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Return of Organization Exempt From Income Tax

OMB No 1545-0047

2011**Open to Public Inspection**Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2011 calendar year, or tax year beginning 01/01, 2011, and ending 12/31, 20 11	
B Check if applicable: <input type="checkbox"/> Address change <input checked="" type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization Second Chance Humane Society Inc formerly Animal Humane So Doing Business As _____ Number and street (or P.O. box if mail is not delivered to street address) Room/suite PO Box 2096 City or town, state or country, and ZIP + 4 Ridgway, CO 81432 D Employer identification number 84-1266231 E Telephone number 970-626-2273 G Gross receipts \$ 684,245 H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number ▶ _____ I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 J Website: ▶ www.adoptmountainpets.org K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ _____ L Year of formation: 1994 M State of legal domicile CO

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: Mission Statement: Saving Animal's Lives and Promoting Responsible Pet Parenting & the Human-Animal Bond. Second Chance Humane Society operates an animal shelter and is a provider of humane education and prevention programs, including spay/neuter assistance, mobile adoption, safe harboring and pet therapy.		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	6
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	6
	5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	33
	6	Total number of volunteers (estimate if necessary)	6	85
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	455,281	660,725
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	18,346	23,344
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	455	176
	12	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	0
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	474,082	684,245
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	0
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	326,924	343,835
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 46,498	0	0
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f, 11g, 11h, 11i, 11j, 11k, 11l, 11m, 11n, 11o, 11p, 11q, 11r, 11s, 11t, 11u, 11v, 11w, 11x, 11y, 11z)	141,560	168,486
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	468,484	512,321
19	Revenue less expenses. Subtract line 18 from line 12	5,598	171,924	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	599,094	1,163,346
	22	Net assets or fund balances. Subtract line 21 from line 20	52,158	444,486
	22	Net assets or fund balances. Subtract line 21 from line 20	546,936	718,860

Part II Signature Block

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

Sign Here	Signature of officer Kevin McNeill, Secretary/Treasurer Type or print name and title	Date 5/8/12
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Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ▶	Firm's EIN ▶			
	Firm's address ▶	Phone no.			

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

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No 11282Y

Form **990** (2011)

SCANNED MAY 14 2012

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Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response to any question in this Part III ☐

- 1** Briefly describe the organization's mission:
Mission Statement: Saving Animal's Lives and Promoting Responsible Pet Parenting & the Human-Animal Bond.
- 2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No
 If "Yes," describe these new services on Schedule O.
- 3** Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No
 If "Yes," describe these changes on Schedule O.
- 4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 193,843 including grants of \$) (Revenue \$ 23,344)
Operate Animal Shelter: Provide care for lost, abandoned, surrendered and homeless domestic animals, primarily in Ouray and San Miguel Counties, Colorado. Program includes provision of medical care, vaccinating, micro-chipping, sheltering, adoption placement, pre-adoption spay/neuter, lost/found pet coordination, and physical/behavioral rehabilitation. During 2011 Second Chance accepted 322 companion animals into its Shelter and experienced a live release rate of 98%. Second Chance Humane Society only euthanizes animals that are either medically untreatable or behaviorally non-rehabilitatable.

4b (Code:) (Expenses \$ 152,095 including grants of \$) (Revenue \$ 355,277)
Operate Second Chance Thrift Shop: All goods sold in the Thrift Shop are donated and all net income from the sale of these goods is applied to programs and shelter operational costs. During 2011 the Thrift Shop generated \$355,277 in gross sales and contributed 71% of Second Chance's gross revenue for operations. The cost of operating the Thrift Shop was \$152,095 (including labor and expenses). Peripheral to its primary mission, the Thrift Shop serves as one of the community's largest employers, and as a center for recycling goods.

4c (Code:) (Expenses \$ 53,094 including grants of \$) (Revenue \$ 0)
Operation of Second Chance Humane Society's many programs, including Community Outreach & Education, Mobile Adoption, Spay/Neuter Assistance, Feral Cat Management, and The Wags and Menace Foundation Medical Fund, a resource for caring for pets with special medical needs.

4d Other program services (Describe in Schedule O.) See Schedule O, Statement 1
 (Expenses \$ 8,677 including grants of \$ 0) (Revenue \$ 0)

4e Total program service expenses **▶ 407,709**

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1 ✓	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2 ✓	
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? If "Yes," complete Schedule C, Part II	4	✓
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	✓
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; 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, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a ✓	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	✓
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	✓
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	✓
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e ✓	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	✓
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	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, XII, and XIII is optional	12b	✓
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	✓
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	✓
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	✓
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15	✓
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? 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 ✓	
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	✓
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	✓
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	✓
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	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? <i>If "Yes," complete Schedule J</i>	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>	24a	✓
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a	✓
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b	✓
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>	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? <i>If "Yes," complete Schedule L, Part III</i>	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 A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a	✓
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b	✓
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c	✓
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	✓
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	✓
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	✓
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	✓
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	✓
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	34	✓
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	✓
b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	✓
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	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? <i>If "Yes," complete Schedule R, Part VI</i>	37	✓
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	✓

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response to any question in this Part V ☐

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 7	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c ✓	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 33	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b ✓	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	✓
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	✓
b	If "Yes," enter the name of the foreign country: ▶ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	✓
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	✓
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a	✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a ✓	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b ✓	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	✓
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	✓
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	✓
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?	9a	
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	✓
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	

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

Section A. Governing Body and Management

		Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year . . .	1a 6		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b Enter the number of voting members included in line 1a, above, who are independent . . .	1b 6		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . .	2		✓
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		✓
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	✓	
5 Did the organization become aware during the year of a significant diversion of the organization's assets? . . .	5		✓
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		✓
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a The governing body? . . .	8a	✓	
b 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		✓

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

	Yes	No
10a Did the organization have local chapters, branches, or affiliates? . . .	10a	✓
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	✓
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 interest policy? If "No," go to line 13 . . .	12a	✓
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	✓
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done . . .	12c	✓
13 Did the organization have a written whistleblower policy? . . .	13	✓
14 Did the organization have a written document retention and destruction policy? . . .	14	✓
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official . . .	15a	✓
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	

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☒ Own website ☒ Another's website ☒ Upon request

19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► **Richard R Caldwell, (970)626-2273**

[illegible]

1b Sub-total	▶	49,552	0	0
c Total from continuation sheets to Part VII, Section A	▶			
d Total (add lines 1b and 1c)	▶	49,552	0	0

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

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

<p>1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.</p>		
(A) Name and business address	(B) Description of services	(C) Compensation
<p>2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►</p>		0

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a 0				
	b	Membership dues	1b 3,435				
	c	Fundraising events	1c 38,045				
	d	Related organizations	1d 0				
	e	Government grants (contributions)	1e 15,766				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f 603,479				
	g	Noncash contributions included in lines 1a-1f: \$	355,277				
	h	Total. Add lines 1a-1f ▶	660,725				
	Program Service Revenue	2a Animal Shelter		Business Code 900099	23,344	23,344	0
b							
c							
d							
e							
f		All other program service revenue		0	0	0	0
g		Total. Add lines 2a-2f ▶	23,344				
Other Revenue		3	Investment income (including dividends, interest, and other similar amounts) ▶		176	176	0
	4	Income from investment of tax-exempt bond proceeds ▶		0	0	0	0
	5	Royalties ▶		0	0	0	0
	6a	Gross rents	(i) Real (ii) Personal				
		b Less: rental expenses					
		c Rental income or (loss)	0 0				
		d Net rental income or (loss) ▶					
	7a	Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
		b Less: cost or other basis and sales expenses					
		c Gain or (loss)	0 0				
		d Net gain or (loss) ▶					
	8a	Gross income from fundraising events (not including \$ 38,045 of contributions reported on line 1c). See Part IV, line 18 a					
		b Less: direct expenses b					
		c Net income or (loss) from fundraising events ▶					
	9a	Gross income from gaming activities. See Part IV, line 19 a					
		b Less: direct expenses b					
		c Net income or (loss) from gaming activities ▶					
	10a	Gross sales of inventory, less returns and allowances a					
		b Less: cost of goods sold b					
		c Net income or (loss) from sales of inventory ▶					
Miscellaneous Revenue		Business Code					
11a							
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d ▶		0				
12	Total revenue. See instructions. ▶		684,245	23,520	0	0	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Check if Schedule O contains a response to any question in this Part IX ☐

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21				
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	49,552	21,876	7,433	20,243
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	264,882	225,226	23,761	15,895
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	29,401	23,508	3,965	1,928
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	830	830		
12 Advertising and promotion	9,958	2,705		7,253
13 Office expenses	24,671	19,647	4,641	383
14 Information technology	137	92	45	
15 Royalties				
16 Occupancy	41,648	41,648		
17 Travel	1,533	1,403		130
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	314	237	77	
20 Interest	6,469	6,469		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	19,816	4,831	14,985	
23 Insurance	10,888	8,927	1,558	403
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a Animal Care Supplies & Services	41,331	41,331	0	0
b Bank & Merchant Account Fees	5,381	4,749	369	263
c Shelter Property Real Estate Taxes	2,819	2,819	0	0
d Other Expenses	2,691	1,411	1,280	0
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	512,321	407,709	58,114	46,498
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	50,532	1	76,312
	2 Savings and temporary cash investments	100,926	2	4,603
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	0	4	543
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
	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 1,145,707		
	b Less: accumulated depreciation	10b 65,649	447,089	10c 1,080,058
	11 Investments—publicly traded securities		11	
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	547	15	1,830
16 Total assets. Add lines 1 through 15 (must equal line 34)	599,094	16	1,163,346	
Liabilities	17 Accounts payable and accrued expenses		17	
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	49,999	23	409,120
	24 Unsecured notes and loans payable to unrelated third parties	0	24	30,000
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	2,159	25	5,366
	26 Total liabilities. Add lines 17 through 25	52,158	26	444,486
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	458,533	27	714,257
	28 Temporarily restricted net assets	0	28	0
	29 Permanently restricted net assets	88,403	29	4,603
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	546,936	33	718,860
34 Total liabilities and net assets/fund balances	599,094	34	1,163,346	

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response to any question in this Part XI ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	684,245
2	Total expenses (must equal Part IX, column (A), line 25)	2	512,321
3	Revenue less expenses. Subtract line 2 from line 1	3	171,924
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	546,936
5	Other changes in net assets or fund balances (explain in Schedule O)	5	0
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	718,860

Part XII Financial Statements and ReportingCheck if Schedule O contains a response to any question in this Part XII ☐

- 1** Accounting method used to prepare the Form 990: ☒ Cash ☐ Accrual ☐ Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant? . . .
- b** Were the organization's financial statements audited by an independent accountant? . . .
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? . . .
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- d** If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both:
☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? . . .
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a	✓	
2b		✓
2c		✓
3a		✓
3b		

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. ▶ See separate instructions.

OMB No 1545-0047

2011

**Open to Public
Inspection**

Name of the organization

Second Chance Humane Society Inc formerly Animal Humane Society of Ouray County Inc

Employer identification number

84-1266231

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

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
- a ☐ Type I b ☐ Type II c ☐ Type III—Functionally integrated d ☐ Type III—Other
- e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? ☐
- (ii) A family member of a person described in (i) above? ☐
- (iii) A 35% controlled entity of a person described in (i) or (ii) above? ☐
- h Provide the following information about the supported organization(s).

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")		171,189	127,320	109,722	267,583	675,814
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0	0	0
3 The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0	0	0
4 Total. Add lines 1 through 3.	0	171,189	127,320	109,722	267,583	675,814
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						109,248
6 Public support. Subtract line 5 from line 4.						566,566

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	0	171,189	127,320	109,722	267,583	675,814
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	0	0	0	0	506	506
9 Net income from unrelated business activities, whether or not the business is regularly carried on	0	1,427	622	455	476	2,980
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						679,300
12 Gross receipts from related activities, etc. (see instructions)					12	416,486
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f))	14	83.4 %
15 Public support percentage from 2010 Schedule A, Part II, line 14	15	81.89 %
16a 33 1/3% support test—2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>	
b 33 1/3% support test—2010. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
17a 10%-facts-and-circumstances test—2011. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 10%-facts-and-circumstances test—2010. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>	

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.
If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	%
19a 33 1/3% support tests—2011. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 33 1/3% support tests—2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions <input type="checkbox"/>		

Part IV

Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Area with horizontal dashed lines for supplemental information.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service
Name of the organization

Supplemental Financial Statements

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

OMB No 1545-0047

2011

Open to Public Inspection

Second Chance Humane Society Inc formerly Animal Humane Society of Ouray County Inc

Employer identification number

84-1266231

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

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

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).
☐ Preservation of land for public use (e.g., recreation or education) ☐ Preservation of an 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 held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶

4 Number of states where property subject to conservation easement is located ▶

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1 ▶ \$

(ii) Assets included in Form 990, Part X ▶ \$

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1 ▶ \$

b Assets included in Form 990, Part X ▶ \$

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a** ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange programs
e ☐ Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment %
b Permanent endowment %
c Temporarily restricted endowment %
 The percentages in lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) unrelated organizations	3a(i)	
(ii) related organizations	3a(ii)	

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

3b

4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	141,763	410,165		551,928
b Buildings	0	545,801	44,385	501,416
c Leasehold improvements	0	0	0	0
d Equipment	0	47,978	21,264	26,714
e Other	0	0	0	0
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				1,080,058

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

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

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ►		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ►	

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) December 2011 Thrift Shop Sales Tax Payable	2,789
(3) 2011 Property Taxes Payable	1,954
(4) December 2011 Payroll Taxes Payable	623
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ►	5,366

2. FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

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

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

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

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

**Supplemental Information Regarding
Fundraising or Gaming Activities**

Complete if the organization answered "Yes" to Form 990, Part IV, lines 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. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public
Inspection

Name of the organization

Second Chance Humane Society Inc formerly Animal Humane Society of Ouray County Inc

Employer identification number

84-1266231

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.
Form 990-EZ filers are not required to complete this part.

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- | | |
|--|---|
| a <input type="checkbox"/> Mail solicitations | e <input type="checkbox"/> Solicitation of non-government grants |
| b <input type="checkbox"/> Internet and email solicitations | f <input type="checkbox"/> Solicitation of government grants |
| c <input type="checkbox"/> Phone solicitations | g <input type="checkbox"/> Special fundraising events |
| d <input type="checkbox"/> In-person solicitations | |
- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No
- b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

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

Total

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

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1 <u>Nine & Whiskers Carniva</u> (event type)	(b) Event #2 _____ (event type)	(c) Other events _____ (total number)	(d) Total events (add col (a) through col (c))
Revenue	1	Gross receipts	42,029		42,029
	2	Less: Charitable contributions	0		0
	3	Gross income (line 1 minus line 2)	42,029		42,029
Direct Expenses	4	Cash prizes	0		0
	5	Noncash prizes	0		0
	6	Rent/facility costs	864		864
	7	Food and beverages	1,379	0	1,379
	8	Entertainment	100	0	100
	9	Other direct expenses	2,635		2,635
	10	Direct expense summary. Add lines 4 through 9 in column (d) ▶			(4,978)
	11	Net income summary. Combine line 3, column (d), and line 10 ▶			37,051

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1	Gross revenue			
Direct Expenses	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7	Direct expense summary. Add lines 2 through 5 in column (d) ▶			()
	8	Net gaming income summary. Combine line 1, column d, and line 7 ▶			

9 Enter the state(s) in which the organization operates gaming activities: _____

a Is the organization licensed to operate gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? . ☐ Yes ☐ No

b If "Yes," explain: _____

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

Name ▶

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 ► \$ _____.
- c** If "Yes," enter name and address of 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:

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

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

SCHEDULE L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

▶ **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.
▶ **Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**

OMB No 1545-0047

2011

**Open To Public
Inspection**

Name of the organization

Employer identification number

Second Chance Humane Society Inc formerly Animal Humane Society of Ouray County Inc

84-1266231

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

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

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

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958. ▶ \$

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a.

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
(1) Elizabeth T Farrar DVM Revocable Tr, Mo	✓		410,000	409,120		✓	✓		✓	
(2)										
(3)										
(4)										
(5)										
(6)										
(7)										
(8)										
(9)										
(10)										
Total ▶ \$				409,120						

Part III Grants or Assistance Benefiting Interested Persons.
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

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

SCHEDULE M
(Form 990)

Noncash Contributions

OMB No 1545-0047

2011

**Open To Public
Inspection**

Department of the Treasury
Internal Revenue Service

► Complete if the organizations answered "Yes" on Form
990, Part IV, lines 29 or 30.
► Attach to Form 990.

Name of the organization

Employer identification number

Second Chance Humane Society Inc formerly Animal Humane Society of Ouray County Inc

84-1266231

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods	✓		355,277	See Supplemental Information
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► ()				
26 Other ► ()				
27 Other ► ()				
28 Other ► ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29** 0

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

Part II **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Schedule M, Part I, Line 5 - All Thrift Shop revenue is derived from the sale of donated goods. The value declared represents total 2011 Thrift Shop revenue.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2011

**Open to Public
Inspection**

Name of the organization

Employer identification number

Second Chance Humane Society Inc formerly Animal Humane Society of Ouray County Inc

84-1266231

Form 990, Part VI, Section A, Line 4 - During 2011 the Articles of Incorporation were amended to change the name of the organization from **Animal Humane Society of Ouray County, Inc. to Second Chance Humane Society, Inc.** The amended Articles and notification of name change were filed with the Colorado Secretary of State. Prior to this name change the organization had been using Second Chance Humane Society as a trade name registered with the Colorado Secretary of State.

Form 990, Part VI, Section B, Line 11b - Prior to its submittal the Form 990 is distributed to all members of the Board of Directors and the Executive Director for review. Their ability to fully assess the accuracy of the information reported is the result of their ongoing involvement in governing the organization, and the quarterly financial and compliance reviews conducted during Board of Director meetings. A final, more detailed review is performed by the Secretary/Treasurer of the organization, with aid from the Board's financial advisor, a Certified Public Accountant, as a condition for signature.

Form 990, Part VI, Section B, Line 12c - Policy compliance is a standard agenda item for Board of Director meetings. The only existing potential conflict of interest with with our Board President. As a practicing veterinarian she excuses herself from discussions relating to information that may be proprietary to competitors and recuses herself from all decisions relating to the selection of veterinary care providers.

Form 990, Part VI, Section B, Line 15 - Second Chance Humane Society relies upon the salary survey guide published by the Colorado Non-Profit Association to establish compensation levels consistent with statewide norms. Very detailed, this guide provides data according to position, size of organization/budget and geographic region. Compensation for three Second Chance positions is evaluated using this guide: Executive Director, Business Manager and Shelter Manager (most recent review performed for each in January 2012).

Form 990, Part VI, Section C, Line 19 - Second Chance Humane Society makes business information available as follows: Article of Incorporation - Colorado Secretary of State Website. Bylaws and Conflict of Interest Disclosure Policy - available for review upon request. Financial information - Second Chance ensures transparency by making Board of Director meetings open to the public. Current financial status is reviewed during these meetings. Meetings are announced via our website. Annual financial information is also available via our Annual Report and on the Colorado Secretary of State website.

Other Program Services Accomplishments

Activity Code	Description	Expense	Grants	Revenue
	The newly acquired shelter property required repairs and improvements to tailor facilities to internal and regulatory agency requirements. Over \$80,000 was capitalized for materials and labor relating to these repairs and improvements. This project was managed internally by a senior staff member. While the external cost was capitalized, only the internal labor cost is reported here	8,677		0
Total:		8,677	0	0

84-1266231

FYE: 12/31/2011

**Electing out of the 50% Bonus Depreciation Allowance
for 5-Year Property**

The taxpayer elects out of the 50% first-year bonus depreciation allowance under IRC Section 168(k) for 5-year depreciable property acquired after December 31, 2007. This election applies to all such qualified 50% bonus depreciation property placed in service after December 31, 2007.

ANIMAL HUMANE SOCIETY OF OURAY COUNTY, INC.

4/5/2012

84-1266231

FYE. 12/31/2011

Federal Asset Report Form 990

<u>Asset #</u>	<u>Description</u>	<u>Date in</u> <u>Service</u>	<u>Cost</u>	<u>Bus %</u>	<u>Sec</u> <u>179</u>	<u>Bonus</u>	<u>Basis for</u> <u>Depr.</u>	<u>Per</u>	<u>Conv</u>	<u>Meth</u>	<u>Prior</u>	<u>Current</u>
Other Depreciation:												
1	Thrift Shop Building	4/13/2001	\$106,572				\$106,572	39	MO	S/L	\$26,415	\$2,733
4	Ridgway LIP Lot	4/22/2003	\$134,763				\$134,763	0	---	Land	\$0	\$0
5	Ridgway LIP Lot Paid Water Tap	1/8/2008	\$7,000				\$7,000	0	---	Memo	\$0	\$0
6	2 ea. USB External Drives	1/8/2008	\$270				\$270	5	MO	S/L	\$162	\$108
7	2008 QuickBooks Non-Profit Premier	1/8/2008	\$334				\$334	3	MO	Amort	\$334	\$0
8	Printers	2/10/2008	\$656				\$656	5	MO	S/L	\$382	\$131
9	Laptop	2/10/2008	\$1,157				\$1,157	5	MO	S/L	\$674	\$231
10	Software - TechSoupStock	2/10/2008	\$300				\$300	3	MO	Amort	\$292	\$8
11	2 ea. Desktops & Server	2/10/2008	\$4,023				\$4,023	5	MO	S/L	\$2,336	\$801
12	Wireless Modems	2/10/2008	\$81				\$81	5	MO	S/L	\$47	\$16
13	Desktop Computer	2/10/2008	\$875				\$875	5	MO	S/L	\$510	\$365
14	Client & Server Anti-Virus Software	4/3/2008	\$315				\$315	3	MO	Amort	\$315	\$0
15	All-in-One Printer	5/12/2008	\$185				\$185	5	MO	S/L	\$99	\$37
16	Used Microscope - AO150	5/22/2008	\$285				\$285	5	MO	S/L	\$147	\$138
17	Photo Viewer	7/14/2008	\$243				\$243	5	MO	S/L	\$122	\$49
18	Dog Run Improvements	2/20/2008	\$13,600				\$13,600	15	MO	S/L	\$2,570	\$907
19	Thrift Shop Land	4/13/2001	\$122,615				\$122,615	0	---	Land	\$0	\$0
20	Laptop Computer	12/5/2006	\$1,180				\$1,180	5	MO	S/L	\$964	\$216
21	All-in-One Printer	12/5/2006	\$170				\$170	5	MO	S/L	\$139	\$31
22	Canon Digital Camera	12/5/2006	\$137				\$137	5	MO	S/L	\$111	\$26
23	Adopt-a-Friend Software	12/5/2006	\$650				\$650	3	MO	Amort	\$650	\$0
24	Used Clothes Dryer	8/21/2009	\$249				\$249	5	MO	S/L	\$42	\$21
25	Adobe CS3 Software	1/6/2009	\$136				\$136	3	MO	Amort	\$90	\$45
26	Microsoft Office 2007 Licenses	11/4/2009	\$190				\$190	3	MO	Amort	\$74	\$63
27	2009 Thrift Shop Improvements	11/25/2009	\$21,665				\$21,665	15	MO	S/L	\$1,565	\$1,444
28	2 ea. Backup Disk Drives	1/6/2010	\$195				\$195	5	MO	S/L	\$38	\$39
30	5-4-10 Laptop Computer	5/4/2010	\$600				\$600	5	MO	S/L	\$41	\$120

ANIMAL HUMANE SOCIETY OF OURAY COUNTY, INC.

4/5/2012

84-1266231

FYE: 12/31/2011

Federal Asset Report Form 990

31	Home Again Microchip Scanner	9/8/2010	\$200	\$200	5	MO	S/L	\$12	\$40
32	POS System Hardware	9/8/2010	\$1,014	\$1,014	5	MO	S/L	\$63	\$203
33	2010 Thrift Shop Improvements	10/1/2010	\$46,669	\$46,669	15	MO	S/L	\$784	\$3,111
34	GE Washing Machine	10/4/2010	\$650	\$650	5	MO	S/L	\$31	\$130
35	Thrift Solar Voltaic System	11/15/2010	\$0	\$14,000	15	MO	S/L	\$118	\$933
36	7-5-11 Shelter Desktop Computer	7/5/2011	\$380	\$380	5	MO	S/L	\$0	\$37
37	New Cat Enclosures	10/20/2011	\$9,646	\$9,646	15	MO	S/L	\$0	\$127
38	Thrift Storage Building	11/25/2011	\$899	\$899	5	MO	S/L	\$0	\$18
39	11-9-11 Shelter Manager Laptop	11/9/2011	\$603	\$603	5	MO	S/L	\$0	\$17
40	Thrift Security System	12/12/2011	\$499	\$499	5	MO	S/L	\$0	\$5
41	Angel Ridge Ranch 39 year	10/6/2011	\$317,931	\$317,931	39	MO	S/L	\$0	\$1,921
42	Angel Ridge Ranch 15 year	10/6/2011	\$31,964	\$31,964	15	MO	S/L	\$0	\$498
43	Angel Ridge Ranch Land	10/6/2011	\$287,550	\$287,550	0	---	Land	\$0	\$0
44	2011 Thrift Shop Improvements	10/12/2011	\$2,186	\$2,168	15	MO	S/L	\$0	\$32
45	Shelter Design (for RLIP)	1/27/2011	\$4,831	\$4,831		MO	S/L	\$0	\$4,831
Total Other Depreciation			<u>\$1,123,468</u>	<u>\$1,137,450</u>				<u>\$39,127</u>	<u>\$14,602</u>
Total ACRS and Other Depreciation			\$1,123,468	\$1,137,450				\$39,127	\$14,602
Listed Property:									
3	Mobile Adoption Vehicle	11/8/2004	\$6,363	\$6,363	5	MO	S/L	\$6,363	\$0
29	1996 Chevrolet Suburban	2/1/2010	\$0	\$1,894	5	MO	S/L	\$347	\$379
			<u>\$6,363</u>	<u>\$8,257</u>				<u>\$6,710</u>	<u>\$379</u>
Grand Totals			\$1,129,831	\$1,145,707				\$45,837	\$14,981
Less: Dispositions			\$0	\$0				\$0	\$0
Less: Start-up/Org Expense			\$0	\$0				\$0	\$0
Net Grand Totals			<u>\$1,129,831</u>	<u>\$1,145,707</u>				<u>\$45,837</u>	<u>\$14,981</u>

ANIMAL HUMANE SOCIETY OF OURAY COUNTY, INC.

4/5/2012

84-1266231

FYE 12/31/2011

Future Depreciation Report Form 990

<u>Asset #</u>	<u>Description</u>	<u>Date in Service</u>	<u>Basis</u>	<u>2012 Depr.</u>
Other Depreciation:				
1	Thrift Shop Building	4/13/2001	\$106,572	2733
4	Ridgway LIP Lot	4/22/2003	\$134,763	0
5	Ridgway LIP Lot Paid Water Tap	1/8/2008	\$7,000	0
6	2 ea. USB External Drives	1/8/2008	\$270	0
7	2008 QuickBooks Non-Profit Premier	1/8/2008	\$334	0
8	Printers	2/10/2008	\$656	131
9	Laptop	2/10/2008	\$1,157	231
10	Software - TechSoupStock	2/10/2008	\$300	0
11	2 ea. Desktops & Server	2/10/2008	\$4,023	801
12	Wireless Modems	2/10/2008	\$81	16
13	Desktop Computer	2/10/2008	\$875	0
14	Client & Server Anti-Virus Software	4/3/2008	\$315	0
15	All-in-One Printer	5/12/2008	\$185	37
16	Used Microscope - AO150	5/22/2008	\$285	0
17	Photo Viewer	7/14/2008	\$243	49
18	Dog Run Improvements	2/20/2008	\$13,600	907
19	Thrift Shop Land	4/13/2001	\$122,615	0
20	Laptop Computer	12/5/2006	\$1,180	0
21	All-in-One Printer	12/5/2006	\$170	0
22	Canon Digital Camera	12/5/2006	\$137	0
23	Adopt-a-Friend Software	12/5/2006	\$650	0
24	Used Clothes Dryer	8/21/2009	\$249	21
25	Adobe CS3 Software	1/6/2009	\$136	1
26	Microsoft Office 2007 Licenses	11/4/2009	\$190	53
27	2009 Thrift Shop Improvements	11/25/2009	\$21,665	1444
28	2 ea. Backup Disk Drives	1/6/2010	\$195	39
30	5-4-10 Laptop Computer	5/4/2010	\$600	120

ANIMAL HUMANE SOCIETY OF OURAY COUNTY, INC.

4/5/2012

84-1266231

FYE: 12/31/2011

Future Depreciation Report Form 990

31	Home Again Microchip Scanner	9/8/2010	\$200	40
32	POS System Hardware	9/8/2010	\$1,014	203
33	2010 Thrift Shop Improvements	10/1/2010	\$46,669	3111
34	GE Washing Machine	10/4/2010	\$650	130
35	Thrift Solar Voltaic System	11/15/2010	\$14,000	933
36	7-5-11 Shelter Desktop Computer	7/5/2011	\$380	76 002
37	New Cat Enclosures	10/20/2011	\$9,646	643.0347
38	Thrift Storage Building	11/25/2011	\$899	179.72
39	11-9-11 Shelter Manager Laptop	11/9/2011	\$603	120.588
40	Thrift Security System	12/12/2011	\$499	99.8
41	Angel Ridge Ranch 39 year	10/6/2011	\$317,931	8152
42	Angel Ridge Ranch 15 year	10/6/2011	\$31,964	2131
43	Angel Ridge Ranch Land	10/6/2011	\$287,550	0
44	2011 Thrift Shop Improvements		\$2,168	
45	Shelter Design (for RLIP)	1/27/2011	\$4,831	0
Total Other Depreciation			<u>\$1,137,450</u>	<u>\$22,402</u>
Total ACRS and Other Depreciation			\$1,137,450	\$22,402
Listed Property:				
3	Mobile Adoption Vehicle	11/8/2004	\$6,363	\$0
29	1996 Chevrolet Suburban	2/1/2010	\$1,894	\$379
			<u>\$8,257</u>	<u>\$379</u>
Grand Totals			\$1,145,707	\$22,781
Less: Dispositions			\$0	\$0
Less: Start-up/Org Expense			\$0	0
Net Grand Totals			<u>\$1,145,707</u>	<u>\$22,781</u>

**REVISED
ARTICLES OF INCORPORATION
SECOND CHANCE HUMANE SOCIETY, INC.**

A Colorado Non-Profit Corporation

The **Animal Humane Society Of Ouray County, Inc.**, a Colorado non-profit corporation which was initially formed April 4th 1994, pursuant to Title 7, Articles 20 to 29, C.R.S., hereby revise and restate its Articles of Incorporation pursuant to the provisions of its Articles and Bylaws, which among other things, changes the name of said corporation.

ARTICLE I

NAME AND LOCATION

The name of the corporation shall now be the **Second Chance Humane Society, Inc.**, and its principal office is now located at 177 County Road 10, Ridgway, Colorado, 81432, with a current mailing address of P.O. Box 2096, Ridgway, Colorado, 81432.

ARTICLE II

DURATION

The period of duration of this non-profit corporation shall be perpetual.

ARTICLE III

PURPOSE CLAUSE

The purposes of this corporation are to temporarily shelter, nurture, and treat orphaned dogs and cats until quality homes are secured; provide education to decrease pet overpopulation and promote humane pet ownership and the human-animal bond; raise funds necessary to accomplish these goals; and perform other lawful activities as permitted by the Colorado statutes and the Federal tax laws to accomplish these goals.

ARTICLE IV

POWERS

In furtherance of the above listed purposes, the Corporation shall have and may exercise all of the rights, powers and privileges now or hereafter conferred upon non-

profit corporations organized under the laws of the State of Colorado, except to the extent limited by the provisions of the Internal Revenue Code, Section 501(c)(3).

ARTICLE V

NON-STOCK CORPORATION

This corporation shall be non-stock, and no dividends or pecuniary profits shall be declared or paid to the members thereof.

ARTICLE VI

DIRECTORS

The number of directors constituting the board of directors of the corporation at this time is six, and the names and addresses of the persons who are serving as directors at this time are as follows:

Allison Branson, DVM – Director - President
302 Adams Ranch Road
Telluride, CO 81435

Ashley Bradley – Director- Vice President
126 Highlands Way
Telluride, CO 81435

Kevin McNeill – Director - Secretary/Treasurer
325 Hummingbird Trail
Ridgway Co 81432

Kelly Goodin – Director
437 Kismet Street
Ridgway, CO 81432

Martha Gearty – Director
P.O. Box 2011
Telluride, CO 81435

Elizabeth Farrar, DVM - Director
P.O. Box 4168
Telluride, CO 81435

These directors shall serve according to the terms and conditions as established by the bylaws.

ARTICLE VII

APPOINTMENT OF OFFICERS

The officers shall be appointed, annually, for a term of one year, by the board of directors as designated by the bylaws.

ARTICLE VIII

MEMBERSHIP

The bylaws of the corporation may provide for one or more classes of membership, which membership shall be upon those terms and conditions set forth in the bylaws. Membership shall consist of non-voting members. The private property of the members of the corporation shall not be liable for its corporate debts.

ARTICLE IX

LIQUIDATION

Upon the dissolution of the corporation, after paying or making provisions for the payment of all of the liabilities of the corporation, all the assets of the corporation shall be turned over to such organization or organizations organized and operated exclusively for charitable, educational, religious or scientific purposes, as shall, at the time, qualify as an exempt organization or organizations under Section 501(c)(3) of the Internal Revenue Code of 1954 (or the corresponding provision of any future United States Internal Revenue law), as the board of directors shall determine. Any such assets not so disposed of shall be disposed of by the District Court for the County of Ouray and State of Colorado, exclusively for such purposes or to such organization or organizations, as such court shall determine, which are organized and operated exclusively for such purposes.

ARTICLE X

REGISTERED OFFICE AND AGENT

The address of the corporation's registered office in the State of Colorado is:

1827 Marmot Drive, Ridgway, CO 81432, and the name of the initial registered agent at such address is Richard R. Caldwell.

ARTICLE XI

AMENDMENTS

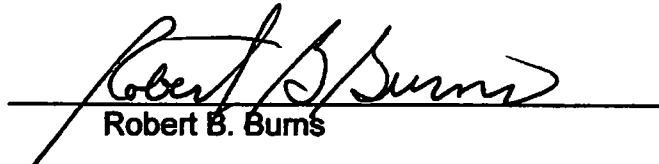
These articles may be amended in the manner provided by statute at the time of amendment.

ARTICLE XII

PERSON FILING THESE AMENDED AND REINSTATED ARTICLES OF INCORPORATION

The name and residence of the person causing these amended and restated Articles of Incorporation to be filed is as follows:

Robert B. Burns
P.O. Box 1288
225 Sixth Ave.,
Ouray, CO 81427


Robert B. Burns

7. Name(s) and address(es) of the individual(s) causing the document to be delivered for filing

Burns	Robert	B.	
(Last)	(First)	(Middle)	(Suffix)
P.O. Box 1266			
(Street name and number or Post Office Box information)			
225 Sixth Ave.d			
Ouray	CO	81427	
(City)	(State)	(Postal/Zip Code)	
	United States		
(Province – if applicable)	(Country – if not US)		

(The document need not state the true name and address of more than one individual. However, if you wish to state the name and address of any additional individuals causing the document to be delivered for filing, mark this box ☐ and include an attachment stating the name and address of such individuals.)

Disclaimer:

This form, and any related instructions, are not intended to provide legal, business or tax advice, and are offered as a public service without representation or warranty. While this form is believed to satisfy minimum legal requirements as of its revision date, compliance with applicable law, as the same may be amended from time to time, remains the responsibility of the user of this form. Questions should be addressed to the user's attorney.



Document number: 20111658139
Amount Paid: \$25.00

Document processing fee
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are subject to change.

\$25.00

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filed pursuant to §7-90-301, et seq. and §7-130-105 of the Colorado Revised Statutes (C.R.S.)

1. Entity name **ANIMAL HUMANE SOCIETY OF OURAY COUNTY, INC.**

(If changing the name of the corporation, indicate name BEFORE the name change)

Second Chance Humane Society, Inc.

☒ Other amendments are attached.

(mm/dd/yyyy)

If the nonprofit corporation's period of duration as amended is perpetual, mark this box ☒

(mm/dd/yyyy)

Notice:

This perjury notice applies to each individual who causes this document to be delivered to the secretary of state, whether or not such individual is named in the document as one who has caused it to be delivered.