Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

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

Open to Public

| Inte | rnal Reve | of the Treasury inue Service | ► Go to www.irs.gov/Form990 for instructions and the latest i | nformation. | 1110 | Inspection | | | |
|------------------------------------|---|---------------------------------|--|-------------------|-------------------|-------------------------------|--|--|--|
| A | For th | e 2017 cale | endar year, or tax year beginning \(\lambda \text{RNNRY} \) , 2017, and endin | g DECEM C | BER 31 | , 20 17 | | | |
| B | Check | f applicable | C Name of organization SECOND CHANCES FOUNDATION, IN | C. | D Employ | er identification number | | | |
| | Addres | s change | Doing business as MIDSOUTH SOBER LIVING | | 26 | - 1510916 | | | |
| | Name o | hange | Number and street (or P.O. box if mail is not delivered to street address) Room/sul | ite | , . | ne number | | | |
| | I Initial return 1950 Madison AVE (901) 52: | | | | | | | | |
| | Final ret | um/terminated | | | | | | | |
| | Amend | ed return | MEMPHIS TN 38104 | | G Gross re | eceipts \$ 396,365 | | | |
| | Applica | tion pending | F Name and address of principal officer | H(a) Is this a gr | oup return for | subordinates? 🗌 Yes 🕡 No | | | |
| | | | 1 A | | | s included? 🗌 Yes 🔲 No | | | |
| <u></u> | Tax-ex | empt status | □ 501(c)(3) □ 501(c) () □ (insert no.) □ 4947(a)(1) or □ 522 | If "No | o," attach a | a list. (see instructions) | | | |
| ī | Websit | e: ▶ ພພ | N. WIDSOUTHSOBER LIVING ORG. | H(c) Group | exemption | number ► | | | |
| K | | organization | Corporation Trust Association Other ► L Year of format | lon: 2008 | M State | of legal domicile. | | | |
| P | art I | Summ | | | | | | | |
| | 1 | Briefly de | escribe the organization's mission or most significant activities: P | ROVIDIN | <u>G 5A</u> | FE AND | | | |
| ည္ဆ | | AFF | OR DABLE ALCOHOL-FREE AND DRUG-FRE | E Hou | 51NG | ; FOR THE | | | |
| nar | 1 | MER | 19HIS RECIONAL COMMUNITY | | | | | | |
| Governance | 2 | | is box $ ightharpoonup \square$ if the organization discontinued its operations or disposed $lpha$ | of more than | | its net assets. | | | |
| | 3 | | of voting members of the governing body (Part VI, line 1a) | | 3 | <u> </u> | | | |
| Activíties & | 4 | | of independent voting members of the governing body (Part VI, line 1h) | | 4 | | | | |
| Æ | 5 | | mber of individuals employed in calendar year 2017 (Part V, line 2a) | • | 5 | 4 | | | |
| 훓 | 6 | | mber of volunteers (estimate if necessary) | • | 6 | 5_ | | | |
| ₹ | 7a | | elated business revenue from Part VIII, column (C), line 12 | • | 7a | | | | |
| | b | Net unrel | lated business taxable income from Form 990-T, line 34 | 5-1 | 7b | A | | | |
| | | | | Prior Ye | | Current Year | | | |
| ē | 8 | | tions and grants (Part VIII, line 1h) | 130,1 | 1 4/ | 82,625 | | | |
| ē | 9 | _ | service revenue (Part VIII, line 2g) | 136,7 | 342 | 313,684 | | | |
| Revenue | 10 | | ent income (Part VIII, column (A), lines 3, 4, and 7d) | | | ' 56 | | | |
| _ | 11 | | venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | | | | | |
| | 12 | | enue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 267, | 285 | 396,365 | | | |
| | 13 | | nd similar amounts paid (Part IX, column (A), lines 1-3) | | | | | | |
| | 14 | | paid to or for members (Part IX, column (A), line 4) | | | -/ / / / / / | | | |
| es | 15 | | other compensation, employee benefits (Part IX, column (A), lines 5–10) | 62, | 126 | 56,690 | | | |
| ë | 16a | Profession | onal fundraising fees (Part IX, column (A), line 11e) | · | | | | | |
| Expenses | _b | l otal fun | draising expenses (Part IX, column (D), line 25) ▶ | 100 | | | | | |
| _ | 17 | | penses (Part IX, column (A), lines 11a-11d, 11f-24e) | | 833 | 356,150 | | | |
| | 18 | | penses. Add-lines 13-17 (myst egual Part IX, column (A), line 25) | 262 | 559 | 412,840 | | | |
| | 19 | Hevenue | less experises. Subtract line 18 from line 12 | Beginning of Cu | 72 Your | (/6, 4 / 3 / End of Year | | | |
| sets or | | T-4-1 | L L | | | 378.334 | | | |
| SSE | 20 21 | Total lieb | sels (Part X; (I) e 7 i 6 j N . U.T | 403, | 220 | | | | |
| Net Ass Fund Bo | 22 | | ts or fund balances. Subtract line 21 from line 20 | | 398 | 738,910 239 424 | | | |
| | art II | | ture Block | £ 25, C | 70_1 | 239, 7-1 | | | |
| _ | | | ry, I declare that I have examined this return, including accompanying schedulos and stater | monte, and to the | ne heet of r | my knowledge and helief it is | | | |
| | | | lete. Declaration of preparer (other than officer) is based on all information of which preparer | | | ny mamodyo and bonor, a lo | | | |
| | | | | <u> </u> | ((- | -15-2018 | | | |
| Sign Signature of officer , A Date | | | | | | | | | |
| He | _ | | Wester Williams Expertise in | MASANT | | | | | |
| | | Туре | or print hame and title | V | | | | | |
| | | Print/Ty | pe preparer's name Preparer's signature Da | te | Check | PTIN | | | |
| Pa | | | | | self-emp | | | | |
| | epare | | name > | Firm | 's EIN ▶ | <u>,</u> | | | |
| US | se On | עיו עיו | address > | | ne no. | | | | |
| Ma | y the I | | s this return with the preparer shown above? (see instructions) | | | Yes No | | | |

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2017)

Cat No. 11282Y

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| | | | | | | |
| 4d | Other program services (Describe in Sche | dule O.) | | | | |
| | (Expenses \$ including gra | ants of \$ |) (Revenue \$ | |) | |
| 4e | Total program service expenses ▶ | 371.654 | | | | _ |
| | | | | | | Form 990 (20 |
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| Part | 90 (2017) IV Checklist of Required Schedules | | | Page 3 |
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A | | Yes | No |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? | 2 | 1 | ┼ |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I | 3 | - | / |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> | 4 | - | 1 |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III | 5 | | / |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | 6 | | |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II . | 7 | | 7 |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III | 8 | | |
| 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 | | |
| 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 | | |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable. | | | |
| | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI | 11a | / | |
| | 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 VII | 11b | | |
| | 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 | | |
| | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | | / |
| | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 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 | 11e | V | |
| 12 a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII | 12a | | |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | | |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | V |
| 14 a b | | 14a | | |
| | 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 | | |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or | 15 | | |
| 16 | for any foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV. | 16 | | |
| 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 | | |
| 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 | V | |
| 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 | | / |

| Part | Checklist of Required Schedules (continued) | | - | |
|----------|--|------------|-----|-----------|
| 20 a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | Yes | No |
| | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | , |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II. | 21 | | / |
| 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 | | / |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J | 23 | | / |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a | 24a | | |
| | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | 24b 24c | | |
| d 25a | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 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 | 24d 25a | | V |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I | 25b | | / |
| 26 | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II | 26 | | / |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III | 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). | | | / |
| a b | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28a 28b | | / |
| С | 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 | V | / |
| 29 30 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M | 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," complete Schedule N, Part II PECEWED | 32 | | $\sqrt{}$ |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | | |
| 34 | Was the organization related to any tax-exempts or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 | 34 | | $\sqrt{}$ |
| 35a b | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a 35b | | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 | 36 | | |
| 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 | | / |
| 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 | | |

| Check if Schedule O contains a response or note to any line in this Part V 18 Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1 | Part | | | | |
|--|------|--|------------------|-----|---------------|
| the Enter the number reported in Box 3 of Form 109E. Enter -0- if not applicable 16 2- | | Check if Schedule O contains a response or note to any line in this Part V | · · · | · · | No. |
| b Enter the number of Forms W-26 included in line 1st. Enter-O- find applicable. Did the organization comply with backup withholding rules for reportable payments to vendors and complying the properties of th | 1a | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | | 163 | 140 |
| c Dd the organization comply with backup withholding nules for reportable payments to vendors and reportable gaming (gambing) winnings to prize winners? 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return? 3b If at least one is reported on line 2a, did the organization file all required feederal employment tax returns? 3b If the organization have unreliated businesse gross income of \$1,000 or more during the year? 3c If "Yes," has if filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O. 4c 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)? 5c If "Yes," enter the name of the foreign country: ► 5c en 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? If "Yes," enter the name of the foreign country: ► 5a Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization shall be organization receive deductible contributions under section 170(c). 5b If "Yes," did the organization include with every solicitation are express statement that such continuutions or grits were not tax deductible? 7b Organizations that may receive deductible contributions under section 170(c). 5c If "Yes," did the organization neceive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor? 5c If "Yes," did the organization receive a payment in excess of \$75 made party a | _ | | 1 | | |
| a 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 If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3b If "Yes," has if filed a Form 1990-Tri for this year? If "No" to fine \$3, provide an explanation in Schedule 0. 4a At any time during the calendar year, did the organization have an interest in, or a signature or other valinority over, a financial account in a foreign country love, a financial account, in a foreign country year of the calendar year, did the organization have an interest in, or a signature or other financial accounts (FBAR). 5b If "Yes," enter the name of the foreign country ▶ 5c enstructions 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 of the promise of the organization have annual gross receipts that are normally greater than \$100,000, and did the organization she armal gross receipts that are normally greater than \$100,000, and did the organization she armal gross receipts that are normally greater than \$100,000, and did the organization she armal gross receipts that are normally greater than \$100,000, and did the organization she armal gross receipts that are normally greater than \$100,000, and did the organization she armal gross receipts that are normally greater than \$100,000, and did the organization she armal gross receipts that are normally greater than \$100,000, and did the organization she not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). 8 If "Yes," and the organization native the organization than are promised to t | | <u> </u> | 1 | , | |
| Statements, filed for the calendar year ending with or within the year covered by this return 2a 4f bit at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of fines 1 and 2 is greater than 250, you may be required to e-ribe (see instructions). 3b If Yes, 'has it filed a Form 890-T for this year? If 'No' to line 3b, provide an explanation in Schedule 0. 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 in a foreign country (such as a bank account, securities account, or other financial account in a foreign country See instructions for fining 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? 5b Dd any taxable party northy the organization that it was or is a party to a prohibited tax shelter transaction? 6f If 'Yes,' do line 5a or 5b, did the organization file Form 8886-17 6a Des 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? 6b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). 8 Dd the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8828? 8 If 'Yes,' indicate the number of Forms 8828 filed during the year? 9 Dd the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8859 as required? 9 If the organization receive any privile property, did the organization | | | 1c | | |
| b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note, if the sum of fines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 1 b If "Yes," has it filed a Form 980-T for this year? If "No" to line 3b, provide an explanation in Schedule 0. 2 A 4t any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 3 b If "Yes," enter the name of the foreign country 5 ce instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5 See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5 D dainy taxable party notify the organization file Form 896-17. 5 D dainy taxable party notify the organization file Form 896-17. 5 D any taxable party notify the organization file Form 896-17. 6 D oes the organization averagination include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6 D organization state any receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? b If "Yes," indicate the number of Forms 8282 filed during the year 1 d If "Yes," indicate the number of Forms 8282 filed during the year 1 d If the organization sell, exchange, or otherwise dispose of targible personal property for which it was required to file Form 8282? 1 of the organization sell, exchange, or otherwise dispose of targible personal property for which it was required to file Form 8282? 3 of the organization sell, exchange, or otherwise dispose of targible personal property for which it was required to file Form 8282? 4 of the organization sell contribution of quidifie | 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax , | | | |
| 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 Variant if the 1a Employer in the year? If 'No' in this 3b, provide an explanation in Schedule 0. 3b If 'Yes,' has it titled a Form 990-T for this year? If 'No' in this 3b, provide an explanation in Schedule 0. 3b At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account, or other financial account)? 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 (FipAR). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 6b 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? 6c 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? 6c If "Yes," did the organization include with every solicitation an express statement that such contributions or girts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). 8 Did the organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor? 9 Did the organization notify the donor of the value of the goods or services provided for the payor? 1b If "Yes," indicate the number of Forms 8282 filed during the year 1c Did the organization provide a contribution of qualified intellectual property, did the organization f | | Statements, filed for the calendar year ending with or within the year covered by this return 2a 4 | | | |
| 3a | b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? . | 2b | V | L |
| b if "Ves," has it field a Form 990-T for this year? if "No" to line 3b, provide an explanation in Schedule O. 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? b if "Yes," enter the name of the foreign country (such as a bank account, securities account, or other financial accounts (FBAR). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Usas the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5b Id any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes" do line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction organization solicit any contributions that were not tax deductible as charatable contributions? 6b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). b If "Yes," did the organization in excess of \$75 made party as a contribution and party for goods and services provided to the payor? 1 If "Yes," did the organization in excess of \$75 made party as a contribution and party for goods and services provided to the payor? 1 If "Yes," indicate the number of Forms 2822 field during the year 2 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 3 If the organization received a contribution of qualified intellectual property, did the organization like forms 2 | | | | | لا |
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| Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ff the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? ff the organization received a contribution of cars, boats, amplanes, or other vehicles, did the organization file a form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make excess business holdings at any time during the year? Sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Bection 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12. Bection 501(c)(12) organizations. Enter: a Gross income from members of shareholders. Bection 501(c)(12) organizations shareholders. Bection 501(c)(12) organizations shareholders. Bection 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year. Into the organization is licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. 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. Enter the amount of reserves on hand. Center the amount of reserves on hand. Bid the organization is licensed to issue qualified health plans. Enter the amount of reserves on hand. Bid the organization is field a Form 720 to report these payments? If "No," provide an explanation in Schedule O. The section 144b or 144b or 144b or 144b or 144b or 144b | | required to file Form 8282? | 7c | | V |
| f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? g if the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? h if the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C? 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 9 Sponsoring organization have excess business holdings at any time during the year? 9 Sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9 Did the sponsoring organizations. Engler: 10 Initiation fees and capital contributions included on Part VIII, line 12 11 Initiation fees and capital contributions included on Part VIII, line 12 12 Gross income from members of shareholders. 13 Gross income from other sources—(90—net-net-amounts) due or paid to other sources against amounts due or received for the structures or accrued during the year. 12 Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 14 Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization receive any payments for indoor tanning services during the tax year? 14 Did the organization receive any payments for indoor tanning services during the tax year? 14 Initiation of the promoted to report these payments? If "No," provide an explanation in Schedule O. 14 Initiation of the organization in Schedule O. 15 Section 501(| d | If "Yes," indicate the number of Forms 8282 filed during the year | | | / |
| fi the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? But the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Gross income from members of shareholders Gross income from other sources—Bo-net-net-amounts due or paid to other sources against amounts due or received for them of the sources of the sou | е | | | | V / |
| h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 9 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 10 Section 501(c)(7) organizations. Enter. a Initiation fees and capital contributions included on Part VIII. line 12. 10a b Gross receipts, included on Form 990, Part VIII. line 12, 10g public use of club facilities. 10b 11 Section 501(c)(12) organizations. Enter. 2 7 2018 b Gross income from members of shareholders. 5 Gross income from other sources—(Bo-net-net-amounts) due or paid to other sources against amounts due or received fon the firsts. Is the organization filing Form 990 in lieu of Form 1041? 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13 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. 2 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 2 Enter the amount of reserves on hand 2 Did the organization receive any payments for indoor tanning services during the tax year? 3 Libb 3 If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. | f | | - | | V |
| Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organizations maintaining donor advised funds. Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? But the sponsoring organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 | | | - | | // |
| sponsoring organization have excess business holdings at any time during the year? | _ | | /n | | |
| 9 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? | O | | 8 | | |
| a Did the sponsoring organization make any taxable distributions under section 4966? | 9 | | | | |
| b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | | | 9a | | |
| Initiation fees and capital contributions included on Part VIII, line 12 | b | | 9b | | |
| 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 9 7 2018 | 10 | Section 501(c)(7) organizations. Enter: | | | |
| a Gross income from members of shareholders | а | | | | |
| a Gross income from members of shareholders | | | | | |
| b Gross income from other sources—(Do-net-net-amounts) due or paid to other sources against amounts due or received from them. UT | | | | | |
| against amounts due or received from them. N., UT | _ | 127 | i l | | |
| 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year | Ь | | | | ļ |
| b If "Yes," enter the amount of tax-exempt interest received or accrued during the year | 12a | | 12a | | |
| 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? | | | | | 1 |
| a Is the organization licensed to issue qualified health plans in more than one state? | | | | | |
| Note. See the instructions for additional information the organization must report on Schedule O. 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 | | Is the organization licensed to issue qualified health plans in more than one state? | 13a | | |
| the organization is licensed to issue qualified health plans | | Note. See the instructions for additional information the organization must report on Schedule O. | 1 1 | | [|
| c Enter the amount of reserves on hand | b | | | | |
| 14a Did the organization receive any payments for indoor tanning services during the tax year? | | · · · · · · · · · · · · · · · · · · · | | | [|
| b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . 14b | C | · · · · · · · · · · · · · · · · · · · | 1 | | / |
| | 14a | | - | | -V |
| | b | ir "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O | | 990 | (2017) |

| Part | Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S. Check if Schedule O contains a response or note to any line in this Part VI | See ins | struct | ions. |
|----------|--|---------|----------|---------------|
| Secti | ion 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 2 | Enter the number of voting members included in line 1a, above, who are independent . 1b 1' Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? | 2 | | |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? | 3 | | 1 |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | | 1 |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? . | 5 | | 1 |
| 6 | Did the organization have members or stockholders? | 6 | | |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? | 7a | | / |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? | 7b | | 7 |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | | |
| а | The governing body? | 8a | 77 | |
| ь | Each committee with authority to act on behalf of the governing body? | 8b | | |
| 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 | | V |
| Secti | on B. Policies (This Section B requests information about policies not required by the Internal Reven | ue Co | _ | г |
| 40- | D.111 | 40. | Yes | No |
| 10a b | Did the organization have local chapters, branches, or affiliates? | 10a | | \ <u>\\\</u> |
| U | affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? | 10b | | 1 |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 11a | | |
| b | Describe in Schedule O the process, if any, used by the organization to review this Form 990. | | | |
| 12a | Did the organization have-a-written-conflict-of-interestspolicy? If "No," go to line 13 | 12a | 一 | |
| b | Were officers, directors, of trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | | $\overline{}$ |
| С | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," | 12c | | |
| 13 | describe in Schedule Ondw this was done not be been selected in Schedule Ondw this was done not be been selected in Schedule Ondw this was done not be been selected in Schedule Ondw this was done not be been selected in Schedule Ondw this was done not be been selected in Schedule Ondw this was done not be been selected in Schedule Ondw this was done not be been selected in Schedule Ondw this was done not be been selected in Schedule Ondw this was done not be been selected in Schedule Ondw this was done not be been selected in Schedule Ondw this was done not be been selected in Schedule Ondw this was done not be been selected in Schedule Ondw this was done not be been selected in Schedule Ondw this was done not be been selected in Schedule Ondw this was done not be been selected in Schedule Ondw this was done not be been selected in Schedule Ondw this was done not be been selected in Schedule Ondw this was done not be been selected in Schedule Ondw this was done not be been selected in Schedule Ondw the Schedule Ondw the Schedule Ondw this was done not be been selected in Schedule Ondw this was done not be been selected in Schedule Ondw this was done not be been selected in Schedule Ondw this was done not be been selected in Schedule Ondw this was done not be been selected in Schedule Ondw this was done not be been selected in Schedule Ondw this was done not be been selected in Schedule Ondw this was done not be been selected in Schedule Ondw this was done not be been selected in the Schedule Ondw this was done not be been selected in the selected on the se | 13 | | V |
| 14 | Did the organization have a written document retention and destruction policy? | 14 | | V |
| 15 | Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | |
| а | The organization's CEO, Executive Director, or top management official | 15a | | 1 |
| b | Other officers or key employees of the organization | 15b | | |
| | 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 | _ | |
| 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 | | |
| Secti | on C. Disclosure | 1 | | |
| 17 | List the states with which a copy of this Form 990 is required to be filed ► TENNESSEE | | | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply. | 501(| c)(3)s | only) |
| | ☐ Own website ☐ Another's website ☐ Upon request ☐ Other (explain in Schedule O) | | | |
| 19 | Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of integration in the statements available to the public during the tax year. | erest p | oolicy | , and |
| 20 | State the name, address, and telephone number of the person who possesses the organization's books and received Clockard 1950 MADISON AVE. MEMPHIS TW 38104 | ords: | • | |
| | | Eom | 990 | (2017) |

| _ | | | 7 |
|----|---|---|---|
| Рα | а | е | • |

| | 000 | 10017 | |
|------|-----|--------|--|
| ⊢orm | 990 | (2017) | |

| Part VII | Compensation of Officers, Director | s, Trustees, Key Employees, | Highest Compensated Employees, and |
|----------|------------------------------------|-----------------------------|------------------------------------|
| | Independent Contractors | | |

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

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

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

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

| Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. | | | | | | | | | | |
|--|---|--|-------|---------------------|-----------------------------|--|----------|--|--|--|
| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | (do no box, office office or dire | ot ch | Posi eck s pe | c) ition more rson | than or trust Highest compensated employee | ne an | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
| (1) ANDREW Branksm Chairman, BOARD of Directors (2) Walter Williams | 5 | / | / | ✓ | | | | 0 | 0 | o |
| (2) Walter Williams Executive Director | 20 | | | \checkmark | | | | O | 0 | 0 |
| (3) Timothy Wheat Treashorer | 1 | / | | \checkmark | | | | 0 | 0 | 0 |
| (4) ALL OTHERS - SEE ATTACHED SCHEDULE | - | ✓ | | | | | | 0 | 0 | 0 |
| (5) | | | | | | | | | | |
| (6) | | | | | | | | | | |
| (7) | | | | | | | | | | |
| (8) RECEIVED | | | | | | | | | | |
| (9) | | | | | | | - | | | |
| (10) DEC 2 7 2018 (A) | | | | | | | | | | |
| (11) OGDEN, UT | | | | | | | | | | |
| (12) | | | | | | | | | | |
| (13) | | | | | | | | | | |
| (14) | | | | | | | | | | |

| Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) | | | | | | | | | | | | | |
|---|--|--|---|-----------------------|--------------|--------------|------------------------------|--------------|--|---------------------------------------|---------|---|--------------------------------|
| | (A) Name and title | (B) Average hours per | verage box, unless perso officer and a direct | | | | | an | (D) Reportable compensation from | (E) Reportable compensation f | n from | (F) Estima amoun othe | ited it of |
| | | week (list any hours for related organizations below dotted line) | | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | the organization (W-2/1099-MISC) | related organizatii (W-2/1099-M | ons | compens from t organiza and rela organiza | sation the ation ated |
| (15) | | | | | | | | | | | | | |
| (16) | | | | | | | | | | | | | |
| (17) | | | | | i | | | | | | | | |
| (18) | | | | | | | | | | | | | - |
| (19) | | | | | | | | | | | | - | |
| (20) | | | | | | | | | | | | | · |
| (21) | | | | | | | | | | | | | |
| (22) | RECEIVED | | | | | | | | | | | | |
| (23) | G DEC 2 7 2018 | | | | | | | | | | | | |
| (24) | (r) (v) (v) (v) (v) (v) (v) (v) (v) (v) (v | | | | | | | | | | | _ | |
| (25) | L OGDEN, UI | <u>]</u> | | | | | | | | | | | • |
| 1b c | Sub-total | • | | • | | | • | > | <i>D</i> | -0 | | -6 | - |
| d_ 2 | Total (add lines 1b and 1c) | not limited | | | | | above | e) w | ho received me | ore than \$1 | 00,000 | of | <u> </u> |
| 3 | Did the organization list any former of employee on line 1a? If "Yes," complete S | | | | | | | | oloyee, or high | est compe | ensatec | | es No |
| 4 | For any individual listed on line 1a, is the organization and related organizations individual | greater tha | an \$1 | 50, | 000 | ? // | f "Ye | s, " | complete Sch | edule J fo | or such | 4 | |
| 5 | Did any person listed on line 1a receive of for services rendered to the organization? | r accrue co | mper | nsat | tion | fror | n any | un un | related organiz | ation or inc | dıvıdua | | |
| | on B. Independent Contractors | | | | | | | | | | 4100 | | |
| 1 | Complete this table for your five highest of compensation from the organization. Repyear. | compensati ort compe | ed inc nsatio | n fo | end or th | ent ne c | contr alend | acto ar y | ors that receive rear ending wit | h or within | the org | anization | 's tax |
| | (A) Name and business add | ress | | | | | | | (B) Description of s | ervices | | (C) Compensation | on |
| | | | | | | | | \vdash | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | _ | |
| 2 | Total number of independent contractor received more than \$100,000 of compensi | | | | | | | th | ose listed abo | ove) who | | ··· | |

| Part \ | VШ | Statement of Revenue | | D | | |
|---|---------------------------------------|---|---|--------------------------------|--------------------------------|---|
| | _ | Check if Schedule O contains a response or note t | O any line in this (A) Total revenue | (B) Related or exempt function | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections |
| Program Service Revenue and Other Similar Amounts | g h 2a b c d e f | Federated campaigns 1a Membership dues 1b Fundraising events 1c 28, \$03 Related organizations 1d Government grants (contributions) All other contributions, gifts, grants, and similar amounts not included above 1f 53, \$22 Noncash contributions included in lines 1a-1f \$ Total. Add lines 1a-1f | 82,625 64,066 40,343 20,855 186,206 2,214 313,684 | revenue | | 512-514 |
| | c d 8a | Investment income (including dividends, interest, and other similar amounts) | 56 | | | |

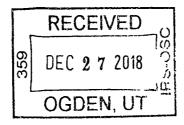
Part IX Statement of Functional Expenses

| Sectio | n 501(c)(3) and 501(c)(4) organizations must con | | | is must complete co | lumn (A). | | | | |
|---|--|-----------------------|------------------------------|---|--|--|--|--|--|
| Check if Schedule O contains a response or note to any line in this Part IX | | | | | | | | | |
| | t include amounts reported on lines 6b, 7b, , and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses | | | | |
| 1 | Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 | | | | | | | | |
| 2 | Grants and other assistance to domestic individuals. See Part IV, line 22 | | | | | | | | |
| 3 | Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 | | | | | | | | |
| 4 5 | Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees | | | | 1 | | | | |
| 6 | Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | 45,735 | 34,588 | 9,147 | | | | | |
| 7 8 | Other salaries and wages | , | <u> </u> | | | | | | |
| 9 10 | Other employee benefits | 10,955 | 8.764 | 2191 | | | | | |
| 11 | Fees for services (non-employees) | | | | | | | | |
| а | Management | 5.413 | | | | | | | |
| b | Legal | 71.7 | 1,307 | 1,306 | | | | | |
| c d | Accounting | 2,013 | 1,30 / | 1, 20 6 | | | | | |
| e | Professional fundraising services See Part IV, line 17 | | | | | | | | |
| f | Investment management fees | | | | | | | | |
| g | Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) | | | | | | | | |
| 12 | Advertising and promotion | | | - Jag | | | | | |
| 13 14 | Office expenses C.E.V.D | 10,9.7.6 | 5,488 | 3,48/5 | | | | | |
| 15 | Royalties | | | | | | | | |
| 16 | Occupancy DEC 2 7 2018 | 26,400 | 13,200 | 13,200 | | | | | |
| 17 18 | Travel (?) | <u> </u> | | • | | | | | |
| | for any federal, state or local public officials | | | | | | | | |
| 19 20 | Conferences, conventions, and meetings . Interest | 3432 | 3,432 | | | | | | |
| 21 | Payments to affiliates | 7,402 | 7,7 12 | | | | | | |
| 22 | Depreciation, depletion, and amortization . | 13,116 | 13.116 | | | | | | |
| 23 | Insurance | | | | | | | | |
| 24 | Other expenses. Itemize expenses not covered | | | | | | | | |
| | above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column | | | | | | | | |
| | (A) amount, list line 24e expenses on Schedule O.) | | | | | | | | |
| а | RENTAL Proporty ExpENSES | 272,693 | 272,693 | | | | | | |
| b | REWAL Property ExpENSES FUND RAISING EXPENSES INSUFANCE | 5,696 | 1.1 1.0 | 1115 | 5,696 | | | | |
| C | INSUTance | 16,125 5,099 | <u>/4,513</u> 2,550 | 1,612 | | | | | |
| d e | MISCELL EOUS All other expenses | 3/017 | 2,370 | 4,277 | | | | | |
| 25 | Total functional expenses. Add lines 1 through 24e | 412,840 | 371,651 | 35,493 | 5,696 | | | | |
| 26 | Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here If following SOP 98-2 (ASC 958-720) | | | | | | | | |

111. 13-1

| Pa | art X | | | | |
|-----------------------------|----------|---|---------------------------------------|----------|---------------------------------------|
| | | Check if Schedule O contains a response or note to any line in this Pa | art X | <u> </u> | <u> 🗆</u> |
| | | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash—non-interest-bearing | 30 524 | 1 | 11.056 |
| | 2 | Savings and temporary cash investments | ı | 2 | · · · · · · · · · · · · · · · · · · · |
| | 3 | Pledges and grants receivable, net | | 3 | |
| | 4 | Accounts receivable, net | | 4 | |
| | 5 | Loans and other receivables from current and former officers, directors, | | | |
| | | trustees, key employees, and highest compensated employees. | | | |
| | | Complete Part II of Schedule L | | 5 | |
| | 6 | Loans and other receivables from other disqualified persons (as defined under section | | | |
| | | 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and | | 1 | |
| | | sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary | | | |
| sts | | organizations (see instructions). Complete Part II of Schedule L | | 6 | |
| Assets | 7 | Notes and loans receivable, net | | 7 | |
| ⋖ | 8 | Inventories for sale or use | | 8 | |
| | 9 | Prepaid expenses and deferred charges | | 9 | |
| | 10a | Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D 10a 441. 955 | | | |
| | | | 372,594 | 10c | 2/M 2MC |
| | b | Less accumulated depreciation 10b 74,677 | 5.12,599 | 11 | 367,278 |
| | 11 12 | Investments—publicly traded securities | | 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) | 403,118 | 16 | 378.334 |
| | 17 | Accounts payable and accrued expenses | 3,106 | 17 | 2.981 |
| | 18 | Accounts payable and accrued expenses | | 18 | |
| | 19 | Deferred revenue | | 19 | |
| | 20 | | | 20 | |
| | 21 | Tax-exempt bond liabilities .DEC. 27 2018 . O Escrow or custodial account liability. Complete Partyly of Schedule D . | | 21 | |
| တ္မ | 22 | I nans and other payables_to_current_and_former officers, directors, | | | |
| Liabilities | | trustees, key employees, Chighest compensated employees, and | | | |
| ap | | disqualified persons. Complete-Part-II-of-Schedule-L | | 22 | |
| = | 23 | Secured mortgages and notes payable to unrelated third parties | 144,114 | 23 | 135,929 |
| | 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 | | ا مد ا | |
| | | of Schedule D | 100 220 | 25 26 | 1100 010 |
| - | 26 | Total liabilities. Add lines 17 through 25 | 147,220 | 20 | 120,710 |
| ဖွ | | complete lines 27 through 29, and lines 33 and 34. | | | |
| ě | 27 | Unrestricted net assets | | 27 | |
| <u>a</u> | 28 | Temporarily restricted net assets | | 28 | |
| 8 | 29 | Permanently restricted net assets | | 29 | |
| ا جَ. | | Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and | | | |
| 7 | | complete lines 30 through 34. | | | |
| Net Assets or Fund Balances | 30 | Capital stock or trust principal, or current funds | | 30 | |
| is | 31 | Paid-in or capital surplus, or land, building, or equipment fund | | 31 | |
| ₹ | 32 | Retained earnings, endowment, accumulated income, or other funds . | | 32 | |
| ا <u>چ</u> | 33 | Total net assets or fund balances | 255,898 403,118 | 33 | 239,424 |
| | 34 | Total liabilities and net assets/fund balances | | 34 | 378:334 |

| Oilli 5 | 0 (2017) | | | | 90 14- |
|---------|--|----------|--------------|-------------------|---------------|
| Part | XI Reconciliation of Net Assets | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XI | <u> </u> | . <u></u> | <u></u> | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 396 | .34 | <u>5</u> |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 412 | . 84 | 0 |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | /16 | 47 | <u>5 ></u> |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 255 | 89 | 8 |
| 5 | Net unrealized gains (losses) on investments | 5 | | | |
| 6 | Donated services and use of facilities | 6 | | | |
| 7 | Investment expenses | 7 | | | |
| 8 | Prior period adjustments | 8 | | | |
| 9 | Prior period adjustments | 9 | | | <u> </u> |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line | | | | .1 |
| | 33, column (B)) | 10 | 23 | 9,42 | <u> 24</u> |
| Part | XII Financial Statements and Reporting | | | • | • |
| | Check if Schedule O contains a response or note to any line in this Part XII | | · · · | | |
| | <u> </u> | | | Yes | No |
| 1 | Accounting method used to prepare the Form 990: Cash Cash Other | | | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," ex | olain in | 1 1 | | i |
| | Schedule O. | | - | | <u>—</u> / |
| 2a | | | 2a | \longrightarrow | <u> </u> |
| | If "Yes," check a box below to indicate whether the financial statements for the year were comp | olled or | | | |
| | reviewed on a separate basis, consolidated basis, or both: | | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | <u> </u> |
| b | , | | 2b | \longrightarrow | <u> </u> |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audite separate basis, consolidated basis, or both. | eu on a | 1 1 | | |
| | · | | | | |
| _ | ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over | ereight | | | |
| С | of the audit, review, or compilation of its financial statements and selection of an independent accou | | 2c | | |
| | If the organization changed either its oversight process or selection process during the tax year, ex | | 20 | \rightarrow | 1 |
| | Schedule O. | piani ni | | | |
| За | | forth in | | | / |
| Ja | the Single Audit Act and OMB Circular A-133? | | 3a | | V |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not under | | | | |
| J | required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a | | 3b | | |
| | required addit of addito, explain why in concease of and describe any except taken to an acting the | | | | |



SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ▶ Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

Open to Public Inspection

| Name | lame of the organization Employer identification number | | | | | | | | | |
|--------|---|-------------------------------|---------------------|---|-------------------------|--------------------------------------|---|---|--|--|
| | Second Cl | ignces | Founda | tion, luci | | | | 510916 | | |
| Par | | | | organizátions must | | | | ons. | | |
| The c | organization is not a priva | | | | | | | - d | | |
| 1 | A church, convention | | | | | | | \sim | | |
| 2 | A school described i | | | | | | | \mathcal{O} | | |
| 3 | ☐ A hospital or a coope | | | | | | | | | |
| 4 | 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii) . Enter the hospital's name, city, and state: | | | | | | | | | |
| 5 | 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) | | | | | | | | | |
| 6 7 | ☐ A federal, state, or lo ☐ An organization that described in section | normally re | ceives a subs | tantial part of its sup | | | | n the general public | | |
| 8 | ☐ A community trust d | escribed in s | section 170(b) | (1)(A)(vi). (Complete l | Part II.) | | | | | |
| 9 | or university or a nor university: | n-land-grant | college of agr | d in section 170(b)(1) iculture (see instruction | ons). Ente | r the nan | ne, city, and state of | the college or | | |
| 10 | support from gross is | es related to nvestment in | its exempt function | e than 33½% of its sinctions—subject to created business taxal | ertain exc ble incom | ceptions, ie (less se | and (2) no more tha ection 511 tax) from | n 33¹/₃% of its | | |
| 11 | ☐ An organization orga | | | | | | | | | |
| 12 | ☐ An organization orga | | | | | | | | | |
| | | | | ns described in secti scribes the type of sup | | | | | | |
| а | Type I. A suppor | tıng organıza | ation operated | l, supervised, or contr | olled by ı | ts [supp o | rted organization(s), | typically by giving | | |
| | | | | regularly appoint or e | | | he directors or trust | ees of the | | |
| b | | | | sed or controlled in co | | | | | | |
| | | | | rganization vested in | | persons | that-control or-man | age the supported | | |
| | • | | | V, Sections A and C. | | | | J | | |
| C | | | | ting organization oper | | | | ally integrated with, | | |
| | • • • • | | • | ns). You must comp | | | | | | |
| d | that is not function | onally integra | ated. The orga | pporting organization nization generally musomplete Part IV, Sec | st satisfy | a distribu | ution requirement an | orted organization(s) id an attentiveness | | |
| е | ☐ Check this box if | the organiza | ation received | a written determination | on from th | ne IRS th | at it is a Type I, Type | e II, Type III | | |
| | functionally integ | rated, or Typ | oe III non-func | tionally integrated sur | porting o | organizati | ion. | | | |
| f | Enter the number of su | apported org | janizations . | | | | | | | |
| g | Provide the following is | nformation a | bout the supp | orted organization(s). | | | | | | |
| | (i) Name of supported organiz | ation | (iı) EIN | (iii) Type of organization (described on lines 1–10 above (see instructions)) | listed in you | rganization ir governing ment? | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) | | |
| | | | | | Yes | No | | | | |
| (A) | | | | | - | - | | | | |
| (B) | | | | | | | | | | |
| (C) | | | | | | | , - | | | |
| (D) | | | | | | | | | | |
| (E) | | | | | - | | | | | |
| | | + - | | | | | | | | |

Schedule A (Form 990 or 990-EZ) 2018

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.)

| Secti | ion A. Public Support | <u> </u> | | , , | | <u>, </u> | |
|-----------|--|------------------|-----------------|-------------------|-------------------|---|----------------------------------|
| | 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.") | 39,548 | 194,375 | | 82,625 | | 44(A8° |
| 2 | Gross receipts from admissions, merchandise | 27,340 | 174,510 | 170,171 | 07,607 | | 11015 |
| _ | sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | 110371 | 120,676 | 136,842 | 313,684 | | 681573 |
| 3 | Gross receipts from activities that are not an unrelated trade or business under section 513 | 15,611 | 10,813 | Ø | 5L | | 26480 |
| 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 7a | Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons . | 165,530 | 325,864 | 267,283 | 396,365 | | 1,155,642 |
| 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 | | • | | | | |
| 8 8 | Add lines 7a and 7b | | | | | | 1 |
| Secti | ion B. Total Support | | | | | | |
| Calen | ndar year (or fiscal year beginning in) | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 · | (f) Total |
| 9 | Amounts from line 6 | 165,530 | 325864 | 267,823 | 396,365 | | 1,155,042 |
| 10a | Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources. | | • | • | | | |
| b | Unrelated business taxable income (less section 511 taxes) from businesses—acquired-after June 30 1975 1 | | | | | | |
| c | Add lines 10a-and 10b | | | | | | 1 |
| 11 | Net income from unrelated business Cactivities not included in line Cob, whether of 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.) | 165,530 | 325, 844 | 267,283 | 396,365 | | V |
| 14 | First five years. If the Form 990 is for the organization, check this box and stop he | | | | , or fifth tax ye | | |
| Secti | ion C. Computation of Public Suppor | | е | | | | |
| 15 | Public support percentage for 2018 (line | | | 13, column (f)) | 2017. | 15 | 100 % |
| 16 | Public support percentage from 2017 Scl | | | | | 16 | 100 % |
| Secti | ion D. Computation of Investment In | | | , | | , , , , | |
| 17 | Investment income percentage for 2018 (| | | | | 17 | % |
| 18 19a | Investment income percentage from 2017 331/3% support tests—2018. If the organ 17 is not more than 331/3%, check this box | ization did not | check the box | on line 14, ar | nd line 15 is m | 18 ore than 331/2 orted organiza | % 3%, and line ition . ► 🗹 |
| b | 331/3% support tests - 2017. If the organization 18 is not more than 331/3%, check this | zation did not c | heck a box on | line 14 or line 1 | 9a, and line 16 | is more than | 33 ¹ /3%, and |
| 20 | Private foundation. If the organization di | | | | | | _ |

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Financial Statements

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

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

| | Second Chances | -oundation, INC | 26-1510916 |
|--------|--|--|--|
| Par | Organizations Maintaining Donor Ad | vised Funds or Other Similar Fund | ds or Accounts. |
| | 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 | | <u></u> |
| 5 | Did the organization inform all donors and donor | r advisors in writing that the assets he | eld in donor advised |
| | funds are the organization's property, subject to the | ne organization's exclusive legal contro | !? □ Yes □ No |
| 6 | Did the organization inform all grantees, donors, a | | |
| | only for charitable purposes and not for the bene | fit of the donor or donor advisor, or fo | or any other purpose |
| | | | · · · · · · · · · · · · · · · · · · · |
| Par | | | |
| | Complete if the organization answered | "Yes" on Form 990, Part IV, line 7. | |
| 1 | Purpose(s) of conservation easements held by the | - · · · · · · · · · · · · · · · · · · · | |
| | ☐ Preservation of land for public use (e.g., recrea | ition or education) 🔲 Preservation of | a historically important land area |
| | ☐ Protection of natural habitat | ☐ Preservation of | a certified historic structure |
| | ☐ Preservation of open space | | |
| 2 | Complete lines 2a through 2d if the organization h | eld a qualified conservation contributio | n in the form of a conservation |
| | 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 easemen | ts | 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 of | on a |
| | historic structure listed in the National Register | | · · 2d |
| 3 | Number of conservation easements modified, trans | sferred, released, extinguished, or term | ninated by the organization during the |
| | tax year ► | | |
| 4 | Number of states where property subject to conse | ervation easement is located | |
| 5 | Does the organization have a written policy re | | pection, handling of |
| | violations, and enforcement of the conservation ea | asements it holds? | · · · · · · · Yes No |
| 6 | Staff and volunteer hours devoted to monitoring, inspe | cling-hardling of violations, and enforcing | g conservation easements during the year |
| | > | | |
| 7 | Amount of expenses incurred in monitoring, inspecting | ng, handling of yiplation်နှံ့ခြာd enforcing o | conservation easements during the year |
| | ►\$ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\ | DEC 2 / 2010 [3] | |
| 8 | Does each conservation easement reported on line | 2(d) above satisfy the requirements of | section 170(h)(4)(B)(ı) |
| | and section 170(h)(4)(B)(ii)? | OGDEN. UT | · · · · · · · 🗌 Yes 🗌 No |
| 9 | In Part XIII, describe how the organization reports- | conservation-éasements-in its revenue | and expense statement, and |
| | balance sheet, and include, if applicable, the text | of the footnote to the organization's fina | ancial statements that describes the |
| | organization's accounting for conservation easem | ents. | |
| Part | III Organizations Maintaining Collection | is of Art, Historical Treasures, or | Other Similar Assets. |
| | Complete if the organization answered | "Yes" on Form 990, Part IV, line 8. | |
| 13 | | | |
| | works of art, historical treasures, or other simila | | |
| | 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 S | | |
| | works of art, historical treasures, or other similar | r assets held for public exhibition, ed | ucation, or research in furtherance of |
| | public service, provide the following amounts related | | |
| | (i) Revenue included on Form 990, Part VIII, line 1 | | ▶ \$ |
| | (ii) Assets included in Form 990, Part X | | > \$ |
| 2 | If the organization received or held works of art | t, historical treasures, or other similar | assets for financial gain, provide the |
| | following amounts required to be reported under S | | |
| а | Revenue included on Form 990, Part VIII, line 1 | | |
| ь ь | Assats included in Form 900. Part Y | | > ¢ |

| | _ | |
|---|------|---|
| , | Page | 4 |

| Part | III Organizations Maintaining | | | | | | |
|-------|--|----------------|--------------------|--------------|------------------|------------------------|---|
| 3 | Using the organization's acquisition, collection items (check all that apply): | | and other reco | rds, check | any of the fo | llowing that are a s | significant use of its |
| а | ☐ Public exhibition | | d | Loan o | r exchange p | rograms | |
| b | ☐ Scholarly research | | | | | | |
| C | ☐ Preservation for future generations | 3 | | _ | | | |
| 4 | Provide a description of the organization | | tions and expla | ain how the | y further the | organization's exer | mpt purpose in Part |
| | XIII. | | • | | • | | , , , |
| 5 | During the year, did the organization | solicit or re | ceive donation | s of art, hi | storical treas | ures, or other simil | ar |
| | assets to be sold to raise funds rather | | | | | | |
| Part | IV Escrow and Custodial Arra | angements | 5. | | | | |
| | Complete if the organization | answered | "Yes" on For | m 990, Pa | art IV, line 9, | or reported an ar | nount on Form |
| | 990, Part X, line 21. | | | | | | |
| 1a | Is the organization an agent, trustee | , custodian | or other intern | nediary for | contributions | or other assets n | ot |
| | included on Form 990, Part X? | | | | | | ☐ Yes ☐ No |
| b | If "Yes," explain the arrangement in P | art XIII and o | complete the fo | llowing tab | ole: | | |
| | | | | | [| P | 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 amou | nt on Form 9 | 990, Part X, line | 21, for esc | crow or custo | dial account liability | y? 🗌 Yes 🗌 No |
| b | If "Yes," explain the arrangement in P | art XIII. Che | ck here if the e | xplanation | has been pro | vided on Part XIII . | |
| Par | V Endowment Funds. | | | | | | |
| | Complete if the organization | answered | "Yes" on For | | | | |
| | | (a) Current | year (b) Pri | or year | (c) Two years ba | ck (d) Three years bac | k (e) Four years back |
| 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 | | | | | | |
| f | Administrative expenses | | | | | | |
| g | End of year balance | | | | | | |
| 2 | Provide the estimated porcontage of | the curront y | ear end balanc | e (line 1g, | column (a)) he | eld as: | |
| а | Board designated or quasi-endowme | | % | | | | |
| b | Permanent endowment ▶ | % | | | | | |
| С | Temporarily restricted endowment ▶ | | % | | | | |
| | The percentages on lines 2a, 2b, and | | | | | | |
| 3a | Are there endowment funds not in th | e possessio | n of the organ | zation that | are held and | administered for t | he |
| | organization by: | | | | | | Yes No |
| | (i) unrelated organizations | | | | | | 3a(i) |
| | (ii) related organizations | | | | | | 3a(ii) |
| b | If "Yes" on line 3a(ii), are the related of | | | | | | 3b |
| 4 | Describe in Part XIII the intended use | | ınızatıon's ende | owment fur | nds. | | · · · · · · · · · · · · · · · · · · · |
| Par | VI Land, Buildings, and Equip | | | | | | |
| | Complete if the organization | n answered | "Yes" on For | m 990, Pa | art IV, line 11 | la. See Form 990 | , Part X, line 10. |
| | Description of property | | ost or other basis | (b) Cost or | | (c) Accumulated | (d) Book value |
| | | | (investment) | (oth | er) | depreciation | |
| 1a | Land | | | | | | *************************************** |
| b | Buildings | | | | | | |
| С | Leasehold improvements | | | | | | |
| d | Equipment | | | | | | |
| е | Other | | | | | | |
| Total | Add lines 1a through 1c. (Column (d) r | nust equal F | orm 990. Part | X. column (| (B), line 10c.) | | |

| Part | III Organizations Maintaining | Collections of | Λrt, His | torical 1 | reasures | , or Ot | her Similar A | ssets (contil | nucd) |
|--------|--|--------------------|---------------|---|--------------------------|-----------|-------------------------|------------------|----------|
| 3 | Using the organization's acquisition, a collection items (check all that apply): | accession, and o | ther reco | rds, choc | k any of th | o follov | ving that are a | significant us | e of its |
| а | ☐ Public exhibition | | d | ☐ Loan | or exchang | ge prog | rams | | |
| b | ☐ Scholarly research | | е | Other | r | | | | |
| С | ☐ Preservation for future generations | | | | | | | | |
| 4 | Provide a description of the organizat | ion's collections | and expla | ain how t | hey further | the org | janization's exe | mpt purpose | ın Part |
| | XIII. | | | | | | | | |
| 5 | During the year, did the organization assets to be sold to raise funds rather | | | | | | | | □ No |
| Part | IV Escrow and Custodial Arra | | | | | | | | |
| | Complete if the organization 990, Part X, line 21. | | | | | | | | orm |
| 1a | Is the organization an agent, trustee, included on Form 990, Part X? | | | | | | | ot Yes | □ No |
| b | If "Yes," explain the arrangement in Pa | art XIII and compl | lete the fo | llowing to | able: | | | | |
| | | | | | | ļ | | Amount | |
| C | Beginning balance | | | | | 10 | - | | |
| d | Additions during the year | | | | | 1d | | | |
| e | Distributions during the year | | | | | 1e | | | |
| f | Ending balance | | | | | <u>1f</u> | | V. | |
| 2a | Did the organization include an amour If "Yes," explain the arrangement in Pa | | | | | | | | |
| Pari | | art Am. Check nei | re ii tile e. | кріапацо | ii iias been | provide | SO OH PARLAM . | · · · · · | Ш |
| I all | Complete if the organization | answered "Yes | " on For | m 990 F | Part IV line | e 10 | | | |
| | John Diete in the organization | (a) Current year | | or year | (c) Two yea | | (d) Three years bac | ck (e) Four year | rs back |
| 1a | Beginning of year balance | | | | | | | | |
| b | Contributions | , | | | | | | | |
| С | Net investment earnings, gains, and losses | | | | | | | | |
| d | Grants or scholarships | | | | | | | | |
| e | Other expenditures for facilities and | | | | | | | | |
| | programs | | | | | | | İ | |
| f | Administrative expenses | | | | | | | | |
| g | End of year balance | | | | | | | | |
| 2 | Provide the estimated percentage of t | he current year e | nd balanc | e (line 1g | , column (a | a)) held | as: | | |
| а | Board designated or quasi-endowmer | | % | | | | | | |
| b | Permanent endowment ▶ | | E | RECE | IVED | 1 | | | |
| С | Temporarily restricted endowment ▶ | % | | \LUL | | O | | | |
| _ | The percentages on lines 2a, 2b, and | 2c should equal 1 | 190%. | - A | | SO. | | | |
| 3a | Are there endowment funds not in the | e possession of t | nezorgani | zationzim | at aute linceio | and ad | ministered for t | ne | |
| | organization by: | | | | | άl | | Yes | s No |
| | (i) unrelated organizations | | 1 | GDE | N UT | · | | 3a(i) 3a(ii) | +- |
| | (ii) related organizations | | 1 | | | ٠ است | | 3b | + |
| ь 4 | Describe in Part XIII the intended uses | | | | | | · · · · · | 35 | |
| Part | | | 011001100 | 300000000000000000000000000000000000000 | | | | | |
| | Complete if the organization | | s" on For | m 990. I | Part IV. lin | e 11a. | See Form 990 | . Part X. line | 10. |
| | Description of property | (a) Cost or o | ther basis | (b) Cost of | or other basis other) | (c) | Accumulated epreciation | (d) Book va | |
| | Land | | | | | | | | |
| b | Buildings | | | 44 | 1,955 | | 74,677 | 367 | 278 |
| c | Leasehold improvements | | | 1 | -1 | <u> </u> | - / × · · | 7 | <u> </u> |
| ď | Equipment | | | | | | | | |
| e | Other | | | | | 1 | | | |
| Total. | Add lines 1a through 1e. (Column (d) n | nust equal Form 9 | 990, Part | X, columi | n (B), line 1 | Oc.) . | • | 367.2 | 778 |

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

| | | Go to www.irs.gov/ | Form990 for i | istructions a | nu the latest informa | Employer identifi | Inspection |
|--------|---|--------------------|----------------|--|---------------------------------------|---|---|
| vame o | of the organization Second Chan | LAS En | detion | 1110 | , | | 510916 |
| Par | Fundraising Activities. Form 990-EZ filers are n | Complete if the | ie organiza | ition answ | vered "Yes" on | Form 990, Part IV, | line 17. |
| 1 | Indicate whether the organization | | | | owing activities. C | Check all that apply. | |
| а | ☐ Mail solicitations | | | | on of non-goverr | | |
| b | ☐ Internet and email solicitation | ns | f | | on of governmen | - | |
| С | ☐ Phone solicitations | | g [| Special f | undraising event | S | |
| d | ☐ In-person solicitations | | | | | | |
| 2a | Did the organization have a writ or key employees listed in Form | 990, Part VII) or | r entity in co | onnection v | vith professional | fundraising services | ? Tyes No |
| h | If "Yes," list the 10 highest paid compensated at least \$5,000 by | | | traisers) pu | irsuant to agreen | nents under which th | ne fundraiser is to be |
| | (i) Name and address of individual or entity (fundraiser) | (II) Activity | custody o | draiser have r control of outlons? | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in col (i) | (vi) Amount paid to (or retained by) organization |
| | | | Yes | No | | | |
| 1 | | | | | | | |
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| 9 | | | | | | | |
| 10 | | | | | | | |
| Total | | | | • | | | |
| 3 | List all states in which the orga | nization is regis | | | h | ns or has been notifi | ed it is exempt from |
| | ·// | 2(YI) Y. P.J. V.C | | 7.51.5 | · · · · · · · · · · · · · · · · · · · | | |
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| Part II | Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more |
|---------|--|
| | than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with |
| | gross receipts greater than \$5,000. |

| | | g. coc receipte grouter the | | | | |
|-----------------|----------|---|---------------------------------------|---------------------------|--|---|
| | | | (a) Event #1 Art Auction (event type) | Fall Colf (event type) | (c) Other events Spring Golf (total number) | (d) Total events (add col (a) through col. (c)) |
| Revenue | 1 | Gross receipts | 10,972 | 7,594 | 10,237 | 28,803 |
| LE. | 2 | Less: Contributions | | | | |
| | 3 | Gross income (line 1 minus line 2) | 10,972 | 7,594 | 10,237 | 28,803 |
| | 4 | Cash prizes | , | | | , - |
| | 5 | Noncash prizes | | | | <u></u> |
| sesus | 6 | Rent/facility costs | | | | r. |
| Direct Expenses | 7 | Food and beverages | | | | |
| Direc | 8 | Entertainment | | | | |
| | 9 | Other direct expenses . | 706 | 1,812 | 3,400 | 4,918 |
| | 10 11 | Direct expense summary. Ad Net income summary. Subtra | | | | 4,918 |
| Pa | rt III | Gaming. Complete if the \$15,000 on Form 990-EZ | e organization answe | | | or reported more than |
| | | \$15,000 OITT OITT 930-L2 | (a) Bingo | (b) Pull tabs/instant | (c) Other gaming | (d) Total gaming (add |
| Revenue | | | (a) Birigo | bingo/progressive bingo | (c) Other gaining | col (a) through col (c)) |
| æ | 1 | Gross revenue | | _ | | |
| ses | 2 | Cash prizes | | | | |
| Direct Expenses | 3 | Noncash prizes | | - | | |
| Direct | 4 | Rent/facility costs | | | | |
| _ | 5 | Other direct expenses . | | | | |
| | - 6 | Volunteer labor | ☐ Yes % ☐ No | ☐ Yes % ☐ No | ☐ Yes % ☐ No | |
| | 7 | Direct expense summary. Ad | d lines 2 through 5 in c | olumn (d) | | |
| _ | 8 | Net gaming income summary | . Subtract line 7 from li | ne 1, column (d) | | |
| | a Is | nter the state(s) in which the ord the organization licensed to co "No," explain: | onduct gaming activities | s in each of these states | ·? | Yes No |
| 10: | | ere any of the organization's ga | | suspended, or termina | ated during the tax year' | ? . Yes No |
| _ | | | | [(O) | | |
| | | A PARTY WAR | DEC 2 7 201 | 8 8 | Schedule | e G (Form 990 or 990-EZ) 2018 |
| | | | OGDEN U | T ⁻ | | |

| Schedu | ule G (Form 990 or 990-EZ) 2018 | | Page 3 |
|--------|---|-------|--------|
| 11 | Does the organization conduct gaming activities with nonmembers? | Yes | |
| 12 | Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? | ☐ Yes | □ No |
| 13 | Indicate the percentage of gaming activity conducted in: | | |
| а | The organization's facility | | % |
| b | | | % |
| 14 | Enter the name and address of the person who prepares the organization's gaming/special events books and records: | | |
| | Name ► | | |
| | Address► | | |
| 15a | Does the organization have a contract with a third party from whom the organization receives gaming | | |
| | revenue? | ☐ Yes | ☐ No |
| b | If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$ | | |
| | Name ► | | |
| | Address► | | |
| 16 | Gaming manager information: | | |
| | Name ► | | |
| | Gaming manager compensation ▶ \$ | | |
| | Description of services provided ▶ | | |
| | □ Director/officer □ Employee □ Independent contractor | | |
| 17 | Mandatory distributions: | | |
| а | Is the organization required under state law to make charitable distributions from the gaming proceeds to | | |
| | retain the state gaming license? | ☐ Yes | ☐ No |
| b | Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ | | |
| Part | Supplemental Information. Provide the explanations required by Part I, line 2b, columns (Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any addition See instructions. | | |
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SCHEDULE L
(Form 990 or 990-EZ)
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

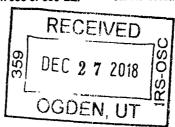
OMB No 1545-0047

| | | ► Attach to Form 990 or Form 990-EZ. to www.irs.gov/Form990 for instructions and the latest information. | | | | | | Open To Public Inspection | | | | | | |
|--------|---------------------------|--|---|------------------|----------------------|-----------------------------|-------------------|---------------------------------------|-----------|----------------|------------|-------------------|----------------|-----------------|
| Name o | f the organization | 0.1 | | 1 1 | | | | | yer ide | | | | , | |
| | Second | Chane | es Found | y at | ion, | INC. | | | 6- | | | 914 | , | |
| Part | Excess Ben Complete if | iefit Transact the organizati | ions (section 50° on answered "Ye | 1(c)(3) s" on | , section Form 99 | 501(c)(4), a 0, Part IV, | and 50 line 21 | 01(c)(29) organız 5a or 25b, or Fo | ations | only) 0-EZ, |). Part | V, lını | e 40b. | |
| 1 | 4-3 No | | (b) Relationship b | etween | disqualified | person and | | (a) Danasata | | | _ | | (d) Cor | rected? |
| 1 | (a) Name of disqualifie | ea person | | organiz | zation | | | (c) Descriptio | n or trai | nsactio | n | | Yes | No |
| (1) | | | | | | | | | | | | | | |
| (2) | | | | | | | | | | | | | | |
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| 2 | Enter the amoun | | • - | | - | - | • | • | - | - | ar | | | |
| _ | under section 495 | | | | | | | | | | • \$ | | | |
| 3 | Enter the amount | of tax, if any, | on line 2, above, | reimt | oursed by | the organ | izatio | n | • • | ! | > \$ | · | | |
| Dord | | | | | | · | | | | | | | | |
| Part | | | terested Person on answered "Ye | | Form 99 | 0-F7 Part | V line | 38a or Form 9 | an Pa | rt IV | lıne 2 | 6: or | if the | |
| | | | mount on Form | | | | | 3 000 0. 1 0 0. | ,,,, | , | | 0, 0. | | |
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| (a) Na | me of interested persor | n (b) Relationsh with organizat | | | oan to or om the | (e) Ongu principal ar | | (f) Balance due | (g) In (| default? | | proved pard or | (i) W agree | ritten ment? |
| | | | | | inization? | | | | | | | nittee? | -3 | |
| | | | | То | From | 1 | | | Yes | No | Yes | No | Yes | No |
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| Part | Complete if | | nefiting Interest on answered "Ye | | | 0. Part IV. I | ine 27 | 7_ | | | | | | |
| (a) | Name of interested pers | | ionship between inter | | | | | (d) Type of assistance | | (0) | Durne | so of a | ssistan | |
| (a) i | vame of interested pers | | on and the organization | | (C) Amount | OI assistance | ' | (u) Type of assistant | .6 | (6) | rurpo | ise or a | 33131411 | ce |
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For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Cat No 50056A

Schedule L (Form 990 or 990-EZ) 2018



| (1) 1950 Madison Avenue 16 (2) (3) (4) (5) (6) (7) (8) (9) (10) Part V Supplemental Information. Provide additional information 1950 Madison A includes MSL Execut monthly rental r rental value T Made. | n for responses to questions Nemue is a Board Chair ive Director (ate is f2,400 | corporation man (And Walter U which | on whose owners frew Branham) lilliams). The is a fair mark | ano | No V |
|--|--|---|---|------|-----------|
| (2) (3) (4) (5) (6) (7) (8) (9) (10) Part V Supplemental Information. Provide additional information 1950 Madison A includes MSL Execut monthly rental r | n for responses to questions Nemue is a Board Chair ive Director (ate is f2,400 | s on Schedule L (see corporation man (Ana Walter W | instructions). In whose owners liven Branham lilliams) The is a fair mark | ano | |
| (3) (4) (5) (6) (7) (8) (9) (10) Part V Supplemental Information. Provide additional information 1950 Madison A includes MSL Execut monthly rental r | Avenue is a common Board Chair ive Director (Late is \$2,400 | corporation man (And Walter U which | on whose owners frew Branham) lilliams). The is a fair mark | ano | |
| (4) (5) (6) (7) (8) (9) (10) Part V Supplemental Information. Provide additional information 1950 Madison A includes MSL Execut monthly rental r | Avenue is a common Board Chair ive Director (Late is \$2,400 | corporation man (And Walter U which | on whose owners frew Branham) lilliams). The is a fair mark | ano | |
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| (6) (7) (8) (9) (10) Part V Supplemental Information. Provide additional information 1950 Madison A includes MSL Execut monthly rental report of the MSL Execut rental values T | Avenue is a common Board Chair ive Director (Late is \$2,400 | corporation man (And Walter U which | on whose owners frew Branham) lilliams). The is a fair mark | ano | |
| (7) (8) (9) (10) Part V Supplemental Information. Provide additional information 1950 Madison A includes MSL Execut monthly rental report of the MSL Execut rental values T | Avenue is a common Board Chair ive Director (Late is \$2,400 | corporation man (And Walter U which | on whose owners frew Branham) lilliams). The is a fair mark | ano | |
| (8) (9) (10) Part V Supplemental Information. Provide additional information 1950 Madison A includes MSL Execut monthly rental r | Avenue is a common Board Chair ive Director (Late is \$2,400 | corporation man (And Walter U which | on whose owners frew Branham) lilliams). The is a fair mark | ano | |
| (9) (10) Part V Supplemental Information. Provide additional information 1950 Madison A includes MSL Execut monthly rental r rental value T | Avenue is a common Board Chair ive Director (Late is \$2,400 | corporation man (And Walter U which | on whose owners frew Branham) lilliams). The is a fair mark | ano | |
| Part V Supplemental Information. Provide additional information. 1950 Madison A includes MSL Execut monthly rental r rental value T | Avenue is a common Board Chair ive Director (Late is \$2,400 | corporation man (And Walter U which | on whose owners frew Branham) lilliams). The is a fair mark | ano | |
| Provide additional information 1950 Madison A includes P75L the MSL Execut monthly rental r rental values T | Avenue is a common Board Chair ive Director (Late is \$2,400 | corporation man (And Walter U which | on whose owners frew Branham) lilliams). The is a fair mark | ano | |
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SCHEDULE O (Form 990 or 990-EZ)

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. **Open to Public** Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

| Name of the organization Employer identification number |
|--|
| Second Chances Foundation, Inc Iba MidSouth Sober LIVING 36-1510916 |
| |
| Pat 1/1 Oursell 1/6 |
| Part VI, QUESTION 116 |
| The Organization emailed a preliminary deat T |
| The Organization emailed a preliminary deaft of the Form 990 to all officer's and board members. |
| Management evaluates responses to determiny if changes are justified. The completed return is then filed with the IRS. |
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| changes are justitied. The completed tellimits |
| then filed with the LKD. |
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| Part VI, Question 19 |
| The Organization makes the Form 990 |
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| All other information evailable to the public |
| All other information evailable to the public |
| is available by request in writing. |
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