters, branches, or affiliates?	10a	Yes	No No
	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?	10a		INO
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe on Schedule O how this was done</i>	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
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?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b		15b	Yes	<u> </u>
16-	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	16a		No
D	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	164		

### Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed

0/21/	24, 4:11 PM	Operation Second Chance Inc - Full Filing- N	Nonprofit Explorer - ProPublica
18		ganization to make its Form 1023 (1024 or 1024-A, if applicat or public inspection. Indicate how you made these available. C	
	✓ Own website ☐ Anoth	er's website	ule O)
19	Describe in Schedule O whet policy, and financial statemen	uments, conflict of interest	
20		d telephone number of the person who possesses the organiz Blvd Suite 130 Germantown, MD 20874 (301) 938-2834	zation's books and records:
			Form <b>990</b> (2023)
		Page 7 ————	
Form	990 (2023)		Page <b>7</b>
Pa	Compensation of and Independent	f Officers, Directors,Trustees, Key Employees, Hi t Contractors	ghest Compensated Employees,
	Check if Schedule O	contains a response or note to any line in this Part VII	
Se	ection A. Officers, Direct	ors, Trustees, Key Employees, and Highest Com	pensated Employees
<b>1a</b> C	omplete this table for all perso	ons required to be listed. Report compensation for the calenda	ar year ending with or within the organization's tax
		urrent officers, directors, trustees (whether individuals or organs (D), (E), and (F) if no compensation was paid.	ganizations), regardless of amount

- List all of the organization's current key employees, if any. See the instructions for definition of "key employees."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

<b>(A)</b> Name and title	<b>(B)</b> Average hours per week (list	one of	(C) ition (do not ch box, unless pe ficer and a dire	eck rso: ecto	n is	both a		(D) Reportable compensation from the	<b>(E)</b> Reportable compensation from related	<b>(F)</b> Estimated amount of other
	any hours for related organizations below dotted line)	Individual trustee or director	Institutional Trustee;	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099- MISC/1099- NEC)	organizations (W-2/1099- MISC/1099- NEC)	compensation from the organization and related organizations
(1) Cindy McGrew	40.00	х		Х				112.450	0	0
President	0.00	X		Х				113,458	U	0
(2) Diane Morales	1.00	х						0	0	0
Director	0.00									
(3) Clark Wagner	1.00	x						0	0	0
Director	0.00							•	,	
(4) Kevin Kenney	1.00	Х						0	0	0
Director	0.00 1.00									
(5) Paul Steketee		Х						0	0	0
Director	0.00									
(6) Pete Hinz Director	1.00	х						0	0	0
-	0.00 1.00									
(7) Benjamin Knisely		Х						0	0	0
Director	0.00 1.00									
(8) Deane Shure		х						0	0	0
Director	0.00									
(9) Andrew Lourake Director	0.00	х						0	0	0
(10) Luke Murphy	1.00								0	0

11) Robert Larson			1.	.00									0		0	,	
ice-President		†		X				X					U		0	(	
12) Tim Sanders			10.														
reasurer				^				Х					0		0	(	
			<u>U.</u>	.00	1												
															+		
					1			+							_		
															Form <b>9</b>	<b>90</b> (2023	
					D-												
					- Pag	ge 8											
rm 990 (2023)																Page <b>8</b>	
Part VII Section A. Officers	, Directors	, Tru	ıstees,	Key Er	nploy	/ees	s, aı	nd Hi	ghe	st C	om	pensated	l Emp	loyees (con	tinued)		
(4)	(D)				(6)					I		· D.\		<b>(F)</b>		-\	
<b>(A)</b> Name and title	( <b>B</b> ) Averag		Positio	n (do no	(C) ot che	ck m	ore	than (	one		Repo	( <b>D)</b> ortable		<b>(E)</b> eportable	Estir	<b>F)</b> nated	
	hours p week (I		box, ι	inless pe and a d					cer	CO		ensation m the		npensation om related		of other	
	any hou	ırs	0 =			•			711	org	aniz	ation (W-	org	janizations			
	for relat		Individual trustee or director	] Institut Trustee	tional	ŧ	Key employee	Highest compensated employee	Former	MIS		.099- 099-NEC)		/-2/1099- C/1099-NEC)	organiza rel	ation and ated	
	below do		dividual t	Trustee	<b>;</b>	Φ.	ame	est ove	ĕ		•	,		,	organ	izations	
	line)		O7 ##				юy	e on									
			uste				8	1per									
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						$\vdash$	$\vdash$										
						<u> </u>	<u> </u>			_							
b Sub-Total																	
c Total from continuation she		-							$\vdash$			113,458		0		(	
d Total (add lines 1b and 1c)						nh -	\(c\		<u> </u>	, o -l				U			
Total number of individuals (i of reportable compensation f				o those	iisted	aDO	ve) ۱	wiio re	cei	rea m	iore	man \$100	,000				
															Yes	No	
Did the organization list any	former offic	ar di	ractor o	r tructed	kov	amr	Nove	a or	hiah	act c	omr	encated o	mnlov	ee on	res	NO	
line 1a? If "Yes," complete So					е, кеу • •						υπρ • •		• •	ee on <b>3</b>	:	No	
For any individual listed on ling organization and related organization	ne 1a, is the inizations gr	sum eater	of repor	rtable co 150,0003	mpen? <i>If "Y</i>	satio	on ai	nd oth plete	er c Sch	ompe edule	ensa J fo	tion from tor such	the				

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Director

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<b>5</b> Did any person listed on line 1 services rendered to the organ		·	•	_	or individual for	5	No
		,				5	No
Section B. Independent Co  Complete this table for your fi		ompensated indepen	ident contractors that	received mor	e than \$100,000 of com	nensati	on
from the organization. Report						poliodel	
		(A) Isiness address			(B) Description of services	(	<b>(C)</b> Compensation
						_	
						+	
2 Total number of independent cor compensation from the organiza		cluding but not limite	ed to those listed abo	ve) who receiv	red more than \$100,000	) of	
compensation from the organiza	LIOIT					For	rm <b>990</b> (2023
			Page 9				
Form 990 (2023)							D
Part VIII Statement of Rev	/enue						Page
Check if Schedule O		snonse or note to ar	ny line in this Part VIII				. $\Box$
Check ii Schedule o'c	ontains a re	sponse of flote to di	(A)	(B)	(C)	T	(D)
			Total revenue	Related o exempt	r Unrelated business		Revenue cluded from
				function	revenue	tax ı	under sections
Federated campaigns	1a			revenue			512 - 514
Contributions,	1a						
Gifts, Grants, and Membership dues	1b						
OtherAmt							
Similar Aក្រo[អ្នកនៅraising events	1c						
<b>d</b> Related organizations	1d						
e Government grants (contributions)	1e						
<b>f</b> All other contributions, gifts, grants,	I						
and similar amounts not included above	1f						
above							
2,074,757 <b>a</b> Noncash contributions included in	I						
lines 1a - 1f:\$	1g						
10,889							
<b>h Total.</b> Add lines 1a-1f	<u> </u>	2,074,73	7				
2-		Business Code					
2a							
=		-				_	
9							
Ø							
, vic		_					
æ ,							
Program Service Revenue		-				-	
100							
		-					
<b>f</b> All other program service rev							
<b>9 Total.</b> Add lines 2a–2f			п -				
<b>3</b> Investment income (including similar amounts)		nterest, and other	147,531				147,53
4 Income from investment of ta		ond proceeds				+	
<b>5</b> Royalties	•	·					
	(i) Real	(ii) Personal					
6a Gross rents 6a							

10/31

Form 990 (2023) **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 (B) (C) (D) Do not include amounts reported on lines 6b, (A) Program service Management and Fundraising 7b, 8b, 9b, and 10b of Part VIII. Total expenses expenses general expenses expenses 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . 10,000 10,000 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 . Compensation of current officers, directors, trustees, and 113,458 102,112 11,346 key employees . . . . . . . . .

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Revenue

11a

Other Revenue Misc Amt

d All other revenue

e Total. Add lines 11a-11d .

**b** Less: rental expenses c Rental income or

7a Gross amount

**b** Less: cost or

other basis and sales expenses c Gain or (loss)

**d** Net gain or (loss) .

(not including \$

a Gross income from fundraising events

contributions reported on line 1c). See Part IV, line 18 . .

**9a** Gross income from gaming activities. See Part IV, line 19 . .

**b** Less: direct expenses . . .

**10a**Gross sales of inventory, less returns and allowances . .

**b** Less: cost of goods sold . .

**b** Less: direct expenses .

from sales of assets other than inventory

(loss)

6c

7b

7c

**d** Net rental income or (loss).

	optimion of	·	Timing Tromprome Emplo		
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	157,218	112,064	45,154	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	2,344	1,857	487	
10	Payroll taxes	21,256	16,839	4,417	
11	Fees for services (non-employees):				
a	Management				
b	Legal	4,536		4,536	
c	: Accounting	33,396	2,432	30,964	
c	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	9,938		2,484	7,454
12	Advertising and promotion				
13	Office expenses	1,650		1,650	
14	Information technology	35,433	35,433		
15	Royalties				
16	Occupancy				
17	Travel	2,262	2,262		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19	Conferences, conventions, and meetings				
20	Interest	20,861	20,861		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	156,800	155,661	1,139	
23	Insurance	16,108	16,108		
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 General morale	158,530	158,530		
	<b>b</b> Assistance to individuals	225,670	225,670		
	c Heroes Ridge	516,756	516,756		
	<b>d</b> Telephone and communications	15,313	13,782	1,531	
	e All other expenses	35,622	30,219	3,112	2,291
25	<b>Total functional expenses.</b> Add lines 1 through 24e	1,537,151	1,420,586	106,820	9,745
26	<b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here				
	if following SOP 98-2 (ASC 958-720).				
		Page 11	•		Form <b>990</b> (2023

Page 1:

Form 990 (	023) Pag	ae <b>1</b>	

Р	art X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part IX			$\square$
			<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash-non-interest-bearing	60,526	1	87,335
	2	Savings and temporary cash investments	2,316,035	2	2,623,880
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	573	4	611
	5	Loans and other receivables from any current or former officer, director,			

0/21/	/24, 4:1	1		Second Chance Inc - Full Filing- N	onprofit Explorer - Prol	Publica	ı
	Ī	controlled entity or family member of any of the				5	
	6	Loans and other receivables from other disquali section $4958(f)(1)$ , and persons described in s	fied pe	rsons (as defined under		6	
S	7	Notes and loans receivable, net				7	
ssets	8	Inventories for sale or use				8	
SS	9	Prepaid expenses and deferred charges			31,087	9	49,085
4	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	3,411,796			
	b	Less: accumulated depreciation	10b	478,068	3,001,641	10c	2,933,728
	11	Investments—publicly traded securities .			1,729,915	11	2,090,105
	12	Investments—other securities. See Part IV, line	11 .			12	
	13	Investments—program-related. See Part IV, line	e 11     .			13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must eq	ual line	: 33)	7,139,777	16	7,784,744
	17	Accounts payable and accrued expenses			25,054	17	27,365
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
S	21	Escrow or custodial account liability. Complete F	Part IV	of Schedule D		21	
Liabilities	22	Loans and other payables to any current or forn employee, creator or founder, substantial contri or family member of any of these persons .	butor,	or 35% controlled entity		22	
<u>."</u>	23	Secured mortgages and notes payable to unrela	ated thi	rd parties	480,076	23	332,847
	24	Unsecured notes and loans payable to unrelated		· ——	,	24	, ,
	25	Other liabilities (including federal income tax, pand other liabilities not included on lines 17 - 24	ayables	·		25	
		Complete Part X of Schedule D	•				
	26	<b>Total liabilities.</b> Add lines 17 through 25 .	•		505,130	26	360,212
Fund Balances	27	Organizations that follow FASB ASC 958, clines 27, 28, 32, and 33.  Net assets without donor restrictions	heck h	ere Z and complete	6,625,647	27	7,405,532
Bal	28	Net assets with donor restrictions	-		9,000	28	19,000
Þ			•		5,222		10,000
or Fu	29	Organizations that do not follow FASB ASC complete lines 29 through 33.  Capital stock or trust principal, or current funds		check here ► U and   		29	
ts	30	Paid-in or capital surplus, or land, building or ed		nt fund		30	
Assets	31	Retained earnings, endowment, accumulated in		<u></u>		31	
	32	Total net assets or fund balances			6,634,647	32	7,424,532
Net	33	Total liabilities and net assets/fund balances .			7,139,777	33	7,784,744
	ı						1

Form **990** (2023)

Form	990 (2023)		Page <b>12</b>
Pa	rt XI Reconcilliation 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	2,230,698
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,537,151
3	Revenue less expenses. Subtract line 2 from line 1	3	693,547
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	6,634,647
5	Net unrealized gains (losses) on investments	5	110,374
6	Donated services and use of facilities	6	
7	Investment expenses	7	-14,036
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	7,424,532

0/21/2	Operation Second Chance Inc - Full Filing- Nonprofit Explorer - ProPublica			
	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:  Cash Accrual Other  If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	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:			
	✓ Separate basis			
c	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?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	3a		No
b	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.	3b		
		F	orm <b>99</b>	<b>0</b> (2023)
	990 (2023) Iditional Data	Returr	n to Fo	orm
	Software ID:			
	Software Version:			
Forn	n 990. Special Condition Description:			

**Special Condition Description** 

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ObjectId: 202420999349300532 - Submission: 2024-04-08

TIN: 20-2624345

#### SCHEDULE A (Form 990)

Department of the Treasury Internal Revenue Service

# **Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public Inspection

		ne organization					Employer identific	ation number
Opera	tion Se	cond Chance Inc					20-2624345	
	rt I	Reason for Public					See instructions.	
_	organiz 	ration is not a private fou		•		,		
1		A church, convention of	,				(A)(i).	
2		A school described in se	ection 170(b)(	1)(A)(ii). (Attach Sch	nedule E (Form	990).)		
3		A hospital or a cooperat	ive hospital ser	vice organization desci	ribed in <b>sectio</b> ı	170(b)(1)(A)(	iii).	
4		A medical research organisme, city, and state:	nization operat	ed in conjunction with	a hospital desc	ribed in <b>section</b>	170(b)(1)(A)(iii). E	nter the hospital's
5		An organization operate 170(b)(1)(A)(iv). (Co			rsity owned or o	operated by a gov	ernmental unit describ	oed in <b>section</b>
6		A federal, state, or loca	government or	governmental unit de	scribed in <b>sect</b>	ion 170(b)(1)( <i>A</i>	۱)(v).	
7		An organization that no section 170(b)(1)(A)			s support from	a governmental ι	init or from the genera	al public described in
8		A community trust desc	ribed in <b>sectio</b>	170(b)(1)(A)(vi).	(Complete Part	II.)		
9		An agricultural research non-land grant college o						ege or university or a
10	<b>✓</b>	An organization that no from activities related to investment income and 30, 1975. See <b>section</b>	o its exempt fur unrelated busin	ections—subject to cert ess taxable income (le	tain exceptions	and (2) no more	than 33 1/3% of its su	ipport from gross
11		An organization organiz	ed and operated	d exclusively to test for	r public safety.	See <b>section 509</b>	(a)(4).	
12		An organization organiz more publicly supported on lines 12a through 12	l organizations (	described in section 5	<b>09(a)(1)</b> or s	ection 509(a)(2	). See section 509(a	
а		Type I. A supporting or organization(s) the pow complete Part IV, Sec	ganization oper er to regularly a	ated, supervised, or coappoint or elect a majo	ontrolled by its	supported organi	zation(s), typically by	
b		Type II. A supporting of management of the sup must complete Part I	organization sup porting organiz	ervised or controlled in the san				
С		Type III functionally supported organization(	integrated. A	supporting organizatio				ted with, its
d		Type III non-function functionally integrated. instructions). You mus	nally integrate The organizatio	<b>d.</b> A supporting organing organic	ization operated fy a distributior	d in connection wing requirement and	th its supported organ	
е		Check this box if the org					pe I, Type II, Type III	functionally
_	F4	integrated, or Type III r	,	3 11 3	-			
f		the number of supported	5				· · · · · · · · —	
<u>g</u>		de the following informat Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the or	ganization listed ning document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
					Yes	No		
	Paperv	work Reduction Act No	tice, see the I	nstructions for	Cat. No. 1128	B5F	Schedule	A (Form 990) 2023
FOFII	1 990	or 990-EZ.						
				Pa	ge 2 ———			
Sche	dule A	(Form 990) 2023						Page <b>2</b>
Pa	rt II			rations Described ne box on line 5, 7,				

If the organization failed to qualify under the tests listed below, please complete Part III.)

	1/24, 4:11 PM	_		Inc - Full Filing- No	onprofit Explorer - I	ProPublica	
	r fiscal year beginning in) 🕨	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not include any "unusual grant.")						
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	<b>Total.</b> Add lines 1 through 3						
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	<b>Public support.</b> Subtract line 5 from line 4.						
	Section B. Total Support	1	1	1	1	1	1
	lendar year r fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	<b>(e)</b> 2023	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties and						
9	income from similar sources Net income from unrelated business				-		
	activities, whether or not the						
10	business is regularly carried on Other income. Do not include gain or						
	loss from the sale of capital assets						
11	(Explain in Part VI.) <b>Total support.</b> Add lines 7 through						
12	10 Gross receipts from related activities, 6	etc (see instruction	ne)			12	
	<b>First 5 years.</b> If the Form 990 is for the						ization check
	this box and <b>stop here</b>	-		•	•		ization, eneck
-5	Section C. Computation of Public						
14	Public support percentage for 2023 (lin	ie 6, column (f) di	vided by line 11, o	column (f))		14	
15						15	
16	a 33 1/3% support test—2023. If the						
	and <b>stop here.</b> The organization quality 33 1/3% support test—2022. If the	fies as a publicly s	upported organiza	tion	nd line 15 is 33 1		▶ U
	box and <b>stop here.</b> The organization						
17	a 10%-facts-and-circumstances test	-2023. If the org	anization did not	check a box on lin	e 13, 16a, or 16b	, and line 14 is 10	% or more,
	and if the organization meets the "fact						_
	meets the "facts-and-circumstances" to 10%-facts-and-circumstances tes						
	more, and if the organization meets the						
	meets the "facts-and-circumstances"	test. The organizat	tion qualifies as a	publicly supported	d organization		🕨 🗆
18	<b>Private foundation.</b> If the organization						▶ □
	instructions					Schedule A (I	orm 990) 2023
_			Page 3				
Sch	nedule A (Form 990) 2023						Page <b>3</b>
	Part III Support Schedule for	or Organization	ns Described in	Section 509(	a)(2)		
	(Complete only if you						er Part II. If
_	the organization fails to Section A. Public Support	to quality under	the tests listed	below, please c	ompiete Part II.	)	
Ca	lendar year	(a) 2019	<b>(b)</b> 2020	<b>(c)</b> 2021	(d) 2022	<b>(e)</b> 2023	(f) Total
(o 1	r fiscal year beginning in) F Gifts, grants, contributions, and	(u) 2013	(6) 2020	(6) 2021	(u) 2022	(6) 2023	(1) Total
•	membership fees received. (Do not	2,526,732	1,286,606	2,964,489	1,840,577	2,265,317	10,883,721
2	include any "unusual grants.") . Gross receipts from admissions,						
_	merchandise sold or services						
	performed, or facilities furnished in						
_	performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	592,168	684,457				1,276,625

Tax revenues levied for the

10/21/2	24, 4:11 PM	Operat	ion Second Chance	Inc - Full Filing- No	onprofit Explorer - I	ProPublica			
	organization's penerit and eitner paid to or expended on its behalf								
5	The value of services or facilities furnished by a governmental unit to								
_	the organization without charge	3,118,900	1,971,063	2.064.490	1,840,577	2,265,3	17	12.1	160,346
6 7a	<b>Total.</b> Add lines 1 through 5 Amounts included on lines 1, 2, and	3,118,900	1,9/1,063	2,964,489	1,840,577	2,203,3	17	12,1	100,340
	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. Add lines 7a and 7b								
8	Public support. (Subtract line 7c							12.1	160,346
	from line 6.)							12,1	100,340
	ection B. Total Support	I				I			
	endar year fiscal year beginning in) 🕨	(a) 2019	<b>(b)</b> 2020	<b>(c)</b> 2021	(d) 2022	(e) 2023	(f)	Total	
` 9	Amounts from line 6	3,118,900	1,971,063	2,964,489	1,840,577	2,265,3	17	12,1	60,346
10a	Gross income from interest, dividends, payments received on								
	securities loans, rents, royalties and	43,518	57,299	82,041	76,025	155,9	41	4	114,824
	income from similar sources								
b	Unrelated business taxable income (less section 511 taxes) from								
	businesses acquired after June 30,								
_	1975. Add lines 10a and 10b.	43,518	57,299	82,041	76,025	155,9	41		114,824
c 11	Net income from unrelated business	45,510	37,233	02,041	70,023	155,5	71		114,024
	activities not included on line 10b,								
	whether or not the business is regularly carried on.								
12	Other income. Do not include gain								
	or loss from the sale of capital assets (Explain in Part VI.)								
13	Total support. (Add lines 9, 10c,	3,162,418	2,028,362	3,046,530	1,916,602	2,421,2	58	12.5	75,170
14	11, and 12.) <b>First 5 years.</b> If the Form 990 is for								
14	this box and <b>stop here</b>	_					-		_
Se	ection C. Computation of Public								
30				1 (6))		4.5		٥٢	700.0/
15	Public support percentage for 2023 (I					15		96.	700 %
	Public support percentage for 2023 (I Public support percentage from 2022					16			530 %
15 16	Public support percentage from 2022 ection D. Computation of Inves	Schedule A, Part I	II, line 15 Percentage						
15 16 Se 17	Public support percentage from 2022 section D. Computation of Investment income percentage for 20	Schedule A, Part I tment Income 123 (line 10c, colu	Percentage mn (f) divided by	line 13, column (	f))	16		97. 3.	530 % 000 %
15 16 Se	Public support percentage from 2022 ection D. Computation of Investment income percentage for 20 Investment income percentage from	Schedule A, Part I tment Income 123 (line 10c, colu 2022 Schedule A,	Percentage mn (f) divided by Part III, line 17.	line 13, column (	f))	16 17 18		97. 3. 2.	530 %
15 16 Se 17	Public support percentage from 2022 ection D. Computation of Investment income percentage for 20 Investment income percentage from 33 1/3% support tests-2023. If the	Schedule A, Part I tment Income D23 (line 10c, colu 2022 Schedule A, e organization did	Percentage mn (f) divided by Part III, line 17 . not check the box	line 13, column (	f))	16 17 18 n 33 1/3%, and		97. 3. 2. is not	530 % 000 %
15 16 Se 17 18 19a	Public support percentage from 2022 section D. Computation of Investment income percentage for 20 Investment income percentage from 33 1/3% support tests-2023. If the more than 33 1/3%, check this box an 33 1/3% support tests—2022. If the	schedule A, Part I tment Income 123 (line 10c, colu 2022 Schedule A, c organization did d stop here. The ne organization did	Percentage mn (f) divided by Part III, line 17 . not check the box organization qual	line 13, column (inc. 13, column (inc. 14, and linding iffes as a publicly son line 14 or line 1	f))	16 17 18 n 33 1/3%, and ration s more than 33	 1/3% a	97.  3. 2. is not  v nd line	530 % 000 % 000 %
15 16 Se 17 18 19a	Public support percentage from 2022 Ection D. Computation of Investment income percentage for 20 Investment income percentage from 33 1/3% support tests-2023. If the more than 33 1/3%, check this box an 33 1/3% support tests—2022. If the not more than 33 1/3%, check this box	schedule A, Part I tment Income D23 (line 10c, colu 2022 Schedule A, c organization did d stop here. The ne organization did x and stop here.	Percentage mn (f) divided by Part III, line 17 . not check the box organization qual not check a box The organization	line 13, column (in the second	f))	16 17 18 n 33 1/3%, and sation	 1/3% а	97. 3. 2. is not  I define	530 % 000 % 000 %
15 16 Se 17 18 19a	Public support percentage from 2022 section D. Computation of Investment income percentage for 20 Investment income percentage from 33 1/3% support tests-2023. If the more than 33 1/3%, check this box an 33 1/3% support tests—2022. If the	schedule A, Part I tment Income D23 (line 10c, colu 2022 Schedule A, c organization did d stop here. The ne organization did x and stop here.	Percentage mn (f) divided by Part III, line 17 . not check the box organization qual not check a box The organization	line 13, column (in the second	f))	16  17  18  n 33 1/3%, and ration s more than 33 panization instructions .	 1/3% a 	97.  3. 2. is not  Ind line	530 % 000 % 000 % 18 is
15 16 Se 17 18 19a	Public support percentage from 2022 Ection D. Computation of Investment income percentage for 20 Investment income percentage from 33 1/3% support tests-2023. If the more than 33 1/3%, check this box an 33 1/3% support tests—2022. If the not more than 33 1/3%, check this box	schedule A, Part I tment Income D23 (line 10c, colu 2022 Schedule A, c organization did d stop here. The ne organization did x and stop here.	Percentage mn (f) divided by Part III, line 17 . not check the box organization qual not check a box The organization	line 13, column (in the second	f))	16 17 18 n 33 1/3%, and sation	 1/3% a 	97.  3. 2. is not  Ind line	530 % 000 % 000 % 18 is
15 16 Se 17 18 19a	Public support percentage from 2022 Ection D. Computation of Investment income percentage for 20 Investment income percentage from 33 1/3% support tests-2023. If the more than 33 1/3%, check this box an 33 1/3% support tests—2022. If the not more than 33 1/3%, check this box	schedule A, Part I tment Income D23 (line 10c, colu 2022 Schedule A, c organization did d stop here. The ne organization did x and stop here.	Percentage mn (f) divided by Part III, line 17 . not check the box organization qual not check a box The organization a box on line 14,	line 13, column (in the second	f))	16  17  18  n 33 1/3%, and ration s more than 33 panization instructions .	 1/3% a 	97.  3. 2. is not  Ind line	530 % 000 % 000 % 18 is
15 16 Se 17 18 19a	Public support percentage from 2022 Ection D. Computation of Investment income percentage for 20 Investment income percentage from 33 1/3% support tests-2023. If the more than 33 1/3%, check this box an 33 1/3% support tests—2022. If the not more than 33 1/3%, check this box	schedule A, Part I tment Income D23 (line 10c, colu 2022 Schedule A, c organization did d stop here. The ne organization did x and stop here.	Percentage mn (f) divided by Part III, line 17 . not check the box organization qual not check a box The organization	line 13, column (in the second	f))	16  17  18  n 33 1/3%, and ration s more than 33 panization instructions .	 1/3% a 	97.  3. 2. is not  Ind line	530 % 000 % 000 % 18 is
15 16 Se 17 18 19a b	Public support percentage from 2022 section D. Computation of Investment income percentage for 20 Investment income percentage from 33 1/3% support tests-2023. If the more than 33 1/3%, check this box an 33 1/3% support tests—2022. If the not more than 33 1/3%, check this box Private foundation. If the organizate	schedule A, Part I tment Income D23 (line 10c, colu 2022 Schedule A, c organization did d stop here. The ne organization did x and stop here.	Percentage mn (f) divided by Part III, line 17 . not check the box organization qual not check a box The organization a box on line 14,	line 13, column (in the second	f))	16  17  18  n 33 1/3%, and ration s more than 33 panization instructions .	 1/3% a 	97.  3. 2. is not  Ind line	530 % 000 % 000 % 18 is
15 16 Se 17 18 19a b	Public support percentage from 2022 section D. Computation of Investment income percentage for 20 Investment income percentage from 33 1/3% support tests-2023. If the more than 33 1/3%, check this box an 33 1/3% support tests—2022. If the not more than 33 1/3%, check this box Private foundation. If the organizate dulle A (Form 990) 2023	schedule A, Part I tment Income D23 (line 10c, colu 2022 Schedule A, e organization did d stop here. The ne organization did x and stop here. cion did not check	Percentage mn (f) divided by Part III, line 17 . not check the box organization qual not check a box The organization a box on line 14,	line 13, column (in the second	f))	16  17  18  n 33 1/3%, and ration s more than 33 panization instructions .	 1/3% a 	97.  3. 2. is not  // not line	530 % 000 % 000 % 18 is
15 16 Se 17 18 19a b	Public support percentage from 2022  Ection D. Computation of Investment income percentage for 20  Investment income percentage from 33 1/3% support tests-2023. If the more than 33 1/3%, check this box an 33 1/3% support tests—2022. If the not more than 33 1/3%, check this box Private foundation. If the organizate dule A (Form 990) 2023  TIV Supporting Organization	schedule A, Part I tment Income D23 (line 10c, colu 2022 Schedule A, e organization did d stop here. The ne organization did x and stop here. cion did not check	Percentage mn (f) divided by Part III, line 17 . not check the box organization qual not check a box The organization a box on line 14,  Page 4	line 13, column (ine 13, column (ine 14, and line 14, and line 14 or line 14 or line 14, and lin	f))	16  17  18  n 33 1/3%, and leation		97.  3. 2. is not  1. In	530 % 000 % 000 % 18 is 2023
15 16 Se 17 18 19a b	Public support percentage from 2022  Section D. Computation of Investment income percentage for 20  Investment income percentage from 33 1/3% support tests-2023. If the more than 33 1/3%, check this box an 33 1/3% support tests—2022. If the not more than 33 1/3%, check this box Private foundation. If the organization of the computation of the computatio	schedule A, Part I tment Income D23 (line 10c, colu 2022 Schedule A, e organization did d stop here. The ne organization did x and stop here. cion did not check a box on line 12 d	Percentage mn (f) divided by Part III, line 17 . not check the box organization qual not check a box The organization a box on line 14,  Page 4	line 13, column (ine 13, column (ine 14, and line 14, and line 14 or line 14 or line 14 or line 14 or 19a, or 19b, check	f))	16  17  18  n 33 1/3%, and lation		97.  3. 2. is not  In a line  In a 990)	530 % 000 % 000 % 18 is  2023
15 16 Se 17 18 19a b 20	Public support percentage from 2022  Ection D. Computation of Investment income percentage for 20  Investment income percentage from 33 1/3% support tests-2023. If the more than 33 1/3%, check this box an 33 1/3% support tests—2022. If the not more than 33 1/3%, check this bop Private foundation. If the organizate dule A (Form 990) 2023  TV Supporting Organization (Complete only if you checked box 12b, of Part I, complete Section 2000 120 120 120 120 120 120 120 120 12	schedule A, Part I tment Income D23 (line 10c, colu 2022 Schedule A, e organization did d stop here. The ne organization did x and stop here. cion did not check a box on line 12 cections A and C. If ons A and D, and co	Percentage mn (f) divided by Part III, line 17 . not check the box organization qual not check a box The organization a box on line 14,  Page 4	line 13, column (ine 13, column (ine 14, and line 14, and line 14 or line 14 or line 14 or line 14 or 19a, or 19b, check	f))	16  17  18  n 33 1/3%, and lation		97.  3. 2. is not  In a line  In a 990)	530 % 000 % 000 % 18 is  2023
15 16 Se 17 18 19a b 20	Public support percentage from 2022  Ection D. Computation of Investment income percentage for 20  Investment income percentage from 33 1/3% support tests-2023. If the more than 33 1/3%, check this box an 33 1/3% support tests—2022. If the not more than 33 1/3%, check this bop Private foundation. If the organizate dule A (Form 990) 2023  TV Supporting Organization (Complete only if you checked box 12b, of Part I, complete S	schedule A, Part I tment Income D23 (line 10c, colu 2022 Schedule A, e organization did d stop here. The ne organization did x and stop here. cion did not check a box on line 12 cections A and C. If ons A and D, and co	Percentage mn (f) divided by Part III, line 17 . not check the box organization qual not check a box The organization a box on line 14,  Page 4	line 13, column (ine 13, column (ine 14, and line 14, and line 14 or line 14 or line 14 or line 14 or 19a, or 19b, check	f))	16  17  18  n 33 1/3%, and lation		97.  3. 2. is not is not line polyman 990)	530 % 000 % 000 % 18 is  2023  age 4 ked x
15 16 Se 17 18 19a b 20	Public support percentage from 2022  Ection D. Computation of Investment income percentage for 20  Investment income percentage from 33 1/3% support tests-2023. If the more than 33 1/3%, check this box an 33 1/3% support tests—2022. If the not more than 33 1/3%, check this bop Private foundation. If the organizate dule A (Form 990) 2023  TV Supporting Organization (Complete only if you checked box 12b, of Part I, complete Section 2000 120 120 120 120 120 120 120 120 12	schedule A, Part I tment Income D23 (line 10c, colu 2022 Schedule A, e organization did d stop here. The ne organization did x and stop here. cion did not check a box on line 12 cections A and C. If ons A and D, and co	Percentage mn (f) divided by Part III, line 17 . not check the box organization qual not check a box The organization a box on line 14,  Page 4	line 13, column (ine 13, column (ine 14, and line 14, and line 14 or line 14 or line 14 or line 14 or 19a, or 19b, check	f))	16  17  18  n 33 1/3%, and lation		97.  3. 2. is not  In a line  In a 990)	530 % 000 % 000 % 18 is  2023
15 16 Se 17 18 19a b 20	Public support percentage from 2022  Ection D. Computation of Investment income percentage for 20  Investment income percentage from 33 1/3% support tests-2023. If the more than 33 1/3%, check this box an 33 1/3% support tests—2022. If the not more than 33 1/3%, check this box Private foundation. If the organization (Complete only if you checked box 12b, of Part I, complete Section A. All Supporting Organization of the organization of the organization's supported.	schedule A, Part I tment Income D23 (line 10c, colu 2022 Schedule A, e organization did d stop here. The ne organization did x and stop here. cion did not check dections A and C. It cons A and D, and cons d organizations list	Percentage III, line 15  Percentage III of divided by Part III, line 17 . Inot check the box organization qual I not check a box The organization I box on line 14,  Page 4  Of Part I. If you che f you checked box omplete Part V.)	line 13, column (ine 13, column (ine 14, and line 14, and line 15, and line 16, and line 16, and line 17, and line 17, and line 18, and line 18, and line 19, and	f))	16  17  18  n 33 1/3%, and leation		97.  3. 2. is not is not line polyman 990)	530 % 000 % 000 % 18 is  2023  age 4 ked x
15 16 Se 17 18 19a b 20	Public support percentage from 2022  Section D. Computation of Investment income percentage for 20  Investment income percentage from 33 1/3% support tests-2023. If the more than 33 1/3%, check this box an 33 1/3% support tests—2022. If the not more than 33 1/3%, check this bop Private foundation. If the organizate of the complete only if you checked box 12b, of Part I, complete Section A. All Supporting Organization of the complete Section of the c	schedule A, Part I tment Income D23 (line 10c, colu 2022 Schedule A, e organization did d stop here. The ne organization did x and stop here. cion did not check a box on line 12 cections A and C. If ons A and D, and co zations d organizations list supported organizations	Percentage mn (f) divided by Part III, line 17 . not check the box organization qual not check a box The organization a box on line 14,  Page 4  of Part I. If you che f you checked box omplete Part V.)  red by name in the ations are designal	line 13, column (ine 13, column (ine 14, and line 14, and line 15, and line 16, and line 16, and line 17, and line 17, and line 18, and line 18, and line 19, and	f))	16  17  18  n 33 1/3%, and leation	B. If you chee	97.  3. 2. is not is not line polyman 990)	530 % 000 % 000 % 18 is  2023  age 4 ked x
15 16 Se 17 18 19a b 20 Schee Par	Public support percentage from 2022  Ection D. Computation of Investment income percentage for 20  Investment income percentage from 33 1/3% support tests-2023. If the more than 33 1/3%, check this box an 33 1/3% support tests—2022. If the not more than 33 1/3%, check this bop Private foundation. If the organization (Complete only if you checked box 12b, of Part I, complete S 12d, of Part I, complete S 12d, of Part I, complete Section A. All Supporting Organization of Part VI how the state of the describe the designation. If historic and section as a support of the describe the designation. If historic and section by the section of the describe the designation. If historic and section is supported that the describe the designation.	schedule A, Part I tment Income D23 (line 10c, colu 2022 Schedule A, e organization did d stop here. The ne organization did x and stop here. dion did not check did not c	Percentage mn (f) divided by Part III, line 17 . not check the box organization qual not check a box The organization a box on line 14,  Page 4  of Part I. If you che f you checked box omplete Part V.)  teed by name in the ations are designationship, explain.	line 13, column (in	f))	16  17  18  n 33 1/3%, and reation		97.  3. 2. is not is not line polyman 990)	530 % 000 % 000 % 18 is  2023  age 4 ked x
15 16 Se 17 18 19a b 20	Public support percentage from 2022  Ection D. Computation of Investment income percentage for 20  Investment income percentage from 33 1/3% support tests-2023. If the more than 33 1/3%, check this box an 33 1/3% support tests—2022. If the not more than 33 1/3%, check this bop Private foundation. If the organization (Complete only if you checked box 12b, of Part I, complete Socious of Part I, complete Socious A. All Supporting Organization (Complete only if you checked box 12b, of Part I, complete Socious of Part I, complete Socious of Part I, complete Socious A. All Supporting Organization Are all of the organization's supported from 10 february 10 february 11 february 12 february 12 february 12 february 13 february 14 february 15 february 15 february 15 february 16 february 16 february 16 february 17 february 17 february 17 february 18 february	schedule A, Part I tment Income D23 (line 10c, colu 2022 Schedule A, e organization did d stop here. The ne organization did x and stop here. cion did not check did not c	Percentage mn (f) divided by Part III, line 17 . not check the box organization qual not check a box The organization a box on line 14,  Page 4  of Part I. If you che f you checked box omplete Part V.)  reed by name in the ations are designationship, explain. hat does not have	line 13, column (in	f))	16  17  18  18  1 33 1/3%, and reation s more than 33 ganization sinstructions . Schedule A  Sections A and and and and and and and E. If you have seen as a section seed as a section seen as a section seed as a s	B. If you chee	97.  3. 2. is not is not line polyman 990)	530 % 000 % 000 % 18 is  2023  age 4 ked x
15 16 Se 17 18 19a b 20 Schee Par	Public support percentage from 2022  Ection D. Computation of Investment income percentage for 20  Investment income percentage from 33 1/3% support tests-2023. If the more than 33 1/3%, check this box an 33 1/3% support tests—2022. If the not more than 33 1/3%, check this bop Private foundation. If the organization (Complete only if you checked box 12b, of Part I, complete S 12d, of Part I, complete S 12d, of Part I, complete Section A. All Supporting Organization of Part VI how the state of the describe the designation. If historic and section as a support of the describe the designation. If historic and section by the section of the describe the designation. If historic and section is supported that the describe the designation.	schedule A, Part I tment Income D23 (line 10c, colu 2022 Schedule A, e organization did d stop here. The ne organization did x and stop here. dion did not check sion did not check a box on line 12 cections A and C. If ons A and D, and co zations d organizations list supported organization ti Part VI how the co	Percentage mn (f) divided by Part III, line 17 . not check the box organization qual not check a box The organization a box on line 14,  Page 4  of Part I. If you che f you checked box omplete Part V.)  reed by name in the ations are designationship, explain. hat does not have	line 13, column (in	f))	16  17  18  18  1 33 1/3%, and reation s more than 33 ganization sinstructions . Schedule A  Sections A and and and and and and and E. If you have seen as a section seed as a section seen as a section seed as a s	B. If you chec	97.  3. 2. is not is not line polyman 990)	530 % 000 % 000 % 18 is  2023  age 4 ked x
15 16 Se 17 18 19a b 20 Scheer Par	Public support percentage from 2022  Ection D. Computation of Invess  Investment income percentage for 20  Investment income percentage from 33 1/3% support tests-2023. If the more than 33 1/3%, check this box an 33 1/3% support tests—2022. If the not more than 33 1/3%, check this bop Private foundation. If the organization (Complete only if you checked box 12b, of Part I, complete Section A. All Supporting Organization (Complete only if you checked box 12b, of Part I, complete Section A. All Supporting Organization (If "No," describe in Part VI how the state of the designation. If historic and Did the organization have any support 509(a)(1) or (2)? If "Yes," explain in described in section 509(a)(1) or (2).	schedule A, Part I tment Income D23 (line 10c, colu 2022 Schedule A, e organization did d stop here. The ne organization did x and stop here. dion did not check did not check did not check did stop here. did not check did not	Percentage mn (f) divided by Part III, line 17 . not check the box organization qual not check a box The organization a box on line 14,  Page 4  of Part I. If you che f you checked box omplete Part V.)  eed by name in the ations are designationship, explain. that does not have organization deter	line 13, column (in	f))	16  17  18  n 33 1/3%, and retion	B. If you chee	97.  3. 2. is not is not line polyman 990)	530 % 000 % 000 % 18 is  2023  age 4 ked x
15 16 Se 17 18 19a b 20 Schee Par	Public support percentage from 2022  Investment income percentage from 33 1/3% support tests-2023. If the more than 33 1/3%, check this box an 33 1/3% support tests—2022. If the not more than 33 1/3%, check this box Private foundation. If the organization (Complete only if you checked box 12b, of Part I, complete S 12d, of Part I, complete S 1	schedule A, Part I tment Income D23 (line 10c, colu 2022 Schedule A, e organization did d stop here. The ne organization did x and stop here. dion did not check did not check did not check did stop here. did not check did not	Percentage mn (f) divided by Part III, line 17 . not check the box organization qual not check a box The organization a box on line 14,  Page 4  of Part I. If you che f you checked box omplete Part V.)  eed by name in the ations are designationship, explain. that does not have organization deter	line 13, column (in	f))	16  17  18  n 33 1/3%, and retion	B. If you chee	97.  3. 2. is not is not line polyman 990)	530 % 000 % 000 % 18 is  2023  age 4 ked x
15 16 Se 17 18 19a b 20 Scheer Par  2	Public support percentage from 2022  Ection D. Computation of Invess  Investment income percentage for 20  Investment income percentage from 33 1/3% support tests-2023. If the more than 33 1/3%, check this box an 33 1/3% support tests—2022. If the not more than 33 1/3%, check this bop Private foundation. If the organization (Complete only if you checked box 12b, of Part I, complete S 12d, of Part I, complete S 12d, of Part I, complete Section A. All Supporting Organization for Part VI how the state of the organization have any support 509(a)(1) or (2)? If "Yes," explain in described in section 509(a)(1) or (2).  Did the organization have a supported.	the timent Income 1023 (line 10c, colu 1023 (line 10c, colu 1024 Schedule A, 10 corganization did 10 d stop here. The 10 le organization did 11 x and stop here. 12 cion did not check 13 le organization did 14 stop here. 15 le organization did 16 x and stop here. 16 le organization did 17 le organization des 18 le organizations list 18 le organizations list 18 le organizations list 18 le organization des 19 le organization des 10 d organization des 10 d organization des 11 d organization des 12 d organization des 13 d organization des	Percentage mn (f) divided by Part III, line 17 . not check the box organization qual not check a box The organization a box on line 14,  Page 4  Of Part I. If you che f you checked box omplete Part V.)  Red by name in the ations are designationship, explain. That does not have organization deter cribed in section !	line 13, column (in	f))	16  17  18  18  19  19  19  19  19  19  19  19	B. If you chee	97.  3. 2. is not is not line polyman 990)	530 % 000 % 000 % 18 is  2023  age 4 ked x
15 16 Se 17 18 19a b 20 Schee Par	Public support percentage from 2022  Investment income percentage from 2023  Investment income percentage from 33 1/3% support tests-2023. If the more than 33 1/3%, check this box an 33 1/3% support tests—2022. If the not more than 33 1/3%, check this box Private foundation. If the organization (Complete only if you checked box 12b, of Part I, complete S 12d, of Part I, complete S 12d, of Part I, complete Section A. All Supporting Organization Are all of the organization's supported of "No," describe in Part VI how the state describe the designation. If historic and Did the organization have any support 509(a)(1) or (2)? If "Yes," explain in described in section 509(a)(1) or (2).  Did the organization have a supported 3c below.	schedule A, Part I  tment Income  2023 (line 10c, colu  2022 Schedule A, e organization did d stop here. The ne organization did x and stop here. tion did not check clion did not check a box on line 12 cections A and C. If ons A and D, and cections d organizations list supported organization to  Part VI how the cection d organization des the supported organication des the supported organication des the supported organication des	Percentage mn (f) divided by Part III, line 17 . not check the box organization qual not check a box The organization a box on line 14,  Page 4  Of Part I. If you che f you checked box omplete Part V.)  The does not have organization deter cribed in section section section qualified units of the control o	line 13, column (in	f))	16  17  18  18  19  19  19  19  19  19  19  19	B. If you chee	97.  3. 2. is not is not line polyman 990)	530 % 000 % 000 % 18 is  2023  age 4 ked x

Section C. Type II Supporting Organizations

organization.

Yes

No

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	s directors or trustees during the tax year			:		
	organization(s)? If "No," describe in <b>Par</b> in the same persons that controlled or ma			1		
Section D. All Type III Supporti	ng Organizations					
					Yes	No
tax year, (i) a written notice describi Form 990 that was most recently file	of its supported organizations, by the las ng the type and amount of support proviced as of the date of notification, and (iii) of otification, to the extent not previously p	ded during the copies of the or	prior tax year, (ii) a copy of the			
	, , , , , , , , , , , , , , , , , , , ,		harakla a saasa saka d	1		
organization(s) or (ii) serving on the	rs, directors, or trustees either (i) appoin governing body of a supported organizat continuous working relationship with the	tion? If "No," e.	xplain in <b>Part VI</b> how the	2		_
By reason of the relationship describ	ed in line 2 above, did the organization's	supported orga	anizations have a significant			
voice in the organization's investmen	nt policies and in directing the use of the pe in <b>Part VI</b> the role the organization's s	organization's i	ncome or assets at all times	3		
	-Integrated Supporting Organiza					
Check the box next to the method the	nat the organization used to satisfy the In	itegral Part Tes	t during the year (see instruct	ions):	-	
<b>a</b> The organization satisfied the	Activities Test. Complete line 2 below.					
<b>b</b> The organization is the paren	t of each of its supported organizations.	Complete line	<b>3</b> below.			
<b>c</b> The organization supported a	governmental entity. Describe in <b>Part V</b>	I how you supp	ported a government entity (see	instru	ctions)	
Activities Test. <b>Answer lines 2a an</b>	d 2b below.				Yes	No
- Did substantially all of the examinat	on's activities during the tax year directly	, further the ex	romat aurages of the		res	INC
supported organization(s) to which to organizations and explain how the	ion's activities dufing the tax year unectly he organization was responsive? If "Yes,' ese activities directly furthered their exer sizations, and how the organization detern	' then in <b>Part \</b> npt purposes, i	/I identify those supported how the organization was			
substantially all of its activities.	near the street of game accordance of the street of the st	imica citae citae		2a		
of the organization's supported orga the organization's position that its so	a, above constitute activities that, but for nization(s) would have been engaged in? upported organization(s) would have enga	If "Yes," expla	in in <b>Part VI</b> the reasons for			
organization's involvement.				2b		
Parent of Supported Organizations.				<u> </u>		
the supported organizations? If "Yes"				3a		
	tantial degree of direction over the policie escribe in <b>Part VI.</b> the role played by the			<u> </u>		
- Supported organizations: In Test, an		organization ii		3b		
			Schedule A	ر (Forn	n 990)	202
	Dans C					
	——————————————————————————————————————					
chedule A (Form 990) 2023					F	Page
Part V Type III Non-Function	ally Integrated 509(a)(3) Suppo	rting Organ	izations			
	satisfied the Integral Part Test as a quali II non-functionally integrated supporting				е	
Section A - Adjusted Net Inc	, , , , , , , , , , , , , , , , , , , ,	<u> </u>	(A) Prior Year	(B) Curi	rent Yea	ır
Net short-term capital gain		1			,	
2 Recoveries of prior-year distribution	5	2				
Other gross income (see instruction)		3				
4 Add lines 1 through 3		4				
5 Depreciation and depletion		5				

Pa	Type III Non-Functionally Integrated 509(a)(3) Supporting O	rgani	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying tru instructions. All other Type III non-functionally integrated supporting organizations.			
	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):	1		
а	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	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
	Section C - Distributable Amount		Current Year
1	Section C - Distributable Amount  Adjusted net income for prior year (from Section A, line 8, Column A)	1	Current Year
1 2		1 2	Current Year
1 2 3	Adjusted net income for prior year (from Section A, line 8, Column A)	4 -	Current Year
	Adjusted net income for prior year (from Section A, line 8, Column A) Enter 85% of line 1	2	Current Year
3	Adjusted net income for prior year (from Section A, line 8, Column A)  Enter 85% of line 1  Minimum asset amount for prior year (from Section B, line 8, Column A)	2	Current Year
3	Adjusted net income for prior year (from Section A, line 8, Column A)  Enter 85% of line 1  Minimum asset amount for prior year (from Section B, line 8, Column A)  Enter greater of line 2 or line 3	3 4	Current Year

Schedule A (Form 990) 2023

— Page 7 —

Schedule A (Form 990) 2023

Page 7

Section D - Distributions		Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	1	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organiza excess of income from activity	tions, in 2	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4 Amounts paid to acquire exempt-use assets	4	
<b>5</b> Qualified set-aside amounts (prior IRS approval required - provide details in <b>Part VI</b> )	5	
<b>6</b> Other distributions ( <i>describe in Part VI</i> ). See instructions	6	
7 Total annual distributions. Add lines 1 through 6.	7	
8 Distributions to attentive supported organizations to which the organization is responsive ( <i>providetails in Part VI</i> ). See instructions	vide 8	
<b>9</b> Distributable amount for 2023 from Section C, line 6	9	
10 Line 8 amount divided by Line 9 amount	10	
Section E - Distribution Allocations (i)	(ii)	(iii)

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1 Distributable amount for 2023 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2023 (reasonable cause required explain in Part VI). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2023:			
<b>a</b> From 2018			
<b>b</b> From 2019			
<b>c</b> From 2020			
<b>d</b> From 2021			
<b>e</b> From 2022			
f Total of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2023 distributable amount			
<ul> <li>Carryover from 2018 not applied (see instructions)</li> </ul>			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		· · · · · · · · · · · · · · · · · · ·	
<b>4</b> Distributions for 2023 from Section D, line 7:			
a Applied to underdistributions of prior years			

10/21/24, 4:11 PM Operat	tion Second Chance Inc - Full I	Filing- Nonprofit Explorer - ProPut	blica
<b>b</b> Applied to 2023 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b> Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>7 Excess distributions carryover to 2024.</b> Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2019	<u> </u>		
<b>b</b> Excess from 2020			
c Excess from 2021		T	
<b>d</b> Excess from 2022			
e Excess from 2023			
	Page 8	Sci	hedule A (Form 990) (2023)
Schedule A (Form 990) 2023	· 		Page <b>8</b>
Part VI Supplemental Information. Provide the expla Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9 Part IV, Section D, lines 2 and 3; Part IV, Section Section D, lines 5, 6, and 8; and Part V, Section instructions).	9b, 9c, 11a, 11b, and 11c; P n E, lines 1c, 2a, 2b, 3a and	Part IV, Section B, lines 1 and 2 d 3b; Part V, line 1; Part V, Sect	; Part IV, Section C, line 1; ion B, line 1e; Part V
Fac	cts And Circumstances Te	est	

Return Reference Explanation

Schedule A (Form 990) 2023

Additional Data Return to Form

Software ID: Software Version:

Schedule B (Form 990) Department of the Treasury Internal Revenue Service  Name of the organization Operation Second Chance Inc  Organization type (check or Filers of:	► Attach to Form ► Go to <u>www.irs.gov/For</u>	of Contributors  990, 990-EZ, or 990-PF. <u>m990</u> for the latest information.	OMB No. 154						
Department of the Treasury Internal Revenue Service  Name of the organization Operation Second Chance Incompanization type (check or Filers of:	► Go to <u>www.irs.gov/For</u>	990, 990-EZ, or 990-PF. <u>m990</u> for the latest information.		3					
Operation Second Chance Inc  Organization type (check or Filers of:	ne):		T=						
Filers of:	ne):		Employer identification n	umber					
			20-2624345						
	Section:								
Form 990 or 990-EZ	501(c)( ) (enter number) organiz	zation							
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation								
	□ 527 political organization								
Form 990-PF	501(c)(3) exempt private foundat	ion							
	4947(a)(1) nonexempt charitable trust treated as a private foundation								
	501(c)(3) taxable private foundation								
money or other propositions.  Special Rules  For an organization dunder sections 509(a) received from any one 990, Part VIII, line 1h,	filing Form 990, 990-EZ, or 990-PF that perty) from any one contributor. Complete escribed in section 501(c)(3) filing Form (1) and 170(b)(1)(A)(vi), that checked to econtributor, during the year, total contributor, or (ii) Form 990-EZ, line 1. Complete I escribed in section 501(c)(7), (8), or (1) contributions of more than \$1,000 exclusions.	n 990 or 990-EZ that met the 33 <sup>1</sup> /3% Schedule A (Form 990 or 990-EZ), Pributions of the greater of <b>(1)</b> \$5,000 Parts I and II.	support test of the regulation or (2) 2% of the amount on the test of the test	ns nd that (i) Form					
purposes, or for the p  For an organization d during the year, contri If this box is checked, purpose. Don't compli	revention of cruelty to children or animal escribed in section 501(c)(7), (8), or (1) ibutions exclusively for religious, charitation enter here the total contributions that vete any of the parts unless the <b>Genera</b> etc., contributions totaling \$5,000 or more execution of the parts of the parts unless the <b>Genera</b> etc., contributions totaling \$5,000 or more	als. Complete Parts I, II, and III.  0) filing Form 990 or 990-EZ that recable, etc., purposes, but no such conwere received during the year for an I Rule applies to this organization be	ceived from any one contribut htributions totaled more than exclusively religious, charita ecause it received nonexclus	\$1,000 able, etc					
990-EZ, or 990-PF), but it <b>mu</b>	t isn't covered by the General Rule and ust answer "No" on Part IV, line 2, of its line 2, to certify that it doesn't meet the	Form 990; or check the box on line	H of its Form 990-EZ						
For Paperwork Reduction Act No for Form 990, 990-EZ, or 990-PF.	tice, see the Instructions	Cat. No. 30613X	Schedule B (Form 9	90) (202					
		Page 2 ———————————————————————————————————							

Part I Contributor	Contributors (see instructions). Use duplicate copies of Part I if additional spa	ace is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
RESTRICTED	,	\$ RESTRICTED	Person Payroll Noncash (Complete Part II for noncash
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	contributions.) (d) Type of contribution
-		\$_	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$_	Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No. -	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution Person Payroll
		\$	Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2023)
	Page 3		
Schedule B	(Form 990) (2023)	Employer identification	Page 3
	econd Chance Inc  Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.	20-2624345	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received

-			\$_			
(a) No. from Part I	(b) Description of noncash	property give	n		(c) or estimate) nstructions)	(d) Date received
ē					\$	
(a) No. from Part I	(b) Description of noncash	property give	n		(c) or estimate) nstructions)	(d) Date received
-					\$_	
(a) No. from Part I	(b) Description of noncash	property give	n		(c) or estimate) nstructions)	(d) Date received
-					\$_	
(a) No. from Part I	(b) Description of noncash	property give	n		(c) or estimate) nstructions)	(d) Date received
-					\$_	
(a) No. from Part I	(b) Description of noncash	property give	n		(c) or estimate) nstructions)	(d) Date received
-					\$_	
Schedule	B (Form 990) (2023)	P	age 4 ————			Schedule B (Form 990) (2023)  Page 4
	rganization Second Chance Inc				Employer iden	tification number
Part III	Exclusively religious, charitable, etc., cont than \$1,000 for the year from any one cont organizations completing Part III, enter the year. (Enter this information once. See inst Use duplicate copies of Part III if additional sp	ributor. Completotal of excluse total of excluse tructions.)	ete columns (a) th sively religious, ch	rough (e) a	etion 501(c)(7), (and the followin	g line entry. For
(a) No. from Part I	(b) Purpose of gift	(	c) Use of gift		(d) Descri	ption of how gift is held
		(e	) Transfer of gift			-0.00
	Transferee's name, address, and 2	ZIP 4	R	Relationship	o of transferor to	o transferee
(a) No. from Part I	(b) Purpose of gift		c) Use of gift		(d) Descri	ption of how gift is held
	Transferee's name, address, and 2		) Transfer of gift R	Relationship	o of transferor to	o transferee
(a)		<u>_</u>				0.00

Part I	(v) Fulpose of glit	(c) USE OF SHE	(u) Description of now gift is neigh-
_	Transferee's name, address, and a	(e) Transfer of gift ZIP 4 Relatio	onship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, and 2	(e) Transfer of gift ZIP 4 Relatio	onship of transferor to transferee
			Schedule B (Form 990) (202
	ıl Data		Return to Form

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TIN: 20-2624345

#### **SCHEDULE D**

(Form 990)

#### **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.

OMB No. 1545-0047

	al Revenue Service	► Go to <u>www.irs.gov/Form</u>	1990 for instructions and the latest info	rmation	l <b>.</b>	Ins	spection
	me of the organ			Emple	oyer ident	ification	number
Оре	eration Second Chan	ce Inc		20-26	24345		
Pa	rt I Organi	zations Maintaining Donor Advi	sed Funds or Other Similar Funds o				
	Comple	ete if the organization answered "Ye	s" on Form 990, Part IV, line 6.				
			(a) Donor advised funds	(	<b>b)</b> Funds a	ind other	accounts
1		end of year					
2		of contributions to (during year)					
3	33 3	of grants from (during year)					
4	33 3	at end of year					
5			rs in writing that the assets held in donor ac clusive legal control?		nds are the	_	Yes 🗌 No
6	charitable purpo	oses and not for the benefit of the donor	onor advisors in writing that grant funds can or donor advisor, or for any other purpose o			ssible	Yes 🗆 No
Pa		rvation Easements. ete if the organization answered "Ye	s" on Form 990, Part IV, line 7.				
1	Purpose(s) of co	onservation easements held by the organ	nization (check all that apply).				
	Preservation	on of land for public use (e.g., recreation	n or education) $\square$ Preservation of an	historic	ally import	ant land a	area
	Protection	of natural habitat	☐ Preservation of a o	certified	historic str	ucture	
	Preservation	on of open space					
2		, ,	qualified conservation contribution in the for	m of a c	conservatio	n	
		e last day of the tax year.		Γ			of the Year
а	Total number of	conservation easements		2a			
b	Total acreage re	stricted by conservation easements		2b			
С	Number of conse	ervation easements on a certified histori	c structure included in (a)	2c			
d		ervation easements included in (c) acqui e listed in the National Register	ired after July 25, 2006, and not on a	2d			
3	Number of cons tax year ▶	ervation easements modified, transferre	ed, released, extinguished, or terminated by	the orga	ınization dı	uring the	
4	Number of state	es where property subject to conservatio	on easement is located 🕨				
5		ization have a written policy regarding that of the conservation easements it holds	ne periodic monitoring, inspection, handling s?	of violati	ions,	Yes	□ No
6	Staff and volunt	teer hours devoted to monitoring, inspec	cting, handling of violations, and enforcing co	onservat	ion easem		
7		enses incurred in monitoring, inspecting,	handling of violations, and enforcing conser	vation e	asements (	during the	e year
	<b>▶</b> \$						
8			above satisfy the requirements of section 1	70(h)(4)		٦.,	□ •··
9	In Part XIII, des balance sheet, a	scribe how the organization reports cons	servation easements in its revenue and expe footnote to the organization's financial state		ement, and		∪ No
Par	t III Organi		of Art, Historical Treasures, or Oth	er Sim	ilar Asse	ets.	
1a	If the organizati	ion elected, as permitted under FASB AS	SC 958, not to report in its revenue statemer lic exhibition, education, or research in furth				
b	historical treasu		SC 958, to report in its revenue statement ar lic exhibition, education, or research in furth				
(		·· · · · · <b>J</b> · · · · · · · ·			<b>▶</b> \$		
2	If the organizati		cal treasures, or other similar assets for fina			the	
а	_				<b>&gt;</b> \$		
		·			· —		

Cat. No. 52283D

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

Schedule D (Form 990) 2022

----- Page 2 ------

b Buildings       2,620,428       274,696       2,345,732         c Leasehold improvements       8,980       8,606       374         d Equipment       348,588       194,766       153,822         e Other       153,822       153,822	Sched	dule D	(Form 990) 2022										Page <b>2</b>
Berns (check all thet apply)	Part	III	Organizations Maintaining Co	llections of Art,	Histori	cal T	reasu	res, o	r Other	Similar As	ssets (cont	inued)	
Country   Scholarly research   e   Other   O				on, and other records		any of	the fol	llowing t	that are a	significant ι	ise of its col	ection	
Complete if the organization answered "Yes" on Form 990, Part X, line 21, for escrow or custodial accumilations during balance.  1 Part XII. 2 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial balance included an amount on Form 990, Part X, line 21, bit the organization included an amount on Form 990, Part X, line 21, for escrow or custodial accumilations an element included on Form 990, Part X, line 21, for escrow or custodial accumilations and explain included on Form 990, Part X, line 21, for escrow or custodial accumilations and explain included on Form 990, Part X, line 21, for escrow or custodial accumilations and explain included on Form 990, Part X, line 21, for escrow or custodial accumilations and explain included on Form 990, Part X, line 21, for escrow or custodial accumilations and explain include an amount on Form 990, Part X, line 21, for escrow or custodial accumilations and explain include an amount on Form 990, Part X, line 21, for escrow or custodial accumilations.  2 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial accumilations.  2 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial accumilations.  2 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial accumilations.  3 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial accumilations.  4 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial accumilations.  5 Designing of year belance.  5 Designing of year belance.  6 Designing of year belance.  6 Designing of year belance.  6 Designing of year belance.  7 Designing of year belance.  8 Designing of year belance.  8 Designing of year belance.  8 Designing of year belance.  9 Description of year belance.  9 Description of year belance.  9 Description of year belance.  10 Description of year belance.  10 Description of year belance.  11 Description	d		Public exhibition		u		Loan	or exch	ange prog	ırams			
Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Pert XIII.  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?	b		Scholarly research		е		Other	·				····	
Part XIII.  5 assets to be sold to raise funds rather than to be maintained as part of the organization's collection?	С		Preservation for future generations										
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 2.1.  Ia is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Iiine 2.1.  Ia is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Iiine 2.1.  Ia is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part XIII and complete the following table:  Beginning balance  Additions during the year  I id  Additions during the year  I id  Additions during the year  I id  Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII  Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII  Did the organization answered "Yes" on Form 990, Part IV, line 10.  Complete if the organization answered "Yes" on Form 990, Part IV, line 10.  Administrative expenses  If Here endowment Implication on the possession of the organization that are held and administered for the organization by:  If I urrelated organizations  If Yes No  Badil   Implication   Imp	4			ollections and explain	n how the	y furth	ner the	organiz	zation's ex	kempt purpo	se in		
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	5										Yes		lo
b if "Yes," explain the arrangement in Part XIII and complete the following table:    Amount   Seginning balance   Seginning the year   Seginning the year   Seginning of the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?	Par		Complete if the organization ans line 21.	wered "Yes" on Fo							nt on Form	990,	Part X,
to Beginning balance	1a										☐ Yes		lo
d Additions during the year	b	If "Ye	s," explain the arrangement in Part XII	I and complete the f	ollowing	table:				Α	mount		_
E Distributions during the year.  2a Distributions during the year.  2b Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?	С	Begin	ning balance						1c				_
Ending balance.  2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?	d	Additi	ons during the year						1d				_
Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?	е	Distril	butions during the year						1e				<del></del>
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII	f	Endin	g balance						1f				
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII	2a	Did th	ne organization include an amount on F	orm 990, Part X, line	21, for e	escrow	or cu	stodial a	account lia	ability?	☐ Yes		lo
Part V Complete if the organization answered "Yes" on Form 990, Part IV, line 10.  1a Beginning of year balance	b		•							•			
(a) Current year   (b) Prior year   (c) Two years back   (d) Three years back   (e) Four years   (e) Four year	Pai				•								
1a Beginning of year balance			Complete if the organization ans							1			
b Contributions	4- 1	D = =!===		(a) Current year	<b>(b)</b> Pi	rior yea	ir (	<b>(c)</b> Two y	ears back	(d) Three year	ars back (e)	Four yea	irs back
c Net investment earnings, gains, and losses d Grants or scholarships		_											
d Grants or scholarships													
e Other expenditures for facilities and programs													
and programs			•										
p End of year balance	ě	and pro	ograms										
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 ▶  The percentages on lines 2a, 2b, and 2c should equal 100%.  3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) Unrelated organizations			•										
a Board designated or quasi-endowment ►  b Permanent endowment ►  The percentages on lines 2a, 2b, and 2c should equal 100%.  3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) Unrelated organizations	g l	End of	year balance										
The percentages on lines 2a, 2b, and 2c should equal 100%.  Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) Unrelated organizations				rent year end balanc	e (line 1g	, colu	mn (a)	) held a	is:				
The percentages on lines 2a, 2b, and 2c should equal 100%.  3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) Unrelated organizations	b	Perma	anent endowment 🕨										
Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) Unrelated organizations	c	Term	endowment 🕨										
roganization by:  (i) Unrelated organizations		The p	ercentages on lines 2a, 2b, and 2c sho	uld equal 100%.									
(ii) Related organizations	За		·	ession of the organiza	ation that	are h	eld and	d admin	istered fo	r the		Yes	No
b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?		<b>(i)</b> Ur	related organizations										
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 (other) (c) Accumulated depreciation (d) Book value  1a Land		` '	<b>3</b>										
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				•			· •				36		
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 (other) (investment)  (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value  433,800  b Buildings					JWITIETT 1	unus.							
Description of property         (a) Cost or other basis (investment)         (b) Cost or other basis (other)         (c) Accumulated depreciation         (d) Book value           1a Land         433,800         433,800           b Buildings         2,620,428         274,696         2,345,732           c Leasehold improvements         8,980         8,606         374           d Equipment         348,588         194,766         153,822           e Other         153,822         194,766         153,822	rai	CAT			rm 990,	Part	IV, lir	ne 11a.	See For	m 990, Par	t X, line 1	).	
b Buildings       2,620,428       274,696       2,345,732         c Leasehold improvements       8,980       8,606       374         d Equipment       348,588       194,766       153,822         e Other       153,822       153,822		Descri		` ,	st or other	basis (	other)	(c) Acc	cumulated o	depreciation	<b>(d)</b> B	ook valu	е
c Leasehold improvements       8,980       8,606       374         d Equipment       348,588       194,766       153,822         e Other       (2)       (3)       (4)	1a	Land				43	33,800						433,800
<b>d</b> Equipment	b I	Buildin	gs			2,62	20,428			274,696		2	,345,732
e Other	c I	Leaseh	old improvements				8,980			8,606			374
	d I	Equipm	nent			34	18,588			194,766			153,822
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)	e (	Other											
Schedule D (Form 990) 202	Tota	I. Add	ines 1a through 1e. (Column (d) must	equal Form 990, Par	rt X, colui	mn (B	), line	10(c).)					,933,728

Schedule D (Form 990) 2022

Complete if the organization answered "Yes" on Form 990,  (a) Description of security or category	(b)		(c) Method of va	
(including name of security)	Book value		t or end-of-year i	
(1) Financial derivatives	value			
(2) Closely-held equity interests				
A)				
B)				
C)				
0)				
E)				
F)				
G)				
н)				
otal. (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 Fo	rm 990 Part Y	line 13
(a) Description of investment	r are rv,	(b) Book value	(c) Meth	nod of valuation: of-year market value
1)				<u>'</u>
2)				
3)				
4)				
5)				
6)				
7)				
8)				
9)				
Part IX Other Assets.	•			
Complete if the organization answered 'Yes' on Form 990, F	Part IV, I	ine 11d. See For	m 990, Part X,	
(a) Description				(b) Book value
2)				
3)				
4)				
5)				
6)				
7)				
8)				
9)				
			•	
Part X Other Liabilities. Complete if the organization answered 'Yes' on Form 990, F	Part IV	ine 11e or 11f S	ee Form 990 F	Part X. line 25
(a) Description of liability		01 111.0		( <b>b</b> ) Book va

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	(6   (1)   15   000 0   17   1/0   1   25 )				
	. (Column (b) must equal Form 990, Part X, col.(B) line 25.)  Ability for uncertain tax positions. In Part XIII, provide the text of the f	faataata ta tha a	raanization's financial sta	tomonts the	at reports the
	nization's liability for uncertain tax positions under FIN 48 (ASC 740).		-		
gai	- Hability for uncertain tax positions under 11N 40 (ASC 740).	Check here ii the	text of the foothote has		D (Form 990) 2022
				Schoule	2 (101 330) 2022
	Pag	e 4 ———			
	dule D (Form 990) 2022				Page <b>4</b>
Ра	rt XI Reconciliation of Revenue per Audited Financial Complete if the organization answered 'Yes' on Form		-	eturn.	
	Total revenue, gains, and other support per audited financial stateme			1	2,426,913
	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	110,374		
b	Donated services and use of facilities	. 2b	99,877	1	
С	Recoveries of prior year grants	2c	,	1	
d	Other (Describe in Part XIII.)	. 2d		1	
e	Add lines 2a through 2d			2e	210,251
	Subtract line <b>2e</b> from line <b>1</b>			3	2,216,662
	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b .	4a	14,036		
b	Other (Describe in Part XIII.)	. 4b			
c	Add lines <b>4a</b> and <b>4b</b>			4c	14,036
	Total revenue. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I	I, line 12.) .		5	2,230,698
ar	t XII Reconciliation of Expenses per Audited Financia		With Expenses per	Return.	
	Complete if the organization answered 'Yes' on Form	990, Part IV, I	ine 12a.		
				1	1,637,028
	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 -	l		
a	Donated services and use of facilities		99,877		
b	Prior year adjustments				
с	Other losses			-	
d	Other (Describe in Part XIII.)	. 2d			00.077
е	Add lines 2a through 2d			2e	99,877
	Subtract line <b>2e</b> from line <b>1</b>			3	1,537,151
	Amounts included on Form 990, Part IX, line 25, but not on line 1:	4-	I		
	Investment expenses not included on Form 990, Part VIII, line 7b .				
а	Other (Describe in Part VIII )	. 4b		1 1	
a b	Other (Describe in Part XIII.)			46	
b c	Add lines <b>4a</b> and <b>4b</b>			4c	1 527 151
a b c	Add lines <b>4a</b> and <b>4b</b>			4c 5	1,537,151
a b c	Add lines <b>4a</b> and <b>4b</b>	es 1a and 4; Par	t IV, lines 1b and 2b; Part	5	· · ·
a b c	Add lines <b>4a</b> and <b>4b</b>	es 1a and 4; Par	t IV, lines 1b and 2b; Part	5	· · ·

https://projects.propublica.org/nonprofits/organizations/202624345/202420999349300532/full

**Additional Data** 

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Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. Schedule I
(Form 990) Grants and Other Assistance to Organizations,

OMB No. 1545-0047 2022

Department of the Treasury Internal Revenue Service	Governments and Individuals in the United States  Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.  Attach to Form 990.  Go to <a href="https://www.irs.gov/Form990">www.irs.gov/Form990</a> for the latest information.										<b>2023</b> Open to Public Inspection		
Name of the organization Operation Second Chance	ce Inc											Employer identification 20-2624345	ation number
Part I General	Informat	ion on Gı	rants	and Assist	ance								
the selection crite	ria used to a	award the g	grants o	or assistance?						for the grants or assistan	ce, and		✓ Yes □ No
2 Describe in Part IN Part II Grants and									he or	ganization answered "Yes	" on Forr	m 000 Part IV line	21 for any recipient
that receive	ed more tha					ditional space is				res			zi, for any recipient
(a) Name and addre organization or government		( <b>b)</b> EIN	N	(c) IRC so (if applic		(d) Amount grant		(e) Amount of cash assistance		(f) Method of valuation (book, FMV, appraisal, other)		) Description of neash assistance	(h) Purpose of grant or assistance
1)													
2)													
3)													
4)													
5)													
(6)													
(7)													
8)													
(9)													
(10)													
11)													
12)													
2 Enter total numbe 3 Enter total numbe			-	-									1
For Paperwork Reduction								Cat. No.					edule I (Form 990) 2023
					— Page	2							
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	d Other Ass					nplete if the org	anization a	answered "Yes" or	n Forn	n 990, Part IV, line 22.			Page <b>2</b>
Part III can  (a) Type of grant				ace is needed (b) Number of		(c) Amou		(d) Amount		(e) Method of valuation		(f) Description	of noncash assistance
(1) College scholarship	ps			recipients 5		cash gra 10,000	1	noncash assista	ince	FMV, appraisal, othe	r)		
(1)													
2)													
3)													
4)													
5)													
6)													
7)													
Part IV Supple	emental I	Informati	ion. P	rovide the ir	formation	on required in	Part I, lii	ne 2; Part III, c	olum	n (b); and any other a	dditiona	al information.	
Return Reference Ionitoring procedures (	Part I line	Explana The Orga		n is able to co	ntrol the	use of scholarsh	in funds h	v distributing the	m to t	he College the student ele	ects to at	tend thereby ensur	ing that the funds are use
?)	. 3. c 2, mie	intended.		5 05.0 00 00	or the			, 2.50.15341119 (116)		Jonege the Student en			le I (Form 990) 2023
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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.

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on

**Open to Public** Inspection

Name of the organization Operation Second Chance Inc

**SCHEDULE 0** 

Department of the Treasury

Internal Revenue Service

**Employer identification number** 

20-2624345

	20-2624345
Return Reference	Explanation
Governing body meeting documentation Part VI line 8a	Minutes are taken of all board meetings.
Form 990 governing body review Part VI line 11	Management reviewed a draft of the form 990 before it was finalized.
Conflict of interest policy compliance Part VI line 12c	Each director and key employee is required to review and sign the Conflict of Interest policy on an annual basis. Due to the nature of the work performed by the Organization, conflicts of interest cannot be allowed by directors and key employees and when they are identified they are addressed, resolved and eliminated.
CEO executive director top management comp Part VI line 15a	The Board reviews all executive compensation including comparability data from the Association of Fundraising Professionals, Guidestar and other sources. Performance is also reviewed in the consideration of wage adjustments.
Other officer or key employee compensation Part VI line 15b	The Board reviews the compensation of all officers and key employees, however, there were no other key employees - so this would not be applicable.
Form 990 availability to public Part VI line 18	Form 990 and the organizations 501c3 exemption letter confirming their non-profit status are available to the public on the organizations website.
Governing documents etc available to public Part VI line 19	Form 990 and the organizations 501c3 exemption letter confirming their non-profit status are available to the public on the organizations website.

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

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Schedule O (Form 990) 2023

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