

Form **990-EZ**

**Short Form**  
**Return of Organization Exempt From Income Tax**  
 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-1150

**2015**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

▶ Information about Form 990-EZ and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**A** For the 2015 calendar year, or tax year beginning **10/01/15**, and ending **09/30/16**

**B** Check if applicable:

<input type="checkbox"/> Address change	<b>C</b> Name of organization <b>SECOND CHANCE - LAST OPPORTUNITY</b>	<b>D</b> Employer identification number <b>65-0699257</b>
<input type="checkbox"/> Name change		
<input type="checkbox"/> Initial return		
<input type="checkbox"/> Final return/terminated		
<input type="checkbox"/> Amended return		
<input type="checkbox"/> Application pending	Number and street (or P.O. box, if mail is not delivered to street address) <b>PO BOX 1027</b>	Room/suite
	City or town, state or province, country, and ZIP or foreign postal code <b>SARASOTA FL 34230</b>	
		<b>E</b> Telephone number <b>941-360-8660</b>
		<b>F</b> Group Exemption Number

**G** Accounting Method:  Cash  Accrual Other (specify) ▶

**I** Website: ▶ **WWW.SECONDCHANCELASTOPPORTUNITY.ORG**

**J** Tax-exempt status (check only one) —  501(c)(3)  501(c) ( ) (insert no.)  4947(a)(1) or  527

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

**L** Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ

**Part I** Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) ▶ \$ **101,162**

Check if the organization used Schedule O to respond to any question in this Part I

Revenue		Expenses		Net Assets	
1	Contributions, gifts, grants, and similar amounts received	1		18	Excess or (deficit) for the year (Subtract line 17 from line 9)
2	Program service revenue including government fees and contracts	2		19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)
3	Membership dues and assessments	3		20	Other changes in net assets or fund balances (explain in Schedule O)
4	Investment income	4		21	Net assets or fund balances at end of year. Combine lines 18 through 20
5a	Gross amount from sale of assets other than inventory	5a			
b	Less: cost or other basis and sales expenses	5b			
c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c			
6	Gaming and fundraising events	6d			
a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a			
b	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	26,444		
c	Less: direct expenses from gaming and fundraising events	6c	10,500		
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d			
7a	Gross sales of inventory, less returns and allowances	7a			
b	Less: cost of goods sold	7b			
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c			
8	Other revenue (describe in Schedule O)	8			
9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9			
10	Grants and similar amounts paid (list in Schedule O)	10			
11	Benefits paid to or for members	11			
12	Salaries, other compensation, and employee benefits	12	55,334		
13	Professional fees and other payments to independent contractors	13	3,116		
14	Occupancy, rent, utilities, and maintenance	14	3,361		
15	Printing, publications, postage, and shipping	15	352		
16	Other expenses (describe in Schedule O)	16	32,998		
17	<b>Total expenses.</b> Add lines 10 through 16	17			
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18			
19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19			
20	Other changes in net assets or fund balances (explain in Schedule O)	20			
21	Net assets or fund balances at end of year. Combine lines 18 through 20	21			

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2015)



		Yes	No
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I .....	46	X

**Part VI Section 501(c)(3) organizations only**  
 All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.  
 Check if the organization used Schedule O to respond to any question in this Part VI

		Yes	No
47	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 .....	47	X
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E .....	48	X
49a	Did the organization make any transfers to an exempt non-charitable related organization? .....	49a	X
b	If "Yes," was the related organization a section 527 organization? .....	49b	

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
NONE				

f Total number of other employees paid over \$100,000 ▶

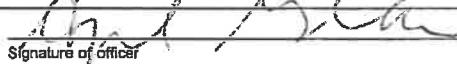
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
NONE		

d Total number of other independent contractors each receiving over \$100,000 ▶

52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A ▶  Yes  No

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 Date 7/14/17  
  
 Signature of officer: APRIL GLASCO  
 Type or print name and title: EXECUTIVE DIRECTOR

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	MARC A. MILLER	MARC A. MILLER	07/11/17		P00191927
	Firm's name ▶	Firm's EIN ▶		Firm's address ▶	
	PELLEGRINO HONICK MCFARLAND & MILLER PA	65-0344872		1800 2ND ST STE 810	
	SARASOTA, FL 34236-5987		Phone no. 941-365-1172		

May the IRS discuss this return with the preparer shown above? See instructions ▶  Yes  No

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?
35b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O
35c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N
37a Enter amount of political expenditures, direct or indirect, as described in the instructions
37b Did the organization file Form 1120-POL for this year?
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?
38b If "Yes," complete Schedule L, Part II and enter the total amount involved
39 Section 501(c)(7) organizations. Enter:
39a Initiation fees and capital contributions included on line 9
39b Gross receipts, included on line 9, for public use of club facilities
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911; section 4912; section 4955
40b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I
40c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958
40d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization
40e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T
41 List the states with which a copy of this return is filed
42a The organization's books are in care of APRIL GLASCO Telephone no. 941-360-8660
P.O. BOX 1027 Located at SARASOTA FL ZIP + 4 34230
42b 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)? If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).
42c At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country:
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
44b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
44c Did the organization receive any payments for indoor tanning services during the year?
44d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?
45b 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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)

**SCHEDULE O**  
(Form 990 or 990-EZ)

**Supplemental Information to Form 990 or 990-EZ**

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

OMB No. 1545-0047

**2015**

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Internal Revenue Service

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization

Employer identification number

**SECOND CHANCE - LAST OPPORTUNITY**

**65-0699257**

**FORM 990-EZ, PART I, LINE 16 - OTHER EXPENSES**

DESCRIPTION	AMOUNT
<b>EXPENSES</b>	
ADVERTISING & MARKETING	\$ 165
OFFICE SUPPLIES & COMPUTER	\$ 3,775
INSURANCE	\$ 126
BANK SERVICE CHARGE	\$ 2,144
DUES AND SUBSCRIPTIONS	\$ 346
LICENSES AND PERMITS	\$ 425
MISCELLANEOUS	\$ 704
PAYROLL PROCESSING	\$ 1,020
POSTAGE AND DELIVERY	\$ 778
REPAIRS AND MAINTENANCE	\$ 6,354
TELEPHONE	\$ 3,502
UTILITIES	\$ 1,443
AUTOMOBILE EXPENSE	\$ 3,483
PROGRAM EXPENSES	\$ 122
TRAINING	\$ 1,249
PERFORMING ARTS INSTRUCTO	\$ 1,225
GRANT EXPENSES	\$ 100
EXPENSE REIMBURSEMENTS	\$ 3,010
ROUNDING	\$ 2
NON-INVESTMENT DEPRECIATION	\$ 3,025
<b>TOTAL</b>	<b>\$ 32,998</b>

Name of the organization

Employer identification number

SECOND CHANCE - LAST OPPORTUNITY

65-0699257

## FORM 990-EZ, PART II, LINE 24 - OTHER ASSETS

DESCRIPTION	BEG. OF YEAR	END OF YEAR
INVENTORIES FOR SALE OR USE	\$ 2,634	\$ 2,634
PREPAID EXPENSES AND DEFERRED CHARGES	\$ 1,946	\$ 0
FOLDING CHAIRS	\$ 732	\$ 732
LESS ACCUMULATED DEPRECIATION	\$ 427	\$ 532
FURNITURE	\$ 550	\$ 550
LESS ACCUMULATED DEPRECIATION	\$ 550	\$ 550
FURNITURE	\$ 572	\$ 572
LESS ACCUMULATED DEPRECIATION	\$ 572	\$ 572
OFFICE EQUIPMENT	\$ 2,255	\$ 2,255
LESS ACCUMULATED DEPRECIATION	\$ 2,255	\$ 2,255
MICROSOFT OFFICE	\$ 455	\$ 455
LESS ACCUMULATED DEPRECIATION	\$ 455	\$ 455
COMPUTER	\$ 3,515	\$ 3,515
LESS ACCUMULATED DEPRECIATION	\$ 1,845	\$ 2,513
1999 FORD EXPEDITION	\$ 6,500	\$ 6,500
LESS ACCUMULATED DEPRECIATION	\$ 6,500	\$ 6,500
TOTAL	\$ 6,555	\$ 3,836

## FORM 990-EZ, PART II, LINE 26 - OTHER LIABILITIES

DESCRIPTION	BEG. OF YEAR	END OF YEAR
ACCOUNTS PAYABLE AND ACCRUED EXPENSES	\$ 288	\$ 366
BANK OVERDRAFT	\$ 443	\$ 0
PAYROLL TAXES PAYABLE	\$ 0	\$ 258

## FORM 990-EZ, PART III - PRIMARY EXEMPT PURPOSE