

# Application for Automatic Extension of Time To File an Exempt Organization Return

► **File a separate application for each return.**

► **Information about Form 8868 and its instructions is at [www.irs.gov/form8868](http://www.irs.gov/form8868).**

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile), click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

## Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

**Enter filer's identifying number, see instructions**

|  |  |  |
|--|--|--|
| <b>Type or print</b><br><br>File by the due date for filing your return. See instructions. | Name of exempt organization or other filer, see instructions.<br><b>SAN DIEGO SECOND CHANCE PROGRAM</b>                | Employer identification number (EIN) or<br><b>33-0539640</b> |
|  | Number, street, and room or suite number. If a P.O. box, see instructions.<br><b>6145 IMPERIAL AVENUE</b>              | Social security number (SSN)                                 |
|  | City, town or post office, state, and ZIP code. For a foreign address, see instructions.<br><b>SAN DIEGO, CA 92114</b> |  |

Enter the Return Code for the return that this application is for (file a separate application for each return) ..... **01**

| Application Is For                          | Return Code | Application Is For                | Return Code |
|---|-------------|-----------------------------------|-------------|
| Form 990 or Form 990-EZ                     | 01          | Form 990-T (corporation)          | 07          |
| Form 990-BL                                 | 02          | Form 1041-A                       | 08          |
| Form 4720 (individual)                      | 03          | Form 4720 (other than individual) | 09          |
| Form 990-PF                                 | 04          | Form 5227                         | 10          |
| Form 990-T (section 401(a) or 408(a) trust) | 05          | Form 6069                         | 11          |
| Form 990-T (trust other than above)         | 06          | Form 8370                         | 12          |

• The books are in the care of ► SARAH SLAUGHTER

Telephone No. ► 619-234-8888 Fax No. ► \_\_\_\_\_

• If the organization does not have an office or place of business in the United States, check this box

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 6-month extension of time until 5/15, 2018, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- calendar year 20\_\_\_\_ or
- tax year beginning 7/01, 2016, and ending 6/30, 2017.

2 If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period

|   |           |    |    |
|---|-----------|----|----|
| <b>3a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.....                                   | <b>3a</b> | \$ | 0. |
| <b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit..... | <b>3b</b> | \$ | 0. |
| <b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.....              | <b>3c</b> | \$ | 0. |

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

# Return of Organization Exempt From Income Tax

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

- ▶ Do not enter social security numbers on this form as it may be made public.
- ▶ Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

## 2016

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

**A** For the **2016** calendar year, or tax year beginning **7/01**, 2016, and ending **6/30**, 2017

|  |   |   |
|--|---|---|
| <b>B</b> Check if applicable:                    | <b>C</b>  | <b>D</b> Employer identification number   |
| <input type="checkbox"/> Address change          | <b>SAN DIEGO SECOND CHANCE PROGRAM</b><br>6145 IMPERIAL AVENUE<br>SAN DIEGO, CA 92114 | 33-0539640  |
| <input type="checkbox"/> Name change             |   | <b>E</b> Telephone number   |
| <input type="checkbox"/> Initial return          |   | 619.234.8888  |
| <input type="checkbox"/> Final return/terminated |   | <b>G</b> Gross receipts \$  |
| <input type="checkbox"/> Amended return          |   | 5,907,696.  |
| <input type="checkbox"/> Application pending     | <b>F</b> Name and address of principal officer: <b>DAN SCHWIMMER</b>                  | <b>H(a)</b> Is this a group return for subordinates? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                          |
|  | <b>SAME AS C ABOVE</b>  | <b>H(b)</b> Are all subordinates included? Yes <input type="checkbox"/> No <input type="checkbox"/><br>If 'No,' attach a list. (see instructions) |

|                                |   |  |  |                                  |
|--------------------------------|---|--|--|----------------------------------|
| <b>I</b> Tax-exempt status     | <input checked="" type="checkbox"/> 501(c)(3)   | <input type="checkbox"/> 501(c) ( ) (insert no.) | <input type="checkbox"/> 4947(a)(1) or | <input type="checkbox"/> 527     |
| <b>J</b> Website: ▶            | <b>WWW.SECONDCHANCEPROGRAM.ORG</b>              |  |  |                                  |
| <b>K</b> Form of organization: | <input checked="" type="checkbox"/> Corporation | <input type="checkbox"/> Trust                   | <input type="checkbox"/> Association   | <input type="checkbox"/> Other ▶ |
| <b>L</b> Year of formation:    | 1993  |  | <b>M</b> State of legal domicile:      | CA                               |

**H(c)** Group exemption number ▶

**Part I Summary**

|  |   |                           |             |              |  |
|--|---|---------------------------|-------------|--------------|--|
|  | 1 Briefly describe the organization's mission or most significant activities: <u>TO DISRUPT THE CYCLES OF INCARCERATION AND POVERTY BY HELPING PEOPLE FIND THEIR WAY TO SELF-SUFFICIENCY.</u> |                           |             |              |  |
| Activities & Governance  | 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                         |             | 18           |  |
|  | 4 Number of independent voting members of the governing body (Part VI, line 1b)   | 4                         |             | 18           |  |
|  | 5 Total number of individuals employed in calendar year 2016 (Part V, line 2a)  | 5                         |             | 65           |  |
|  | 6 Total number of volunteers (estimate if necessary)  | 6                         |             | 50           |  |
|  | 7a Total unrelated business revenue from Part VIII, column (C), line 12   | 7a                        |             | 0.           |  |
|  | 7b Net unrelated business taxable income from Form 990-T, line 34   | 7b                        |             | 0.           |  |
| Revenue  | 8 Contributions and grants (Part VIII, line 1h)   | Prior Year                |             | Current Year |  |
|  | 9 Program service revenue (Part VIII, line 2g)  | 2,694,047.                |             | 3,376,884.   |  |
|  | 10 Investment income (Part VIII, column (A), lines 3, 4, and 7c)  | 1,081,660.                |             | 1,157,430.   |  |
|  | 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8, 9, 10c, and 11e)   | 2,925.                    |             | 332,937.     |  |
|  | 12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)   | 64,598.                   |             | -13,782.     |  |
|  |   | 3,843,230.                |             | 4,853,469.   |  |
| Expenses   | 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)   |                           |             |              |  |
|  | 14 Benefits paid to or for members (Part IX, column (A), line 4)  |                           |             |              |  |
|  | 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)  | 1,994,486.                |             | 2,611,807.   |  |
|  | 16a Professional fundraising fees (Part IX, column (A), line 11e)   |                           |             |              |  |
|  | b Total fundraising expenses (Part IX, column (D), line 25) ▶   | 465,090.                  |             |              |  |
|  | 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)   | 1,546,800.                |             | 3,409,470.   |  |
| 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 3,541,286.  |                           | 6,021,277.  |              |  |
| 19 Revenue less expenses. Subtract line 18 from line 12                      | 301,944.  |                           | -1,167,808. |              |  |
| Net Assets or Fund Balances  | 20 Total assets (Part X, line 16)   | Beginning of Current Year |             | End of Year  |  |
|  | 21 Total liabilities (Part X, line 26)  | 9,724,852.                |             | 9,211,194.   |  |
|  | 22 Net assets or fund balances. Subtract line 21 from line 20   | 4,508,560.                |             | 5,148,844.   |  |
|  | 5,216,292.  |                           | 4,062,350.  |              |  |

**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.

|                  |                              |      |         |
|------------------|------------------------------|------|---------|
| <b>Sign Here</b> | Signature of officer         | Date | 5/14/18 |
|                  | <b>SARAH J. SLAUGHTER</b>    | CFO  |         |
|                  | Type or print name and title |      |         |

|                               |                                      |                      |         |  |           |
|-------------------------------|--------------------------------------|----------------------|---------|--|-----------|
| <b>Paid Preparer Use Only</b> | Print/Type preparer's name           | Preparer's signature | Date    | Check <input checked="" type="checkbox"/> if self-employed | PTIN      |
|                               | MICHAEL J. ZIZZI                     | MICHAEL J. ZIZZI     | 5/14/18 |  | P00085553 |
|                               | Firm's name ▶                        | Firm's EIN ▶         |         |  |           |
|                               | LEAF & COLE, LLP                     | 95-2076568           |         |  |           |
|                               | Firm's address ▶                     | Phone no.            |         |  |           |
|                               | 2810 CAMINO DEL RIO SOUTH, SUITE 200 | 619.294.7200         |         |  |           |
|                               | SAN DIEGO, CA 92108-3820             |                      |         |  |           |

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 or note to any line in this Part III [X]

1 Briefly describe the organization's mission:

TO DISRUPT THE CYCLES OF INCARCERATION AND POVERTY BY HELPING PEOPLE FIND THEIR WAY TO SELF-SUFFICIENCY.

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 [X] 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 [X] 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 \$ 1,559,776. including grants of \$ ) (Revenue \$ )

SEE SCHEDULE O

4b (Code: ) (Expenses \$ 1,401,789. including grants of \$ ) (Revenue \$ 87,714.)

JOB READINESS TRAINING PROVIDES FOUR WEEKS OF PRE-EMPLOYMENT ATTITUDINAL AND SOFT-SKILL TRAINING, JOB SEARCH, JOB PLACEMENT ASSISTANCE AND POST-PLACEMENT SERVICES TO LEAD PEOPLE TO PERMANENT EMPLOYMENT AND SELF-SUFFICIENCY. THE SECOND CHANCE JOB CENTER IS A TEAM-BASED CASE MANAGEMENT PROGRAM. PARTNERING WITH SAN DIEGO SHERIFF'S DEPARTMENT AND SAN DIEGO COUNTY PROBATION, SECOND CHANCE STAFF DELIVERS EMPLOYMENT SERVICES AT EAST MESA REENTRY FACILITY AND LAS COLINAS DETENTION AND REENTRY FACILITY. THE JOB CENTERS EXPAND UPON SERVICES ALREADY OFFERED BY LOCAL GOVERNMENT, COMMUNITY CORRECTIONS AND WORKFORCE DEVELOPMENT AGENCIES BY UNITING RESOURCES TO BREAK THE CYCLE OF RECIDIVISM, BUILD STRONGER COMMUNITIES AND PROMOTE PUBLIC SAFETY.

4c (Code: ) (Expenses \$ 1,070,410. including grants of \$ ) (Revenue \$ 1,323,223.)

THE ORGANIZATION OPERATES NINE SOBER LIVING PROPERTIES. GOALS ARE TO FOSTER PERSONAL RESPONSIBILITY, RESTORE SELF-ESTEEM AND SELF-CONFIDENCE, AND ELIMINATE ISOLATION BY CREATING A COMMUNITY ATMOSPHERE WITH THE ULTIMATE GOAL OF STAYING CLEAN AND SOBER WHILE TRANSITIONING TO INDEPENDENT LIVING. TRANSITIONAL YOUTH HOUSING PROVIDES UP TO TWO YEARS OF STABLE HOUSING, INTENSIVE CASE MANAGEMENT AND ACCESS TO EDUCATION, BEHAVIORAL HEALTH AND OTHER SOCIAL SERVICES, JOB READINESS TRAINING AND JOB PLACEMENT FOR THEN EMANCIPATED FOSTER YOUTH EACH YEAR.

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

(Expenses \$ 203,987. including grants of \$ ) (Revenue \$ 92,200.)

4e Total program service expenses 4,235,962.

**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)? <i>If 'Yes,' complete Schedule A.</i> .....   | X   |    |
| 2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (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? <i>If 'Yes,' complete Schedule C, Part I.</i> .....  |     | X  |
| 4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If 'Yes,' complete Schedule C, Part II.</i> .....   |     | 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? <i>If 'Yes,' complete Schedule C, Part III.</i> .....   |     | 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? <i>If 'Yes,' complete Schedule D, Part I.</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? <i>If 'Yes,' complete Schedule D, Part II.</i> .....  |     | X  |
| 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If 'Yes,' complete Schedule D, Part III.</i> .....   |     | 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? <i>If 'Yes,' complete Schedule D, Part IV.</i> .....            |     | X  |
| 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If 'Yes,' complete Schedule D, Part V.</i> .....   | 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? <i>If 'Yes,' complete Schedule D, Part VI.</i> .....   | 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? <i>If 'Yes,' complete Schedule D, Part VII.</i> .....   |     | 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? <i>If 'Yes,' complete Schedule D, Part VIII.</i> .....   |     | 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? <i>If 'Yes,' complete Schedule D, Part IX.</i> .....  |     | X  |
| e Did the organization report an amount for other liabilities in Part X, line 25? <i>If 'Yes,' complete Schedule D, Part X.</i> .....   | 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)? <i>If 'Yes,' complete Schedule D, Part X.</i> .....  | X   |    |
| 12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If 'Yes,' complete Schedule D, Parts XI and XII.</i> .....  |     | X  |
| b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional.</i> .....   | X   |    |
| 13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If 'Yes,' complete Schedule E.</i> .....  |     | 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? <i>If 'Yes,' complete Schedule F, Parts I and IV.</i> ..... |     | X  |
| 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If 'Yes,' complete Schedule F, Parts II and IV.</i> .....   |     | X  |
| 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If 'Yes,' complete Schedule F, Parts III and IV.</i> .....   |     | 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? <i>If 'Yes,' complete Schedule G, Part I</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? <i>If 'Yes,' complete Schedule G, Part II.</i> .....   | X   |    |
| 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If 'Yes,' complete Schedule G, Part III.</i> .....   |     | X  |

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**Part IV Checklist of Required Schedules** (continued)

|   | Yes | No |
|---|-----|----|
| <b>20a</b> Did the organization operate one or more hospital facilities? <i>If 'Yes,' complete Schedule H.</i> .....  |     | X  |
| <b>b</b> If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return? .....   |     |    |
| <b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If 'Yes,' complete Schedule I, Parts I and II.</i> .....   |     | X  |
| <b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If 'Yes,' complete Schedule I, Parts I and III.</i> .....   |     | X  |
| <b>23</b> Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J.</i> .....  | X   |    |
| <b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,' go to line 25a.</i> .....                           |     | X  |
| <b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....  |     |    |
| <b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....   |     |    |
| <b>d</b> Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? .....  |     |    |
| <b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If 'Yes,' complete Schedule L, Part I.</i> .....  |     | X  |
| <b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If 'Yes,' complete Schedule L, Part I.</i> .....  |     | X  |
| <b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If 'Yes,' complete Schedule L, Part II.</i> .....                                 |     | X  |
| <b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If 'Yes,' complete Schedule L, Part III.</i> ..... |     | X  |
| <b>28</b> 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):   |     |    |
| <b>a</b> A current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV.</i> .....  |     | X  |
| <b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV.</i> .....   |     | X  |
| <b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If 'Yes,' complete Schedule L, Part IV.</i> .....   |     | X  |
| <b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If 'Yes,' complete Schedule M.</i> .....  |     | X  |
| <b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M.</i> .....  |     | X  |
| <b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If 'Yes,' complete Schedule N, Part I.</i> .....  |     | X  |
| <b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If 'Yes,' complete Schedule N, Part II.</i> .....  |     | X  |
| <b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If 'Yes,' complete Schedule R, Part I.</i> .....  | X   |    |
| <b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1.</i> .....  |     | X  |
| <b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....  |     | X  |
| <b>b</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)? <i>If 'Yes,' complete Schedule R, Part V, line 2.</i> .....  |     |    |
| <b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2.</i> .....   |     | X  |
| <b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If 'Yes,' complete Schedule R, Part VI.</i> .....   |     | X  |
| <b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O. ....   | X   |    |

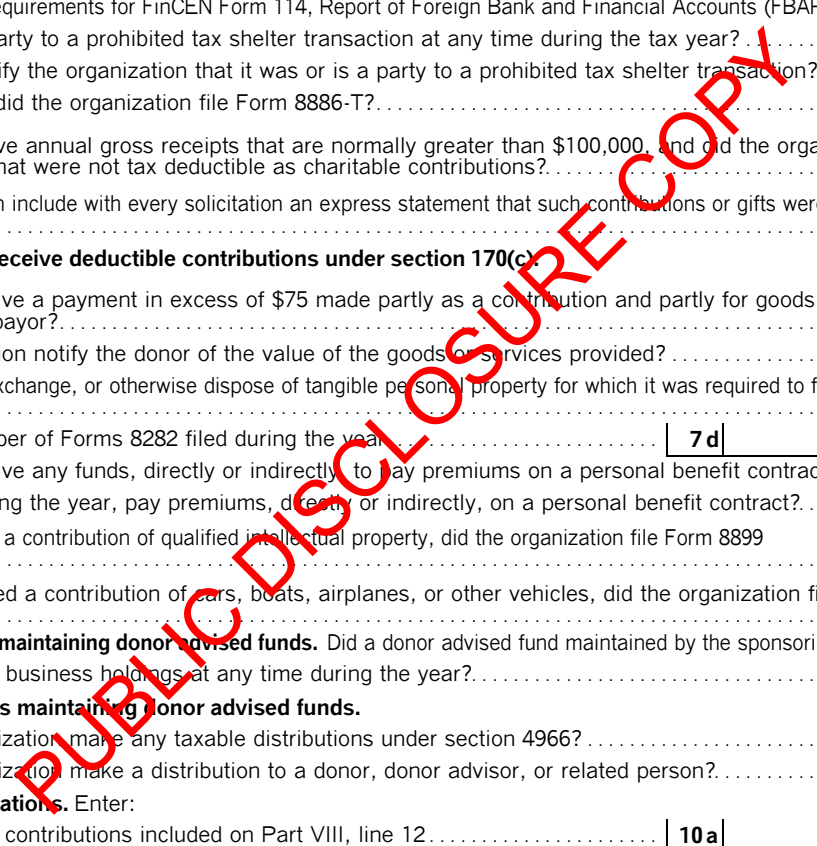
BAA

Form 990 (2016)

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question ID, question text, and Yes/No checkboxes. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited transactions, and charitable contributions.



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 or note to any line in this Part VI. [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year... 18; 1b Enter the number of voting members included in line 1a, above, who are independent... 18; 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.)

Table with 3 columns: Question, Yes, No. Rows include: 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. SEE SCHEDULE O; 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. SEE SCHEDULE O. 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. SEE SCHEDULE O. X; 15b Other officers or key employees of the organization. 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 CA
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.
[X] Own website [ ] Another's website [X] 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. SEE SCHEDULE O
20 State the name, address, and telephone number of the person who possesses the organization's books and records: SARAH SLAUGHTER 6145 IMPERIAL AVE SAN DIEGO CA 92114 619-234-8888

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

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

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

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

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

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

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

| (A)<br>Name and Title                | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>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) STEPHEN CHIN<br>BOARD MEMBER     | 1<br>0   | X   |                       |         |              |                              | 0.     | 0.   | 0.  |   |
| (2) WILLIAM D. GORE<br>BOARD MEMBER  | 1<br>0   | X   |                       |         |              |                              | 0.     | 0.   | 0.  |   |
| (3) DAN SCHWIMMER<br>CHAIRMAN        | 1<br>0   | X   |                       | X       |              |                              | 0.     | 0.   | 0.  |   |
| (4) JONATHAN SHULTZ<br>TREASURER     | 1<br>0   | X   |                       | X       |              |                              | 0.     | 0.   | 0.  |   |
| (5) HAMILTON ARENDESN<br>VICE CHAIR  | 1<br>0   | X   |                       | X       |              |                              | 0.     | 0.   | 0.  |   |
| (6) GARY STRAWBRIDGE<br>BOARD MEMBER | 1<br>0   | X   |                       |         |              |                              | 0.     | 0.   | 0.  |   |
| (7) JUDY LAWTON<br>SECRETARY         | 1<br>0   | X   |                       | X       |              |                              | 0.     | 0.   | 0.  |   |
| (8) DR SHAUN AUSTIN<br>BOARD MEMBER  | 1<br>0   | X   |                       |         |              |                              | 0.     | 0.   | 0.  |   |
| (9) ANGIE ELSBURY<br>BOARD MEMBER    | 1<br>0   | X   |                       |         |              |                              | 0.     | 0.   | 0.  |   |
| (10) DAVID DEITCH<br>BOARD MEMBER    | 1<br>0   | X   |                       |         |              |                              | 0.     | 0.   | 0.  |   |
| (11) MARLENE TAYLOR<br>BOARD MEMBER  | 1<br>0   | X   |                       |         |              |                              | 0.     | 0.   | 0.  |   |
| (12) ROBERT ITO<br>BOARD MEMBER      | 1<br>0   | X   |                       |         |              |                              | 0.     | 0.   | 0.  |   |
| (13) M.G. KRISTIAN<br>BOARD MEMBER   | 1<br>0   | X   |                       |         |              |                              | 0.     | 0.   | 0.  |   |
| (14) BENNET GREENWALD<br>PAST CHAIR  | 1<br>0   | X   |                       | X       |              |                              | 0.     | 0.   | 0.  |   |



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

| (A)<br>Name and title   | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|---|--|---|-----------------------|---------|--------------|------------------------------|--|---|---|
|   |  | Individual trustee or director  | Institutional trustee | Officer | Key employee | Highest compensated employee |  |   |   |
| (15) KENNETH R. VAN DAMME<br>BOARD MEMBER   | 1<br>0   | X   |                       |         |              |                              | 0.   | 0.  | 0.  |
| (16) DEBBIE PEDERSON-NUNEZ<br>BOARD MEMBER  | 1<br>0   | X   |                       |         |              |                              | 0.   | 0.  | 0.  |
| (17) MARIANNE NELSON<br>BOARD MEMBER  | 1<br>0   | X   |                       |         |              |                              | 0.   | 0.  | 0.  |
| (18) ROBERT COLEMAN<br>PRESIDENT & CEO  | 40<br>0  |   |                       | X       |              |                              | 163,370.   | 0.  | 28,608.   |
| (19)  |  |   |                       |         |              |                              |  |   |   |
| (20)  |  |   |                       |         |              |                              |  |   |   |
| (21)  |  |   |                       |         |              |                              |  |   |   |
| (22)  |  |   |                       |         |              |                              |  |   |   |
| (23)  |  |   |                       |         |              |                              |  |   |   |
| (24)  |  |   |                       |         |              |                              |  |   |   |
| (25)  |  |   |                       |         |              |                              |  |   |   |
| <b>1 b Sub-total</b>  |  |   |                       |         |              |                              | 163,370.   | 0.  | 28,608.   |
| <b>c Total from continuation sheets to Part VII, Section A</b>  |  |   |                       |         |              |                              | 0.   | 0.  | 0.  |
| <b>d Total (add lines 1b and 1c)</b>  |  |   |                       |         |              |                              | 163,370.   | 0.  | 28,608.   |
| 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 1 |  |   |                       |         |              |                              |  |   |   |

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|  | Yes | No |
|--|-----|----|
| 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If 'Yes,' complete Schedule J for such individual.</i>  | 3   | 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? <i>If 'Yes,' complete Schedule J for such individual.</i> | 4   | 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? <i>If 'Yes,' complete Schedule J for such person.</i>                       | 5   | 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)<br>Name and business address   | (B)<br>Description of services | (C)<br>Compensation |
|--|--------------------------------|---------------------|
| UCSD OUTPATIENT PSYCHIATRIC SERVICES 140 ARBOR DR SAN DIEGO, CA 9210   | CLINICAL SERVICES              | 171,688.            |
| UCSD DEPARTMENT OF PSYCHIATRY 9500 GILMAN DR LA JOLLA, CA 92093  | CONSULTING                     | 103,079.            |
|  |                                |                     |
|  |                                |                     |
|  |                                |                     |
| 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 ▶ 2 |                                |                     |

**Part VIII Statement of Revenue**

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

|  |   |  | (A)<br>Total revenue | (B)<br>Related or<br>exempt<br>function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue<br>excluded from tax<br>under sections<br>512-514 |  |
|--|---|--|----------------------|--|---|--|--|
| <b>Contributions, Gifts, Grants<br/>and Other Similar Amounts</b>    | <b>1 a</b> Federated campaigns  | <b>1 a</b>   |                      |  |   |  |  |
|  | <b>b</b> Membership dues  | <b>1 b</b>   |                      |  |   |  |  |
|  | <b>c</b> Fundraising events   | <b>1 c</b> 76,781.                                       |                      |  |   |  |  |
|  | <b>d</b> Related organizations  | <b>1 d</b>   |                      |  |   |  |  |
|  | <b>e</b> Government grants (contributions)  | <b>1 e</b> 2,795,916.                                    |                      |  |   |  |  |
|  | <b>f</b> All other contributions, gifts, grants, and<br>similar amounts not included above  | <b>1 f</b> 504,187.                                      |                      |  |   |  |  |
|  | <b>g</b> Noncash contributions included in lines 1a-1f: \$  |  |                      |  |   |  |  |
|  | <b>h Total.</b> Add lines 1a-1f   |  | 3,376,884.           |  |   |  |  |
| <b>Program Service Revenue</b>                                       | <b>2 a</b> HOUSING SERVICES   |  | 721310               | 1,130,169.   | 1,130,169.                              |  |  |
|  | <b>b</b> LAUNDRY & VENDING  |  | 532000               | 25,609.  | 25,609.                                 |  |  |
|  | <b>c</b> TENANT CHARGES   |  | 532000               | 1,652.   | 1,652.                                  |  |  |
|  | <b>d</b>  |  |                      |  |   |  |  |
|  | <b>e</b>  |  |                      |  |   |  |  |
|  | <b>f</b> All other program service revenue  |  |                      |  |   |  |  |
|  | <b>g Total.</b> Add lines 2a-2f   |  |                      | 1,157,430.   |   |  |  |
| <b>Other Revenue</b>   | <b>3</b> Investment income (including dividends, interest and<br>other similar amounts)   |  |                      | 1,456.   |   | 1,456.   |  |
|  | <b>4</b> Income from investment of tax-exempt bond proceeds   |  |                      |  |   |  |  |
|  | <b>5</b> Royalties  |  |                      |  |   |  |  |
|  | <b>6 a</b> Gross rents  | (i) Real   | (ii) Personal        |  |   |  |  |
|  |   | <b>b</b> Less: rental expenses                           |                      |  |   |  |  |
|  |   | <b>c</b> Rental income or (loss)                         |                      |  |   |  |  |
|  |   | <b>d</b> Net rental income or (loss)                     |                      |  |   |  |  |
|  | <b>7 a</b> Gross amount from sales of<br>assets other than inventory  | (i) Securities   | (ii) Other           |  |   |  |  |
|  |   | <b>b</b> Less: cost or other basis<br>and sales expenses |                      | 1,350,000.   |   |  |  |
|  |   | <b>c</b> Gain or (loss)                                  |                      | 1,018,519.   |   |  |  |
|  |   | <b>d</b> Net gain or (loss)                              |                      | 331,481.   | 331,481.                                |  |  |
|  | <b>8 a</b> Gross income from fundraising events<br>(not including \$76,781.<br>of contributions reported on line 1c).<br>See Part IV, line 18 | <b>a</b>   |                      | 7,700.   |   |  |  |
|  |   | <b>b</b> Less: direct expenses                           | <b>b</b>             | 35,708.  |   |  |  |
|  |   | <b>c</b> Net income or (loss) from fundraising events    |                      |  | -28,008.                                |  |  |
|  | <b>9 a</b> Gross income from gaming activities.<br>See Part IV, line 19   | <b>a</b>   |                      |  |   |  |  |
| <b>b</b> Less: direct expenses                                       |   | <b>b</b>   |                      |  |   |  |  |
| <b>c</b> Net income or (loss) from gaming activities                 |   |  |                      |  |   |  |  |
| <b>10 a</b> Gross sales of inventory, less returns<br>and allowances | <b>a</b>  |  |                      |  |   |  |  |
|  | <b>b</b> Less: cost of goods sold   | <b>b</b>   |                      |  |   |  |  |
|  | <b>c</b> Net income or (loss) from sales of inventory   |  |                      |  |   |  |  |
| <b>Miscellaneous Revenue</b>   |   | <b>Business Code</b>                                     |                      |  |   |  |  |
| <b>11 a</b> OTHER INCOME   |   | 900099   | 14,226.              | 14,226.  |   |  |  |
| <b>b</b>   |   |  |                      |  |   |  |  |
| <b>c</b>   |   |  |                      |  |   |  |  |
| <b>d</b> All other revenue   |   |  |                      |  |   |  |  |
| <b>e Total.</b> Add lines 11a-11d                                    |   |  | 14,226.              |  |   |  |  |
| <b>12 Total revenue.</b> See instructions                            |   |  | 4,853,469.           | 1,503,137.   | 0.                                      | 1,456.   |  |

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**Part IX Statement of Functional Expenses**

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

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

| <b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>   | <b>(A)</b><br>Total expenses | <b>(B)</b><br>Program service expenses | <b>(C)</b><br>Management and general expenses | <b>(D)</b><br>Fundraising expenses |
|---|------------------------------|--|---|------------------------------------|
| 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21  |                              |  |   |                                    |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22   |                              |  |   |                                    |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16  |                              |  |   |                                    |
| 4 Benefits paid to or for members   |                              |  |   |                                    |
| 5 Compensation of current officers, directors, trustees, and key employees  | 185,000.                     | 0.                                     | 157,250.                                      | 27,750.                            |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)   | 0.                           | 0.                                     | 0.  | 0.                                 |
| 7 Other salaries and wages  | 2,040,667.                   | 1,631,945.                             | 185,973.                                      | 222,749.                           |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)  |                              |  |   |                                    |
| 9 Other employee benefits   | 151,087.                     | 110,121.                               | 29,588.                                       | 11,378.                            |
| 10 Payroll taxes  | 235,053.                     | 178,316.                               | 35,406.                                       | 21,281.                            |
| 11 Fees for services (non-employees):   |                              |  |   |                                    |
| a Management  |                              |  |   |                                    |
| b Legal   | 21,274.                      | 1,008.                                 | 20,266.                                       |                                    |
| c Accounting  | 16,295.                      |  | 16,295.                                       |                                    |
| 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.)  | 637,814.                     | 617,562.                               | 7,665.  | 7,584.                             |
| 12 Advertising and promotion  | 47,047.                      | 282.                                   | 27.   | 46,738.                            |
| 13 Office expenses  |                              |  |   |                                    |
| 14 Information technology   |                              |  |   |                                    |
| 15 Royalties  |                              |  |   |                                    |
| 16 Occupancy  |                              |  |   |                                    |
| 17 Travel   | 67,620.                      | 58,654.                                | 6,565.  | 2,401.                             |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials   |                              |  |   |                                    |
| 19 Conferences, conventions, and meetings   |                              |  |   |                                    |
| 20 Interest   | 164,492.                     | 164,492.                               |   |                                    |
| 21 Payments to affiliates   |                              |  |   |                                    |
| 22 Depreciation, depletion, and amortization  | 247,850.                     | 197,812.                               | 37,191.                                       | 12,847.                            |
| 23 Insurance  | 78,643.                      | 31,995.                                | 45,011.                                       | 1,637.                             |
| 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 SETTLEMENT EXPENSES   | 1,178,500.                   |  | 1,178,500.                                    |                                    |
| b PARTICIPANT SUPPORT   | 360,676.                     | 359,400.                               | 786.  | 490.                               |
| c UTILITIES   | 158,510.                     | 141,773.                               | 9,207.  | 7,530.                             |
| d SUPPLIES  | 135,794.                     | 114,173.                               | 18,740.                                       | 2,881.                             |
| e All other expenses  | 299,958.                     | 628,379.                               | -428,245.                                     | 99,824.                            |
| 25 Total functional expenses. Add lines 1 through 24e   | 6,021,277.                   | 4,235,962.                             | 1,320,225.                                    | 465,090.                           |
| 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) |                              |  |   |                                    |

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**Part X Balance Sheet**

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

|  |   | (A)<br>Beginning of year |            | (B)<br>End of year |
|--|---|--------------------------|------------|--------------------|
| <b>Assets</b>  | <b>1</b> Cash – non-interest-bearing.....   | 526,705.                 | <b>1</b>   | 1,028,895.         |
|  | <b>2</b> Savings and temporary cash investments.....  | 217,413.                 | <b>2</b>   | 47,304.            |
|  | <b>3</b> Pledges and grants receivable, net.....  |                          | <b>3</b>   |                    |
|  | <b>4</b> Accounts receivable, net.....  | 475,831.                 | <b>4</b>   | 776,511.           |
|  | <b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L.....   |                          | <b>5</b>   |                    |
|  | <b>6</b> 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..... |                          | <b>6</b>   |                    |
|  | <b>7</b> Notes and loans receivable, net.....   |                          | <b>7</b>   |                    |
|  | <b>8</b> Inventories for sale or use.....   |                          | <b>8</b>   |                    |
|  | <b>9</b> Prepaid expenses and deferred charges.....   | 47,516.                  | <b>9</b>   | 53,983.            |
|  | <b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D.....   | <b>10a</b> 9,004,002.    |            |                    |
|  | <b>b</b> Less: accumulated depreciation.....  | <b>10b</b> 2,037,120.    |            |                    |
|  |   | 6,966,882.               | <b>10c</b> | 6,966,882.         |
|  | <b>11</b> Investments – publicly traded securities.....   |                          | <b>11</b>  |                    |
|  | <b>12</b> Investments – other securities. See Part IV, line 11.....   |                          | <b>12</b>  |                    |
|  | <b>13</b> Investments – program-related. See Part IV, line 11.....  |                          | <b>13</b>  |                    |
|  | <b>14</b> Intangible assets.....  | 24,100.                  | <b>14</b>  | 7,246.             |
| <b>15</b> Other assets. See Part IV, line 11.....                        | 320,345.  | <b>15</b>                | 330,373.   |                    |
| <b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34)..... | 9,724,852.  | <b>16</b>                | 9,211,194. |                    |
| <b>Liabilities</b>   | <b>17</b> Accounts payable and accrued expenses.....  | 238,978.                 | <b>17</b>  | 390,219.           |
|  | <b>18</b> Grants payable.....   |                          | <b>18</b>  |                    |
|  | <b>19</b> Deferred revenue.....   |                          | <b>19</b>  |                    |
|  | <b>20</b> Tax-exempt bond liabilities.....  |                          | <b>20</b>  |                    |
|  | <b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D.....  |                          | <b>21</b>  |                    |
|  | <b>22</b> 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.....   |                          | <b>22</b>  |                    |
|  | <b>23</b> Secured mortgages and notes payable to unrelated third parties.....   | 4,166,582.               | <b>23</b>  | 3,380,125.         |
|  | <b>24</b> Unsecured notes and loans payable to unrelated third parties.....   |                          | <b>24</b>  |                    |
|  | <b>25</b> 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.....  | 103,000.                 | <b>25</b>  | 1,378,500.         |
|  | <b>26 Total liabilities.</b> Add lines 17 through 25.....   | 4,508,560.               | <b>26</b>  | 5,148,844.         |
| <b>Net Assets or Fund Balances</b>                                       | <b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>   |                          |            |                    |
|  | <b>27</b> Unrestricted net assets.....  | 5,042,121.               | <b>27</b>  | 3,870,234.         |
|  | <b>28</b> Temporarily restricted net assets.....  | 44,171.                  | <b>28</b>  | 62,116.            |
|  | <b>29</b> Permanently restricted net assets.....  | 130,000.                 | <b>29</b>  | 130,000.           |
|  | <b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>  |                          |            |                    |
|  | <b>30</b> Capital stock or trust principal, or current funds.....   |                          | <b>30</b>  |                    |
|  | <b>31</b> Paid-in or capital surplus, or land, building, or equipment fund.....   |                          | <b>31</b>  |                    |
|  | <b>32</b> Retained earnings, endowment, accumulated income, or other funds.....   |                          | <b>32</b>  |                    |
|  | <b>33</b> Total net assets or fund balances.....  | 5,216,292.               | <b>33</b>  | 4,062,350.         |
|  | <b>34</b> Total liabilities and net assets/fund balances.....   | 9,724,852.               | <b>34</b>  | 9,211,194.         |

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Form 990 (2016)

**Part XI Reconciliation of Net Assets**

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

|           |  |           |             |
|-----------|--|-----------|-------------|
| <b>1</b>  | Total revenue (must equal Part VIII, column (A), line 12)  | <b>1</b>  | 4,853,469.  |
| <b>2</b>  | Total expenses (must equal Part IX, column (A), line 25)   | <b>2</b>  | 6,021,277.  |
| <b>3</b>  | Revenue less expenses. Subtract line 2 from line 1   | <b>3</b>  | -1,167,808. |
| <b>4</b>  | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                      | <b>4</b>  | 5,216,292.  |
| <b>5</b>  | Net unrealized gains (losses) on investments   | <b>5</b>  | 13,866.     |
| <b>6</b>  | Donated services and use of facilities   | <b>6</b>  |             |
| <b>7</b>  | Investment expenses  | <b>7</b>  |             |
| <b>8</b>  | Prior period adjustments   | <b>8</b>  |             |
| <b>9</b>  | Other changes in net assets or fund balances (explain in Schedule O)   | <b>9</b>  | 0.          |
| <b>10</b> | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | <b>10</b> | 4,062,350.  |

**Part XII Financial Statements and Reporting**

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

|   |  | Yes | No |
|---|--|-----|----|
| <b>1</b>  | 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.   |  |     |    |
| <b>2a</b>   | Were the organization's financial statements compiled or reviewed by an independent accountant?  |     | X  |
| 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                 |  |     |    |
| <b>2b</b>   | Were the organization's financial statements audited by an independent accountant?   | X   |    |
| 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 checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis      |  |     |    |
| <b>2c</b>   | 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? | X   |    |
| If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.   |  |     |    |
| <b>3a</b>   | 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   |    |
| <b>3b</b>   | If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.    | X   |    |

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Form **990** (2016)

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**2016**

Open to Public Inspection

|  |   |
|--|---|
| Name of the organization<br><b>SAN DIEGO SECOND CHANCE PROGRAM</b> | Employer identification number<br><b>33-0539640</b> |
|--|---|

**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 12, 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 (Form 990 or 990-EZ).)
- 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 agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10  An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations: \_\_\_\_\_
  - g Provide the following information about the supported organization(s).

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1-10 above (see instructions)) | (iv) Is the organization listed in your governing document? |    | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
|------------------------------------|----------|---|---|----|---|---|
|                                    |          |   | Yes   | No |   |   |
| (A)                                |          |   |   |    |   |   |
| (B)                                |          |   |   |    |   |   |
| (C)                                |          |   |   |    |   |   |
| (D)                                |          |   |   |    |   |   |
| (E)                                |          |   |   |    |   |   |
| <b>Total</b>                       |          |   |   |    |   |   |

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

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

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ▶  | (a) 2012   | (b) 2013   | (c) 2014   | (d) 2015   | (e) 2016   | (f) Total   |
|--|------------|------------|------------|------------|------------|-------------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants'.)   | 3,332,013. | 2,129,008. | 2,154,512. | 2,694,047. | 3,376,884. | 13,686,464. |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.   |            |            |            |            |            | 0.          |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge.   |            |            |            |            |            | 0.          |
| 4 <b>Total.</b> Add lines 1 through 3.   | 3,332,013. | 2,129,008. | 2,154,512. | 2,694,047. | 3,376,884. | 13,686,464. |
| 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). |            |            |            |            |            | 726,041.    |
| 6 <b>Public support.</b> Subtract line 5 from line 4.  |            |            |            |            |            | 12,960,423. |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ▶  | (a) 2012   | (b) 2013   | (c) 2014   | (d) 2015   | (e) 2016   | (f) Total                |
|--|------------|------------|------------|------------|------------|--------------------------|
| 7 Amounts from line 4.   | 3,332,013. | 2,129,008. | 2,154,512. | 2,694,047. | 3,376,884. | 13,686,464.              |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.  | 2,962.     | 1,137.     | 2,983.     | 2,925.     | 1,456.     | 11,463.                  |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on.  |            |            |            |            |            | 0.                       |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)   |            |            |            |            |            | 0.                       |
| 11 <b>Total support.</b> Add lines 7 through 10.   |            |            |            |            |            | 13,697,927.              |
| 12 Gross receipts from related activities, etc. (see instructions)   |            |            |            |            | 12         | 2,591,262.               |
| 13 <b>First five years.</b> 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 <b>stop here</b> . |            |            |            |            |            | <input type="checkbox"/> |

**Section C. Computation of Public Support Percentage**

|  |    |         |
|--|----|---------|
| 14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f)). | 14 | 94.62 % |
| 15 Public support percentage from 2015 Schedule A, Part II, line 14.                       | 15 | 94.23 % |

16a **33-1/3% support test—2016.** 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—2015.** 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—2016.** 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 VI how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.

b **10%-facts-and-circumstances test—2015.** 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 VI 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 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ▶  | (a) 2012 | (b) 2013 | (c) 2014 | (d) 2015 | (e) 2016 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.') . . . . .  |          |          |          |          |          |           |
| <b>2</b> 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. . . . . |          |          |          |          |          |           |
| <b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513. . . . .   |          |          |          |          |          |           |
| <b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . . .  |          |          |          |          |          |           |
| <b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .   |          |          |          |          |          |           |
| <b>6 Total.</b> Add lines 1 through 5. . . . .   |          |          |          |          |          |           |
| <b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons. . . . .  |          |          |          |          |          |           |
| <b>b</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. . . . .           |          |          |          |          |          |           |
| <b>c</b> Add lines 7a and 7b. . . . .  |          |          |          |          |          |           |
| <b>8 Public support.</b> (Subtract line 7c from line 6.) . . . . .   |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ▶  | (a) 2012 | (b) 2013 | (c) 2014 | (d) 2015 | (e) 2016 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| <b>9</b> Amounts from line 6. . . . .  |          |          |          |          |          |           |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . . . |          |          |          |          |          |           |
| <b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. . . . .                          |          |          |          |          |          |           |
| <b>c</b> Add lines 10a and 10b. . . . .  |          |          |          |          |          |           |
| <b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. . . . .     |          |          |          |          |          |           |
| <b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .                                |          |          |          |          |          |           |
| <b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .   |          |          |          |          |          |           |

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

**Section C. Computation of Public Support Percentage**

|   |           |   |
|---|-----------|---|
| <b>15</b> Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f)). . . . . | <b>15</b> | % |
| <b>16</b> Public support percentage from 2015 Schedule A, Part III, line 15. . . . .                      | <b>16</b> | % |

**Section D. Computation of Investment Income Percentage**

|   |           |   |
|---|-----------|---|
| <b>17</b> Investment income percentage for <b>2016</b> (line 10c, column (f) divided by line 13, column (f)). . . . . | <b>17</b> | % |
| <b>18</b> Investment income percentage from <b>2015</b> Schedule A, Part III, line 17. . . . .                        | <b>18</b> | % |

**19a 33-1/3% support tests—2016.** 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—2015.** 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. . . . . ▶



**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

|   | Yes | No |
|---|-----|----|
| 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If 'No,' describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>  |     |    |
| 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If 'Yes,' explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>   |     |    |
| 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If 'Yes,' answer (b) and (c) below.</i>   |     |    |
| b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If 'Yes,' describe in Part VI when and how the organization made the determination.</i>   |     |    |
| c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If 'Yes,' explain in Part VI what controls the organization put in place to ensure such use.</i>  |     |    |
| 4a Was any supported organization not organized in the United States ('foreign supported organization')? <i>If 'Yes' and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>   |     |    |
| b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If 'Yes,' describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>  |     |    |
| c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If 'Yes,' explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>   |     |    |
| 5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If 'Yes,' answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i> |     |    |
| b <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?  |     |    |
| c <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?   |     |    |
| 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If 'Yes,' provide detail in Part VI.</i>  |     |    |
| 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)) or family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).</i>   |     |    |
| 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).</i>  |     |    |
| 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If 'Yes,' provide detail in Part VI.</i>  |     |    |
| b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If 'Yes,' provide detail in Part VI.</i>  |     |    |
| c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If 'Yes,' provide detail in Part VI.</i>   |     |    |
| 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If 'Yes,' answer 10b below.</i>   |     |    |
| b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>   |     |    |

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**Part IV Supporting Organizations** (continued)

|  | Yes        | No |
|--|------------|----|
| <b>11</b> Has the organization accepted a gift or contribution from any of the following persons?  |            |    |
| <b>a</b> A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? | <b>11a</b> |    |
| <b>b</b> A family member of a person described in (a) above?   | <b>11b</b> |    |
| <b>c</b> A 35% controlled entity of a person described in (a) or (b) above? <i>If 'Yes' to a, b, or c, provide detail in Part VI.</i>  | <b>11c</b> |    |

**Section B. Type I Supporting Organizations**

|   | Yes      | No |
|---|----------|----|
| <b>1</b> Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If 'No,' describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i> | <b>1</b> |    |
| <b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If 'Yes,' explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>   | <b>2</b> |    |

**Section C. Type II Supporting Organizations**

|  | Yes      | No |
|--|----------|----|
| <b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If 'No,' describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i> | <b>1</b> |    |

**Section D. All Type III Supporting Organizations**

|  | Yes      | No |
|--|----------|----|
| <b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification to the extent not previously provided? | <b>1</b> |    |
| <b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If 'No,' explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>  | <b>2</b> |    |
| <b>3</b> By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If 'Yes,' describe in Part VI the role the organization's supported organizations played in this regard.</i>   | <b>3</b> |    |

**Section E. Type III Functionally Integrated Supporting Organizations**

|   |           |     |    |
|---|-----------|-----|----|
| <b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).  |           |     |    |
| <b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.  |           |     |    |
| <b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.   |           |     |    |
| <b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).   |           |     |    |
| <b>2</b> Activities Test. Answer (a) and (b) below.   |           | Yes | No |
| <b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If 'Yes,' then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i> | <b>2a</b> |     |    |
| <b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If 'Yes,' explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>  | <b>2b</b> |     |    |
| <b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.   |           |     |    |
| <b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>  | <b>3a</b> |     |    |
| <b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If 'Yes,' describe in Part VI the role played by the organization in this regard.</i>   | <b>3b</b> |     |    |

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

| <b>Section A – Adjusted Net Income</b> |  | (A) Prior Year | (B) Current Year (optional) |
|--|--|----------------|-----------------------------|
| 1                                      | Net short-term capital gain  | 1              |                             |
| 2                                      | Recoveries of prior-year distributions   | 2              |                             |
| 3                                      | Other gross income (see instructions)  | 3              |                             |
| 4                                      | Add lines 1 through 3.   | 4              |                             |
| 5                                      | Depreciation and depletion   | 5              |                             |
| 6                                      | Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | 6              |                             |
| 7                                      | Other expenses (see instructions)  | 7              |                             |
| 8                                      | <b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4).   | 8              |                             |

| <b>Section B – Minimum Asset Amount</b> |   | (A) Prior Year | (B) Current Year (optional) |
|---|---|----------------|-----------------------------|
| 1                                       | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): |                |                             |
| a                                       | Average monthly value of securities   | 1a             |                             |
| b                                       | Average monthly cash balances   | b              |                             |
| c                                       | Fair market value of other non-exempt-use assets  | 1c             |                             |
| d                                       | <b>Total</b> (add lines 1a, 1b, and 1c)   | 1d             |                             |
| e                                       | <b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):                                   |                |                             |
| 2                                       | Acquisition indebtedness applicable to non-exempt-use assets  | 2              |                             |
| 3                                       | Subtract line 2 from line 1d.   | 3              |                             |
| 4                                       | Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).                                 | 4              |                             |
| 5                                       | Net value of non-exempt-use assets (subtract line 4 from line 3)  | 5              |                             |
| 6                                       | Multiply line 5 by .035.  | 6              |                             |
| 7                                       | Recoveries of prior-year distributions  | 7              |                             |
| 8                                       | <b>Minimum Asset Amount</b> (add line 7 to line 6)  | 8              |                             |

| <b>Section C – Distributable Amount</b> |   |   | Current Year |
|---|---|---|--------------|
| 1                                       | Adjusted net income for prior year (from Section A, line 8, Column A)   | 1 |              |
| 2                                       | Enter 85% of line 1.  | 2 |              |
| 3                                       | Minimum asset amount for prior year (from Section B, line 8, Column A)  | 3 |              |
| 4                                       | Enter greater of line 2 or line 3.  | 4 |              |
| 5                                       | Income tax imposed in prior year  | 5 |              |
| 6                                       | <b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). | 6 |              |

7  Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

BAA

Schedule A (Form 990 or 990-EZ) 2016

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** (continued)

| Section D – Distributions  | Current Year |
|--|--------------|
| 1 Amounts paid to supported organizations to accomplish exempt purposes  |              |
| 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity      |              |
| 3 Administrative expenses paid to accomplish exempt purposes of supported organizations  |              |
| 4 Amounts paid to acquire exempt-use assets  |              |
| 5 Qualified set-aside amounts (prior IRS approval required)  |              |
| 6 Other distributions (describe in Part VI). See instructions.   |              |
| 7 <b>Total annual distributions.</b> Add lines 1 through 6.  |              |
| 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. |              |
| 9 Distributable amount for 2016 from Section C, line 6   |              |
| 10 Line 8 amount divided by Line 9 amount  |              |

| Section E – Distribution Allocations (see instructions)   | (i)<br>Excess<br>Distributions | (ii)<br>Underdistributions<br>Pre-2016 | (iii)<br>Distributable<br>Amount for 2016 |
|---|--------------------------------|--|---|
| 1 Distributable amount for 2016 from Section C, line 6  |                                |  |   |
| 2 Underdistributions, if any, for years prior to 2016 (reasonable cause required – explain in Part VI). See instructions.   |                                |  |   |
| 3 Excess distributions carryover, if any, to 2016:  |                                |  |   |
| a   |                                |  |   |
| b   |                                |  |   |
| c From 2013   |                                |  |   |
| d From 2014   |                                |  |   |
| e From 2015   |                                |  |   |
| f <b>Total</b> of lines 3a through e  |                                |  |   |
| g Applied to underdistributions of prior years  |                                |  |   |
| h Applied to 2016 distributable amount  |                                |  |   |
| i Carryover from 2011 not applied (see instructions)  |                                |  |   |
| j Remainder. Subtract lines 3g, 3h, and 3i from 3f.   |                                |  |   |
| 4 Distributions for 2016 from Section D, line 7: \$   |                                |  |   |
| a Applied to underdistributions of prior years  |                                |  |   |
| b Applied to 2016 distributable amount  |                                |  |   |
| c Remainder. Subtract lines 4a and 4b from 4.   |                                |  |   |
| 5 Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. |                                |  |   |
| 6 Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.                        |                                |  |   |
| 7 <b>Excess distributions carryover to 2017.</b> Add lines 3j and 4c.   |                                |  |   |
| 8 Breakdown of line 7:  |                                |  |   |
| a   |                                |  |   |
| b Excess from 2013  |                                |  |   |
| c Excess from 2014  |                                |  |   |
| d Excess from 2015  |                                |  |   |
| e Excess from 2016  |                                |  |   |

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

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PUBLIC DISCLOSURE COPY

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2016

Department of the Treasury Internal Revenue Service

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

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the organization

Employer identification number

SAN DIEGO SECOND CHANCE PROGRAM

33-0539640

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 6.

Table with 3 columns: Line number, (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4 for total number, aggregate value of contributions, aggregate value of grants, and aggregate value at end of year.

- 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 7.

- 1 Purpose(s) of conservation easements held by the organization (check all that apply).
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

Table with 2 columns: Description, Held at the End of the Tax Year. Rows 2a-2d for total number, total acreage, number of conservation easements on a certified historic structure, and number of conservation easements included in (c) acquired after 8/17/06.

- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year
4 Number of states where property subject to conservation easement is located
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

Complete if the organization answered 'Yes' on Form 990, Part IV, line 8.

- 1 a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.
b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

**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' on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1 a 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             | 1 c    |
| d Additions during the year     | 1 d    |
| e Distributions during the year | 1 e    |
| f Ending balance                | 1 f    |

2 a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No

b If 'Yes,' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.

**Part V Endowment Funds.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 10.

|  | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|--|------------------|----------------|--------------------|----------------------|---------------------|
| 1 a Beginning of year balance                    | 130,548.         | 137,207.       | 140,483.           | 100,000.             | 100,000.            |
| b Contributions                                  |                  |                |                    |                      |                     |
| c Net investment earnings, gains, and losses     | 15,146.          | -2,030.        | 1,174.             |                      |                     |
| d Grants or scholarships                         |                  |                |                    |                      |                     |
| e Other expenditures for facilities and programs | 5,118.           | 4,569.         | 4,450.             | 0.                   |                     |
| f Administrative expenses                        |                  |                |                    |                      |                     |
| g End of year balance                            | 140,576.         | 130,548.       | 137,207.           | 100,000.             | 100,000.            |

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

- a Board designated or quasi-endowment  %
  - b Permanent endowment  99.00 %
  - c Temporarily restricted endowment  1.00 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.

3 a 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' on line 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. SEE PART XIII

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11a. 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 |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1 a Land   |                                      | 2,818,350.                      |                              | 2,818,350.     |
| b Buildings  |                                      | 3,523,131.                      | 1,396,885.                   | 2,126,246.     |
| c Leasehold improvements   |                                      | 2,416,756.                      | 424,595.                     | 1,992,161.     |
| d Equipment  |                                      | 245,765.                        | 215,640.                     | 30,125.        |
| e Other  |                                      |                                 |                              |                |
| <b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) |                                      |                                 |                              | 6,966,882.     |

BAA

**Part VII Investments – Other Securities.**

N/A

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

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

**Part VIII Investments – Program Related.**

N/A

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

**Part IX Other Assets.**

N/A

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

| (a) Description   | (b) Book value |
|---|----------------|
| (1)   |                |
| (2)   |                |
| (3)   |                |
| (4)   |                |
| (5)   |                |
| (6)   |                |
| (7)   |                |
| (8)   |                |
| (9)   |                |
| (10)  |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, column (B) line 15.) |                |

**Part X Other Liabilities.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25

| (a) Description of liability  | (b) Book value |
|---|----------------|
| (1) Federal income taxes  |                |
| (2) LEGAL SETTLEMENT  | 1,378,500.     |
| (3)   |                |
| (4)   |                |
| (5)   |                |
| (6)   |                |
| (7)   |                |
| (8)   |                |
| (9)   |                |
| (10)  |                |
| (11)  |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, column (B) line 25.) | 1,378,500.     |

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



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

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

|   |   |    |         |            |
|---|---|----|---------|------------|
| 1 | Total revenue, gains, and other support per audited financial statements        |    | 1       | 4,903,043. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12:             |    |         |            |
|   | a Net unrealized gains (losses) on investments                                  | 2a | 13,866. |            |
|   | b Donated services and use of facilities  | 2b |         |            |
|   | c Recoveries of prior year grants   | 2c |         |            |
|   | d Other (Describe in Part XIII.) SEE PART XIII                                  | 2d | 35,708. |            |
|   | e Add lines 2a through 2d   | 2e |         | 49,574.    |
| 3 | Subtract line 2e from line 1  |    | 3       | 4,853,469. |
| 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       | 4,853,469. |

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

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

|   |  |    |         |            |
|---|--|----|---------|------------|
| 1 | Total expenses and losses per audited financial statements                       |    | 1       | 6,056,985. |
| 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.) SEE PART XIII                                   | 2d | 35,708. |            |
|   | e Add lines 2a through 2d  | 2e |         | 35,708.    |
| 3 | Subtract line 2e from line 1   |    | 3       | 6,021,277. |
| 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       | 6,021,277. |

**Part XIII Supplemental Information.**

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 V, LINE 4 - INTENDED USES OF ENDOWMENT FUND**

ENDOWMENT IS FOR GENERAL SUPPORT OF ORGANIZATION.

**PART X - FIN 48 FOOTNOTE**

SAN DIEGO SECOND CHANCE PROGRAM IS A PUBLIC CHARITY AND IS EXEMPT FROM INCOME TAXES UNDER SECTION 501(C) (3) OF THE INTERNAL REVENUE CODE AND SECTION 23701(D) OF THE CALIFORNIA REVENUE AND TAXATION CODE. SECOND CHANCE BELIEVES THAT IT HAS APPROPRIATE SUPPORT FOR ANY TAX POSITIONS TAKEN, AND AS SUCH, DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS THAT ARE MATERIAL TO THE FINANCIAL STATEMENTS. SAN DIEGO

**Part XIII Supplemental Information** (continued)**PART X - FIN 48 FOOTNOTE (CONTINUED)**

SECOND CHANCE PROGRAM IS NOT A PRIVATE FOUNDATION.

SAN DIEGO SECOND CHANCE PROPERTIES, LLC AND SECOND CHANCE SAN DIEGO HEADQUARTERS, LLC ARE DISREGARDED ENTITIES FOR TAX PURPOSES. NO PROVISION OR BENEFIT FOR INCOME TAXES FOR THE LLC'S HAS BEEN INCLUDED IN THESE CONSOLIDATED STATEMENTS, SINCE TAXABLE INCOME (LOSS) PASSES THROUGH TO, AND IS REPORTABLE BY, THE MEMBER INDIVIDUALLY.

SAN DIEGO SECOND CHANCE PROGRAM'S RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX FOR THE YEARS ENDED JUNE 30, 2017, 2016, 2015, AND 2014 AND THE LLC'S TAX RETURNS FOR THE YEARS ENDED JUNE 30, 2017, 2016, 2015, AND 2014, ARE SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE AND STATE TAXING AUTHORITIES, GENERALLY THREE TO FOUR YEARS AFTER THE RETURNS WERE FILED.

**SCHEDULE D, PART XI, LINE 2D  
OTHER REVENUE INCLUDED IN F/S BUT NOT INCLUDED ON FORM 990**

|                            |                   |
|----------------------------|-------------------|
| SPECIAL EVENT EXPENSE..... | \$ 35,708.        |
| TOTAL                      | <u>\$ 35,708.</u> |

**SCHEDULE D, PART XII, LINE 2D  
OTHER EXPENSES AND LOSSES PER AUDITED F/S**

|                            |                   |
|----------------------------|-------------------|
| SPECIAL EVENT EXPENSE..... | \$ 35,708.        |
| TOTAL                      | <u>\$ 35,708.</u> |

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information Regarding Fundraising or Gaming Activities**

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**2016**

**Open to Public Inspection**

Name of the organization

**SAN DIEGO SECOND CHANCE PROGRAM**

Employer identification number

**33-0539640**

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

**1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a**  Mail solicitations
- b**  Internet and email solicitations
- c**  Phone solicitations
- d**  In-person solicitations
- e**  Solicitation of non-government grants
- f**  Solicitation of government grants
- g**  Special fundraising events

**2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No

**b** If 'Yes,' list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

| (i) Name and address of individual or entity (fundraiser) | (ii) Activity | (iii) Did fundraiser have custody or control of contributions? |    | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in column (i) | (vi) Amount paid to (or retained by) organization |
|---|---------------|--|----|-----------------------------------|---|---|
|   |               | Yes  | No |                                   |   |   |
| 1   |               |  |    |                                   |   |   |
| 2   |               |  |    |                                   |   |   |
| 3   |               |  |    |                                   |   |   |
| 4   |               |  |    |                                   |   |   |
| 5   |               |  |    |                                   |   |   |
| 6   |               |  |    |                                   |   |   |
| 7   |               |  |    |                                   |   |   |
| 8   |               |  |    |                                   |   |   |
| 9   |               |  |    |                                   |   |   |
| 10  |               |  |    |                                   |   |   |
| <b>Total</b> .....  |               |  |    |                                   |   | 0.  |

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

-----  
 -----  
 -----  
 -----

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

| REVENUE         | (a) Event #1   | (b) Event #2  | (c) Other events       | (d) Total events                       |         |
|-----------------|--|---|------------------------|--|---------|
|                 | ORANGE IS THE<br>(event type)                                | (event type)  | NONE<br>(total number) | (add column (a)<br>through column (c)) |         |
| 1               | Gross receipts   | 84,481.   |                        | 84,481.                                |         |
| 2               | Less: Contributions  | 76,781.   |                        | 76,781.                                |         |
| 3               | Gross income (line 1 minus line 2)                           | 7,700.  |                        | 7,700.                                 |         |
| DIRECT EXPENSES | 4  | Cash prizes   |                        |  |         |
|                 | 5  | Noncash prizes  |                        |  |         |
|                 | 6  | Rent/facility costs   | 3,122.                 |  | 3,122.  |
|                 | 7  | Food and beverages  | 7,234.                 |  | 7,234.  |
|                 | 8  | Entertainment   | 16,139.                |  | 16,139. |
|                 | 9  | Other direct expenses                                       | 9,213.                 |  | 9,213.  |
|                 | 10   | Direct expense summary. Add lines 4 through 9 in column (d) |                        |  | 35,708. |
| 11              | Net income summary. Subtract line 10 from line 3, column (d) |   |                        | -28,008.                               |         |

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

| REVENUE         | (a) Bingo  | (b) Pull tabs/instant bingo/progressive bingo | (c) Other gaming  | (d) Total gaming  |
|-----------------|--|---|---|---|
|                 |  |   |   | (add column (a)<br>through column (c))                              |
| 1               | Gross revenue  |   |   |   |
| DIRECT EXPENSES | 2  | Cash prizes                                   |   |   |
|                 | 3  | Noncash prizes                                |   |   |
|                 | 4  | Rent/facility costs                           |   |   |
|                 | 5  | Other direct expenses                         |   |   |
|                 | 6  | Volunteer labor                               | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No |
| 7               | Direct expense summary. Add lines 2 through 5 in column (d)        |   |   |   |
| 8               | Net gaming income summary. Subtract line 7 from line 1, column (d) |   |   |   |

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_

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

b If 'No,' explain: \_\_\_\_\_

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

b If 'Yes,' explain: \_\_\_\_\_

- 11 Does the organization conduct gaming activities with nonmembers?  Yes  No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No

13 Indicate the percentage of gaming activity conducted in:

|                               |      |   |
|-------------------------------|------|---|
| a The organization's facility | 13 a | % |
| b An outside facility         | 13 b | % |

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

- 15 a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No
- b If 'Yes,' enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_.
- c If 'Yes,' enter name and address of the third party:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

16 Gaming manager information:

Name ▶ \_\_\_\_\_

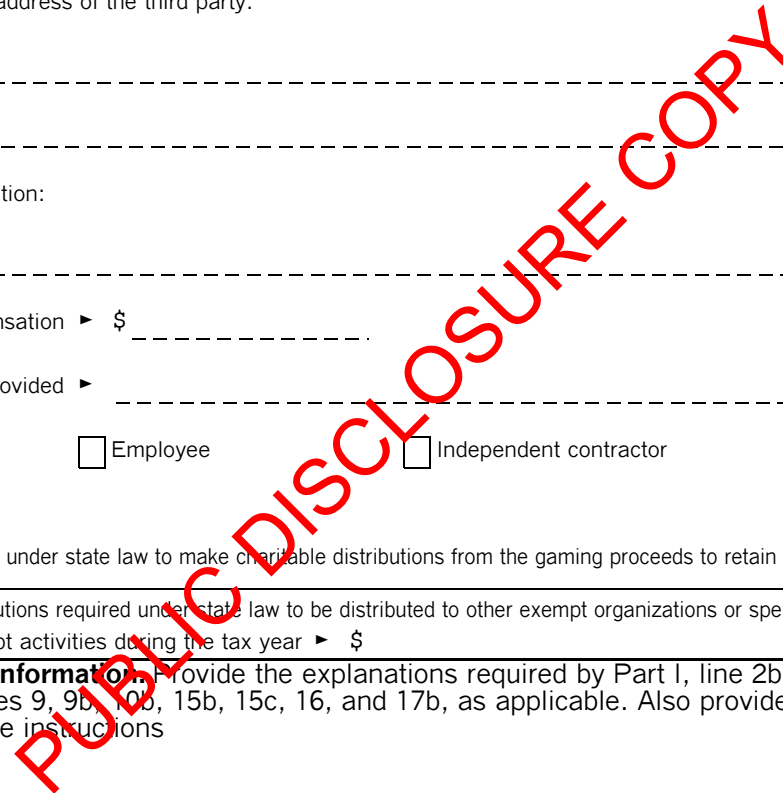
Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

Director/officer       Employee       Independent contractor

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

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



**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered 'Yes' on Form 990, Part IV, line 23.

▶ Attach to Form 990.

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

OMB No. 1545-0047

**2016**

**Open to Public  
Inspection**

Name of the organization

SAN DIEGO SECOND CHANCE PROGRAM

Employer identification number

33-0539640

**Part I Questions Regarding Compensation**

**1 a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |   |
|--|---|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use    |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence    |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees      |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (such as, maid, chauffeur, chef) |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If 'No,' complete Part III to explain. ....

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a? .....

**3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |  |   |
|--|---|
| <input type="checkbox"/> Compensation committee              | <input type="checkbox"/> Written employment contract                                |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input type="checkbox"/> Form 990 of other organizations     | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? ..... **4 a**
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? ..... **4 b**
- c** Participate in, or receive payment from, an equity-based compensation arrangement? ..... **4 c**
- If 'Yes' to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? ..... **5 a**
- b** Any related organization? ..... **5 b**
- If 'Yes' on line 5a or 5b, describe in Part III.

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? ..... **6 a**
- b** Any related organization? ..... **6 b**
- If 'Yes' on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If 'Yes,' describe in Part III. .... **7**

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If 'Yes,' describe in Part III. .... **8**

**9** If 'Yes' on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? ..... **9**

Yes No

|     | Yes | No |
|-----|-----|----|
| 1 a |     |    |
| 1 b |     |    |
| 2   |     |    |
| 3   |     |    |
| 4 a |     | X  |
| 4 b |     | X  |
| 4 c |     | X  |
| 5 a |     | X  |
| 5 b |     | X  |
| 6 a |     | X  |
| 6 b |     | X  |
| 7   |     | X  |
| 8   |     | X  |
| 9   |     |    |

**BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990.**

**Schedule J (Form 990) 2016**

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

**Note:** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

| (A) Name and Title                  |      | (B) Breakdown of W-2 and/or 1099-MISC compensation |                                     |                                     | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns(B)(i)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
|-------------------------------------|------|--|-------------------------------------|-------------------------------------|--|-------------------------|--------------------------------|---|
|                                     |      | (i) Base compensation                              | (ii) Bonus & incentive compensation | (iii) Other reportable compensation |  |                         |                                |   |
| ROBERT COLEMAN<br>1 PRESIDENT & CEO | (i)  | 163,370.   | 0.                                  | 0.                                  | 24,700.  | 4,608.                  | 191,978.                       | 0.  |
|                                     | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                             | 0.  |
| 2                                   | (i)  |  |                                     |                                     |  |                         |                                |   |
|                                     | (ii) |  |                                     |                                     |  |                         |                                |   |
| 3                                   | (i)  |  |                                     |                                     |  |                         |                                |   |
|                                     | (ii) |  |                                     |                                     |  |                         |                                |   |
| 4                                   | (i)  |  |                                     |                                     |  |                         |                                |   |
|                                     | (ii) |  |                                     |                                     |  |                         |                                |   |
| 5                                   | (i)  |  |                                     |                                     |  |                         |                                |   |
|                                     | (ii) |  |                                     |                                     |  |                         |                                |   |
| 6                                   | (i)  |  |                                     |                                     |  |                         |                                |   |
|                                     | (ii) |  |                                     |                                     |  |                         |                                |   |
| 7                                   | (i)  |  |                                     |                                     |  |                         |                                |   |
|                                     | (ii) |  |                                     |                                     |  |                         |                                |   |
| 8                                   | (i)  |  |                                     |                                     |  |                         |                                |   |
|                                     | (ii) |  |                                     |                                     |  |                         |                                |   |
| 9                                   | (i)  |  |                                     |                                     |  |                         |                                |   |
|                                     | (ii) |  |                                     |                                     |  |                         |                                |   |
| 10                                  | (i)  |  |                                     |                                     |  |                         |                                |   |
|                                     | (ii) |  |                                     |                                     |  |                         |                                |   |
| 11                                  | (i)  |  |                                     |                                     |  |                         |                                |   |
|                                     | (ii) |  |                                     |                                     |  |                         |                                |   |
| 12                                  | (i)  |  |                                     |                                     |  |                         |                                |   |
|                                     | (ii) |  |                                     |                                     |  |                         |                                |   |
| 13                                  | (i)  |  |                                     |                                     |  |                         |                                |   |
|                                     | (ii) |  |                                     |                                     |  |                         |                                |   |
| 14                                  | (i)  |  |                                     |                                     |  |                         |                                |   |
|                                     | (ii) |  |                                     |                                     |  |                         |                                |   |
| 15                                  | (i)  |  |                                     |                                     |  |                         |                                |   |
|                                     | (ii) |  |                                     |                                     |  |                         |                                |   |
| 16                                  | (i)  |  |                                     |                                     |  |                         |                                |   |
|                                     | (ii) |  |                                     |                                     |  |                         |                                |   |

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**Part III Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

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

Department of the Treasury  
Internal Revenue Service

Name of the organization

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

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

**2016**

**Open to Public  
Inspection**

**SAN DIEGO SECOND CHANCE PROGRAM**

Employer identification number

**33-0539640**

**FORM 990, PART III, LINE 1 - ORGANIZATION MISSION**

TO DISRUPT THE CYCLES OF INCARCERATION AND POVERTY BY HELPING PEOPLE FIND THEIR WAY TO SELF-SUFFICIENCY. SECOND CHANCE CREATES OPPORTUNITIES FOR PEOPLE TO TRANSFORM THEIR OWN LIVES BY FOSTERING BEHAVIORAL CHANGES THAT PROMOTE PERSONAL RESPONSIBILITY, HEALTHY RELATIONSHIPS, AND POSITIVE CONTRIBUTIONS TO SOCIETY. WE ACCOMPLISH THIS THROUGH PROGRAMS THAT PROVIDE JOB READINESS AND LIFE SKILLS TRAINING, JOB PLACEMENT, BEHAVIORAL HEALTH AND PRISONER RE-ENTRY SERVICES, RELAPSE PREVENTION, AND SOBER-LIVING HOUSING FOR ADULTS AND YOUTH IN NEED.

**FORM 990, PART III, LINE 4A - PROGRAM SERVICE ACCOMPLISHMENTS**

STRIVE FORWARD JUVENILE JUSTICE INITIATIVE FOCUSES ON SUPPORTING AND ADDRESSING THE EDUCATIONAL AND EMPLOYMENT BARRIERS FACED BY COURT-INVOLVED YOUTH WHILE HELPING THEM ATTAIN LIFE-SKILLS AND IN-DEMAND OCCUPATIONAL AND EMPLOYMENT SKILLS NEEDED TO OBTAIN LIVABLE WAGE JOBS. THE SECOND CHANCE YOUTH GARDEN PROVIDES YOUNG PEOPLE (14-21) WITH A SUPPORTIVE, STRUCTURED ENVIRONMENT THAT HELPS TO PREPARE THEM FOR SUCCESS IN THE JOB MARKET, HIGH SCHOOL, AND HIGHER EDUCATION. THROUGH PAID TRANSITIONAL EMPLOYMENT, YOUTH RECEIVE JOB READINESS TRAINING, LEARN POSITIVE COMMUNICATION SKILLS, AND ENGAGE IN LEADERSHIP TRAINING DEVELOPMENT. THROUGH HANDS-ON, GARDEN-BASED EDUCATION, YOUTH LEARN TO SEED, CULTIVATE AND HARVEST THE FRUITS OF THEIR LABOR AND SHARE THIS BOUNTY WITH THE COMMUNITY THROUGH OUR NEIGHBORHOOD FARM STANDS. IN PARTNERSHIP WITH THE SAN DIEGO COUNTY JUVENILE COURT AND COMMUNITY SCHOOLS, THE PROGRAM COMBINES IN-CLASS AND EXPERIENTIAL LEARNING TO INCREASE YOUTH AWARENESS OF URBAN AGRICULTURE AND FOOD JUSTICE AND HELP MOVE THEM TOWARDS SUCCESSFUL HIGH SCHOOL GRADUATION. THE YOUTH OFFENDER REHABILITATION PROGRAM USES EVIDENCE BASED CURRICULA AND COGNITIVE BEHAVIORAL TRAINING TO AID INCARCERATED YOUTH.

Name of the organization

SAN DIEGO SECOND CHANCE PROGRAM

Employer identification number

33-0539640

**FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION**

SECOND CHANCE ACADEMY IS A COLLABORATIVE PROGRAM DEVELOPED BY SECOND CHANCE AND THE UNIVERSITY OF CALIFORNIA, SAN DIEGO'S DEPARTMENT OF PSYCHIATRY. ITS PURPOSE IS TO PROVIDE COMPREHENSIVE TRAINING TO BUILD THE CAPACITY OF INDIVIDUALS WORKING IN THE FIELD OF REENTRY; COMMUNITY-BASED ORGANIZATIONS; COUNTY, STATE AND FEDERAL AGENCIES, AND NATIONAL PROVIDERS OF ADDICTION TREATMENT AND SOBER LIVING HOUSING TO REDUCE RECIDIVISM AND IMPROVE COMMUNITY SAFETY.

**FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS**

THE COMPLETED FORM IS REVIEWED BY THE AUDIT COMMITTEE, TREASURER, AND FINANCE COMMITTEE CHAIR AND DISTRIBUTED TO THE MEMBERS OF THE BOARD FOR REVIEW PRIOR TO SIGNATURE AND FILING.

**FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS**

ALL BOARD MEMBERS ARE REMINDED AT LEAST ANNUALLY OF THE AGENCY'S CONFLICT OF INTEREST POLICY AND REQUIREMENTS. EACH MEMBER SUBMITS A WRITTEN CONFIRMATION REGARDING ANY CONFLICTS OF INTERESTS.

**FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCESS - CEO & TOP MANAGEMENT**

THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS PERFORMED A COMPETITIVE ANALYSIS USING DATA PROVIDED BY NON-PROFIT MANAGEMENT SOLUTIONS, NON-PROFIT TIMES, CENTER FOR NONPROFIT MANAGEMENT, AND MEMBERS OF OTHER LOCAL NON-PROFIT BOARDS OF DIRECTORS.

**FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE**

THE AGENCY MAKES AVAILABLE ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST STATEMENTS, AUDITED FINANCIAL STATEMENTS, AND TAX RETURNS ON REQUEST. THE AUDITED FINANCIAL STATEMENTS AND TAX RETURNS ARE ALSO AVAILABLE ON THE AGENCY WEBSITE.

Name of the organization

Employer identification number

SAN DIEGO SECOND CHANCE PROGRAM

33-0539640

**FORM 990, PART IX, LINE 11G  
OTHER FEES FOR SERVICES**

|                         | (A)<br><u>TOTAL</u> | (B)<br><u>PROGRAM<br/>SERVICES</u> | (C)<br><u>MANAGEMENT<br/>&amp; GENERAL</u> | (D)<br><u>FUND-<br/>RAISING</u> |
|-------------------------|---------------------|------------------------------------|--|---------------------------------|
| OTHER PROFESSIONAL FEES | 632,811.            | 617,562.                           | 7,665.                                     | 7,584.                          |
| <b>TOTAL</b>            | <u>\$ 632,811.</u>  | <u>\$ 617,562.</u>                 | <u>\$ 7,665.</u>                           | <u>\$ 7,584.</u>                |

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**SCHEDULE R**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

- ▶ Complete if the organization answered 'Yes' on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
  - ▶ Attach to Form 990.
- ▶ Information about Schedule R (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2016**

**Open to Public Inspection**

Name of the organization

SAN DIEGO SECOND CHANCE PROGRAM

Employer identification number

33-0539640

**Part I Identification of Disregarded Entities.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 33.

| (a)<br>Name, address, and EIN (if applicable) of disregarded entity                                       | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Total income | (e)<br>End-of-year assets | (f)<br>Direct controlling entity |
|---|-------------------------|--|---------------------|---------------------------|----------------------------------|
| (1) SAN DIEGO SECOND CHANCE PROPERTIES, LLC<br>6145 IMPERIAL AVENUE<br>SAN DIEGO, CA 92114<br>33-0539640  | SOBER-LIVING HOUSING    | CA   | 1,548,174.          | 4,007,685.                | SAN DIEGO SECOND CHANCE PROGRAM  |
| (2) SECOND CHANCE SAN DIEGO HEADQUARTERS LLC<br>6145 IMPERIAL AVENUE<br>SAN DIEGO, CA 92114<br>20-1018910 | HOUSING                 | CA   | 248,004.            | 4,709,828.                | SAN DIEGO SECOND CHANCE PROGRAM  |
| (3) -----   |                         |  |                     |                           |                                  |
| -----   |                         |  |                     |                           |                                  |
| -----   |                         |  |                     |                           |                                  |

**Part II Identification of Related Tax-Exempt Organizations.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

| (a)<br>Name, address, and EIN of related organization | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Exempt Code section | (e)<br>Public charity status (if section 501(c)(3)) | (f)<br>Direct controlling entity | (g)<br>Sec 512(b)(13) controlled entity? |    |
|---|-------------------------|--|----------------------------|---|----------------------------------|--|----|
|   |                         |  |                            |   |                                  | Yes                                      | No |
| (1) -----   |                         |  |                            |   |                                  |  |    |
| -----   |                         |  |                            |   |                                  |  |    |
| (2) -----   |                         |  |                            |   |                                  |  |    |
| -----   |                         |  |                            |   |                                  |  |    |
| (3) -----   |                         |  |                            |   |                                  |  |    |
| -----   |                         |  |                            |   |                                  |  |    |
| (4) -----   |                         |  |                            |   |                                  |  |    |
| -----   |                         |  |                            |   |                                  |  |    |
| -----   |                         |  |                            |   |                                  |  |    |

**Part III Identification of Related Organizations Taxable as a Partnership** Complete if the organization answered 'Yes' on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

| (a)<br>Name, address, and EIN of related organization | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Direct controlling entity | (e)<br>Predominant income (related, unrelated, excluded from tax under sections 512-514) | (f)<br>Share of total income | (g)<br>Share of end-of-year assets | (h)<br>Disproportionate allocations? |    | (i)<br>Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j)<br>General or managing partner? |    | (k)<br>Percentage ownership |
|---|-------------------------|--|----------------------------------|--|------------------------------|------------------------------------|--------------------------------------|----|--|-------------------------------------|----|-----------------------------|
|   |                         |  |                                  |  |                              |                                    | Yes                                  | No |  | Yes                                 | No |                             |
| (1) -----<br>-----<br>-----                           |                         |  |                                  |  |                              |                                    |                                      |    |  |                                     |    |                             |
| (2) -----<br>-----<br>-----                           |                         |  |                                  |  |                              |                                    |                                      |    |  |                                     |    |                             |
| (3) -----<br>-----<br>-----                           |                         |  |                                  |  |                              |                                    |                                      |    |  |                                     |    |                             |

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust** Complete if the organization answered 'Yes' on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

| (a)<br>Name, address, and EIN of related organization | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Direct controlling entity | (e)<br>Type of entity (C corp, S corp, or trust) | (f)<br>Share of total income | (g)<br>Share of end-of-year assets | (h)<br>Percentage ownership | (i)<br>Sec 512(b)(13) controlled entity? |    |
|---|-------------------------|--|----------------------------------|--|------------------------------|------------------------------------|-----------------------------|--|----|
|   |                         |  |                                  |  |                              |                                    |                             | Yes                                      | No |
| (1) -----<br>-----<br>-----                           |                         |  |                                  |  |                              |                                    |                             |  |    |
| (2) -----<br>-----<br>-----                           |                         |  |                                  |  |                              |                                    |                             |  |    |
| (3) -----<br>-----<br>-----                           |                         |  |                                  |  |                              |                                    |                             |  |    |

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**Part V Transactions With Related Organizations.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 34, 35b, or 36.

**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a** Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity .....
- b** Gift, grant, or capital contribution to related organization(s) .....
- c** Gift, grant, or capital contribution from related organization(s) .....
- d** Loans or loan guarantees to or for related organization(s) .....
- e** Loans or loan guarantees by related organization(s) .....
  
- f** Dividends from related organization(s) .....
- g** Sale of assets to related organization(s) .....
- h** Purchase of assets from related organization(s) .....
- i** Exchange of assets with related organization(s) .....
- j** Lease of facilities, equipment, or other assets to related organization(s) .....
  
- k** Lease of facilities, equipment, or other assets from related organization(s) .....
- l** Performance of services or membership or fundraising solicitations for related organization(s) .....
- m** Performance of services or membership or fundraising solicitations by related organization(s) .....
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....
- o** Sharing of paid employees with related organization(s) .....
  
- p** Reimbursement paid to related organization(s) for expenses .....
- q** Reimbursement paid by related organization(s) for expenses .....
  
- r** Other transfer of cash or property to related organization(s) .....
- s** Other transfer of cash or property from related organization(s) .....

|            | Yes | No |
|------------|-----|----|
|            |     |    |
| <b>1 a</b> |     | X  |
| <b>1 b</b> |     | X  |
| <b>1 c</b> |     | X  |
| <b>1 d</b> |     | X  |
| <b>1 e</b> |     | X  |
|            |     |    |
| <b>1 f</b> |     | X  |
| <b>1 g</b> |     | X  |
| <b>1 h</b> |     | X  |
| <b>1 i</b> |     | X  |
| <b>1 j</b> |     | X  |
|            |     |    |
| <b>1 k</b> |     | X  |
| <b>1 l</b> |     | X  |
| <b>1 m</b> |     | X  |
| <b>1 n</b> |     | X  |
| <b>1 o</b> |     | X  |
|            |     |    |
| <b>1 p</b> |     | X  |
| <b>1 q</b> |     | X  |
|            |     |    |
| <b>1 r</b> |     | X  |
| <b>1 s</b> |     | X  |

**2** If the answer to any of the above is 'Yes,' see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

|     | (a)<br>Name of related organization | (b)<br>Transaction type (a-s) | (c)<br>Amount involved | (d)<br>Method of determining amount involved |
|-----|-------------------------------------|-------------------------------|------------------------|--|
| (1) |                                     |                               |                        |  |
| (2) |                                     |                               |                        |  |
| (3) |                                     |                               |                        |  |
| (4) |                                     |                               |                        |  |
| (5) |                                     |                               |                        |  |
| (6) |                                     |                               |                        |  |

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**Part VI Unrelated Organizations Taxable as a Partnership.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

| (a)<br>Name, address, and EIN of entity | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Predominant income (related, unrelated, excluded from tax under sections 512-514) | (e)<br>Are all partners section 501(c)(3) organizations? |    | (f)<br>Share of total income | (g)<br>Share of end-of-year assets | (h)<br>Disproportionate allocations? |    | (i)<br>Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j)<br>General or managing partner? |    | (k)<br>Percentage ownership |
|---|-------------------------|--|--|--|----|------------------------------|------------------------------------|--------------------------------------|----|--|-------------------------------------|----|-----------------------------|
|   |                         |  |  | Yes  | No |                              |                                    | Yes                                  | No |  | Yes                                 | No |                             |
| (1) -----<br>-----<br>-----             |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
| (2) -----<br>-----<br>-----             |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
| (3) -----<br>-----<br>-----             |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
| (4) -----<br>-----<br>-----             |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
| (5) -----<br>-----<br>-----             |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
| (6) -----<br>-----<br>-----             |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
| (7) -----<br>-----<br>-----             |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
| (8) -----<br>-----<br>-----             |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |

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**Part VII** Supplemental Information.

Provide additional information for responses to questions on Schedule R. See instructions.

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PUBLIC DISCLOSURE COPY



Form **4562**

Department of the Treasury  
Internal Revenue Service (99)

### Depreciation and Amortization (Including Information on Listed Property)

▶ Attach to your tax return.

▶ Information about Form 4562 and its separate instructions is at [www.irs.gov/form4562](http://www.irs.gov/form4562).

OMB No. 1545-0172

# 2016

Attachment  
Sequence No. **179**

Name(s) shown on return

**SAN DIEGO SECOND CHANCE PROGRAM**

Identifying number

**33-0539640**

Business or activity to which this form relates

**FORM 990/990-PF**

#### 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                            |                  |
| 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                            |                  |
| 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 <b>smaller</b> of line 5 or line 8.....   | 9                            |                  |
| 10 | Carryover of disallowed deduction from line 13 of your 2015 Form 4562.....   | 10                           |                  |
| 11 | Business income limitation. Enter the smaller of business income (not less than zero) of line 5 (see instrs).....                            | 11                           |                  |
| 12 | Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11.....  | 12                           |                  |
| 13 | Carryover of disallowed deduction to 2017. Add lines 9 and 10, less line 12.....   | 13                           |                  |

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

#### Part II Special Depreciation Allowance and Other Depreciation (Don't 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 | 245,865. |

#### Part III MACRS Depreciation (Don't include listed property.) (See instructions.)

##### Section A

|    |   |    |  |
|----|---|----|--|
| 17 | MACRS deductions for assets placed in service in tax years beginning before 2016.....   | 17 |  |
| 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 type="checkbox"/> |    |  |

##### Section B – Assets Placed in Service During 2016 Tax Year Using the General Depreciation System

| (a)<br>Classification of property   | (b)<br>Month and year placed in service | (c)<br>Basis for depreciation (business/investment use only — see instructions) | (d)<br>Recovery period | (e)<br>Convention | (f)<br>Method | (g)<br>Depreciation deduction |
|-------------------------------------|---|---|------------------------|-------------------|---------------|-------------------------------|
| 19 a 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           |                               |
|                                     |   |   |                        | MM                | S/L           |                               |

##### Section C – Assets Placed in Service During 2016 Tax Year Using the Alternative Depreciation System

|                      |  |  |        |    |     |  |
|----------------------|--|--|--------|----|-----|--|
| 20 a 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 | 245,865. |
| 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 |          |

BAA For Paperwork Reduction Act Notice, see separate instructions.

FDIZ0812L 01/24/17

Form **4562** (2016)

California Exempt Organization Annual Information Return

Calendar Year 2016 or fiscal year beginning (mm/dd/yyyy) 7/01/2016, and ending (mm/dd/yyyy) 6/30/2017. Corporation/Organization name SAN DIEGO SECOND CHANCE PROGRAM. California corporation number 1841000. FEIN 33-0539640. Street address 6145 IMPERIAL AVENUE. City SAN DIEGO. State CA. Zip code 92114.

A First Return [ ] Yes [X] No. B Amended Return [ ] Yes [X] No. C IRC Section 4947(a)(1) trust [ ] Yes [X] No. D Final Information Return? [ ] Dissolved [ ] Surrendered (Withdrawn) [ ] Merged/Reorganized. E Check accounting method: 1 [ ] Cash 2 [X] Accrual 3 [ ] Other. F Federal return filed? 1 [ ] 990T 2 [ ] 990-PF 3 [ ] Sch H (990) 4 [ ] Other 990 series. G Is this a group filing? [ ] Yes [X] No. H Is this organization in a group exemption? [ ] Yes [X] No. I Did the organization have any changes to its guidelines not reported to the FTB? [ ] Yes [X] No. J If exempt under R&TC Section 23701d, has the organization engaged in political activities? [ ] Yes [X] No. K Is the organization exempt under R&TC Section 23701g? [ ] Yes [X] No. L If organization is exempt under R&TC Section 23701d and meets the filing fee exception, check box. No filing fee is required. [X]. M Is the organization a Limited Liability Company? [ ] Yes [X] No. N Did the organization file Form 100 or Form 109 to report taxable income? [ ] Yes [X] No. O Is the organization under audit by the IRS or has the IRS audited in a prior year? [ ] Yes [X] No. P Is federal Form 1023/1024 pending? [ ] Yes [X] No. Date filed with IRS.

Part I Complete Part I unless not required to file this form. See General Instructions B and C.

Table with 3 columns: Description, Line Number, Amount. Rows include Receipts and Revenues (1-8), Expenses (9-10), Filing Fee (11-17), and Sign Here (18-19). Total gross receipts: 5,907,696. Total gross income: 4,889,177. Total expenses: 6,056,985. Balance due: 0.

Sign Here: Signature of officer MICHAEL J. ZIZZI, Title CFO, Date 5/14/18. Telephone 619.234.8888. PTIN P00085553. FEIN 95-2076568. Telephone 619.294.7200. May the FTB discuss this return with the preparer shown above? [X] Yes [ ] No.

**Part II Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts – complete Part II or furnish substitute information.**

|                                    |    |   |    |            |
|------------------------------------|----|---|----|------------|
| <b>Receipts from Other Sources</b> | 1  | Gross sales or receipts from all business activities. See instructions.   | 1  |            |
|                                    | 2  | Interest  | 2  | 1,456.     |
|                                    | 3  | Dividends   | 3  |            |
|                                    | 4  | Gross rents   | 4  |            |
|                                    | 5  | Gross royalties   | 5  |            |
|                                    | 6  | Gross amount received from sale of assets (See instructions)  | 6  | 1,350,000. |
|                                    | 7  | Other income. Attach schedule. SEE STATEMENT 1  | 7  | 1,179,356. |
|                                    | 8  | <b>Total</b> gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1. | 8  | 2,530,812. |
| <b>Expenses and Disbursements</b>  | 9  | Contributions, gifts, grants, and similar amounts paid. Attach schedule.  | 9  |            |
|                                    | 10 | Disbursements to or for members   | 10 |            |
|                                    | 11 | Compensation of officers, directors, and trustees. Attach schedule.   | 11 | 185,000.   |
|                                    | 12 | Other salaries and wages  | 12 | 2,040,667. |
|                                    | 13 | Interest  | 13 | 164,492.   |
|                                    | 14 | Taxes   | 14 | 235,053.   |
|                                    | 15 | Rents   | 15 |            |
|                                    | 16 | Depreciation and depletion (See instructions)   | 16 | 245,864.   |
|                                    | 17 | Other Expenses and Disbursements. Attach schedule. SEE STATEMENT 2  | 17 | 3,185,909. |
|                                    | 18 | <b>Total</b> expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9.                | 18 | 6,056,985. |

| <b>Schedule L Balance Sheet</b>  |  | <b>Beginning of taxable year</b> |            | <b>End of taxable year</b> |            |
|----------------------------------|--|----------------------------------|------------|----------------------------|------------|
|                                  |  | <b>(a)</b>                       | <b>(b)</b> | <b>(c)</b>                 | <b>(d)</b> |
| <b>Assets</b>                    |  |                                  |            |                            |            |
| 1                                | Cash   |                                  | 744,118.   |                            | 1,076,199. |
| 2                                | Net accounts receivable                            |                                  | 475,431.   |                            | 776,511.   |
| 3                                | Net notes receivable                               |                                  |            |                            |            |
| 4                                | Inventories  |                                  |            |                            |            |
| 5                                | Federal and state government obligations           |                                  |            |                            |            |
| 6                                | Investments in other bonds                         |                                  |            |                            |            |
| 7                                | Investments in stock                               |                                  |            |                            |            |
| 8                                | Mortgage loans                                     |                                  |            |                            |            |
| 9                                | Other investments. Attach schedule.                |                                  | 230,548.   |                            |            |
| 10 a                             | Depreciable assets                                 | 7,138,631.                       |            | 6,185,652.                 |            |
| b                                | Less accumulated depreciation                      | 2,144,039.                       | 4,994,592. | 2,037,120.                 | 4,148,532. |
| 11                               | Land   |                                  | 3,118,350. |                            | 2,818,350. |
| 12                               | Other assets. Attach schedule. STM 3               |                                  | 161,413.   |                            | 391,602.   |
| 13                               | <b>Total assets</b>                                |                                  | 9,724,852. |                            | 9,211,194. |
| <b>Liabilities and net worth</b> |  |                                  |            |                            |            |
| 14                               | Accounts payable                                   |                                  | 238,978.   |                            | 390,219.   |
| 15                               | Contributions, gifts, or grants payable            |                                  |            |                            |            |
| 16                               | Bonds and notes payable                            |                                  |            |                            |            |
| 17                               | Mortgages payable                                  |                                  | 4,166,582. |                            | 3,380,125. |
| 18                               | Other liabilities. Attach schedule. STM 4          |                                  | 103,000.   |                            | 1,378,500. |
| 19                               | Capital stock or principal fund                    |                                  | 5,216,292. |                            | 4,062,350. |
| 20                               | Paid-in or capital surplus. Attach reconciliation. |                                  |            |                            |            |
| 21                               | Retained earnings or income fund                   |                                  |            |                            |            |
| 22                               | <b>Total liabilities and net worth</b>             |                                  | 9,724,852. |                            | 9,211,194. |

| <b>Schedule M-1 Reconciliation of income per books with income per return</b>                          |   |             |    |   |             |
|--|---|-------------|----|---|-------------|
| Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000. |   |             |    |   |             |
| 1  | Net income per books  | -1,167,808. | 7  | Income recorded on books this year not included in this return. Attach schedule       |             |
| 2  | Federal income tax  |             | 8  | Deductions in this return not charged against book income this year. Attach schedule. |             |
| 3  | Excess of capital losses over capital gains                                       |             | 9  | Total. Add line 7 and line 8  |             |
| 4  | Income not recorded on books this year. Attach schedule.                          |             | 10 | Net income per return. Subtract line 9 from line 6.                                   | -1,167,808. |
| 5  | Expenses recorded on books this year not deducted in this return. Attach schedule |             |    |   |             |
| 6  | <b>Total.</b> Add line 1 through line 5.  | -1,167,808. |    |   |             |

**STATEMENT 1**  
**FORM 199, PART II, LINE 7**  
**OTHER INCOME**

|                                 |       |                      |
|---------------------------------|-------|----------------------|
| INCOME FROM SPECIAL EVENTS..... | \$    | 7,700.               |
| OTHER INCOME.....               |       | 14,226.              |
| PROGRAM SERVICE REVENUE.....    |       | 1,157,430.           |
|                                 | TOTAL | <u>\$ 1,179,356.</u> |

**STATEMENT 2**  
**FORM 199, PART II, LINE 17**  
**OTHER EXPENSES**

|                                  |       |                      |
|----------------------------------|-------|----------------------|
| ACCOUNTING FEES.....             | \$    | 16,295.              |
| ADVERTISING AND PROMOTION.....   |       | 47,047.              |
| AMORTIZATION.....                |       | 1,986.               |
| BANK FEES AND OTHER CHARGES..... |       | 27,060.              |
| DUES & SUBSCRIPTIONS.....        |       | 26,761.              |
| INSURANCE.....                   |       | 78,643.              |
| LEGAL FEES.....                  |       | 21,274.              |
| MEALS & ENTERTAINMENT.....       |       | 6,289.               |
| OTHER EMPLOYEE BENEFIT.....      |       | 151,087.             |
| OTHER FEES.....                  |       | 632,811.             |
| PARTICIPANT SUPPORT.....         |       | 360,676.             |
| POSTAGE AND SHIPPING.....        |       | 3,439.               |
| PRINTING AND PUBLICATIONS.....   |       | 18,031.              |
| REPAIRS & MAINTENANCE.....       |       | 109,962.             |
| SETTLEMENT EXPENSES.....         |       | 1,178,500.           |
| SPECIAL EVENT EXPENSES.....      |       | 35,708.              |
| STAFF DEVELOPMENT.....           |       | 37,594.              |
| STAFF RECRUITMENT.....           |       | 25,384.              |
| SUPPLIES.....                    |       | 135,794.             |
| TAXES AND FEES.....              |       | 10,062.              |
| TELEPHONE.....                   |       | 35,305.              |
| TRAVEL.....                      |       | 67,620.              |
| UTILITIES.....                   |       | 158,510.             |
| WEBSITE.....                     |       | 71.                  |
|                                  | TOTAL | <u>\$ 3,185,909.</u> |

**STATEMENT 3**  
**FORM 199, SCHEDULE L, LINE 12**  
**OTHER ASSETS**

|  |       |                    |
|--|-------|--------------------|
| CONSTRUCTION IN PROGRESS.....              |       | 89,797.            |
| INVESTMENTS.....                           |       | 240,576.           |
| NET INTANGIBLE ASSETS.....                 |       | 7,246.             |
| PREPAID EXPENSES AND DEFERRED CHARGES..... |       | 53,983.            |
|  | TOTAL | <u>\$ 391,602.</u> |

STATEMENT 4  
FORM 199, SCHEDULE L, LINE 18  
OTHER LIABILITIES

|                       |                      |
|-----------------------|----------------------|
| LEGAL SETTLEMENT..... | 1,378,500.           |
| TOTAL                 | <u>\$ 1,378,500.</u> |

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IN  
**MAIL TO:**  
 Registry of Charitable Trusts  
 P.O. Box 903447  
 Sacramento, CA 94203-4470  
 Telephone: (916) 445-2021

**WEBSITE ADDRESS:**  
<http://ag.ca.gov/charities/>

## ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

Sections 12586 and 12587, California Government Code  
 11 Cal. Code Regs. sections 301-307, 311 and 312

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties as defined in Government Code Section 12586.1. IRS extensions will be honored.



|   |  |
|---|--|
| State Charity Registration Number <u>88692</u><br><br>SAN DIEGO SECOND CHANCE PROGRAM<br><small>Name of Organization</small><br><br>6145 IMPERIAL AVENUE<br><small>Address (Number and Street)</small><br><br>SAN DIEGO, CA 92114<br><small>City or Town State ZIP Code</small> | <b>Check if:</b><br><input type="checkbox"/> Change of address<br><input type="checkbox"/> Amended report<br><br>Corporate or Organization No. <u>1841000</u><br><br>Federal Employer I.D. No. <u>33-0539640</u> |
|---|--|

**ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311 and 312)**  
**Make Check Payable to Attorney General's Registry of Charitable Trusts**

| Gross Annual Revenue           | Fee  | Gross Annual Revenue              | Fee  | Gross Annual Revenue                  | Fee   |
|--------------------------------|------|-----------------------------------|------|---------------------------------------|-------|
| Less than \$25,000             | 0    | Between \$100,001 and \$250,000   | \$50 | Between \$1,000,001 and \$10 million  | \$150 |
| Between \$25,000 and \$100,000 | \$25 | Between \$250,001 and \$1 million | \$75 | Between \$10,000,001 and \$50 million | \$225 |
|                                |      |                                   |      | Greater than \$50 million             | \$300 |

**PART A – ACTIVITIES**

For your most recent full accounting period (beginning 7/01/16 ending 6/30/17) list:  
 Gross annual revenue \$ 4,853,469. Total assets \$ 9,211,194.

**PART B – STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT**

**Note:** If you answer 'yes' to any of the questions below, you must attach a separate sheet providing an explanation and details for each 'yes' response. Please review RRF-1 instructions for information required.

|  | Yes                                 | No                                  |
|--|-------------------------------------|-------------------------------------|
| 1 During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof either directly or with an entity in which any such officer, director or trustee had any financial interest? | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 2 During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 3 During this reporting period, did non-program expenditures exceed 50% of gross revenues?   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 4 During this reporting period, were any organization funds used to pay any penalty, fine or judgment? If you filed a Form 4720 with the Internal Revenue Service, attach a copy.  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 5 During this reporting period, were the services of a commercial fundraiser or fundraising counsel for charitable purposes used? If 'yes,' provide an attachment listing the name, address, and telephone number of the service provider.   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 6 During this reporting period, did the organization receive any governmental funding? If so, provide an attachment listing the name of the agency, mailing address, contact person, and telephone number. <span style="float: right;">SEE STATEMENT 1</span>                              | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 7 During this reporting period, did the organization hold a raffle for charitable purposes? If 'yes,' provide an attachment indicating the number of raffles and the date(s) they occurred.  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 8 Does the organization conduct a vehicle donation program? If 'yes,' provide an attachment indicating whether the program is operated by the charity or whether the organization contracts with a commercial fundraiser for charitable purposes.  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 9 Did your organization have prepared an audited financial statement in accordance with generally accepted accounting principles for this reporting period?  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |

Organization's area code and telephone number 619.234.8888  
 Organization's e-mail address \_\_\_\_\_

**I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, it is true, correct and complete.**

|                                 |                                    |              |      |
|---------------------------------|------------------------------------|--------------|------|
| Signature of authorized officer | SARAH J. SLAUGHTER<br>Printed Name | CFO<br>Title | Date |
|---------------------------------|------------------------------------|--------------|------|

**STATEMENT 1  
FORM RRF-1, PART B, LINE 6  
GOVERNMENT AGENCY THAT PROVIDED FUNDING**

SAN DIEGO WOKFORCE PARTNERSHIP  
3910 UNIVERSITY AVE #400  
SAN DIEGO, CA 92105  
CHRIS BURLAKA, CHIEF FINANCIAL OFFICER  
619-228-2970

COUNTY OF SAN DIEGO, PROBATION DEPT  
9444 BALBOA AVE, #500  
SAN DIEGO, CA 92123  
SEAN BEHAN, CONTRACT ANALYST II  
858-514-3148

STRIVE NEW YORK  
240 EAST 123RD ST 3RD FL  
NEW YORK, NY 10035  
PHILIP WEINBERG, PRESIDENT & CEO  
212-360-1100

SAN DIEGO COUNTY OFFICE OF EDUCATION  
6401 LINDA VISTA RD.  
SAN DIEGO, CA 92111  
KIMBERLY CASTAGNOLA PURCHASING AND CONTRACTS SUPERVISOR  
858-571-7264

CITY OF SAN DIEGO-ECONOMIC DEVELOPMENT DEPT (CDBG)  
1200 THIRD AVE #1400  
SAN DIEGO, CA 92101  
MICHELLE HARATI COMMUNITY DEVELOPMENT PROJECT MANAGER  
619-533-6280

COUNTY OF SAN DIEGO BEHAVIORAL HEALTH SERVICES  
3255 CAMINO DEL RIO SOUTH  
SAN DIEGO, CA 92108  
DAVID MULLEN PROGRAM COORDINATOR  
619-584-3023

PUBLIC DISCLOSURE COPY

OFFICER COMPENSATION

|                | BASE PAY  | BENEFITS |
|----------------|-----------|----------|
| ROBERT COLEMAN | \$187,370 | \$24,107 |

PUBLIC DISCLOSURE COPY