990

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2018

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.

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

Open to Public

OMB No. 1545-0047

Inspection For the 2018 calendar year, or tax year beginning 2018, and ending 20 В Check if applicable: C Name of organization Operation Second Chance Inc D Employer identification no. Address change Doing business as 20-2624345 Name change Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Initial return 20251 Century Blvd Suite 130 (301)938-2834 Final return/terminated City or town, state or province, country, and ZIP or foreign postal code G Gross receipts Amended return Germantown, MD 20874 1,513,538 Application pending F Name and address of principal officer: Cindy McGrew H(a) Is this a group return for subordinates? H(b) Are all subordinates included? Same as C above 501(c) () (insert no.) 4947(a)(1) or 527 If "No," attach a list. (see instructions) www.operationsecondchance.org Website: ▶ Group exemption number X Corporation Trust Association Other ▶ L Year of formation: 2005 M State of legal domicile: Part I Summary Briefly describe the organization's mission or most significant activities: We are patriotic citizens committed to serving our wounded, injured and ill combat veterans. We support Veterans and their Activities & Governance families by building relationships and supporting their immediate needs and interests. We promote public awareness of the many sacrifices of our Armed Forces Check this box ► if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 11 Number of independent voting members of the governing body (Part VI, line 1b) 10 Total number of individuals employed in calendar year 2018 (Part V, line 2a) 7 Total number of volunteers (estimate if necessary) 6 187 Total unrelated business revenue from Part VIII, column (C), line 12 0 **b** Net unrelated business taxable income from Form 990-T, line 38 0 Prior Year **Current Year** Contributions and grants (Part VIII, line 1h) 8 1,520,018 1,453,576 Revenue 0 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 12,692 28,382 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) (12,177)(28,396)12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 1,520,533 1,453,562 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 19,000 Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 188,727 257,550 Expenses **16a** Professional fundraising fees (Part IX, column (A), line 11e) 2,809 **b** Total fundraising expenses (Part IX, column (D), line 25) 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 921,433 1,204,904 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 1,112,969 1,481,454 19 Revenue less expenses. Subtract line 18 from line 12 407,564 (27,892)Net Assets or Fund Balances **Beginning of Current Year** End of Year 2,077,833 20 Total assets (Part X, line 16) 2,011,346 21 Total liabilities (Part X, line 26) 4,205 1,294 22 Net assets or fund balances. Subtract line 21 from line 20 2,073,628 2,010,052 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Cindy McGrew Sign Signature of officer Date Here Cindy McGrew, President Type or print name and title Date Print/Type preparer's name Preparer's signature Check **Paid** Nancy Bechanan 03-02-2019 P00070812 self-employed Preparer Firm's name Bechanan & Company LLC Firm's EIN ▶ **Use Only** Firm's address ▶ 22226 Creekview Drive Phone no. Gaithersburg MD 20882 301-869-3747 May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Total program service expenses ▶

8) Operation Second Chance Inc Checklist of Required Schedules Part IV

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"	_		
_	complete Schedule A	1	X	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	2	Χ	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	,		v
4	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	4		Λ
J	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	J		21
•	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If</i>			
	"Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			- 21
-	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes,"			
-	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
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		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	Χ	
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? If "Yes," complete Schedule D, Part VIL	11b		X
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? If "Yes," complete Schedule D, Part VIII	11c		X
d				
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е		11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			3.7
40	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
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		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	מדו		21
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			21
. •	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?		_	
	If "Yes," complete Schedule G, Part III	19		Х
20 a		20a		X
b		20b		
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		Χ

Form 990 (2018) Operation Second Chance Inc Page 4 20-2624345 Part IV Checklist of Required Schedules (continued) Yes No 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX. column (A). line 2? If "Yes." complete Schedule I. Parts I and III 22 Χ 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 23 Χ Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than 24a \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b Χ 24a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year 24c 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 Χ 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? 25b Χ Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or 26 Χ 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled Χ 27 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): Χ 28a A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Χ 28b An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV 28c Χ Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified 30 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I...... 31 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes." 32 Χ 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations Χ 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, 34 35a 35a 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 Χ 35b 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable Χ 36 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 Χ 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O. 38 Statements Regarding Other IRS Filings and Tax Compliance Part V Check if Schedule O contains a response or note to any line in this Part V.............

				res	NO
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 2	2		
b	Enter the number of Form W-2G included in line 1a. Enter -0- if not applicable	1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and				
	reportable gaming (gambling) winnings to prize winners?		1c	Χ	

18) Operation Second Chance Inc Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 7			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Χ	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country:			
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	_		
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
_	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	_		3.7
	and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7.		77
	required to file Form 8282?	7с		X
d		70		X
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			Λ
g h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7g 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	/11		
0	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year	15		X
	If "Yes," see instructions and file Form 4720, Schedule N.			_
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			

OCC	tion A. Governing Body and management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			3.7
•	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct	_		77
4	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4 5		X
5 6	Did the organization become aware during the year of a significant diversion of the organization's assets?	6		X
о 7а	Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint	0		Λ
1 a	one or more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	74		21
D	stockholders, or persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	1.5		21
-	the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		7.7	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	120	X	
13	Did the organization have a written whistleblower policy?	12c	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by	17	23	
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)			
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	☐ Windows Windows I was a superior with a sup			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and			
00	financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
	Tim Sanders (301)938-2834, 20251 Century Blvd Suite 130, Germantown, MD 20874			

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Page 7

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

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

- Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
- **1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(A) Name and Title	(B) Average hours per week (list any hours for related	box, office	unles er and	Pos eck m ss per d a dir	son is	nan one s both ar /trustee))	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the
	organizations below dotted line)	Individual trustee or director	Institutional trustee	cer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)		organization and related organizations
(1) Luke Murphy	1.00	Х						O	0	0
(2) Benjamin Knisely	1.00	Λ							0	
Director		X						O	0	0
(3) Deane Shure	1.00									
Director		X						0	0	0
(4) Tim Sanders	10.00									
Treasurer		X		Χ				0	0	0
(5) Mark Hoke	1.00									
Director		X						0	0	0
(6) Scott Beaty	1.00									
Director		X						0	0	0
(7) Pete_Hinz	1.00									
Driector		Х						0	0	0
(8) Diane Morales	1.00									
Director		Х						0	0	0
(9) Robert Larson	1.00	3.7		3.7				_		_
Vice President	40.00	Х		Χ				0	0	0
(10)Cindy McGrew	40.00	Х		Х				105 000	0	0
President (11)Clark Wagner	1.00	Λ		Λ				105,000	U	<u> </u>
Director	1.00	X						O	0	0
(12)		21							, ,	<u> </u>
(13)										
(14)										

Form 990 (2018)

Part \	/II Section A. Officers, Directors, Trustees,	Key Emplo	yees,	and	Higl	hes	t Con	npen	sated Employee	s (continued)			
	(A) Name and title	Name and title Average			perso	ion re tha on is l	an one both an rustee) Highest compensated employee		(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organization		n d
<u>(15)</u>													
(16)													
<u>(17)</u>													
<u>(18)</u>													
<u>(19)</u>													
<u>(20)</u>													
<u>(21)</u>													
<u>(22)</u>													
(23)													
<u>(24)</u>													
(25)													
	Sub-total							>					
	Total from continuation sheets to Part VII, Sectio Total (add lines 1b and 1c)							>	105,000	0			0
	Total number of individuals (including but not limited reportable compensation from the organization								than \$100,000 of	1			
												Yes	No
3	Did the organization list any former officer, directo employee on line 1a? <i>If</i> "Yes," <i>complete Schedule</i>		-				-				3		X
4	For any individual listed on line 1a, is the sum of rep												
	organization and related organizations greater thar individual				mpl	ete	Sched	dule	J for such		4		Χ
5	Did any person listed on line 1a receive or accrue co				rela	· · ited	orgar	· · nizati	on or individual		4		
	for services rendered to the organization? If "Yes,"	complete So	chedul	e J fo	or su	ıch į	perso	n			5		X
	n B. Independent Contractors Complete this table for your five highest compensate	d independer	nt conti	racto	rs th	at re	eceive	ed m	ore than \$100,000	of			
	compensation from the organization. Report comper year.												
	(A) Name and business address								(B) Description of			(C) pensation	1
									2 description of		20111		
2	Total number of independent contractors (including received more than \$100,000 of compensation from			ose I	istec	l ab	ove) v	who					

Part VIII Statement of Revenue

		Check if Schedule O contains a response of	r no	te to any line in this	Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
	1a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues	1b					
ē, M G	С	Fundraising events	1c	623,607				
Sifts lar /	d	Related organizations	1d					
ıs, (imi	е	Government grants (contributions)	1e					
er S	f	All other contributions, gifts, grants,						
를 复		and similar amounts not included above	1f	829,969				
and	g	Noncash contributions included in lines 1a-1f	\$	23,199				
	h	Total. Add lines 1a-1f			1,453,576			
				Business Code				
eune	2a		_					
Rev	b		_					
vice	С		_					
Ser	d		_					
Program Service Revenue	е		_					
Pro		All other program service revenue						
		Total. Add lines 2a-2f		• • • • • • •				
	3	Investment income (including dividends, interest and other similar amounts)			28,382			20 202
	4	Income from investment of tax-exempt bond pr		F	28,382			28,382
		Royalties		F				
	"	(i) Real	•	(ii) Personal				
	6a	Gross rents		(ii) i cisoriai				
		Less: rental expenses						
		Rental income or (loss)						
		Net rental income or (loss)						
		Gross amount from sales of (i) Securities		(ii) Other				
	14	assets other than inventory		,,				
	b	Less: cost or other basis						
	_	and sales expenses						
	С	Gain or (loss)						
		Net gain or (loss)		▶				
enne	8a	Gross income from fundraising						
Ver		events (not including \$ 623,607						
8		of contributions reported on line 1c).						
Other Rev		See Part IV, line 18		31,580				
0		Less: direct expenses		59,976				
		Net income or (loss) from fundraising events	•		(28,396)			(28,396)
	9a	Gross income from gaming activities.						
	١.	See Part IV, line 19						
		Less: direct expenses						
		Net income or (loss) from gaming activities .	•					
	10a	Gross sales of inventory, less returns and allowances	2					
	h	Less: cost of goods sold						
		Net income or (loss) from sales of inventory		•				
		Miscellaneous Revenue	•	Business Code				
	11a	- INISCEIIAHEOUS IVEVEITUE		223300 0006				
	b							
	c							
		All other revenue						
	е	Total. Add lines 11a-11d						
	12	Total revenue. See instructions		<u>.</u> >	1,453,562	0	C	(14)

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (B) Program service (D) Fundraising (A) Total expenses Do not include amounts reported on lines 6b. 7b. Management and 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 2 individuals. See Part IV. line 22 19,000 19,000 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Compensation of current officers, directors, 105,000 94,500 10,500 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 132,694 91,322 41,372 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 10 19,856 15,883 3,973 11 Fees for services (non-employees): b Legal...... 341 341 16,615 16,615 d Professional fundraising services. See Part IV, line 17 . Investment management fees f Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) 7,016 1,928 1,634 3,454 12 13 14 10,921 10,921 15 16 17 11,235 11,235 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 21 22 Depreciation, depletion, and amortization 13,594 12,311 1,283 23 Insurance 6,805 6,805 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 333,837 333,837 Assistance to individuals 703,251 703,251 35,262 35,262 c Fundraising fees d Community awareness 26,888 26,888 е All other expenses 39,139 31,618 7,521 Total functional expenses. Add lines 1 through 24e 25 1,481,454 1,359,499 83,239 38,716 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here following SOP 98-2 (ASC 958-720)

Part X **Balance Sheet**

		Check if Schedule O contains a response or note to any line in this Part X			<u> </u>
			(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing	1,230,567	1	1,155,059
	2	Savings and temporary cash investments	423,685	2	439,540
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	2,149	4	1,214
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees.			
		Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and			
		sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			
		organizations (see instructions). Complete Part II of Schedule L		6	
,	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D 10a 122,209			
	b	Less: accumulated depreciation	30,724	10c	45,208
	11	Investments - publicly traded securities	390,708	11	370,325
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	2,077,833	16	2,011,346
	17	Accounts payable and accrued expenses	4,205	17	1,294
	18	Grants payable	-,	18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
S	22	Loans and other payables to current and former officers, directors,			
Liabilities		trustees, key employees, highest compensated employees, and			
abil		disqualified persons. Complete Part II of Schedule L		22	
Ĩ	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third		-	
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	4,205	26	1,294
		Organizations that follow SFAS 117 (ASC 958), check here ▶ ☒ and			=/=-
"		complete lines 27 through 29, and lines 33 and 34.			
Š	27	Unrestricted net assets	1,953,628	27	1,985,052
alar	28	Temporarily restricted net assets	120,000	28	25,000
B	29	Permanently restricted net assets		29	
Ĕ.		Organizations that do not follow SFAS 117 (ASC 958), check here			
P. F		complete lines 30 through 34.			
ts (30	Capital stock or trust principal, or current funds		30	
SS	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds		32	
Ž	33	Total net assets or fund balances	2,073,628	33	2,010,052
	34	Total liabilities and net assets/fund balances	2,077,833	34	2,010,032
	<u> </u>	The second secon	2,0,7,000		2,011,010

required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

-orn	1990 (2018) Operation Second Chance Inc 2	0-2624	345	Р	age 1
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,	453,	562
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,	481,	454
3	Revenue less expenses. Subtract line 2 from line 1	3		(27,	892
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,	073,	628
5	Net unrealized gains (losses) on investments	5		(30,	925
6	Donated services and use of facilities	6			
7	Investment expenses	7		(4,	759
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				
	33, column (B))	10	2,	010,	052
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				. \Box
				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 in				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		. 2b	Х	
	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:				
С	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	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in				
	Schedule O.				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
	the Single Audit Act and OMB Circular A-133?		. 3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				

SCHEDULE A

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

Open to Public

2018

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

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

Inspection

Employer identification number

Operation Second Chance Inc 20-2624345 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college 9 or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. **b** Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported organization (ii) EIN (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of other support (see (described on lines 1-10 listed in your governing support (see above (see instructions)) document? instructions) instructions) Yes (A) (B) (C) (D) (E) Total

20-2624345 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						
	tion B. Total Support	(-) 0044	(1-) 0045	(-) 0040	(4) 0047	(-) 0040	(D) To (a)
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 8	Amounts from line 4						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10 .						
12	Gross receipts from related activities, etc. (s	see instructions)				12	
13	First five years. If the Form 990 is for the organization, check this box and stop here						▶ 🗌
Sec	tion C. Computation of Public Su						
14	Public support percentage for 2018 (line 6, c	. ,	•			14	%
15	Public support percentage from 2017 Sched					15	%
16a	33 1/3% support test - 2018. If the organize			•	· ·		
	box and stop here. The organization qualif						▶ ⊔
b	33 1/3% support test - 2017. If the organiz						
	this box and stop here. The organization q	•					▶ ⊔
17a	10%-facts-and-circumstances test - 2018	•					
	10% or more, and if the organization meets				-		
	Part VI how the organization meets the "fact		_				. \Box
1.	organization						▶ ⊔
b	10%-facts-and-circumstances test - 2017	· ·		•		ı iine	
	15 is 10% or more, and if the organization r					olv.	
	Explain in Part VI how the organization mee supported organization			•	qualifies as a publi	•	▶ □
18	Private foundation. If the organization did	not check a box o	on line 13, 16a, 16	b, 17a, or 17b, che	eck this box and see	е	
	instructions	<u> </u>					▶ □

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support			· •	•		
Cal	endar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,186,448	1,026,988	655,704	939,420	829,969	4,638,529
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	1,100,110	1,020,300	333,732	333,123	025,305	1,000,023
3	Gross receipts from activities that are not an unrelated trade or business under section 513 .		454,075	530,507	568,421	595,211	2,148,214
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	1,186,448	1,481,063	1,186,211	1,507,841	1,425,180	6,786,743
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						6,786,743
Se	ction B. Total Support						
Cal	endar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6	1,186,448	1,481,063	1,186,211	1,507,841	1,425,180	6,786,743
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties, and income from similar sources	736	2,960	5,928	12,692	28,382	50,698
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b	736	2,960	5,928	12,692	28,382	50,698
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	1,187,184	1,484,023	1,192,139	1,520,533	1,453,562	6,837,441
14	First five years. If the Form 990 is for the or organization, check this box and stop here.						▶ □
Se	ction C. Computation of Public Su	pport Percent	age				
15	Public support percentage for 2018 (line 8, co))		15	99.26 %
16	Public support percentage from 2017 Schedu					16	99.63 %
Se	ction D. Computation of Investmen	nt Income Per	centage				
17	Investment income percentage for 2018 (line	e 10c, column (f), d	ivided by line 13,	column (f))		17	1.00 %
18	Investment income percentage from 2017 Se	chedule A, Part III,	line 1.7			18	0.00 %
19a	33 1/3% support tests - 2018. If the organiz 17 is not more than 33 1/3%, check this box						▶ 🏻
b	33 1/3% support tests - 2017. If the organize line 18 is not more than 33 1/3%, check this						▶ □
20	Private foundation. If the organization did r	-	-				

Part IV

Supporting Organizations

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

Section A. All Supporting Organizations

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

		Yes	No
	_		
-	1		
-	2		
	3a		
	- Cu		
-	3b		
	3с		
+	4a		
	4b		
	4c		
-	5a		
	5b		
	5c		
	6		
	7		
-	,		
	8		
	9a		
	9b		
	9с		
	30		
-	10a		
	10b		
A (For		or 990-E	Z) 2018

Par	t IV Supporting Organizations (continued)			
			Yes	No
	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	44-		
	below, the governing body of a supported organization?	11a 11b		
	A family member of a person described in (a) above?			
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI . ion B. Type I Supporting Organizations	11c		
	ion B. Type I dupporting Organizations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			-110
-	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part</i>			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sect	ion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sect	ion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	4		
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
Ū	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sect	ion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	truct	ions)	
а	☐ The organization satisfied the Activities Test. Complete line 2 below.		-	
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (s	ee in	struct	ions)
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these	01-		
_	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	20		
h	trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a		
Ŋ	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If</i> "Yes," <i>describe in Part VI the role played by the organization in this regard.</i>	3b		
	or no supported organizations: it is too, accombe in Fair Vi the role played by the organization in this regard.	S		

	The contract of the contract o			
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Or	ganiza	ations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	trust or	n Nov. 20, 1970 (expla	ain in Part VI). See
	instructions. All other Type III non-functionally integrated supporting organi	izations	must complete Section	ons A through E.
Sec	tion 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			
co	llection of gross income or for management, conservation, or			
ma	aintenance 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		
Sec	tion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
ins	structions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
fa	ctors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
se	e instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	tion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
en	nergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally	integra	ited Type III supportin	g organization (see

instructions).

EEA Schedule A (Form 990 or 990-EZ) 2018

			_	_			
Schedule A (Fo	rm 990 or 990-EZ) 2018	Operation	Second	Chance	Inc		20-2
Part V	Type III Non-I	Functionally In	tegrated	d 509(a)(3) Supporting	Organizations	(continued)

Pai	T V Type III Non-Functionally integrated 509(a)(3)) Supporting Organia	zations (continuea)	
Sec	etion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exem	npt purposes		
2	Amounts paid to perform activity that directly furthers exempt	purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purposes	s of supported organizati	ions	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	organization is respons	sive	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2018			
а	From 2013			
b	From 2014			
С	From 2015			
d	From 2016			
е	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from			
	Section D, line 7: \$			
а	Applied to underdistributions of prior years			
	Applied to 2018 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI . See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3			
-	and 4c.			
8	Breakdown of line 7:			
_	Excess from 2014			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			

e Excess from 2018

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

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

Department of the Treasury

Name of the organization

Internal Revenue Service

Schedule of Contributors

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

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

OMB No. 1545-0047

Employer identification number

20-2624345

Operation Second Chance Inc Organization type (check one): Filers of: Section: Form 990 or 990-EZ X 501(c)(3) (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules ☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990,

990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its

Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	James M Boland 30 Watkins Mill Road Gaithersburg, MD 20878	\$5,000	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2_	The Salmon Foundation 275 Madison Ave 6th floor New York, NY 10036	\$	Person 🔀 Payroll 🗌 Noncash 🗍 (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	William H Flowers Jr Foundation PO Box 6100 Thomasville, GA 31758	\$10,000	Person 🔀 Payroll 🗍 Noncash 🗍 (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	Community Foundation Of Frederick 312 East Church Street Frederick, MD 21701	\$12,000	Person 🔀 Payroll 🗍 Noncash 🗍 (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	Louis Boland 11011 Waycroft Way Rockville, MD 20852	\$5,000	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	Nikipro Foundation Inc 6 Riderwood Station Baltimore, MD 21204	\$50,000	Person 🖫 Payroll 🗍 Noncash 🗍 (Complete Part II for noncash contributions.)

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
7_	Red Lodge Area Community Foundation PO Box 1871 Red Lodge, MT 59068	\$9,076	Person
(a)	(b)	(c) Total contributions	(d)
No.	Name, address, and ZIP + 4		Type of contribution
8_	Westmeath Foundation 501 Silverside Road Wilmington, DE 19809	\$10,000	Person 🔀 Payroll 🗍 Noncash 🗍 (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
9	MATAN 20251 Century Blvd, Suite 100 Germantown, MD 20874	\$	Person
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
10_	Clark Construction Group 7500 Old Georgetown Rd Bethesda, MD 20814	\$10,000	Person 🔀 Payroll 🗍 Noncash 🗍 (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
11	Estate of Fran Nahrgang P.O. Box 358 Glenelg, MD 21737	\$50,000	Person 🔀 Payroll 🗍 Noncash 🗍 (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
12_	Harry K Foundation		Person 🗵

rt I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
13	Retamco Aviation P O Box 790 Red Lodge, MT 59068	\$33,573	Person Payroll Complete Part II for noncash contributions.
(a)	(b)	(c)	(d) Type of contribution
No.	Name, address, and ZIP + 4	Total contributions	
_14	Butler's Golf Course 798 Rock Run Road Elizabeth, PA 15037	\$9,114	Person 🔀 Payroll 🗍 Noncash 🗍 (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d) Type of contribution
No.	Name, address, and ZIP + 4	Total contributions	
<u>15</u>	DeVito Family Fund 2 Village Square Suite 220 Baltimore, MD 21210	\$25,000	Person 🖫 Payroll 🗍 Noncash 🗍 (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
16	Evangelical Lutheran Church 35 East Church Street Frederick, MD 21701	\$5,055	Person
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
_17	J. Roberts, Inc 4750 Sheriff Rd NE Washington, DC 20019	\$15,000	Person 🖫 Payroll 🗍 Noncash 🗍 (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
_18	Operation Patriot Support 540 48th Street Court East Bradenton, FL 34208	\$5,000	Person 🔀 Payroll 🗍 Noncash 🗍 (Complete Part II for noncash contributions.)

Name of organization

Operation Second Chance Inc

20-2624345

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a)	(b)	(c) Total contributions	(d)
No.	Name, address, and ZIP + 4		Type of contribution
_19	Fred and Maxine Rumack 10 Norfolk Road Great Neck, NY 11020	\$5,000	Person
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
20	The Anderson Company 12150 Tac Court Manassas, VA 20109	\$10,000	Person
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
_21	The Byron Nelson Foundation 680 Lakeridge Drive McKinney, TX 75069	\$10,000	Person 🔀 Payroll 🗍 Noncash 🗍 (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
22	Tom Deierlein Foundation 38 Hamilton Place Garden City, NY 11530	\$5,400	Person
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
23	UPS Foundation 55 Glenlake Parkway NE Atlanta, GA 30328	\$5,000	Person 🔀 Payroll 🔲 Noncash 🗍 (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
_24	Celia Wing 1125 Surrey Lane Allen, TX 75013	\$5,000	Person Nayroll Noncash (Complete Part II for noncash contributions.)

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25	David Irwin PO Box 2010 Boca Grande, FL 33921	\$15,000	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
26	Emerald Society 2120 Bladensburg Rd NE Suite 202 Washington, DC 20018	\$15,000	Person 🔀 Payroll 🗍 Noncash 🗍 (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
27	Ethel Josephine Scantland 6011 E. Fair Brook St Long Beach, CA 90815	\$\$	Person 🔀 Payroll 🗍 Noncash 🗍 (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
No.	Name, address, and ZIP + 4 Steven Fox 19630 Juna Lane	Total contributions	Person Payroll Noncash (Complete Part II for
No	Name, address, and ZIP + 4 Steven Fox 19630 Juna Lane Saratoga, CA 95070 (b)	\$ \$ (c)	Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.)
28 (a) No.	Name, address, and ZIP + 4 Steven Fox 19630 Juna Lane Saratoga, CA 95070 (b) Name, address, and ZIP + 4 Hollingsworth LLP 1350 I Street N.W	\$ 6,000 (c) Total contributions	Type of contribution Person

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31	Montgomery County Career Fire F 932 Hungerford Dr Suite 33A Rockville, MD 20850	\$5,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
32_	Mr and Mrs Tony Berry- Charles A Be 4701 Old Course Drive Charlotte, NC 28277	\$5,000	Person 🖫 Payroll 🗍 Noncash 🗍 (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
33	North Country Troopers Assisting Tr 32731 Cottage Hill Rd Redwood, NY 13679	\$10,500	Person X Payroll Concash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
No.	Name, address, and ZIP + 4 Northwest Golfers for Warriors PO Box 18777	Total contributions	Person Payroll Noncash (Complete Part II for
34 (a)	Name, address, and ZIP + 4 Northwest Golfers for Warriors PO Box 18777 Spokane, WA 99208 (b)	* 5,000 (c)	Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	Name, address, and ZIP + 4 Northwest Golfers for Warriors PO Box 18777 Spokane, WA 99208 (b) Name, address, and ZIP + 4 Paymode-X 65 Gannett Drive	\$ 5,000 (c) Total contributions	Person

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
	Sommer Brothers Charitable Fund 5700 Darrow Rd Suite 118 Hudson, OH 44236 (b)	\$(c)	Person Payroll Noncash (Complete Part II for noncash contributions.)	
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution	
38_	Steven Manz 6904 Shinnecock Hill Lane Charlotte, NC 28277	\$15,766	Person X Payroll Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
39	Strittmatter Companies 9102 Owens Drive Manassas, VA 20111	\$5,000	Person Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
40	James Gleru 7411 Windy Hill Court Mc Lean, VA 22102	\$ 13,386	Person Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
41_	William Caprara 22966 Stone Road Dexter, NY 13634	\$7,868	Person 🖫 Payroll 🗍 Noncash 🗍 (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
42	Smokey Glen Farm 16407 Riffle Ford Rd Gaithersburg, MD 20878	\$15,740	Person Payroll Noncash (Complete Part II for noncash contributions.)	

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
9	Office space	_	
		\$\$	01-01-2018
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
13	Flights for veterans	_	
		\$\$	08-21-2018
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
42	Event and catering package	_	
		\$15,740	09-21-2018
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		_	
		s	
(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 given	(c) FMV (or estimate) (See instructions)	(d) Date received
		_	
		\$	

SCHEDULE D (Form 990)

Department of the Treasury

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.

Internal Revenue Service

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

OMB No. 1545-0047

2018

Open to Public Inspection

ivaille	of the organization	Employer identification number
<u>Ope</u>	eration Second Chance Inc	20-2624345
Pa	rt I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Account	S.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 6.	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year) .	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised	
	funds are the organization's property, subject to the organization's exclusive legal control?	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used	
	only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose	
	conferring impermissible private benefit?	
Pa	rt II Conservation Easements.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
	Preservation of land for public use (e.g., recreation or education)	mportant land area
	Protection of natural habitat Preservation of a certified hist	toric structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation	ervation
	easement on the last day of the tax year.	Held at the End of the Tax Year
а	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
С	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a	
	historic structure listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization	ation during the
	tax year ►	
4	Number of states where property subject to conservation easement is located	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation e	easements during the year
	•	
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation ease	ments during the year
	▶ \$	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)	(i)
	and section 170(h)(4)(B)(ii)?	
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement	ent, and
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that de	escribes the
	organization's accounting for conservation easements.	
Pa	rt III Organizations Maintaining Collections of Art, Historical Treasures, or Othe	er Similar Assets.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and	balance sheet
	works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furth	nerance of
	public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items	
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and bala	ance sheet
	works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furth	nerance of
	public service, provide the following amounts relating to these items:	
	(i) Revenue included on Form 990, Part VIII, line 1	· · · · · · • • • <u> </u>
	(ii) Assets included in Form 990, Part X	▶ \$
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, pro-	rovide the
	following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1	> \$
b	Assets included in Form 990, Part X	▶ \$

Pa	rt III Organizations Maintaining Colle	ections of A	rt, Histo	rical Tre	asures, c	or Othe	er Similar As	i sets (co	ntinue	ed)
3	Using the organization's acquisition, accession, and	other records, ch	neck any o	f the followi	ng that are a	a significa	ant use of its			
	collection items (check all that apply):									
а	Public exhibition	d 🗌 Loa	n or excha	nge progra	ms					
b	Scholarly research	e 🗌 Othe	er							
С	Preservation for future generations									
4	Provide a description of the organization's collections	s and explain ho	w they furt	her the orga	anization's e	exempt p	urpose in Part			
	XIII.									
5	5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar									
	assets to be sold to raise funds rather than to be maintained as part of the organization's collection? 🗌 Yes 🗌 No									
Pa	Part IV Escrow and Custodial Arrangements.									
	Complete if the organization answers 990, Part X, line 21.	ered "Yes" oı	n Form 9	90, Part	IV, line 9,	, or rep	orted an amo	unt on F	orm	
1a	Is the organization an agent, trustee, custodian or oth	ner intermediary	for contribu	utions or oth	ner assets n	ot				
	included on Form 990, Part X?							🗌	Yes [☐ No
b	If "Yes," explain the arrangement in Part XIII and cor	mplete the follow	ing table:							
							A	mount		
С	Beginning balance					1c				
d	Additions during the year					1d				
е	Distributions during the year					1e				
f	Ending balance					1f				
2a	Did the organization include an amount on Form 990					-				No
b	If "Yes," explain the arrangement in Part XIII. Check	here if the expla	anation has	been provi	ded on Part	XIII .		<u></u>		
Pa	rt V Endowment Funds.									
	Complete if the organization answer	ered "Yes" oı	n Form 9	90, Part	IV, line 10	0.				
	(3	a) Current year	(b) Pri	or year	(c) Two years	s back	(d) Three years back	k (e) Fo	ur years b	ack
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and									
	losses									
d	Grants or scholarships									
е	Other expenditures for facilities and									
	programs							\bot		
f	Administrative expenses							-		
g	End of year balance									
2	Provide the estimated percentage of the current year	,	ne 1g, colu	mn (a)) held	d as:					
а	Board designated or quasi-endowment	%								
b	Permanent endowment ▶ %									
С	Temporarily restricted endowment	%								
	The percentages on lines 2a, 2b, and 2c should equa									
3a	Are there endowment funds not in the possession of	the organization	n that are h	neld and adı	ministered fo	or the				
	organization by:								Yes	No
	()							3a(i		
	(ii) related organizations							3a(ii		
b	If "Yes" on line 3a(ii), are the related organizations li	•						3b		
4	Describe in Part XIII the intended uses of the organi		nent funds.							
Pa	rt VI Land, Buildings, and Equipment			000 Dt	IV / 15 A	4- 0	. Farra 000 F	2 4 V - 15	- 40	
	Complete if the organization answer									
	Description of property	(a) Cost or other		(b) Cost or		, ,	Accumulated	(d) Bo	ok value	
		(investme	#III()	(01	ther)	de	preciation			
1a	Land	•								
b	Buildings	•								
C	Leasehold improvements	•		-						
d	Equipment	•		1	.22,209		77,001		45,2	208
e Tata	Other	·	V and	(D) !!:- 10	- 1		_			000
ıota	 Add lines 1a through 1e. (Column (d) must equal I 	-orm 990, Part)	x, column	(ʁ), Iine_10	C.)				45,2	208

Schedule D (Form	990) 2018 Operation Second	d Chance Inc	20-26	24345	Page
Part VII	Investments - Other Securities.				
	Complete if the organization answered	I "Yes" on Form 990, Pa	art IV, line 11b. See Form 990	, Part X, lin	e 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuati Cost or end-of-year market		
1) Financial	derivatives				
2) Closely-h	eld equity interests				
Other					
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G) (H)					
) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII	Investments - Program Related.				
<u> </u>	Complete if the organization answered	l "Yes" on Form 990. Pa	art IV. line 11c. See Form 990	. Part X. lin	e 13.
		(b) Book value			
	(a) Description of investment	(b) book value	(c) Method of valuati Cost or end-of-year market		
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
) must equal Form 990, Part X, col. (B) line 13.)				
Part IX	Other Assets.			Dant V. Ba	- 45
	Complete if the organization answered		art IV, line 11d. See Form 990		
(4)	(a) De	scription		(b) Book	value
(1) (2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Colum	nn (b) must equal Form 990, Part X, col. (B) line 15.	.)			
Part X	Other Liabilities.				
	Complete if the organization answered	l "Yes" on Form 990, Pa	art IV, line 11e or 11f. See For	m 990, Par	τX,
	line 25.				
1.	(a) Description of liability	(b) Book value			
· /	income taxes				
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					

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

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶

Pa	Reconciliation of Revenue per Audited Financial Statements with	•	keturn	l .
4	Complete if the organization answered "Yes" on Form 990, Part IV, lin	ie iza.	4	1 501 061
1	Total revenue, gains, and other support per audited financial statements		1	1,581,261
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	(22 22-)		
a	Net unrealized gains (losses) on investments	(30,925)		
b	Donated services and use of facilities	103,407		
C	Recoveries of prior year grants			
d	Other (Describe in Part XIII.)	59,976	0-	100 100
e	Add lines 2a through 2d	Ī	2e	132,458
3	Subtract line 2e from line 1		3	1,448,803
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	4 550		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4,759		
b	· · · · · · · · · · · · · · · · · · ·		40	4 850
C	Add lines 4a and 4b	+	4c	4,759
5 P 2	rt XII Reconciliation of Expenses per Audited Financial Statements W			1,453,562
Га	Complete if the organization answered "Yes" on Form 990, Part IV, lii		ei Net	uiii.
1	Total expenses and losses per audited financial statements		1	1 644 937
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			1,644,837
a	Donated services and use of facilities	102 407		
a b	Prior year adjustments	103,407		
C	Other losses			
d	Other (Describe in Part XIII.)	59,976		
e	Add lines 2a through 2d		2e	163,383
3	Subtract line 2e from line 1		3	1,481,454
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			1,101,131
a	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIII.)			
c	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	+	5	1,481,454
	rt XIII Supplemental Information.			1,101,101
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2	2b: Part V. line 4: Par	t X. line	
	art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional in		, -	
, -				
01	Other revenues not included on Form 990 (Part X	KI, line 2d	1)	
			-,	
Lin	e 2d - Direct expenses of fundraisers.			

EEA Schedule D (Form 990) 2018

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

2018

Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Inspection

reame of the organization						Linployer ide	nuncation number
Operation Second Chance Inc						20-26	24345
Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17.							
Form 990-EZ filers are no		_				,	
	•	•	•	itios Chock all that a	nnh		
a Mail solicitations				of non-government gr	ants		
b Internet and email solicitations		f ∐	Solicitation	of government grants			
c Phone solicitations		g 🗌	Special fund	draising events			
d In-person solicitations				•			
2a Did the organization have a written o	r oral agrooments	with any indiv	idual (includ	ling officers directors	tructooc		
							п.
or key employees listed in Form 990,	, .		•	•		_ Ye	_
b If "Yes," list the 10 highest paid indivi-	duals or entities (f	undraisers) p	oursuant to a	igreements under whi	ch the fund	draiser is to be	9
compensated at least \$5,000 by the	organization.						
		(m) D: 1 ((v) Amo	ount paid to	
(i) Name and address of individual	(ii) A ativity		draiser have r control of	(iv) Gross receipts		tained by)	(vi) Amount paid to (or retained by)
or entity (fundraiser)	(ii) Activity		utions?	from activity		ser listed in	organization
					С	ol. (i)	3 · · · · · ·
		Yes	No				
1							
2							
_							
3							
4							
5							
3							
6							
7							
9							
8							
9							
10							
			1				
Total							
3 List all states in which the organization	n is registered or I	icensed to so	licit contribu	itions or has been not	ified it is ex	kempt from	
registration or licensing.							
					<u> </u>		

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (b) Event #2 (a) Event #1 (c) Other events (d) Total events (add col. (a) through Paddle SC Allegheny Rd None col. (c)) (event type) (event type) (total number) Revenue Gross receipts 1 54,079 601,108 655,187 Less: Contributions 54,079 569,528 623,607 Gross income (line 1 minus line 2) 31,580 31,580 Cash prizes 5 Noncash prizes 6,020 6,338 Rent/facility costs Direct Expenses 1,293 12,433 13,726 Food and beverages 2,020 16,905 18,925 8 Entertainment 525 4,498 3,973 Other direct expenses 5,581 10,908 16,489 <u>59,9</u>76 (28,396)Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add Revenue (a) Bingo (c) Other gaming bingo/progressive bingo col. (a) through col. (c)) Cash prizes 2 Direct Expenses 3 Noncash prizes Rent/facility costs Other direct expenses Volunteer labor No No Direct expense summary. Add lines 2 through 5 in column (d) Net gaming income summary. Subtract line 7 from line 1, column (d) ▶ **9** Enter the state(s) in which the organization conducts gaming activities: **b** If "No," explain: **10a** Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? **b** If "Yes," explain:

SCHEDULE I (Form 990)

Department of the Treasury

Internal Revenue Service Name of the organization

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

► Attach to Form 990.

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

OMB No. 1545-0047

2018

Open to Public Inspection

Employer identification number

Opera	tion Second Chance Inc						20-2624345	
Part	I General Information on (Grants and Assist	ance					
1 [Does the organization maintain records to	substantiate the amoun	nt of the grants or assis	stance, the grantees' el	igibility for the grants or	assistance, and		
tl	he selection criteria used to award the gr	rants or assistance? .						. 🛛 Yes 🗌 N
2	Describe in Part IV the organization's pro	cedures for monitoring t	he use of grant funds	in the United States.				
Part					nts. Complete if the o	organization answered	"Yes" on Form 990),
	Part IV, line 21, for any recipi	ient that received mo	re than \$5,000. Par	t II can be duplicate	d if additional space	is needed.		
1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of gran
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
	Enter total number of section 501(c)(3) ar	-	tions listed in the line 1	table	• • • • • • • • • • • • • • • • • • • •		· · · · · · · · · · · · · · · · · · ·	

Part III	Grants and Other Assistance to Do Part III can be duplicated if additiona			organization answ	vered "Yes" on Form 990), Part IV, line 22.
(a) Type of grant or assistance		(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1 Colle	ege scholarships	7	19,000			
2						
3						
4						
5						
6						
7						
Part IV	Supplemental Information. Provide	the information r	equired in Part I, lin	e 2; Part III, colum	n (b); and any other addi	itional information.
01. Mc	onitoring procedures (Par	rt I, line	2)			
The Orga	anization is able to control the	use of schola	ership funds by o	distributing the	em to the College th	e student elects to
attend (thereby ensuring that the funds	are used as ir	tended.			

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Operation Second Chance Inc 20-2624345 01. Governing body meeting documentation (Part VI, line 8a) Minutes are taken of all board meetings. 02. Form 990 governing body review (Part VI, line 11) Management reviewed a draft of the form 990 before it was finalized. 03. 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. 04. 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. 05. 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. 06. Form 990 availability to public (Part VI, line 18) Form 990 and the organization's 501c3 exemption letter confirming their non-profit status are available to the public on the organization's website.

Schedule O (Form 990 or 990-EZ) (2018) Page 2 Employer identification number Name of the organization Operation Second Chance Inc 20-2624345 07. Governing documents, etc, available to public (Part VI, line 19) Form 990 and the organization's 501c3 exemption letter confirming their non-profit status are available to the public on the organization's website.

Statement of Program Service Accomplishments 2018 PG01 Name(s) as shown on return Operation Second Chance Inc 2018 2018 PG01 Your Social Security Number 20-2624345

Form 990-Part III(a)

Statement #4

Statement of Service Accomplishment

Program Service Code
Program Service Expenses \$19000
Grants and allocations included in above expense \$0
Program Services Revenue \$0

Explanation

Scholarship program - Scholarships are awarded to applicants that are wounded, injured or ill veterans or their direct dependents using an application process that attempts to select and award the most deserving individuals.