

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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.

OMB No. 1545-0047

2012

Open to Public Inspection

A For the 2012 calendar year, or tax year beginning , and ending

- B** Check if applicable:
- Address change
 - Name change
 - Initial return
 - Terminated
 - Amended return
 - Application pending

C Name of organization
SECOND CHANCE CENTER FOR ANIMALS

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
11665 N HIGHWAY 89

City, town or post office, state, and ZIP code
FLAGSTAFF AZ 86004

D Employer identification number
26-2395228

E Telephone number
928-526-5964

G Gross receipts \$ **893,097**

F Name and address of principal officer:
WINNIE HANSETH
11 SOUTH BEAVER STREET
FLAGSTAFF AZ 86001

H(a) Is this a group return for affiliates? Yes No

H(b) Are all affiliates included? Yes No

If "No," attach a list. (see instructions)

I Tax-exempt status: 501(c)(3) 501(c) () **t** (insert no.) 4947(a)(1) or 527

J Website: **WWW.SECONDCHANCECENTER.ORG**

H(c) Group exemption number **u**

K Form of organization: Corporation Trust Association Other **u**

L Year of formation: **2008** **M** State of legal domicile: **AZ**

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O				
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.				
	3 Number of voting members of the governing body (Part VI, line 1a)	3	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 2012 (Part V, line 2a)	5	36		
	6 Total number of volunteers (estimate if necessary)	6	203		
	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	953,139	Current Year	356,624
	9 Program service revenue (Part VIII, line 2g)		299,941		153,210
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		9		31,468
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		44,967		351,795
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,298,056		893,097
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)		943,130		608,014
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0		0
	b Total fundraising expenses (Part IX, column (D), line 25) u		122,086		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		709,381		515,355
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,652,511		1,123,369	
19 Revenue less expenses. Subtract line 18 from line 12		-354,455		-230,272	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	373,533	End of Year	334,030
	21 Total liabilities (Part X, line 26)		153,839		116,715
	22 Net assets or fund balances. Subtract line 21 from line 20		219,694		217,315

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: **WINNIE HANSETH** Date: **SECRETARY/TREASURER**

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: **ANGIE LEDBETTER** Preparer's signature: _____ Date: _____

Check if self-employed PTIN: **P00967717**

Firm's name: **GUEST SCHUTTE COSPER & LEDBETTER CPA LLP** Firm's EIN: **86-0556567**

Firm's address: **603 N BEAVER ST. FLAGSTAFF, AZ 86001** Phone no.: **928-774-7371**

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

SEE SCHEDULE O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ **594,166** including grants of \$) (Revenue \$ **87,556**)
TO PROVIDE LOW COST VETERINARY SERVICES

4b (Code:) (Expenses \$ **42,440** including grants of \$) (Revenue \$ **19,439**)
TO PROVIDE EDUCATION ON THE HUMANE TREATMENT OF ANIMALS

4c (Code:) (Expenses \$ **212,202** including grants of \$) (Revenue \$ **44,188**)
TO PROVIDE ANIMAL RESCUE AND ADOPTION SERVICES FOR ANIMALS IN NEED

4d Other program services. (Describe in Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses **848,808**

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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		X
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	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	X	
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		X
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		X
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		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		X
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		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		X

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? If "Yes," complete Schedule I, Parts I and II		X
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? If "Yes," complete Schedule I, Parts I and III		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, or IV, and Part V, line 1		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response 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		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
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		
2b	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)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
3b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
4b	If "Yes," enter the name of the foreign country: u 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?		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7a	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?		X
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7d	If "Yes," indicate the number of Forms 8282 filed during the year		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds 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?		
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the organization make any taxable distributions under section 4966?		
9b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
10a	Initiation fees and capital contributions included on Part VIII, line 12		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter:		
11a	Gross income from members or shareholders		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13a	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.		
13b	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		
13c	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

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 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
1b	Enter the number of voting members included in line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
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?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
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?		X
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	The governing body?	X	
8b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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?		X
10b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
11b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	The organization's CEO, Executive Director, or top management official		X
15b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	X	
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?		X
16b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **u AZ**
- 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 Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **u SECOND CHANCE CENTER FOR ANIMALS 11665 N HIGHWAY 89**

FLAGSTAFF

AZ 86004

928-714-2203

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MIKE LOVEN	2.00									
DIRECTOR	0.00	X					0	0	0	
(2) BOB KOONS	2.00									
DIRECTOR	0.00	X					0	0	0	
(3) CEILIA BARTOZ	2.00									
DIRECTOR	0.00	X					0	0	0	
(4) KEVIN HURTELL	40.00									
EXECUTIVE DIRECTOR	0.00			X			72,698	0	0	
(5) MAGGIE SACHER	2.00									
PRESIDENT	0.00			X			0	0	0	
(6) WINNIE HANSETH	2.00									
SECRETARY/TREASURER	0.00			X			0	0	0	
(7) NORMA CLASSEN	2.00									
VICE PRESIDENT	0.00			X			0	0	0	
(8)										
(9)										
(10)										
(11)										

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12)										
(13)										
(14)										
(15)										
(16)										
(17)										
(18)										
(19)										
1b Sub-total							72,698			
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							72,698			

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

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
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? If "Yes," complete Schedule J for such individual		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

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.

(A) Name and business address	(B) Description of services	(C) Compensation

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 **u 0**

Part VIII Statement of Revenue

Check if Schedule O contains a response to any question in this Part VIII.

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	356,624				
	g Noncash contributions included in lines 1a-1f: \$		19,675				
	h Total. Add lines 1a-1f	u	356,624				
Program Service Revenue		Busn. Code					
	2a VETERINARY SERVICES		87,556	87,556			
	b PET RESCUE AND ADOPTION		44,188	44,188			
	c HUMANE EDUCATION		19,439	19,439			
	d RETAIL SALES		2,027	2,027			
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f	u	153,210				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	u	516			516	
	4 Income from investment of tax-exempt bond proceeds	u					
	5 Royalties	u	318,617			318,617	
	6a Gross rents	(i) Real					
		(ii) Personal					
	b Less: rental exps.						
	c Rental inc. or (loss)						
	d Net rental income or (loss)	u					
	7a Gross amount from sales of assets other than inventory	(i) Securities					
		(ii) Other		30,952			
	b Less: cost or other basis & sales exps.						
	c Gain or (loss)		30,952				
	d Net gain or (loss)	u	30,952	30,952			
	8a Gross income from fundraising events (not including \$ 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		u					
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	u					
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	u					
Miscellaneous Revenue		Busn. Code					
11a OTHER INCOME			33,178			33,178	
b							
c							
d All other revenue							
e Total. Add lines 11a-11d	u		33,178				
12 Total revenue. See instructions.	u		893,097	184,162	0	352,311	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response 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 U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	72,698	54,436	9,829	8,433
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	419,591	314,190	56,728	48,673
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	76,283	57,121	10,313	8,849
10 Payroll taxes	39,442	29,534	5,333	4,575
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	12,586		12,586	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12 Advertising and promotion	3,077			3,077
13 Office expenses	30,953	5,531	2,593	22,829
14 Information technology				
15 Royalties				
16 Occupancy	256,383	217,926	25,638	12,819
17 Travel	3,782	3,213	380	189
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	54,761	46,547	5,482	2,732
23 Insurance	21,035	17,648	2,185	1,202
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 MEDICAL SUPPLIES & SERVICE	28,243	28,243		
b ANIMAL FOOD	19,736	19,736		
c TELEPHONE & COMMUNICATION	16,208	13,777	1,621	810
d OPERATING SUPPLIES	11,687	11,392	197	98
e All other expenses	56,904	29,514	19,590	7,800
25 Total functional expenses. Add lines 1 through 24e	1,123,369	848,808	152,475	122,086
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	1	Cash—non-interest bearing	73,970	1	90,491
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	4,062	4	3,997
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 803,422		
	b	Less: accumulated depreciation	10b 607,729	10c 250,451	195,693
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11	37,415	12	41,819
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	7,635	15	2,030
16	Total assets. Add lines 1 through 15 (must equal line 34)	373,533	16	334,030	
Liabilities	17	Accounts payable and accrued expenses	150,373	17	112,529
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	3,466	25	4,186
	26	Total liabilities. Add lines 17 through 25	153,839	26	116,715
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	204,439	27	202,060
	28	Temporarily restricted net assets	15,255	28	15,255
	29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances	219,694	33	217,315	
34	Total liabilities and net assets/fund balances	373,533	34	334,030	

Part XI Reconciliation of Net Assets

Check 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	893,097
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,123,369
3	Revenue less expenses. Subtract line 2 from line 1	3	-230,272
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	219,694
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	227,893
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	217,315

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

Schedule B
(Form 990, 990-EZ,
or 990-PF)
 Department of the Treasury
 Internal Revenue Service

Schedule of Contributors

OMB No. 1545-0047

2012

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

Name of the organization	Employer identification number
SECOND CHANCE CENTER FOR ANIMALS	26-2395228

Organization type (check one):

- | | |
|--------------------|---|
| Filers of: | Section: |
| Form 990 or 990-EZ | <input checked="" type="checkbox"/> 501(c)(3) (enter number) organization |
| | <input type="checkbox"/> 4947(a)(1) nonexempt charitable trust not treated as a private foundation |
| | <input type="checkbox"/> 527 political organization |
| Form 990-PF | <input type="checkbox"/> 501(c)(3) exempt private foundation |
| | <input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation |
| | <input type="checkbox"/> 501(c)(3) taxable private foundation |

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

- For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33¹/₃ % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of **(1)** \$5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year ► \$

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2 of its Form 990; or check the box on line H of its Form 990-EZ or on Part I, line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization SECOND CHANCE CENTER FOR ANIMALS	Employer identification number 26-2395228
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	\$ 50,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	\$ 15,330	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	\$ 11,238	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	\$ 15,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	\$ 30,910	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization SECOND CHANCE CENTER FOR ANIMALS	Employer identification number 26-2395228
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Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
2	DOG FOOD	\$ 15,330	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

u 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. u Attach to Form 990. u See separate instructions.

OMB No. 1545-0047

2012

Open to Public Inspection

Name of the organization

Employer identification number

SECOND CHANCE CENTER FOR ANIMALS

26-2395228

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-6 regarding donor advised funds.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-9 regarding 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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1a-1b and 2a-2b regarding art and historical treasures.

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" 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 XIII and complete the following table:
- | | Amount |
|--|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a** Did the organization include an amount on Form 990, Part X, line 21? Yes No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

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	37,415	39,922	36,199	29,265	
b Contributions					
c Net investment earnings, gains, and losses	4,404	-2,507	3,723	6,934	
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	41,819	37,415	39,922	36,199	

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment **u** 100.00 %
 - b** Permanent endowment **u** %
 - c** Temporarily restricted endowment **u** %
- 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 | X | |
| (ii) related organizations | | X |
- b** If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?
- 4** Describe in Part XIII 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				
b Buildings				
c Leasehold improvements		221,931	168,783	53,148
d Equipment		581,491	438,946	142,545
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) u				195,693

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 AZ COMMUNITY FOUNDATION	41,819	
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) u	41,819	

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.) u		

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.) u	

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

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2) DEPOSITS-SURGERY	3,828	
(3) GIFT CERTIFICATE LIABILITY	358	
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
(11)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) u	4,186	

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

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

1	Total revenue, gains, and other support per audited financial statements		1	893,097
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 XIII.)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	893,097
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	893,097

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

1	Total expenses and losses per audited financial statements		1	1,123,369
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	1,123,369
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	1,123,369

Part XIII 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, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

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

UNREALIZED LOSS ON INVESTMENTS \$ 0

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

u Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2012

Open to Public
Inspection

Employer identification number

26-2395228

SECOND CHANCE CENTER FOR ANIMALS

FORM 990 - ORGANIZATION'S MISSION OR MOST SIGNIFICANT ACTIVITIES

OUR MISSION IS TO PROVIDE OPPORTUNITIES FOR A QUALITY LIFE FOR THE HOMELESS AND UNWANTED COMPANION ANIMALS THAT ARE PLACED IN OUR CARE AND TO PROVIDE RESOURCES WITHIN OUR SPHERE OF INFLUENCE TO ENCOURAGE AND ENHANCE THE HUMAN-ANIMAL BOND.

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990 EXECUTIVE DIRECTOR, ADMINISTRATIVE DIRECTOR, FINANCE COORDINATOR, AND BOARD REVIEWS 990 AND SUPPORTING SCHEDULES BEFORE FILING.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY POLICY IS PERIODICALLY REVIEWED WITH BOARD AND MANAGEMENT.

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS THE ORGANIZATION REVIEWS THE SOCIETY OF ANIMAL WELFARE ADMINISTRATORS SALARY SURVEY AND COMPARES WITH CURRENT SALARIES.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION DOCUMENTS ARE AVAILABLE UPON REQUEST.

FORM 990, PART XI, LINE 9 - RECONCILIATION OF CHANGES - OTHER

UNREALIZED LOSS ON INVESTMENTS \$ 0

FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS EXPLANATION

UNREALIZED GAIN ON INVESTMENTS \$ 3,893

Name of the organization

SECOND CHANCE CENTER FOR ANIMALS

Employer identification number

26-2395228

DONATED USE OF FACILITY

\$ 224,000

Form **4562**

Depreciation and Amortization
(Including Information on Listed Property)

OMB No. 1545-0172

2012

Department of the Treasury
Internal Revenue Service (99)

u See separate instructions.

u Attach to your tax return.

Attachment Sequence No. **179**

Name(s) shown on return

SECOND CHANCE CENTER FOR ANIMALS

Identifying number

26-2395228

Business or activity to which this form relates

INDIRECT DEPRECIATION

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	500,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,000,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2011 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2013. Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	54,761

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2012	17	0
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input checked="" type="checkbox"/>		

Section B—Assets Placed in Service During 2012 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	

Section C—Assets Placed in Service During 2012 Tax Year Using the Alternative Depreciation System

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

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	54,761
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2012)

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2012

Open to Public Inspection

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

u Attach to Form 990 or Form 990-EZ. u See separate instructions.

Department of the Treasury
Internal Revenue Service

Name of the organization

SECOND CHANCE CENTER FOR ANIMALS

Employer identification number

26-2395228

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—Non-functionally integrated
- 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?

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

h Provide the following information about the supported organization(s).

(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 monetary support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

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

Schedule A (Form 990 or 990-EZ) 2012

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) u	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) u	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						

12 Gross receipts from related activities, etc. (see instructions) 12

13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2011 Schedule A, Part II, line 14	15	%

16a 33 1/3% support test—2012. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support test—2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here**. The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test—2012. 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

b 10%-facts-and-circumstances test—2011. 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

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

(Complete only if you checked the box on line 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) u	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,037,496	1,231,279	1,049,012	953,139	356,624	4,627,550
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	251,690	292,228	265,751	299,941	153,210	1,262,820
3 Gross receipts from activities that are not an unrelated trade or business under section 513		4,890	16,926	7,046	33,178	62,040
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	1,289,186	1,528,397	1,331,689	1,260,126	543,012	5,952,410
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.)						5,952,410

Section B. Total Support

Calendar year (or fiscal year beginning in) u	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6	1,289,186	1,528,397	1,331,689	1,260,126	543,012	5,952,410
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources		2	14	9	319,133	319,158
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b		2	14	9	319,133	319,158
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.)	1,289,186	1,528,399	1,331,703	1,260,135	862,145	6,271,568

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**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	94.91 %
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	100.00 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	5 %
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests—2012. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests—2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

26-2395228

Federal Asset Report

FYE: 12/31/2012

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
Other Depreciation:									
1	FRP FOR KENNEL BUILDERS	2/08/06	2,775			2,775	7 MO S/L	2,346	397
2	COMPUTER WIRING	1/28/05	6,138			6,138	7 MO S/L	6,138	0
3	SIGNS	3/09/05	13,695			13,695	7 MO S/L	13,369	326
4	SIGN	5/01/05	4,293			4,293	7 MO S/L	4,088	205
5	FENCE	5/19/05	5,765			5,765	15 MO S/L	2,563	384
6	VINYL FLOORING	5/27/05	1,685			1,685	5 MO S/L	1,685	0
7	FENCING	7/28/05	6,865			6,865	15 MO S/L	2,975	458
8	PLUMBING	12/31/05	4,703			4,703	7 MO S/L	4,088	615
9	LIGHTING ON FENCE	1/10/06	1,187			1,187	7 MO S/L	1,018	169
10	STONE SKIRT ON TRAILER	4/10/06	5,836			5,836	7 MO S/L	4,794	834
11	FENCE	10/04/06	18,190			18,190	15 MO S/L	6,367	1,213
12	FLAG POLE	10/19/06	4,095			4,095	7 MO S/L	2,681	585
13	FENCING	6/30/08	8,296			8,296	15 MO S/L	1,935	553
14	3 ZONE IRRIGATION SYSTEM	3/31/09	4,760			4,760	15 MO S/L	794	317
15	LANDSCAPING	3/31/09	22,675			22,675	15 MO S/L	3,778	1,512
16	FENCING	8/20/09	6,625			6,625	15 MO S/L	1,104	442
17	RAISE BLOCK WALL (CUP)	11/06/09	4,300			4,300	15 MO S/L	716	287
18	PHONE SYSTEM	10/27/04	25,385			25,385	5 MO S/L	25,385	0
19	AZSTAR PHONE SYSTEM	10/27/04	28,150			28,150	5 MO S/L	28,150	0
20	CCTV SYSTEM	10/27/04	7,753			7,753	15 MO S/L	7,753	0
21	FIRE ALARM SYSTEM	10/27/04	10,846			10,846	15 MO S/L	10,846	0
22	LOUIE SERNA A/C COMPANY	10/27/04	1,500			1,500	15 MO S/L	1,500	0
23	MOSHER COM INST INFRAST	10/27/04	5,662			5,662	15 MO S/L	5,662	0
24	SIGNS & GRAPHICS	10/27/04	10,785			10,785	15 MO S/L	10,785	0
25	EXTERIOR SIGNS	10/27/04	9,967			9,967	15 MO S/L	9,967	0
26	DELL COMPUTER X3	10/01/04	3,179			3,179	5 MO S/L	3,179	0
27	2CF DELL COMPUTER X2	10/04/04	2,417			2,417	5 MO S/L	2,417	0
28	COMPUTER	5/07/05	3,815			3,815	5 MO S/L	3,815	0
29	LAPTOP	11/27/07	1,002			1,002	5 MO S/L	801	201
30	MATCHMAKER SOFTWARE	6/01/08	4,139			4,139	3 MO S/L	4,139	0
31	DELL COMPUTER 5720	7/27/08	1,054			1,054	5 MO S/L	737	211
32	COMPUTER SW SOFTCHOICE	8/16/08	1,356			1,356	3 MO S/L	1,356	0
33	MATCHMAKER LICENSE UPGRADE	11/23/09	2,442			2,442	3 MO S/L	2,035	407
34	DSL CISCO ROUTER	10/27/04	1,050			1,050	5 MO S/L	1,050	0
35	2 DELL DIMENSION 2400'S	10/27/04	2,490			2,490	5 MO S/L	2,490	0
36	SERVER	10/24/04	5,950			5,950	5 MO S/L	5,950	0
37	7 DELL OPTIPLEX GX280'S	10/27/04	10,840			10,840	5 MO S/L	10,840	0
38	COMPUTER/SERVER SETUP	10/27/04	11,058			11,058	5 MO S/L	11,058	0
39	VTECH SOFTWARE	10/27/04	4,310			4,310	3 MO S/L	4,310	0
40	SAFE	5/29/05	827			827	7 MO S/L	787	40
41	ART CONNIE TOWNSEND	10/27/04	1,500			1,500	0 -- Memo	0	0
42	SAMSUNG TV 43X32	10/27/04	3,000			3,000	5 MO S/L	1,500	600
43	HUGHES CAL. LD122 COPIER	10/27/04	4,524			4,524	5 MO S/L	4,524	0
44	OFFICE FURN WALSH BROS	10/27/04	21,929			21,929	5 MO S/L	15,923	4,385
45	OFFICE FURN WASH BROS	10/27/04	3,073			3,073	5 MO S/L	3,073	0
46	ATLAS 6X12 DISASTER TRLR	10/07/09	2,000			2,000	10 MO S/L	500	200
47	DISASTER GENERTR FOR TRLR	10/20/09	975			975	10 MO S/L	244	98
48	EXPLORER	1/01/03	15,572			15,572	5 MO S/L	15,572	0
49	MOBILE UNIT	1/01/03	70,251			70,251	10 MO S/L	68,158	2,093
Sold/Scrapped: 5/14/12									
50	2003 CHEVROLET TRUCK	1/01/03	27,089			27,089	5 MO S/L	27,089	0
51	ANIMAL TRANSPORTER VEHICLE	12/31/04	55,991			55,991	5 MO S/L	55,991	0
52	PMVC GNERATOR AND A/C	8/09/08	7,376			7,376	5 MO S/L	5,164	1,475
53	02 CHRYSLER TOWN & CNTRY	1/01/09	8,810			8,810	5 MO S/L	4,405	1,762
54	T-KENNEL SYSTEM	5/01/06	21,337			21,337	7 MO S/L	15,276	3,049
55	IPRNX DIST-BLEND MACHINE	7/01/06	11,300			11,300	7 MO S/L	8,879	1,614
56	IV PUMP VET PRO	9/15/06	1,506			1,506	5 MO S/L	1,506	0
57	ENGLER ADS 100 VENTILATOR	9/26/06	3,404			3,404	5 MO S/L	3,404	0
58	CARDIO FAX & EQUIP	9/26/06	4,107			4,107	5 MO S/L	4,107	0
59	ULTRA SOUND MACHINE	11/01/07	26,000			26,000	7 MO S/L	14,858	3,714
60	PULSE OXIMETER	1/25/08	1,251			1,251	5 MO S/L	1,001	250
61	REGALIA OXYGN CONCENTRAT	1/25/09	1,724			1,724	5 MO S/L	862	344
62	BATH TUB	10/27/04	1,200			1,200	5 MO S/L	600	240
63	DENTAL POLISHER	10/27/04	1,125			1,125	5 MO S/L	1,125	0
64	DISH WASHING MACHINE	10/27/04	2,800			2,800	5 MO S/L	1,400	560
65	HEART MONITOR BICKFORD	10/27/04	1,800			1,800	5 MO S/L	900	360
66	HYDR. V SHAPED SURG TBL	10/27/04	2,649			2,649	5 MO S/L	1,325	529
67	MICROSCOPE OLYMPUS CH-2	10/27/04	3,000			3,000	5 MO S/L	1,500	600

26-2395228

Federal Asset Report

FYE: 12/31/2012

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
68	SS CORNER TBL W/ SINK	10/27/04	1,200			1,200	5 MO S/L	600	240
69	SS PREP TABLE	10/27/04	1,200			1,200	5 MO S/L	600	240
70	SS SINK 2 COMPART	10/27/04	1,200			1,200	5 MO S/L	600	240
71	SS SINK 2 COMPART	10/27/04	1,200			1,200	5 MO S/L	600	240
72	SS SINK 3 COMPART	10/27/04	1,200			1,200	5 MO S/L	600	240
73	SS TABLE 3 SHELF	10/27/04	1,200			1,200	5 MO S/L	600	240
74	SS TABLE 6' LONG	10/27/04	1,200			1,200	5 MO S/L	1,200	0
75	SS TABLE W/ 3 DRAWERS	10/27/04	1,200			1,200	5 MO S/L	600	240
76	TALL TUB W/ BACKSPLASH	10/27/04	1,430			1,430	5 MO S/L	715	286
77	ULTRASOUND MACHINE	10/27/04	3,500			3,500	5 MO S/L	1,750	700
78	POWER SPRAYER SYSTEM	10/27/04	19,759			19,759	5 MO S/L	19,759	0
79	FILM BIN	10/27/04	1,206			1,206	5 MO S/L	1,206	0
80	TINGLE VET SYSTEM	10/27/04	1,500			1,500	5 MO S/L	1,500	0
81	UNIMAC WASHER	10/27/04	5,146			5,146	5 MO S/L	5,146	0
82	UNIMAC DRYER	10/27/04	2,992			2,992	5 MO S/L	2,992	0
83	LOCKERS	10/27/04	2,357			2,357	5 MO S/L	2,357	0
84	2 ANESTHESIA MACHINES	10/27/04	4,732			4,732	5 MO S/L	4,732	0
85	SCAVENGER SYSTEM	10/27/04	2,746			2,746	5 MO S/L	2,746	0
86	ADOPTIONS KENNEL SYSTEM	10/27/04	72,727			72,727	10 MO S/L	21,818	7,273
87	CLINIC CAGES BOWLS BRCKTS	10/27/04	48,512			48,512	10 MO S/L	14,553	4,852
88	MICRO HEMATOCRIT	10/27/04	899			899	5 MO S/L	899	0
89	AUTOCLAVE 2540M	10/27/04	3,306			3,306	5 MO S/L	3,306	0
90	ULTRASONIC CLEANER	10/27/04	930			930	5 MO S/L	930	0
91	X-RAY MACHINE 103	10/27/04	14,500			14,500	5 MO S/L	14,500	0
92	X-RAY AUTOPROCESSER	10/27/04	6,500			6,500	5 MO S/L	6,500	0
93	TRMT EXAM KNEE SPACE TBL	10/27/04	1,098			1,098	5 MO S/L	1,098	0
94	TRMT COMB. TUB/TABLE	10/27/04	1,707			1,707	5 MO S/L	1,707	0
95	TRMT WALL MNT SURG LGT	10/27/04	1,493			1,493	5 MO S/L	1,493	0
96	HEATED VTOP SURG TABLE	10/27/04	2,649			2,649	5 MO S/L	2,649	0
97	DUAL HEAD CEIL MT SURG LT	10/27/04	2,966			2,966	5 MO S/L	2,966	0
98	2 WALK ON SCALE	10/27/04	1,760			1,760	5 MO S/L	1,760	0
99	WALK ON SCALE POST MOUNT	10/27/04	979			979	5 MO S/L	979	0
100	PREOP SINGLE SURG LIGHT	10/27/04	1,597			1,597	5 MO S/L	1,597	0
101	PREOP MOBILE ANIMAL TBL	10/27/04	1,685			1,685	5 MO S/L	1,685	0
102	KNEESPACE TUB TABLE	10/27/04	1,725			1,725	5 MO S/L	1,725	0
103	3 UNIT CAGE DRYER	10/27/04	1,825			1,825	5 MO S/L	1,825	0
104	2-2' HOSE BLOWER	10/27/04	890			890	5 MO S/L	890	0
105	TUB WITH BACKSPLASH	10/27/04	2,045			2,045	5 MO S/L	2,045	0
106	CAT KENNEL SYSTEM	10/27/04	37,814			37,814	10 MO S/L	11,344	3,782
107	ADOPTIONS DOG CAGES	10/27/04	952			952	5 MO S/L	952	0
	Sold/Scrapped: 9/30/12								
109	Intel Server-SR1630	2/08/10	2,680			2,680	5 MO S/L	1,027	536
110	Table V-Top	5/12/10	2,897			2,897	7 MO S/L	690	414
111	Warm Touch Warmer	2/15/10	935			935	5 MO S/L	358	187
112	High Freq Radiosurgery Machine	3/23/10	4,657			4,657	7 MO S/L	1,163	666
113	Op-Med equip-Webster Vet	7/21/11	3,415			3,415	5 MO S/L	286	683
114	Digital Ultrasound	9/06/11	5,680			5,680	5 MO S/L	379	1,136
115	Cardell Monitor	9/08/11	5,627			5,627	5 MO S/L	375	1,126
116	External Fixater Set	12/12/11	2,054			2,054	5 MO S/L	34	411
	Total Other Depreciation		<u>874,625</u>			<u>874,625</u>		<u>624,173</u>	<u>54,761</u>
	Total ACRS and Other Depreciation		<u>874,625</u>			<u>874,625</u>		<u>624,173</u>	<u>54,761</u>
	Grand Totals		874,625			874,625		624,173	54,761
	Less: Dispositions and Transfers		71,203			71,203		69,110	2,093
	Less: Start-up/Org Expense		0			0		0	0
	Net Grand Totals		<u>803,422</u>			<u>803,422</u>		<u>555,063</u>	<u>52,668</u>

26-2395228

AZ Asset Report

FYE: 12/31/2012

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Asset	Description	Date In Service	Cost	Basis for Depr	AZ Prior	AZ Current	Federal Current	Difference Fed - AZ
Other Depreciation:								
1	FRP FOR KENNEL BUILDERS	2/08/06	2,775	2,775	2,346	396	397	1
2	COMPUTER WIRING	1/28/05	6,138	6,138	6,065	73	0	-73
3	SIGNS	3/09/05	13,695	13,695	13,369	326	326	0
4	SIGN	5/01/05	4,293	4,293	4,089	204	205	1
5	FENCE	5/19/05	5,765	5,765	2,530	385	384	-1
6	VINYL FLOORING	5/27/05	1,685	1,685	1,685	0	0	0
7	FENCING	7/28/05	6,865	6,865	2,937	457	458	1
8	PLUMBING	12/31/05	4,703	4,703	4,031	672	615	-57
9	LIGHTING ON FENCE	1/10/06	1,187	1,187	1,017	170	169	-1
10	STONE SKIRT ON TRAILER	4/10/06	5,836	5,836	4,794	834	834	0
11	FENCE	10/04/06	18,190	18,190	6,367	1,212	1,213	1
12	FLAG POLE	10/19/06	4,095	4,095	3,023	585	585	0
13	FENCING	6/30/08	8,296	8,296	1,936	553	553	0
14	3 ZONE IRRIGATION SYSTEM	3/31/09	4,760	4,760	794	317	317	0
15	LANDSCAPING	3/31/09	22,675	22,675	3,778	1,512	1,512	0
16	FENCING	8/20/09	6,625	6,625	1,104	442	442	0
17	RAISE BLOCK WALL (CUP)	11/06/09	4,300	4,300	716	287	287	0
18	PHONE SYSTEM	10/27/04	25,385	25,385	25,385	0	0	0
19	AZSTAR PHONE SYSTEM	10/27/04	28,150	28,150	28,150	0	0	0
20	CCTV SYSTEM	10/27/04	7,753	7,753	3,704	517	0	-517
21	FIRE ALARM SYSTEM	10/27/04	10,846	10,846	5,182	723	0	-723
22	LOUIE SERNA A/C COMPANY	10/27/04	1,500	1,500	717	100	0	-100
23	MOSHER COM INST INFRAST	10/27/04	5,662	5,662	2,705	378	0	-378
24	SIGNS & GRAPHICS	10/27/04	10,785	10,785	5,153	719	0	-719
25	EXTERIOR SIGNS	10/27/04	9,967	9,967	4,762	665	0	-665
26	DELL COMPUTER X3	10/01/04	3,179	3,179	3,179	0	0	0
27	2CF DELL COMPUTER X2	10/04/04	2,417	2,417	2,417	0	0	0
28	COMPUTER	5/07/05	3,815	3,815	3,815	0	0	0
29	LAPTOP	11/27/07	1,002	1,002	818	184	201	17
30	MATCHMAKER SOFTWARE	6/01/08	4,139	4,139	4,139	0	0	0
31	DELL COMPUTER 5720	7/27/08	1,054	1,054	720	211	211	0
32	COMPUTER SW SOFTCHOICE	8/16/08	1,356	1,356	1,356	0	0	0
33	MATCHMAKER LICENSE UPGRADE	11/23/09	2,442	2,442	2,035	407	407	0
34	DSL CISCO ROUTER	10/27/04	1,050	1,050	1,050	0	0	0
35	2 DELL DIMENSION 2400'S	10/27/04	2,490	2,490	2,490	0	0	0
36	SERVER	10/24/04	5,950	5,950	5,950	0	0	0
37	7 DELL OPTIPLEX GX280'S	10/27/04	10,840	10,840	10,840	0	0	0
38	COMPUTER/SERVER SETUP	10/27/04	11,058	11,058	11,058	0	0	0
39	VTECH SOFTWARE	10/27/04	4,310	4,310	4,310	0	0	0
40	SAFE	5/29/05	827	827	778	49	40	-9
41	ART CONNIE TOWNSEND	10/27/04	1,500	1,500	0	0	0	0
42	SAMSUNG TV 43X32	10/27/04	3,000	3,000	1,500	600	600	0
43	HUGHES CAL. LD122 COPIER	10/27/04	4,524	4,524	4,524	0	0	0
44	OFFICE FURN WALSH BROS	10/27/04	21,929	21,929	15,923	4,385	4,385	0
45	OFFICE FURN WASH BROS	10/27/04	3,073	3,073	3,073	0	0	0
46	ATLAS 6X12 DISASTER TRLR	10/07/09	2,000	2,000	500	200	200	0
47	DISASTER GENERTR FOR TRLR	10/20/09	975	975	244	98	98	0
48	EXPLORER	1/01/03	15,572	15,572	15,572	0	0	0
49	MOBILE UNIT	1/01/03	70,251	70,251	63,226	2,342	2,093	-249
Sold/Scrapped: 5/14/12								
50	2003 CHEVROLET TRUCK	1/01/03	27,089	27,089	27,089	0	0	0
51	ANIMAL TRANSPORTER VEHICLE	12/31/04	55,991	55,991	55,991	0	0	0
52	PMVC GNERATOR AND A/C	8/09/08	7,376	7,376	5,163	1,476	1,475	-1
53	02 CHRYSLER TOWN & CNTRY	1/01/09	8,810	8,810	4,405	1,762	1,762	0
54	T-KENNEL SYSTEM	5/01/06	21,337	21,337	17,273	3,048	3,049	1
55	IPRNX DIST-BLEND MACHINE	7/01/06	11,300	11,300	8,879	1,614	1,614	0
56	IV PUMP VET PRO	9/15/06	1,506	1,506	1,506	0	0	0
57	ENGLER ADS 100 VENTILATOR	9/26/06	3,404	3,404	3,404	0	0	0
58	CARDIO FAX & EQUIP	9/26/06	4,107	4,107	4,107	0	0	0
59	ULTRA SOUND MACHINE	11/01/07	26,000	26,000	15,476	3,715	3,714	-1
60	PULSE OXIMETER	1/25/08	1,251	1,251	980	250	250	0
61	REGALIA OXYGN CONCENTRAT	1/25/09	1,724	1,724	862	344	344	0
62	BATH TUB	10/27/04	1,200	1,200	600	240	240	0
63	DENTAL POLISHER	10/27/04	1,125	1,125	1,125	0	0	0
64	DISH WASHING MACHINE	10/27/04	2,800	2,800	1,400	560	560	0
65	HEART MONITOR BICKFORD	10/27/04	1,800	1,800	900	360	360	0
66	HYDR. V SHAPED SURG TBL	10/27/04	2,649	2,649	1,325	529	529	0
67	MICROSCOPE OLYMPUS CH-2	10/27/04	3,000	3,000	1,500	600	600	0

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AZ Asset Report

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Asset	Description	Date In Service	Cost	Basis for Depr	AZ Prior	AZ Current	Federal Current	Difference Fed - AZ
68	SS CORNER TBL W/ SINK	10/27/04	1,200	1,200	600	240	240	0
69	SS PREP TABLE	10/27/04	1,200	1,200	600	240	240	0
70	SS SINK 2 COMPART	10/27/04	1,200	1,200	600	240	240	0
71	SS SINK 2 COMPART	10/27/04	1,200	1,200	600	240	240	0
72	SS SINK 3 COMPART	10/27/04	1,200	1,200	600	240	240	0
73	SS TABLE 3 SHELF	10/27/04	1,200	1,200	600	240	240	0
74	SS TABLE 6' LONG	10/27/04	1,200	1,200	1,200	0	0	0
75	SS TABLE W/ 3 DRAWERS	10/27/04	1,200	1,200	600	240	240	0
76	TALL TUB W/ BACKSPLASH	10/27/04	1,430	1,430	715	286	286	0
77	ULTRASOUND MACHINE	10/27/04	3,500	3,500	1,750	700	700	0
78	POWER SPRAYER SYSTEM	10/27/04	19,759	19,759	19,759	0	0	0
79	FILM BIN	10/27/04	1,206	1,206	1,206	0	0	0
80	TINGLE VET SYSTEM	10/27/04	1,500	1,500	1,500	0	0	0
81	UNIMAC WASHER	10/27/04	5,146	5,146	5,146	0	0	0
82	UNIMAC DRYER	10/27/04	2,992	2,992	2,992	0	0	0
83	LOCKERS	10/27/04	2,357	2,357	2,357	0	0	0
84	2 ANESTHESIA MACHINES	10/27/04	4,732	4,732	4,732	0	0	0
85	SCAVENGER SYSTEM	10/27/04	2,746	2,746	2,746	0	0	0
86	ADOPTIONS KENNEL SYSTEM	10/27/04	72,727	72,727	52,121	7,273	7,273	0
87	CLINIC CAGES BOWLS BRCKTS	10/27/04	48,512	48,512	14,553	4,852	4,852	0
88	MICRO HEMATOCRIT	10/27/04	899	899	899	0	0	0
89	AUTOCLAVE 2540M	10/27/04	3,306	3,306	3,306	0	0	0
90	ULTRASONIC CLEANER	10/27/04	930	930	930	0	0	0
91	X-RAY MACHINE 103	10/27/04	14,500	14,500	14,500	0	0	0
92	X-RAY AUTOPROCESSER	10/27/04	6,500	6,500	6,500	0	0	0
93	TRMT EXAM KNEE SPACE TBL	10/27/04	1,098	1,098	1,098	0	0	0
94	TRMT COMB. TUB/TABLE	10/27/04	1,707	1,707	1,707	0	0	0
95	TRMT WALL MNT SURG LGT	10/27/04	1,493	1,493	1,493	0	0	0
96	HEATED VTOP SURG TABLE	10/27/04	2,649	2,649	2,649	0	0	0
97	DUAL HEAD CEIL MT SURG LT	10/27/04	2,966	2,966	2,966	0	0	0
98	2 WALK ON SCALE	10/27/04	1,760	1,760	1,760	0	0	0
99	WALK ON SCALE POST MOUNT	10/27/04	979	979	979	0	0	0
100	PREOP SINGLE SURG LIGHT	10/27/04	1,597	1,597	1,597	0	0	0
101	PREOP MOBILE ANIMAL TBL	10/27/04	1,685	1,685	1,685	0	0	0
102	KNEESPACE TUB TABLE	10/27/04	1,725	1,725	1,725	0	0	0
103	3 UNIT CAGE DRYER	10/27/04	1,825	1,825	1,825	0	0	0
104	2-2' HOSE BLOWER	10/27/04	890	890	890	0	0	0
105	TUB WITH BACKSPLASH	10/27/04	2,045	2,045	2,045	0	0	0
106	CAT KENNEL SYSTEM	10/27/04	37,814	37,814	27,100	3,781	3,782	1
107	ADOPTIONS DOG CAGES	10/27/04	952	952	952	0	0	0
	Sold/Scrapped: 9/30/12							
109	Intel Server-SR1630	2/08/10	2,680	2,680	1,027	536	536	0
110	Table V-Top	5/12/10	2,897	2,897	690	414	414	0
111	Warm Touch Warmer	2/15/10	935	935	358	187	187	0
112	High Freq Radiosurgery Machine	3/23/10	4,657	4,657	1,163	666	666	0
113	Op-Med equip-Webster Vet	7/21/11	3,415	3,415	286	683	683	0
114	Digital Ultrasound	9/06/11	5,680	5,680	379	1,136	1,136	0
115	Cardell Monitor	9/08/11	5,627	5,627	375	1,126	1,126	0
116	External Fixater Set	12/12/11	2,054	2,054	34	411	411	0
	Total Other Depreciation		<u>874,625</u>	<u>874,625</u>	<u>643,736</u>	<u>58,232</u>	<u>54,761</u>	<u>-3,471</u>
	Total ACRS and Other Depreciation		<u>874,625</u>	<u>874,625</u>	<u>643,736</u>	<u>58,232</u>	<u>54,761</u>	<u>-3,471</u>
	Grand Totals		874,625	874,625	643,736	58,232	54,761	-3,471
	Less: Dispositions		71,203	71,203	64,178	2,342	2,093	-249
	Less: Start-up/Org Expense		0	0	0	0	0	0
	Net Grand Totals		<u>803,422</u>	<u>803,422</u>	<u>579,558</u>	<u>55,890</u>	<u>52,668</u>	<u>-3,222</u>

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AMT Asset Report

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Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current	
Other Depreciation:										
1	FRP FOR KENNEL BUILDERS	2/08/06	2,775			2,775	7 MO S/L	2,775	0	
2	COMPUTER WIRING	1/28/05	0			0	0 HY	0	0	
3	SIGNS	3/09/05	0			0	0 HY	0	0	
4	SIGN	5/01/05	0			0	0 HY	0	0	
5	FENCE	5/19/05	0			0	0 HY	0	0	
6	VINYL FLOORING	5/27/05	0			0	0 HY	0	0	
7	FENCING	7/28/05	0			0	0 HY	0	0	
8	PLUMBING	12/31/05	0			0	0 HY	0	0	
9	LIGHTING ON FENCE	1/10/06	0			0	0 HY	0	0	
10	STONE SKIRT ON TRAILER	4/10/06	0			0	0 HY	0	0	
11	FENCE	10/04/06	0			0	0 HY	0	0	
12	FLAG POLE	10/19/06	0			0	0 HY	0	0	
13	FENCING	6/30/08	0			0	0 HY	0	0	
14	3 ZONE IRRIGATION SYSTEM	3/31/09	0			0	0 HY	0	0	
15	LANDSCAPING	3/31/09	0			0	0 HY	0	0	
16	FENCING	8/20/09	0			0	0 HY	0	0	
17	RAISE BLOCK WALL (CUP)	11/06/09	0			0	0 HY	0	0	
18	PHONE SYSTEM	10/27/04	0			0	0 HY	0	0	
19	AZSTAR PHONE SYSTEM	10/27/04	0			0	0 HY	0	0	
20	CCTV SYSTEM	10/27/04	0			0	0 HY	0	0	
21	FIRE ALARM SYSTEM	10/27/04	0			0	0 HY	0	0	
22	LOUIE SERNA A/C COMPANY	10/27/04	0			0	0 HY	0	0	
23	MOSHER COM INST INFRAST	10/27/04	0			0	0 HY	0	0	
24	SIGNS & GRAPHICS	10/27/04	0			0	0 HY	0	0	
25	EXTERIOR SIGNS	10/27/04	0			0	0 HY	0	0	
26	DELL COMPUTER X3	10/01/04	0			0	0 HY	0	0	
27	2CF DELL COMPUTER X2	10/04/04	0			0	0 HY	0	0	
28	COMPUTER	5/07/05	0			0	0 HY	0	0	
29	LAPTOP	11/27/07	0			0	0 HY	0	0	
30	MATCHMAKER SOFTWARE	6/01/08	0			0	0 HY	0	0	
31	DELL COMPUTER 5720	7/27/08	0			0	0 HY	0	0	
32	COMPUTER SW SOFTCHOICE	8/16/08	0			0	0 HY	0	0	
33	MATCHMAKER LICENSE UPGRADE	11/23/09	0			0	0 HY	0	0	
34	DSL CISCO ROUTER	10/27/04	0			0	0 HY	0	0	
35	2 DELL DIMENSION 2400'S	10/27/04	0			0	0 HY	0	0	
36	SERVER	10/24/04	0			0	0 HY	0	0	
37	7 DELL OPTIPLEX GX280'S	10/27/04	0			0	0 HY	0	0	
38	COMPUTER/SERVER SETUP	10/27/04	0			0	0 HY	0	0	
39	VTECH SOFTWARE	10/27/04	0			0	0 HY	0	0	
40	SAFE	5/29/05	0			0	0 HY	0	0	
41	ART CONNIE TOWNSEND	10/27/04	0			0	0 HY	0	0	
42	SAMSUNG TV 43X32	10/27/04	0			0	0 HY	0	0	
43	HUGHES CAL. LD122 COPIER	10/27/04	0			0	0 HY	0	0	
44	OFFICE FURN WALSH BROS	10/27/04	0			0	0 HY	0	0	
45	OFFICE FURN WASH BROS	10/27/04	0			0	0 HY	0	0	
46	ATLAS 6X12 DISASTER TRLR	10/07/09	0			0	0 HY	0	0	
47	DISASTER GENERTR FOR TRLR	10/20/09	0			0	0 HY	0	0	
48	EXPLORER	1/01/03	0			0	0 HY	0	0	
49	MOBILE UNIT	1/01/03	0			0	0 HY	0	0	
	Sold/Scrapped: 5/14/12									
50	2003 CHEVROLET TRUCK	1/01/03	0			0	0 HY	0	0	
51	ANIMAL TRANSPORTER VEHICLE	12/31/04	0			0	0 HY	0	0	
52	PMVC GNERATOR AND A/C	8/09/08	0			0	0 HY	0	0	
53	02 CHRYSLER TOWN & CNTRY	1/01/09	0			0	0 HY	0	0	
54	T-KENNEL SYSTEM	5/01/06	0			0	0 HY	0	0	
55	IPRNX DIST-BLEND MACHINE	7/01/06	0			0	0 HY	0	0	
56	IV PUMP VET PRO	9/15/06	0			0	0 HY	0	0	
57	ENGLER ADS 100 VENTILATOR	9/26/06	0			0	0 HY	0	0	
58	CARDIO FAX & EQUIP	9/26/06	0			0	0 HY	0	0	
59	ULTRA SOUND MACHINE	11/01/07	0			0	0 HY	0	0	
60	PULSE OXIMETER	1/25/08	0			0	0 HY	0	0	
61	REGALIA OXYGN CONCENTRAT	1/25/09	0			0	0 HY	0	0	
62	BATH TUB	10/27/04	0			0	0 HY	0	0	
63	DENTAL POLISHER	10/27/04	0			0	0 HY	0	0	
64	DISH WASHING MACHINE	10/27/04	0			0	0 HY	0	0	
65	HEART MONITOR BICKFORD	10/27/04	0			0	0 HY	0	0	
66	HYDR. V SHAPED SURG TBL	10/27/04	0			0	0 HY	0	0	
67	MICROSCOPE OLYMPUS CH-2	10/27/04	0			0	0 HY	0	0	

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AMT Asset Report

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Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
68	SS CORNER TBL W/ SINK	10/27/04	0			0	0 HY	0	0
69	SS PREP TABLE	10/27/04	0			0	0 HY	0	0
70	SS SINK 2 COMPART	10/27/04	0			0	0 HY	0	0
71	SS SINK 2 COMPART	10/27/04	0			0	0 HY	0	0
72	SS SINK 3 COMPART	10/27/04	0			0	0 HY	0	0
73	SS TABLE 3 SHELF	10/27/04	0			0	0 HY	0	0
74	SS TABLE 6' LONG	10/27/04	0			0	0 HY	0	0
75	SS TABLE W/ 3 DRAWERS	10/27/04	0			0	0 HY	0	0
76	TALL TUB W/ BACKSPLASH	10/27/04	0			0	0 HY	0	0
77	ULTRASOUND MACHINE	10/27/04	0			0	0 HY	0	0
78	POWER SPRAYER SYSTEM	10/27/04	0			0	0 HY	0	0
79	FILM BIN	10/27/04	0			0	0 HY	0	0
80	TINGLE VET SYSTEM	10/27/04	0			0	0 HY	0	0
81	UNIMAC WASHER	10/27/04	0			0	0 HY	0	0
82	UNIMAC DRYER	10/27/04	0			0	0 HY	0	0
83	LOCKERS	10/27/04	0			0	0 HY	0	0
84	2 ANESTHESIA MACHINES	10/27/04	0			0	0 HY	0	0
85	SCAVENGER SYSTEM	10/27/04	0			0	0 HY	0	0
86	ADOPTIONS KENNEL SYSTEM	10/27/04	0			0	0 HY	0	0
87	CLINIC CAGES BOWLS BRCKTS	10/27/04	0			0	0 HY	0	0
88	MICRO HEMATOCRIT	10/27/04	0			0	0 HY	0	0
89	AUTOCLAVE 2540M	10/27/04	0			0	0 HY	0	0
90	ULTRASONIC CLEANER	10/27/04	0			0	0 HY	0	0
91	X-RAY MACHINE 103	10/27/04	0			0	0 HY	0	0
92	X-RAY AUTOPROCESSER	10/27/04	0			0	0 HY	0	0
93	TRMT EXAM KNEE SPACE TBL	10/27/04	0			0	0 HY	0	0
94	TRMT COMB. TUB/TABLE	10/27/04	0			0	0 HY	0	0
95	TRMT WALL MNT SURG LGT	10/27/04	0			0	0 HY	0	0
96	HEATED VTOP SURG TABLE	10/27/04	0			0	0 HY	0	0
97	DUAL HEAD CEIL MT SURG LT	10/27/04	0			0	0 HY	0	0
98	2 WALK ON SCALE	10/27/04	0			0	0 HY	0	0
99	WALK ON SCALE POST MOUNT	10/27/04	0			0	0 HY	0	0
100	PREOP SINGLE SURG LIGHT	10/27/04	0			0	0 HY	0	0
101	PREOP MOBILE ANIMAL TBL	10/27/04	0			0	0 HY	0	0
102	KNEESPACE TUB TABLE	10/27/04	0			0	0 HY	0	0
103	3 UNIT CAGE DRYER	10/27/04	0			0	0 HY	0	0
104	2-2' HOSE BLOWER	10/27/04	0			0	0 HY	0	0
105	TUB WITH BACKSPLASH	10/27/04	0			0	0 HY	0	0
106	CAT KENNEL SYSTEM	10/27/04	0			0	0 HY	0	0
107	ADOPTIONS DOG CAGES	10/27/04	0			0	0 HY	0	0
	Sold/Scrapped: 9/30/12								
109	Intel Server-SR1630	2/08/10	2,680			2,680	5 MO S/L	1,027	536
110	Table V-Top	5/12/10	2,897			2,897	7 MO S/L	690	414
111	Warm Touch Warmer	2/15/10	0			0	0 HY	0	0
112	High Freq Radiosurgery Machine	3/23/10	0			0	0 HY	0	0
113	Op-Med equip-Webster Vet	7/21/11	0			0	0 HY	0	0
114	Digital Ultrasound	9/06/11	0			0	0 HY	0	0
115	Cardell Monitor	9/08/11	0			0	0 HY	0	0
116	External Fixater Set	12/12/11	0			0	0 HY	0	0
	Total Other Depreciation		<u>8,352</u>			<u>8,352</u>		<u>4,492</u>	<u>950</u>
	Total ACRS and Other Depreciation		<u>8,352</u>			<u>8,352</u>		<u>4,492</u>	<u>950</u>
	Grand Totals		8,352			8,352		4,492	950
	Less: Dispositions and Transfers		<u>0</u>			<u>0</u>		<u>0</u>	<u>0</u>
	Net Grand Totals		<u>8,352</u>			<u>8,352</u>		<u>4,492</u>	<u>950</u>

Depreciation Adjustment Report

All Business Activities

<u>Form</u>	<u>Unit</u>	<u>Asset</u>	<u>Description</u>	<u>Tax</u>	<u>AMT</u>	<u>AMT Adjustments/ Preferences</u>
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There are no assets that meet the criteria of this report

Asset	Description	Date In Service	Cost	Tax	AMT
Other Depreciation:					
1	FRP FOR KENNEL BUILDERS	2/08/06	2,775	32	0
2	COMPUTER WIRING	1/28/05	6,138	0	0
3	SIGNS	3/09/05	13,695	0	0
4	SIGN	5/01/05	4,293	0	0
5	FENCE	5/19/05	5,765	385	0
6	VINYL FLOORING	5/27/05	1,685	0	0
7	FENCING	7/28/05	6,865	457	0
8	PLUMBING	12/31/05	4,703	0	0
9	LIGHTING ON FENCE	1/10/06	1,187	0	0
10	STONE SKIRT ON TRAILER	4/10/06	5,836	208	0
11	FENCE	10/04/06	18,190	1,212	0
12	FLAG POLE	10/19/06	4,095	585	0
13	FENCING	6/30/08	8,296	553	0
14	3 ZONE IRRIGATION SYSTEM	3/31/09	4,760	317	0
15	LANDSCAPING	3/31/09	22,675	1,512	0
16	FENCING	8/20/09	6,625	442	0
17	RAISE BLOCK WALL (CUP)	11/06/09	4,300	287	0
18	PHONE SYSTEM	10/27/04	25,385	0	0
19	AZSTAR PHONE SYSTEM	10/27/04	28,150	0	0
20	CCTV SYSTEM	10/27/04	7,753	0	0
21	FIRE ALARM SYSTEM	10/27/04	10,846	0	0
22	LOUIE SERNA A/C COMPANY	10/27/04	1,500	0	0
23	MOSHER COM INST INFRAST	10/27/04	5,662	0	0
24	SIGNS & GRAPHICS	10/27/04	10,785	0	0
25	EXTERIOR SIGNS	10/27/04	9,967	0	0
26	DELL COMPUTER X3	10/01/04	3,179	0	0
27	2CF DELL COMPUTER X2	10/04/04	2,417	0	0
28	COMPUTER	5/07/05	3,815	0	0
29	LAPTOP	11/27/07	1,002	0	0
30	MATCHMAKER SOFTWARE	6/01/08	4,139	0	0
31	DELL COMPUTER 5720	7/27/08	1,054	106	0
32	COMPUTER SW SOFTCHOICE	8/16/08	1,356	0	0
33	MATCHMAKER LICENSE UPGRADE	11/23/09	2,442	0	0
34	DSL CISCO ROUTER	10/27/04	1,050	0	0
35	2 DELL DIMENSION 2400'S	10/27/04	2,490	0	0
36	SERVER	10/24/04	5,950	0	0
37	7 DELL OPTIPLEX GX280'S	10/27/04	10,840	0	0
38	COMPUTER/SERVER SETUP	10/27/04	11,058	0	0
39	VTECH SOFTWARE	10/27/04	4,310	0	0
40	SAFE	5/29/05	827	0	0
41	ART CONNIE TOWNSEND	10/27/04	1,500	0	0
42	SAMSUNG TV 43X32	10/27/04	3,000	600	0
43	HUGHES CAL. LD122 COPIER	10/27/04	4,524	0	0
44	OFFICE FURN WALSH BROS	10/27/04	21,929	1,621	0
45	OFFICE FURN WASH BROS	10/27/04	3,073	0	0
46	ATLAS 6X12 DISASTER TRLR	10/07/09	2,000	200	0
47	DISASTER GENERTR FOR TRLR	10/20/09	975	97	0
48	EXPLORER	1/01/03	15,572	0	0
50	2003 CHEVROLET TRUCK	1/01/03	27,089	0	0
51	ANIMAL TRANSPORTER VEHICLE	12/31/04	55,991	0	0
52	PMVC GNERATOR AND A/C	8/09/08	7,376	737	0
53	02 CHRYSLER TOWN & CNTRY	1/01/09	8,810	1,762	0
54	T-KENNEL SYSTEM	5/01/06	21,337	3,012	0
55	IPRNX DIST.-BLEND MACHINE	7/01/06	11,300	807	0
56	IV PUMP VET PRO	9/15/06	1,506	0	0
57	ENGLER ADS 100 VENTILATOR	9/26/06	3,404	0	0
58	CARDIO FAX & EQUIP	9/26/06	4,107	0	0
59	ULTRA SOUND MACHINE	11/01/07	26,000	3,714	0
60	PULSE OXIMETER	1/25/08	1,251	0	0
61	REGALIA OXYGN CONCENTRAT	1/25/09	1,724	345	0
62	BATH TUB	10/27/04	1,200	240	0
63	DENTAL POLISHER	10/27/04	1,125	0	0
64	DISH WASHING MACHINE	10/27/04	2,800	560	0
65	HEART MONITOR BICKFORD	10/27/04	1,800	360	0
66	HYDR. V SHAPED SURG TBL	10/27/04	2,649	530	0
67	MICROSCOPE OLYMPUS CH-2	10/27/04	3,000	600	0
68	SS CORNER TBL W/ SINK	10/27/04	1,200	240	0

26-2395228

Future Depreciation Report**FYE: 12/31/13**

FYE: 12/31/2012

Form 990, Page 1

Asset	Description	Date In Service	Cost	Tax	AMT
69	SS PREP TABLE	10/27/04	1,200	240	0
70	SS SINK 2 COMPART	10/27/04	1,200	240	0
71	SS SINK 2 COMPART	10/27/04	1,200	240	0
72	SS SINK 3 COMPART	10/27/04	1,200	240	0
73	SS TABLE 3 SHELF	10/27/04	1,200	240	0
74	SS TABLE 6' LONG	10/27/04	1,200	0	0
75	SS TABLE W/ 3 DRAWERS	10/27/04	1,200	240	0
76	TALL TUB W/ BACKSPLASH	10/27/04	1,430	286	0
77	ULTRASOUND MACHINE	10/27/04	3,500	700	0
78	POWER SPRAYER SYSTEM	10/27/04	19,759	0	0
79	FILM BIN	10/27/04	1,206	0	0
80	TINGLE VET SYSTEM	10/27/04	1,500	0	0
81	UNIMAC WASHER	10/27/04	5,146	0	0
82	UNIMAC DRYER	10/27/04	2,992	0	0
83	LOCKERS	10/27/04	2,357	0	0
84	2 ANESTHESIA MACHINES	10/27/04	4,732	0	0
85	SCAVENGER SYSTEM	10/27/04	2,746	0	0
86	ADOPTIONS KENNEL SYSTEM	10/27/04	72,727	7,273	0
87	CLINIC CAGES BOWLS BRCKTS	10/27/04	48,512	4,851	0
88	MICRO HEMATOCRIT	10/27/04	899	0	0
89	AUTOCLAVE 2540M	10/27/04	3,306	0	0
90	ULTRASONIC CLEANER	10/27/04	930	0	0
91	X-RAY MACHINE 103	10/27/04	14,500	0	0
92	X-RAY AUTOPROCESSER	10/27/04	6,500	0	0
93	TRMT EXAM KNEE SPACE TBL	10/27/04	1,098	0	0
94	TRMT COMB. TUB/TABLE	10/27/04	1,707	0	0
95	TRMT WALL MNT SURG LGT	10/27/04	1,493	0	0
96	HEATED VTOP SURG TABLE	10/27/04	2,649	0	0
97	DUAL HEAD CEIL MT SURG LT	10/27/04	2,966	0	0
98	2 WALK ON SCALE	10/27/04	1,760	0	0
99	WALK ON SCALE POST MOUNT	10/27/04	979	0	0
100	PREOP SINGLE SURG LIGHT	10/27/04	1,597	0	0
101	PREOP MOBILE ANIMAL TBL	10/27/04	1,685	0	0
102	KNEESPACE TUB TABLE	10/27/04	1,725	0	0
103	3 UNIT CAGE DRYER	10/27/04	1,825	0	0
104	2-2' HOSE BLOWER	10/27/04	890	0	0
105	TUB WITH BACKSPLASH	10/27/04	2,045	0	0
106	CAT KENNEL SYSTEM	10/27/04	37,814	3,781	0
109	Intel Server-SR1630	2/08/10	2,680	536	536
110	Table V-Top	5/12/10	2,897	414	414
111	Warm Touch Warmer	2/15/10	935	187	0
112	High Freq Radiosurgery Machine	3/23/10	4,657	665	0
113	Op-Med equip-Webster Vet	7/21/11	3,415	683	0
114	Digital Ultrasound	9/06/11	5,680	1,136	0
115	Cardell Monitor	9/08/11	5,627	1,125	0
116	External Fixater Set	12/12/11	2,054	411	0
	Total Other Depreciation		<u>803,422</u>	<u>45,009</u>	<u>950</u>
	Total ACRS and Other Depreciation		<u>803,422</u>	<u>45,009</u>	<u>950</u>
	Grand Totals		<u>803,422</u>	<u>45,009</u>	<u>950</u>

Asset	Description	Date In Service	Cost	AZ
Other Depreciation:				
1	FRP FOR KENNEL BUILDERS	2/08/06	2,775	33
2	COMPUTER WIRING	1/28/05	6,138	0
3	SIGNS	3/09/05	13,695	0
4	SIGN	5/01/05	4,293	0
5	FENCE	5/19/05	5,765	384
6	VINYL FLOORING	5/27/05	1,685	0
7	FENCING	7/28/05	6,865	458
8	PLUMBING	12/31/05	4,703	0
9	LIGHTING ON FENCE	1/10/06	1,187	0
10	STONE SKIRT ON TRAILER	4/10/06	5,836	208
11	FENCE	10/04/06	18,190	1,213
12	FLAG POLE	10/19/06	4,095	487
13	FENCING	6/30/08	8,296	553
14	3 ZONE IRRIGATION SYSTEM	3/31/09	4,760	317
15	LANDSCAPING	3/31/09	22,675	1,512
16	FENCING	8/20/09	6,625	442
17	RAISE BLOCK WALL (CUP)	11/06/09	4,300	287
18	PHONE SYSTEM	10/27/04	25,385	0
19	AZSTAR PHONE SYSTEM	10/27/04	28,150	0
20	CCTV SYSTEM	10/27/04	7,753	517
21	FIRE ALARM SYSTEM	10/27/04	10,846	723
22	LOUIE SERNA A/C COMPANY	10/27/04	1,500	100
23	MOSHER COM INST INFRAST	10/27/04	5,662	377
24	SIGNS & GRAPHICS	10/27/04	10,785	719
25	EXTERIOR SIGNS	10/27/04	9,967	664
26	DELL COMPUTER X3	10/01/04	3,179	0
27	2CF DELL COMPUTER X2	10/04/04	2,417	0
28	COMPUTER	5/07/05	3,815	0
29	LAPTOP	11/27/07	1,002	0
30	MATCHMAKER SOFTWARE	6/01/08	4,139	0
31	DELL COMPUTER 5720	7/27/08	1,054	123
32	COMPUTER SW SOFTCHOICE	8/16/08	1,356	0
33	MATCHMAKER LICENSE UPGRADE	11/23/09	2,442	0
34	DSL CISCO ROUTER	10/27/04	1,050	0
35	2 DELL DIMENSION 2400'S	10/27/04	2,490	0
36	SERVER	10/24/04	5,950	0
37	7 DELL OPTIPLEX GX280'S	10/27/04	10,840	0
38	COMPUTER/SERVER SETUP	10/27/04	11,058	0
39	VTECH SOFTWARE	10/27/04	4,310	0
40	SAFE	5/29/05	827	0
41	ART CONNIE TOWNSEND	10/27/04	1,500	0
42	SAMSUNG TV 43X32	10/27/04	3,000	600
43	HUGHES CAL. LD122 COPIER	10/27/04	4,524	0
44	OFFICE FURN WALSH BROS	10/27/04	21,929	1,621
45	OFFICE FURN WASH BROS	10/27/04	3,073	0
46	ATLAS 6X12 DISASTER TRLR	10/07/09	2,000	200
47	DISASTER GENERTR FOR TRLR	10/20/09	975	97
48	EXPLORER	1/01/03	15,572	0
50	2003 CHEVROLET TRUCK	1/01/03	27,089	0
51	ANIMAL TRANSPORTER VEHICLE	12/31/04	55,991	0
52	PMVC GNERATOR AND A/C	8/09/08	7,376	737
53	02 CHRYSLER TOWN & CNTRY	1/01/09	8,810	1,762
54	T-KENNEL SYSTEM	5/01/06	21,337	1,016
55	IPRNX DIST.-BLEND MACHINE	7/01/06	11,300	807
56	IV PUMP VET PRO	9/15/06	1,506	0
57	ENGLER ADS 100 VENTILATOR	9/26/06	3,404	0
58	CARDIO FAX & EQUIP	9/26/06	4,107	0
59	ULTRA SOUND MACHINE	11/01/07	26,000	3,714
60	PULSE OXIMETER	1/25/08	1,251	21
61	REGALIA OXYGN CONCENTRAT	1/25/09	1,724	345
62	BATH TUB	10/27/04	1,200	240
63	DENTAL POLISHER	10/27/04	1,125	0
64	DISH WASHING MACHINE	10/27/04	2,800	560
65	HEART MONITOR BICKFORD	10/27/04	1,800	360
66	HYDR. V SHAPED SURG TBL	10/27/04	2,649	530
67	MICROSCOPE OLYMPUS CH-2	10/27/04	3,000	600
68	SS CORNER TBL W/ SINK	10/27/04	1,200	240

Asset	Description	Date In Service	Cost	AZ
69	SS PREP TABLE	10/27/04	1,200	240
70	SS SINK 2 COMPART	10/27/04	1,200	240
71	SS SINK 2 COMPART	10/27/04	1,200	240
72	SS SINK 3 COMPART	10/27/04	1,200	240
73	SS TABLE 3 SHELF	10/27/04	1,200	240
74	SS TABLE 6' LONG	10/27/04	1,200	0
75	SS TABLE W/ 3 DRAWERS	10/27/04	1,200	240
76	TALL TUB W/ BACKSPLASH	10/27/04	1,430	286
77	ULTRASOUND MACHINE	10/27/04	3,500	700
78	POWER SPRAYER SYSTEM	10/27/04	19,759	0
79	FILM BIN	10/27/04	1,206	0
80	TINGLE VET SYSTEM	10/27/04	1,500	0
81	UNIMAC WASHER	10/27/04	5,146	0
82	UNIMAC DRYER	10/27/04	2,992	0
83	LOCKERS	10/27/04	2,357	0
84	2 ANESTHESIA MACHINES	10/27/04	4,732	0
85	SCAVENGER SYSTEM	10/27/04	2,746	0
86	ADOPTIONS KENNEL SYSTEM	10/27/04	72,727	7,272
87	CLINIC CAGES BOWLS BRCKTS	10/27/04	48,512	4,851
88	MICRO HEMATOCRIT	10/27/04	899	0
89	AUTOCLAVE 2540M	10/27/04	3,306	0
90	ULTRASONIC CLEANER	10/27/04	930	0
91	X-RAY MACHINE 103	10/27/04	14,500	0
92	X-RAY AUTOPROCESSER	10/27/04	6,500	0
93	TRMT EXAM KNEE SPACE TBL	10/27/04	1,098	0
94	TRMT COMB. TUB/TABLE	10/27/04	1,707	0
95	TRMT WALL MNT SURG LGT	10/27/04	1,493	0
96	HEATED VTOP SURG TABLE	10/27/04	2,649	0
97	DUAL HEAD CEIL MT SURG LT	10/27/04	2,966	0
98	2 WALK ON SCALE	10/27/04	1,760	0
99	WALK ON SCALE POST MOUNT	10/27/04	979	0
100	PREOP SINGLE SURG LIGHT	10/27/04	1,597	0
101	PREOP MOBILE ANIMAL TBL	10/27/04	1,685	0
102	KNEESPACE TUB TABLE	10/27/04	1,725	0
103	3 UNIT CAGE DRYER	10/27/04	1,825	0
104	2-2' HOSE BLOWER	10/27/04	890	0
105	TUB WITH BACKSPLASH	10/27/04	2,045	0
106	CAT KENNEL SYSTEM	10/27/04	37,814	3,782
109	Intel Server-SR1630	2/08/10	2,680	536
110	Table V-Top	5/12/10	2,897	414
111	Warm Touch Warmer	2/15/10	935	187
112	High Freq Radiosurgery Machine	3/23/10	4,657	665
113	Op-Med equip-Webster Vet	7/21/11	3,415	683
114	Digital Ultrasound	9/06/11	5,680	1,136
115	Cardell Monitor	9/08/11	5,627	1,125
116	External Fixater Set	12/12/11	2,054	411
	Total Other Depreciation		<u>803,422</u>	<u>46,055</u>
	Total ACRS and Other Depreciation		<u>803,422</u>	<u>46,055</u>
	Grand Totals		<u>803,422</u>	<u>46,055</u>

Federal Statements**Taxable Interest on Investments**

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business Code</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>US Obs (\$ or %)</u>
ACF ENDOWMENT FUND	\$ 516		14			
TOTAL	<u>\$ 516</u>					

26-2395228

Federal Statements

FYE: 12/31/2012

Form 990, Part IX, Line 24e - All Other Expenses

Description	Total Expenses	Program Service	Management & General	Fund Raising
COMPUTER MAINTENANCE CONT	\$ 9,694	\$ 6,107	\$ 2,036	\$ 1,551
ROYALTY PRODUCTION TAXES	8,955		8,955	
REPAIRS & MAINTENANCE	6,494	5,286	750	458
BANK & CREDIT CARD FEES	4,744	4,032	475	237
VEHICLE EXPENSE	4,639	3,362	395	882
CONTRACT LABOR	3,528	2,642	477	409
SPECIAL EVENTS	3,402			3,402
MISCELLANEOUS	2,596		2,596	
EQUIPMENT LEASE	2,479	2,107	248	124
LICENSES & FEES	2,463	2,094	246	123
DUES, SUBSCRIPTIONS & BOO	2,060	1,751	206	103
FUN-FUND EXPENSE	1,512		1,512	
LATE FEES & FINANCE CHARG	1,323		1,323	
TRAINING, DEVELOPMENT & A	808	250	181	377
SMALL TOOLS & EQUIPMENT	806	773	22	11
PAYROLL SERVICE FEES	790	591	107	92
SECURITY	405	344	41	20
MEALS & ENTERTAINMENT	293	249	29	15
BAD DEBT EXPENSE	-87	-74	-9	-4
TOTAL	\$ 56,904	\$ 29,514	\$ 19,590	\$ 7,800

26-2395228

Federal Statements

FYE: 12/31/2012

Schedule A, Part III, Line 1(e)

<u>Description</u>	<u>Amount</u>
	\$ 217,281
WILSON FOUNDATION	
CASH CONTRIBUTION	50,000
NESTLE PURINA PET CARE	
DOG FOOD	15,330
LAWRENCE ARNONE	
CASH CONTRIBUTION	5,200
W. HOCHSTRASSER	
CASH CONTRIBUTION	11,238
PEGASUS FOUNDATION	
CASH CONTRIBUTION	15,000
DR ROBERT O. CLARK	
CASH CONTRIBUTION	30,910
MS. NORMA CLASSEN	
CASH CONTRIBUTION	6,665
MS. DENISE KOHLSTEDT	
CASH CONTRIBUTION	5,000
TOTAL	<u>\$ 356,624</u>

Schedule A, Part III, Line 2(e)

<u>Description</u>	<u>Amount</u>
VETERINARY SERVICES	\$ 87,556
HUMANE EDUCATION	19,439
PET RESCUE AND ADOPTION	44,188
RETAIL SALES	2,027
TOTAL	<u>\$ 153,210</u>

26-2395228

Federal Statements

FYE: 12/31/2012

Schedule A, Part III, Line 3(e)

Description	Amount
OTHER INCOME	\$ 33,178
TOTAL	\$ <u>33,178</u>

Schedule A, Part III, Line 10a(e)

Description	Amount
ACF ENDOWMENT FUND	\$ 516
EXXONMOBIL	167,951
EXXONMOBIL	2,543
HEADINGTON OIL COMPANY	122,820
DENBURY	14,022
EOG RESOURCES	11,263
SOUTHERN BAY	18
TOTAL	\$ <u>319,133</u>

807550 SECOND CHANCE CENTER FOR ANIMALS
26-2395228
ph:928-714-2204
Platform Version: 12.4.1
Federal Version: 12.4.1
Arizona Version: 12.4.0

2012

Prepared by: ANGIE LEDBETTER
05/15/2013 08:41 AM
Angie

Arizona Diagnostics

Critical Messages

None

Form 99 Return Summary

For calendar year 2012, or tax year beginning _____, and ending _____

26-2395228**SECOND CHANCE CENTER FOR ANIMALS****Sources of Income**

Gross sales or receipts	<u>153,210</u>	
Less: Cost of goods sold	<u> </u>	
Gross profit from business activities		<u>153,210</u>
Interest		<u>516</u>
Dividends		<u> </u>
Rents and royalties		<u>318,617</u>
Gain or (loss) from sales of assets		<u>30,952</u>
Dues, assessments, etc., from members		<u> </u>
Dues, assessments, etc., from affiliated organizations		<u> </u>
Contributions, gifts, grants, etc. received		<u>356,624</u>
Other income		<u>33,178</u>
Total income		<u>893,097</u>

Expenses

Administrative expenses	<u>1,047,086</u>	
Disbursements from current income	<u>76,283</u>	
Disbursements from principal	<u> </u>	
Other disbursements	<u> </u>	
Total expenses		<u>1,123,369</u>
Accumulation of income in current year		<u>-230,272</u>
Accumulation of income at beginning of year		<u>219,694</u>
Accumulation of income at end of year		<u><u>-10,578</u></u>
Penalty for late filing or incomplete filing		<u><u> </u></u>

Balance Sheet

	Beginning	Ending	Differences
Assets	<u>373,533</u>	<u>334,030</u>	
Liabilities	<u>153,839</u>	<u>116,716</u>	
Net assets	<u><u>373,533</u></u>	<u><u>318,776</u></u>	<u><u>-54,757</u></u>

Miscellaneous Information

Amended return _____
 Return / extended due date _____

99

For the calendar year 2012 or fiscal year beginning _____ and ending _____.

CHECK ONE: Original <input checked="" type="checkbox"/> Amended <input type="checkbox"/> Business telephone number (with area code) 928-526-5964	Please Type or Print	Name SECOND CHANCE CENTER FOR ANIMALS Number and street or PO Box 11665 N HIGHWAY 89 City or town, state and ZIP code FLAGSTAFF AZ 86004	Employer identification number (EIN) 26-2395228 AZ transaction privilege tax number N/A
--	---	--	--

68 Check box if: This is a first return Name change Address change

A Date Arizona operations began: 01/01/2008

B Nature of Arizona activities: SEE STATEMENT 1

C Federal form filed: 990 990-EZ Other (specify) _____

Attach a copy of the organization's federal return.

Nonprofit Medical Marijuana Dispensary (NMMD) only:

D NMMD Registry Identification Number: _____

E What type of entity is the dispensary?

- Corporation Limited Liability Company (LLC) Partnership S corporation
 Sole Proprietorship

F If the dispensary is an LLC, what is the federal tax classification?

- Corporation Disregarded Entity Partnership S corporation

If the dispensary is an LLC, a partnership or an S corporation, **attach a schedule** that lists ownership information including name, address, TIN, and ownership percentage at the end of the tax year.

G Federal form filed: 1040 1041 1065 1120 1120-S Other (specify) _____

H Check this box if you attached a copy of the dispensary's federal return to its Arizona Form 120S or Form 165 when it was filed; do not attach a copy of the same return to this form. **Otherwise, attach a copy of the dispensary's federal return.**

CHECK BOX IF: Return filed under extension.	
<input checked="" type="checkbox"/> 82	<input type="checkbox"/> 82 F
<input type="checkbox"/> 82 C	<input type="checkbox"/> 82 F
REVENUE USE ONLY. DO NOT MARK IN THIS AREA.	
<input type="checkbox"/> 81	<input type="checkbox"/> 66

Sources of Income

1	Gross sales from business activities	153,210	00
2	Less: Cost of goods sold or of operations – attach itemized statement		00
3	Gross profit from business activities – subtract line 2 from line 1	153,210	00
4	Interest	516	00
5	Dividends		00
6	Rents and royalties	318,617	00
7	Gain or (loss) from sales of assets, excluding inventory items	30,952	00
8	Dues, assessments, etc., from members		00
9	Dues, assessments, etc., from affiliates		00
10	Contributions, gifts, grants, etc., received	356,624	00
11	Other income – attach itemized statement SEE STATEMENT 2	33,178	00
12	Total income – add lines 3 through 11		893,097 00

Administrative Expenses

13	Compensation of officers, directors, trustees, etc.	72,698	00
14	Salaries and wages – other than amounts included on line 2	419,591	00
15	Interest		00
16	Taxes	39,442	00
17	Rent expense	256,383	00
18	Depreciation – attach schedule SEE STATEMENT 3	54,761	00
19	Miscellaneous expenses – attach itemized statement SEE STMT 4	204,211	00
20	Total expenses – add lines 13 through 19		1,047,086 00

Disbursements

21	Disbursements from current income for exempt purposes – from page 2, line A6	76,283	00
22	Disbursements from principal for exempt purposes – from page 2, line B6		00
23	Other disbursements not itemized on Schedule A or Schedule B – attach schedule		00

Accumulation of Income

24	Accumulation of income in current year – line 12 less the sum of lines 20, 21, 22, and 23	-230,272	00
25	Accumulation of income at beginning of year	219,694	00
26	Accumulation of income at end of year – add lines 24 and 25	-10,578	00

Penalty

27	Penalty for late filing or incomplete filing. See instructions		00
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THE BUSINESS IS SUBJECT TO A PENALTY IF THIS RETURN IS FILED LATE OR IS INCOMPLETE. ARS § 42-1125(K).

SCHEDULE A – Disbursements From Current Income for Exempt Purposes

A1 Dues, assessments, etc., to affiliates	A1		00
A2 Contributions, gifts, grants, etc., paid	A2		00
A3 Benefit payments to or for members or their dependents:			
A3a Death, sickness, hospitalization, disability, or pension benefits	A3a		00
A3b Other benefits	A3b	76,283	00
A4 Dividends and other distributions to members, shareholders, or depositors	A4		00
A5 Other	A5		00
A6 Total - add lines A1 through A5. Enter total here and on page 1, line 21	A6	76,283	00

SCHEDULE B – Disbursements From Principal for Exempt Purposes

B1 Dues, assessments, etc., to affiliates	B1		00
B2 Contributions, gifts, grants, etc., paid	B2		00
B3 Benefit payments to or for members or their dependents:			
B3a Death, sickness, hospitalization, disability, or pension benefits	B3a		00
B3b Other benefits	B3b		00
B4 Dividends and other distributions to members, shareholders, or depositors	B4		00
B5 Other	B5		00
B6 Total - add lines B1 through B5. Enter total here and on page 1, line 22	B6		00

SCHEDULE C – Balance Sheet

NOTE: Amounts used in attached schedules and in this column should be end of year amounts.

		(a) Beginning of Year		(b) End of Year
Assets				
C1 Cash		73,970	00	C1 90,491 00
C2a Accounts receivable	C2a	3,997	00	
C2b Less: allowance for doubtful accounts	C2b		00	
C2c Line C2a less line C2b. Enter difference in column (b)		4,062	00	C2c 3,997 00
C3a Other notes and loans receivable – attach schedule	C3a		00	
C3b Less: allowance for doubtful accounts	C3b		00	
C3c Line C3a less line C3b. Enter difference in column (b)			00	C3c 00 00
C4 Inventories			00	C4 00 00
C5 Investments (securities) – attach schedule			00	C5 00 00
C6 Investments (other) – attach schedule <u>SEE STATEMENT 5</u>		37,415	00	C6 41,819 00
C7a Land, buildings, and equipment; basis	C7a	803,422	00	
C7b Less: accumulated depreciation – attach schedule	C7b	607,729	00	
C7c Line C7a less line C7b. Enter difference in column (b) <u>SEE STMT 6</u>		250,451	00	C7c 195,693 00
C8 Other assets – describe <u>SEE STATEMENT 7</u>		7,635	00	C8 2,030 00
C9 Total assets – add lines C1 through C8		373,533	00	C9 334,030 00
Liabilities				
C10 Accounts payable and accrued expenses		150,373	00	C10 112,530 00
C11 Mortgages and other notes payable – attach schedule			00	C11 00 00
C12 Other liabilities – describe <u>SEE STATEMENT 8</u>		3,466	00	C12 4,186 00
C13 Total liabilities – add lines C10 through C12		153,839	00	C13 116,716 00
Net Assets				
C14 Capital stock or trust principal			00	C14 00 00
C15 Paid-in or capital surplus			00	C15 00 00
C16 Retained earnings or accumulated income		219,694	00	C16 202,060 00
C17 Total net assets – add lines C14 through C16		219,694	00	C17 202,060 00
C18 Total liabilities and net assets – add lines C13 and C17		373,533	00	C18 318,776 00

@ PLEASE BE SURE TO SIGN THE RETURN ON PAGE 3.

Name (as shown on page 1)

SECOND CHANCE CENTER FOR ANIMALS

EIN

26-2395228

Certification Under penalties of perjury, I declare that I have examined this return, including the accompanying schedules and statements, and to the best of my knowledge and belief, it is a true, correct and complete return, made in good faith, for the taxable year stated pursuant to the income tax laws of the State of Arizona.

Please Sign Here	Officer's Signature WINNIE HANSETH	Date	Title SECRETARY / TREASURER
Paid Preparer's Use Only	Preparer's Signature GUEST SCHUTTE COSPER & LEDBETTER CPA LLP	Date	Preparer's PTIN P00967717
	Firm's Name (or Preparer's Name, if self-employed) 603 N BEAVER ST. FLAGSTAFF, AZ	ZIP Code 86001	Firm's <input checked="" type="checkbox"/> EIN or <input type="checkbox"/> SSN 86-0556567 928-774-7371
	Firm's Address	ZIP Code	Firm's Telephone Number

Mail to: Arizona Department of Revenue, PO Box 52153, Phoenix AZ 85072-2153

Arizona Statements**Statement 1 - Form 99 - Nature of Arizona Activities**Description

ANIMAL RESCUE, VETERINARY SERVICES, EDUCATION & COMMUNITY OUTREACH.

Statement 2 - Form 99 - Other Income

<u>Description</u>	<u>Amount</u>
OTHER INCOME	33,178
TOTAL	<u>33,178</u>

Statement 3 - Form 99 - Depreciation, Amortization and Depletion

<u>Description</u>	<u>Amount</u>
FRP FOR KENNEL BUILDERS	397
COMPUTER WIRING	
SIGNS	326
SIGN	205
FENCE	384
VINYL FLOORING	
FENCING	458
PLUMBING	615
LIGHTING ON FENCE	169
STONE SKIRT ON TRAILER	834
FENCE	1,213
FLAG POLE	585
FENCING	553
3 ZONE IRRIGATION SYSTEM	317
LANDSCAPING	1,512
FENCING	442
RAISE BLOCK WALL (CUP)	287
PHONE SYSTEM	
AZSTAR PHONE SYSTEM	
CCTV SYSTEM	
FIRE ALARM SYSTEM	
LOUIE SERNA A/C COMPANY	
MOSHER COM INST INFRAST	
SIGNS & GRAPHICS	
EXTERIOR SIGNS	
DELL COMPUTER X3	
2CF DELL COMPUTER X2	
COMPUTER	
LAPTOP	201
MATCHMAKER SOFTWARE	
DELL COMPUTER 5720	211
COMPUTER SW SOFTCHOICE	
MATCHMAKER LICENSE UPGRADE	407
DSL CISCO ROUTER	
2 DELL DIMENSION 2400'S	
SERVER	
7 DELL OPTIPLEX GX280'S	
COMPUTER/SERVER SETUP	
VTECH SOFTWARE	

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Arizona Statements

FYE: 12/31/2012

Statement 3 - Form 99 - Depreciation, Amortization and Depletion (continued)

<u>Description</u>	<u>Amount</u>
SAFE	40
ART CONNIE TOWNSEND	
SAMSUNG TV 43X32	600
HUGHES CAL. LD122 COPIER	
OFFICE FURN WALSH BROS	4,385
OFFICE FURN WASH BROS	
ATLAS 6X12 DISASTER TRLR	200
DISASTER GENERTR FOR TRLR	98
EXPLORER	
MOBILE UNIT	2,093
2003 CHEVROLET TRUCK	
ANIMAL TRANSPORTER VEHICLE	
PMVC GNERATOR AND A/C	1,475
02 CHRYSLER TOWN & CNTRY	1,762
T-KENNEL SYSTEM	3,049
IPRNK DIST.-BLEND MACHINE	1,614
IV PUMP VET PRO	
ENGLER ADS 100 VENTILATOR	
CARDIO FAX & EQUIP	
ULTRA SOUND MACHINE	3,714
PULSE OXIMETER	250
REGALIA OXYGN CONCENTRAT	344
BATH TUB	240
DENTAL POLISHER	
DISH WASHING MACHINE	560
HEART MONITOR BICKFORD	360
HYDR. V SHAPED SURG TBL	529
MICROSCOPE OLYMPUS CH-2	600
SS CORNER TBL W/ SINK	240
SS PREP TABLE	240
SS SINK 2 COMPART	240
SS SINK 2 COMPART	240
SS SINK 3 COMPART	240
SS TABLE 3 SHELF	240
SS TABLE 6' LONG	
SS TABLE W/ 3 DRAWERS	240
TALL TUB W/ BACKSPLASH	286
ULTRASOUND MACHINE	700
POWER SPRAYER SYSTEM	
FILM BIN	
TINGLE VET SYSTEM	
UNIMAC WASHER	
UNIMAC DRYER	
LOCKERS	
2 ANESTHESIA MACHINES	
SCAVENGER SYSTEM	
ADOPTIONS KENNEL SYSTEM	7,273
CLINIC CAGES BOWLS BRCKT'S	4,852
MICRO HEMATOCRIT	
AUTOCLAVE 2540M	
ULTRASONIC CLEANER	
X-RAY MACHINE 103	
X-RAY AUTOPROCESSER	
TRMT EXAM KNEE SPACE TBL	

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Arizona Statements

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Statement 3 - Form 99 - Depreciation, Amortization and Depletion (continued)

<u>Description</u>	<u>Amount</u>
TRMT COMB. TUB/TABLE	
TRMT WALL MNT SURG LGT	
HEATED VTOP SURG TABLE	
DUAL HEAD CEIL MT SURG LT	
2 WALK ON SCALE	
WALK ON SCALE POST MOUNT	
PREOP SINGLE SURG LIGHT	
PREOP MOBILE ANIMAL TBL	
KNEESPACE TUB TABLE	
3 UNIT CAGE DRYER	
2-2' HOSE BLOWER	
TUB WITH BACKSPLASH	
CAT KENNEL SYSTEM	3,782
ADOPTIONS DOG CAGES	
INTEL SERVER-SR1630	536
TABLE V-TOP	414
WARM TOUCH WARMER	187
HIGH FREQ RADIOSURGERY MACHINE	666
OP-MED EQUIP-WEBSTER VET	683
DIGITAL ULTRASOUND	1,136
CARDELL MONITOR	1,126
EXTERNAL FIXATER SET	411
TOTAL	<u>54,761</u>

Statement 4 - Form 99 - Miscellaneous Expenses

<u>Description</u>	<u>Amount</u>
TRAVEL	12,586
ADVERTISING	3,782
OFFICE EXPENSE	3,077
INSURANCE	5,816
POSTAGE & DELIVERY	21,035
PRINTING	8,376
ANIMAL FOOD	16,761
BAD DEBT EXPENSE	19,736
BANK & CREDIT CARD FEES	-87
COMPUTER MAINTENANCE CONT	4,744
DUES, SUBSCRIPTIONS & BOO	9,694
EQUIPMENT LEASE	2,060
FUN-FUND EXPENSE	2,479
LATE FEES & FINANCE CHARG	1,512
LICENSES & FEES	1,323
MEDICAL SUPPLIES & SERVIC	2,463
MEALS & ENTERTAINMENT	28,243
MISCELLANEOUS	293
OPERATING SUPPLIES	2,596
PAYROLL SERVICE FEES	11,687
REPAIRS & MAINTENANCE	790
ROYALTY PRODUCTION TAXES	6,494
SECURITY	8,955
SMALL TOOLS & EQUIPMENT	405
	806

Arizona Statements**Statement 4 - Form 99 - Miscellaneous Expenses (continued)**

<u>Description</u>	<u>Amount</u>
SPECIAL EVENTS	3,402
TELEPHONE & COMMUNICATION	16,208
TRAINING, DEVELOPMENT & A	808
VEHICLE EXPENSE	4,639
CONTRACT LABOR	3,528
TOTAL	<u>204,211</u>

Arizona Statements**Statement 5 - Form 99, Schedule A - Other Investments**

Description	Beginning of Year	End of Year
AZ COMMUNITY FOUNDATION	\$ 37,415	\$ 41,819
TOTAL	\$ 37,415	\$ 41,819

Statement 6 - Form 99, Schedule A - Land, Buildings, and Equipment

Description	Beginning of Year	End of Year
	\$ 874,624	\$ 803,422
	-624,173	-607,729
TOTAL	\$ 250,451	\$ 195,693

Statement 7 - Form 99, Schedule A - Other Assets

Description	Beginning of Year	End of Year
TAX REFUND RECEIVABLE	\$ 5,605	\$ 0
DEPOSITS	2,030	2,030
TOTAL	\$ 7,635	\$ 2,030

Statement 8 - Form 99, Schedule A - Other Liabilities

Description	Beginning of Year	End of Year
DEPOSITS-SURGERY	\$ 3,108	\$ 3,828
GIFT CERTIFICATE LIABILITY	358	358
TOTAL	\$ 3,466	\$ 4,186