

Return of Organization Exempt From Income Tax

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

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

A For the 2010 calendar year, or tax year beginning **JUL 1, 2010** and ending **JUN 30, 2011**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization Second Helpings, Inc. Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1121 Southeastern Ave. City or town, state or country, and ZIP + 4 Indianapolis, IN 46202	D Employer identification number 35-1484281 E Telephone number 317-632-2664
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		G Gross receipts \$ 4,075,458. H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number
J Website: www.secondhelpings.org		L Year of formation: 1998 M State of legal domicile: IN
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: Rescuing and distributing prepared and perishable food to those in need through established 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 19 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 19 5 Total number of individuals employed in calendar year 2010 (Part V, line 2a) 5 21 6 Total number of volunteers (estimate if necessary) 6 701 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) 3,836,551. 3,852,761. 9 Program service revenue (Part VIII, line 2g) 35,431. 27,472. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10,387. 10,279. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 116,048. 94,738. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 3,998,417. 3,985,250.	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:50%;">Prior Year</th> <th style="width:50%;">Current Year</th> </tr> <tr> <td>3,836,551.</td> <td>3,852,761.</td> </tr> <tr> <td>35,431.</td> <td>27,472.</td> </tr> <tr> <td>10,387.</td> <td>10,279.</td> </tr> <tr> <td>116,048.</td> <td>94,738.</td> </tr> <tr> <td>3,998,417.</td> <td>3,985,250.</td> </tr> </table>	Prior Year	Current Year	3,836,551.	3,852,761.	35,431.	27,472.	10,387.	10,279.	116,048.	94,738.	3,998,417.	3,985,250.
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35,431.	27,472.													
10,387.	10,279.													
116,048.	94,738.													
3,998,417.	3,985,250.													
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 2,274,729. 2,471,514. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 729,850. 775,856. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 0. 16b Total fundraising expenses (Part IX, column (D), line 25) 200,986. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 776,152. 862,949. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 3,780,731. 4,110,319. 19 Revenue less expenses. Subtract line 18 from line 12 217,686. -125,069.													
Net Assets or Fund Balances	20 Total assets (Part X, line 16) 2,696,941. 2,592,764. 21 Total liabilities (Part X, line 26) 20,839. 41,731. 22 Net assets or fund balances. Subtract line 21 from line 20 2,676,102. 2,551,033.	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:50%;">Beginning of Current Year</th> <th style="width:50%;">End of Year</th> </tr> <tr> <td>2,696,941.</td> <td>2,592,764.</td> </tr> <tr> <td>20,839.</td> <td>41,731.</td> </tr> <tr> <td>2,676,102.</td> <td>2,551,033.</td> </tr> </table>	Beginning of Current Year	End of Year	2,696,941.	2,592,764.	20,839.	41,731.	2,676,102.	2,551,033.				
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2,696,941.	2,592,764.													
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2,676,102.	2,551,033.													

Part II Signature Block

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

Sign Here	Signature of officer Jennifer Vigran, CEO Type or print name and title	Date 2/28/12
Paid Preparer Use Only	Print/Type preparer's name Shawn Dreiman	Preparer's signature Date 2/27/12
Firm's name Alerding & Company, LLC		Firm's EIN (317) 569-4181
Firm's address 4181 E. 96th Street, Suite 180 Indianapolis, IN 46240		Phone no. (317) 569-4181

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:
Second Helpings, Inc. is committed to rescuing and distributing prepared and perishable food to those in need through established hunger relief programs, and in the process, educates and trains adults for positions in the culinary field.

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 exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 346,411. including grants of \$) (Revenue \$)
Second Helpings utilizes the preparation of rescued food as adult training for job placement in the culinary food industry. During the fiscal year ending 06/30/2011, four 10 week classes were held and a total of 39 individuals graduated. 31 people were placed in jobs through this program.

4b (Code:) (Expenses \$ 331,943. including grants of \$) (Revenue \$)
The organization rescued 1,731,740 pounds of food for the fiscal year ending 06/30/2011. The food was used to feed children, adults and seniors through other social service agencies, and for job training in the food industry

4c (Code:) (Expenses \$ 2,941,916. including grants of \$) (Revenue \$)
During the fiscal year ending 06/30/2011, 653,367 meals were prepared and served to people in shelters for the disadvantaged.

4d Other program services. (Describe in Schedule O.)
(Expenses \$ 15,684. including grants of \$) (Revenue \$ 27,472.)

4e Total program service expenses 3,635,954.

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 Schedule B, Schedule of Contributors?	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 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		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 where 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; 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 term, permanent, 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, XII, and XIII</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, XII, and XIII 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, and program service activities outside the United States? <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 assistance to any organization or entity located outside the United States? <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 assistance to individuals located outside the United States? <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>		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
20a Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)		

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

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

Section A. Governing Body and Management

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year		
1b Enter the number of voting members included in line 1a, above, who are independent		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6 Does the organization have members or stockholders?		X
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
7b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a The governing body?	X	
8b Each committee with authority to act on behalf of the governing body?	X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

	Yes	No
10a Does the organization have local chapters, branches, or affiliates?		X
10b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	X	
11b Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
12b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
13 Does the organization have a written whistleblower policy?	X	
14 Does the organization have a written document retention and destruction policy?	X	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a The organization's CEO, Executive Director, or top management official	X	
15b Other officers or key employees of the organization		X
If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
16b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken 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 **IN**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
 Own website Another's website Upon request
- 19** Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **Mike Eline - 317-632-2664**
1121 Southeastern Ave., Indianapolis, IN 46202

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
Jerry Adams Chairman of Board	1.70	X		X				0.	0.	0.
Howard Fulford Board Member	3.00	X						0.	0.	0.
Renae Breitbart Board Member	0.10	X						0.	0.	0.
Connie Gigax Board Member	1.40	X						0.	0.	0.
Steve Delaney Board Member	1.30	X						0.	0.	0.
John Elliott Board Member	0.80	X						0.	0.	0.
Kevin Etzkorn Board Member	1.10	X						0.	0.	0.
Bobbi Eline Treasurer	1.50	X		X				0.	0.	0.
Bob Koch Board Member	1.20	X						0.	0.	0.
James Hamilton Board Member	0.30	X						0.	0.	0.
Andre Robinson Board Member	0.90	X						0.	0.	0.
Andrew Noga Board Member	0.80	X						0.	0.	0.
Marie Powell Vice Chairman	1.30	X		X				0.	0.	0.
Tony Schafer Board Member	0.90	X						0.	0.	0.
Jennifer Vigran Secretary until 11/5/10	2.30	X		X				0.	0.	0.
Albert White Board Member	1.00	X						0.	0.	0.
John Zimmermann Board Member	2.70	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
Kathleen Lee Board Member	0.60	X						0.	0.	0.
Cynthia H. Hubert CEO until 11/5/10	40.00			X				50,912.	0.	0.
Jennifer Vigran Interim CEO	40.00			X				10,600.	0.	0.
1b Sub-total								61,512.	0.	0.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								61,512.	0.	0.

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

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. **NONE**

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

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

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1 a	Federated campaigns					
	b	Membership dues					
	c	Fundraising events					
	d	Related organizations					
	e	Government grants (contributions)					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	3852761.			
	g	Noncash contributions included in lines 1a-1f: \$		2789629.			
	h	Total. Add lines 1a-1f		3852761.			
Program Service Revenue	2 a	Fee Income	Business Code 722320	27,472.	27,472.		
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		27,472.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		10,279.		10,279.	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross Rents	(i) Real				
			(ii) Personal				
			b	Less: rental expenses			
			c	Rental income or (loss)			
	d	Net rental income or (loss)					
	7 a	Gross amount from sales of assets other than inventory	(i) Securities				
			(ii) Other				
			b	Less: cost or other basis and sales expenses			
			c	Gain or (loss)			
	d	Net gain or (loss)					
	8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a	182073.			
			b	Less: direct expenses	b	90,208.	
c			Net income or (loss) from fundraising events		91,865.		91,865.
9 a	Gross income from gaming activities. See Part IV, line 19	a					
		b	Less: direct expenses	b			
		c	Net income or (loss) from gaming activities				
10 a	Gross sales of inventory, less returns and allowances	a					
		b	Less: cost of goods sold	b			
		c	Net income or (loss) from sales of inventory				
Miscellaneous Revenue			Business Code				
11 a	Other Income	722320	2,873.		2,873.		
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d		2,873.				
12	Total revenue. See instructions.		3985250.	27,472.	0.	105,017.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	2,471,514.	2,471,514.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	51,096.		51,096.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	547,467.	383,080.	68,617.	95,770.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	131,051.	74,699.	43,247.	13,105.
10 Payroll taxes	46,242.	29,595.	9,248.	7,399.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	97,963.	40,166.	48,001.	9,796.
12 Advertising and promotion	20,125.	1,007.	200.	18,918.
13 Office expenses	43,617.	11,687.	3,890.	28,040.
14 Information technology				
15 Royalties				
16 Occupancy	66,533.	58,549.	3,992.	3,992.
17 Travel	56,514.	55,167.	783.	564.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	7,588.	4,780.	911.	1,897.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	96,509.	68,522.	25,093.	2,894.
23 Insurance	41,392.	33,528.	5,381.	2,483.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a Food Spoilage	238,883.	238,883.		
b Repairs & Maintenance	96,572.	80,156.	8,691.	7,725.
c Kitchen and General Sup	63,388.	63,388.		
d Awards & Recognition	16,038.	12,991.	802.	2,245.
e Dues & Subscriptions	10,906.	5,017.	2,290.	3,599.
f All other expenses	6,921.	3,225.	1,137.	2,559.
25 Total functional expenses. Add lines 1 through 24f	4,110,319.	3,635,954.	273,379.	200,986.
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	198,966.	1	172,242.
	2 Savings and temporary cash investments	493,176.	2	515,614.
	3 Pledges and grants receivable, net	237,010.	3	166,266.
	4 Accounts receivable, net	4,745.	4	25,020.
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	53,021.	8	62,288.
	9 Prepaid expenses and deferred charges		9	2,655.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 2,599,363.		
	b Less: accumulated depreciation	10b 950,684.	10c	1,648,679.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)	2,696,941.	16	2,592,764.	
Liabilities	17 Accounts payable and accrued expenses	20,839.	17	41,731.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities. Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	20,839.	26	41,731.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	2,454,092.	27	2,335,372.
	28 Temporarily restricted net assets	222,010.	28	215,661.
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	2,676,102.	33	2,551,033.	
34 Total liabilities and net assets/fund balances	2,696,941.	34	2,592,764.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,985,250.
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,110,319.
3	Revenue less expenses. Subtract line 2 from line 1	3	-125,069.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,676,102.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	0.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	2,551,033.

Part XII Financial Statements and Reporting

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

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

Form 990 (2010)

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2010

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

Name of the organization **Second Helpings, Inc.** Employer identification number **35-1484281**

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

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

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

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11g(i)	
(ii) A family member of a person described in (i) above?	11g(ii)	
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)	
- h Provide the following information about the supported organization(s).

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

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

Schedule A (Form 990 or 990-EZ) 2010

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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	3,885,330.	3,578,753.	3,425,950.	3,795,685.	3,852,761.	18,538,479.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	3,885,330.	3,578,753.	3,425,950.	3,795,685.	3,852,761.	18,538,479.
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)						4,819,523.
6 Public support. Subtract line 5 from line 4.						13,718,956.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	3,885,330.	3,578,753.	3,425,950.	3,795,685.	3,852,761.	18,538,479.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	898.	6,650.	13,237.	8,484.	10,279.	39,548.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						18,578,027.
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))	14	73.85 %
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	82.87 %
16a 33 1/3% support test - 2010. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>	
b 33 1/3% support test - 2009. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
17a 10% -facts-and-circumstances test - 2010. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>	

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2010. 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 - 2009. 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

Schedule B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2010

Name of the organization

Employer identification number

Second Helpings, Inc.

35-1484281

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vii), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. ▶ \$ _____

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

Name of organization Second Helpings, Inc.	Employer identification number 35-1484281
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Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	See Schedule 1 for Monetary Donors	\$ 721,969.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	See Schedule 2 for In-Kind Donors	\$ 2,536,160.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

Second Helpings, Inc.

35-1484281

Part II Noncash Property (see instructions)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
2	Food and other in-kind donations	\$ 2,536,160.	/ /10
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	

Name of organization

Employer identification number

Second Helpings, Inc.

35-1484281

Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ \$

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2010

Open to Public
Inspection

Name of the organization

Second Helpings, Inc.

Employer identification number

35-1484281

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange programs
 - e Other _____

- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIV and complete the following table:

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

- 2a Did the organization include an amount on Form 990, Part X, line 21? Yes No
- b If "Yes," explain the arrangement in Part XIV.

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

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

- 2 Provide the estimated percentage of the year end balance held as:
- a Board designated or quasi-endowment _____ %
 - b Permanent endowment _____ %
 - c Term endowment _____ %

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

	Yes	No
3a(i) unrelated organizations		
3a(ii) related organizations		
3b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?		

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

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		49,700.		49,700.
b Buildings		1,840,528.	390,189.	1,450,339.
c Leasehold improvements				
d Equipment		709,135.	560,495.	148,640.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				1,648,679.

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

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

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

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

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

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

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

1. (a) Description of liability	(b) Amount
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶	

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

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	3,985,250.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	4,110,319.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	-125,069.
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	0.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	-125,069.

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

1	Total revenue, gains, and other support per audited financial statements	1	3,991,599.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	6,349.
e	Add lines 2a through 2d	2e	6,349.
3	Subtract line 2e from line 1	3	3,985,250.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	3,985,250.

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

1	Total expenses and losses per audited financial statements	1	4,110,319.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	4,110,319.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	4,110,319.

Part XIV Supplemental Information

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

Schedule D Part XII Line 2d

Corporate and government grants with restrictions as to use: \$-161,641

Release of temporarily restricted net assets: 167,990

Net difference between financial statement revenue and Form 990 revenue: 6,349

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

**Supplemental Information Regarding
Fundraising or Gaming Activities**

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

OMB No. 1545-0047

2010

Open To Public
Inspection

Name of the organization: **Second Helpings, Inc.** Employer identification number: **35-1484281**

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

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

- a 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

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

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

(i) Name and address of individual or 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 col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total				▶		

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

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
		Tonic Ball	Harvest Ball	1	(add col. (a) through col. (c))	
		(event type)	(event type)	(total number)		
Revenue	1	Gross receipts	56,990.	114,798.	10,285.	182,073.
	2	Less: Charitable contributions				
	3	Gross income (line 1 minus line 2)	56,990.	114,798.	10,285.	182,073.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	21,233.	54,795.	14,180.	90,208.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				(90,208)
	11	Net income summary. Combine line 3, column (d), and line 10				91,865.

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

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

9 Enter the state(s) in which the organization operates gaming activities: _____
 a Is the organization licensed to operate gaming activities in each of these states? Yes No
 b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No
 b If "Yes," explain: _____

- 11 Does the organization operate gaming activities with nonmembers? 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 operated in:

a The organization's facility	13a	%
b An outside facility	13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► _____

Address ► _____

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____

c If "Yes," enter name and address of the third party:

Name ► _____

Address ► _____

16 Gaming manager information:

Name ► _____

Gaming manager compensation ► \$ _____

Description of services provided ► _____

- Director/officer Employee Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____

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

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

OMB No. 1545-0047

2010

Open to Public
Inspection

Name of the organization

Part I Second Helpings, Inc.

Part I General Information on Grants and Assistance

Employer identification number
35-1484281

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed. ▶

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Schedule 3 attached	501(c)(3)		0.	2,279,537.	Fair Value	Food and Meals	To feed the hungry.

2 Enter total number of section 501(c)(3) and government organizations 65.

3 Enter total number of other organizations 65.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule I (Form 990) (2010)

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

Schedule I, Part I, Line 2: Second Helpings, Inc. does not grant funds to other organizations. All grants are in the form of food and meals to feed the hungry.

Second Helpings Inc.
Schedule 1
Cash Donations over \$5,000
Fiscal Year Ended June 30, 2011

Allen Family Fund	2867 Loma Place	Boulder	CO	80301	7,000.00
Anonymous		Indianapolis	IN		5,425.76
Ayres Foundation, Inc.	545 West 93rd Street	Indianapolis	IN	46260	18,300.00
Barrett, Dennis & Sally	8211 Clearwater Pointe	Indianapolis	IN	46240	10,000.00
Brave Heart Foundation	2113 E. 62nd Street, #107	Indianapolis	IN	46220	8,000.00
Central Indiana Senior Fund	615 N. Alabama St., #119	Indianapolis	IN	46204	5,000.00
Christ Church Cathedral	55 Monument Circle, #600	Indianapolis	IN	46204	6,000.00
City of Indianapolis - Comm. Dev.	200 E. Washington St., Ste. 2042	Indianapolis	IN	46204	17,675.98
Clowes Fund, Inc.	320 N. Meridian St. #316	Indianapolis	IN	46204	15,000.00
Community Economic Relief Fund (UW)	3901 North Meridian Street	Indianapolis	IN	46208	70,000.00
Dinius, Mike & Jeannie	517 Woodruff Pl. Mid. Drive	Indianapolis	IN	46201	8,005.00
Efroymsen Family Fund	615 N. Alabama, #119	Indianapolis	IN	46204	50,000.00
FedEx Corporation	6311 Airway Drive	Indianapolis	IN	46241	5,000.00
Furman, Mr. & Mrs. Thomas C.	7709 Prairie View Lane	Indianapolis	IN	46256	11,800.00
Glasscock Family Foundation	7837 Morningside Lane	Indianapolis	IN	46240	12,000.00
Glick Family Foundation	8425 Woodfield Crossing Blvd. PO Box 40177	Indianapolis	IN	46240	50,000.00
Hefner, Mr. & Mrs. Thomas	6310 Ferguson Street	Indianapolis	IN	46220	5,000.00
Hook, Matthew & Jody	4377 Breckenridge Ct.	Carmel	IN	46033	5,000.00
Hoover Family Foundation	860 E. 86th Street #5	Indianapolis	IN	46240	7,500.00
Ethan & Joyce Jackson Family Foundation	6900 South Gray Road	Indianapolis	IN	46237	8,400.00
Kroger Food Stores (Corporate)	5960 Castleway W. Dr.	Indianapolis	IN	46250	20,000.00
Legacy Fund Community Endowment Fund	515 E. Main St.	Carmel	IN	46032	12,050.00
M & I Bank	135 N. Pennsylvania St.	Indianapolis	IN	46204	5,000.00
Mavis Arts & Event Center	121 S. East Street	Indianapolis	IN	46202	5,284.75
Mutone, Martina & Andy Mulvey	5501 N. Delaware St.	Indianapolis	IN	46220	20,000.00
Netherleigh Fund	615 N. Alabama Street, Ste. 119	Indianapolis	IN	46204	25,000.00
Nollen, Paul & Sheila	7835 E. 1000th Street	Macomb	IL	61455	5,100.00
Oak Motors	P.O. Box 1236	Anderson	IN	46015	8,800.00
Richard M. Fairbanks Foundation	9292 N. Meridian St. #304	Indianapolis	IN	46260	75,100.00
Ross, David & Bonnie	5169 Salter Ct.	Indianapolis	IN	46250	5,000.00
Ruth Lilly Philanthropic Foundations	3901 N. Meridian St.	Indianapolis	IN	46208	20,000.00
Sipes, Greg & Markine	303 Sussex Circle	Noblesville	IN	46062	7,800.00
Swisher Foundation Inc.	7168 Graham Road Suite 110	Indianapolis	IN	46250	5,000.00
Thurston Foundation	8053 River Bay, West Drive	Indianapolis	IN	46240	5,000.00
Turner Construction	9190 Priority Way W. Dr. #210	Indianapolis	IN	46240	5,000.00
United Way of Central Indiana	3901 N. Meridian St.	Indianapolis	IN	46208	151,428.00
USA Funds	P.O. Box 6028	Indianapolis	IN	46206	9,300.00
Weaver Popcorn Foundation, Inc.	10671 Winterwood	Carmel	IN	46032	12,000.00

721,969.49

Second Helpings, Inc.
Schedule 2
In Kind Donations over \$5,000
Fiscal Year Ended
June 30, 2011

**2010-2011
Inkind Service \$5,000 and over**

Alerding & Company, LLC	4181 E. 96th Street, Suite 80, Indianapolis, IN 46240	\$	6,955.00	Inkind Accting Services
Best Kitchen Service & Parts	1011 Calvary Street, Indianapolis, IN 46203	\$	13,020.00	Inkind Equip repair
Desktop Resources Inc.	8004 Castleway Drive, Indianapolis, IN 46250	\$	9,890.00	Inkind IT Services
Impact Group Inc.	501 Virginia Avenue, Indianapolis, IN 46203	\$	7,200.00	Inkind Harvest Equip
Markeys Rental & Staging	2365 Enterprise Park Place, Indianapolis, IN 46218	\$	9,922.95	Inkind Rental Equip
Mary Rigg	1920 W. Morris St., Indianapolis, IN 46221	\$	22,000.00	Inkind Social Services
Olinger	5337 W. 78th Street, Indianapolis, IN 46268	\$	5,019.05	Inkind Wine for Harvest
Total Inkind Services		\$	74,007.00	

FOOD DONORS \$5,000 and over

Bartos Catering/Indiana State Fair	1220 E. 38th Street, Indianapolis, IN 46205	\$	14,865.24	Food Donations
Bluffton Distribution Center	340 N. 600 W. Decatur, IN 46733	\$	37,260.60	Food Donations
Butterfield Foods	635 Westfield Road, Noblesville, IN 46060	\$	28,030.08	Food Donations
Costco - All Locations	6110 E. 86th Street, Indianapolis, IN 46250	\$	94,384.68	Food Donations
Daylight Donuts	11630 Olio Rd, #105, Fishers, IN 46037	\$	17,649.84	Food Donations
Dr. Pepper Snapple Group	5430 W. 81st Street, Indianapolis, 46268	\$	36,586.68	Food Donations
Eli Lilly & Company - Global Relocation	Lily Coporate Center, Indianapolis, IN 46285	\$	14,264.64	Food Donations
Farm Fresh Delivery	7503 Crews Drive, Indianapolis, IN 46226	\$	5,750.16	Food Donations
Fresh Market	2490 E. 146th St, Carmel, IN 46032	\$	55,121.04	Food Donations
Gleaner's	3737 Waldemere Ave, Indianapolis, IN 46241	\$	9,054.24	Food Donations
Green B.E.A.N. Delivery	7503 Crews Drive, Indianapolis, IN 46226	\$	25,222.08	Food Donations
Indianapolis Marriott-Downtown	350 W. Maryland St., Indianapolis, IN	\$	18,790.20	Food Donations
J.W. Marriott	10 S. West Street, Indianapolis, IN 46204	\$	5,174.52	Food Donations
Jonathan Byrd Catering	P.O. Box 413, Greenwood, IN 46142	\$	27,318.72	Food Donations
Kroger - All Stores	5960 Castleway W. Drive, Indianapolis, IN 46250	\$	275,900.04	Food Donations
Landshire Sandwiches	900 W. Main St., Belleville, IL 62223	\$	36,674.04	Food Donations
Levy Restaurants	125 S. Pennsylvania Street, Indianapolis, IN 46204	\$	25,081.68	Food Donations
Marsh Corporation	333 S. Franklin Rd, Indianapolis, IN 46219	\$	8,656.44	Food Donations
N K Hurst Company	230 W. McCarty Street, Indianapolis, IN 46225	\$	9,275.76	Food Donations
Park 100 Foods	205 Central Pkwy, Morristown, IN 46161	\$	7,856.16	Food Donations
Peterson's	7690 E. 96th Street, Indianapolis, IN 46038	\$	5,199.48	Food Donations
Piazza Produce	5941 W. 82nd Street, Indianapolis, IN 46278	\$	5,779.80	Food Donations
Regions Bank	One Indiana Square, Indianapolis, IN 46204	\$	5,155.80	Food Donations
Service Warehouse	500 S. Kitley Ave., Indianapolis, IN 46219	\$	53,802.84	Food Donations
Sullivan's	3316 E. 86th Street, Indianapolis, IN 46240	\$	8,583.12	Food Donations
Sysco Food Svcs of Indpls	4000 W. 62nd Street, Indianapolis, IN 46268	\$	369,627.96	Food Donations
Target Warehouse	1354 S. Girls School Road, Indianapolis, IN 46231	\$	71,440.20	Food Donations
Taylor's - All Locations	8395 E. 116th St. Fishers, IN 46038	\$	116,062.44	Food Donations
Trader Joe's Grocery - All Locations	5472 E. 82nd Street, Indianapolis, IN 46250	\$	289,334.76	Food Donations
U.S. Foodservice, Inc.	12301 Cumberland Road Fishers, IN 46038	\$	739,990.68	Food Donations
Westfield Washington Schools	322 W. Main Street, Westfield, IN 46074	\$	21,086.52	Food Donations
Whole Foods - All Locations	14598 Clay Terrace Blvd, Carmel, IN 46032	\$	23,172.24	Food Donations
Total Food Donations		\$	2,462,152.68	
Total Inkind \$5,000 and over		\$	2,536,159.68	

Second-Helpings, Inc.
Schedule 3
Assistance to Other Organizations
FY Ended June 30, 2011

Food and Meals Redistributed	TIN#	Mailing Address	City	State	Zip	Value of Food
Allen Chapel	53-0204696	629 E.11th Street	Indianapolis	IN	46202	\$13,600.08
Allen Chapel Feeding Ministry	53-0204696	629 E.11th Street	Indianapolis	IN	46202	\$9,898.20
Alpha Foundation	35-2021091	1720 Wilkins Street	Indianapolis	IN	46204	\$12,862.20
Anointed Touch	35-2120735	3004 North Gale Street	Indianapolis	IN	46218	\$9,331.92
Bethel Family Park	20-5680966	2850 Bethel Avenue	Indianapolis	IN	46203	\$19,568.64
Bethlehem House	35-2119786	130 E. 30th Street	Indianapolis	IN	46205	\$18,067.92
Boys and Girls Club of Noblesville	35-1054426	1448 Conner St.	Noblesville	IN	46060	\$5,619.12
Bread of Life	35-2092729	1253 Kenwood Drive	Greenwood	IN	46143	\$16,443.96
Brookside Community	35-6001063	3500 Brookside Parkway S. Dr	Indianapolis	IN	46201	\$7,316.40
Caring and Sharing	71-0674637	2502 E. 38th Street	Indianapolis	IN	46218	\$8,147.88
Cathedral Kitchen	35-0868029	1350 N. Pennsylvania	Indianapolis	IN	46204	\$9,860.76
Christamore House Seniors	35-0885588	2330 W. Michigan Street	Indianapolis	IN	46222	\$10,488.04
Church of Acts	62-1463957	3740 S. Dearborn Ave	Indianapolis	IN	46237	\$14,024.40
Community Action of Greater Indpls	35-6048441	2445 N. Meridian Street	Indianapolis	IN	46208	\$8,829.60
Craine House	35-1021203	3535 N. Pennsylvania	Indianapolis	IN	46205	\$13,977.60
Dayspring	35-1618998	1537 N. Central Avenue	Indianapolis	IN	46202	\$35,115.60
Devington CDC	31-0965682	6004 E. 46th Street	Indianapolis	IN	46202	\$10,233.60
Dove House	35-2120680	14 N. Highland Avenue	Indianapolis	IN	46202	\$7,856.16
Edna Martin Comm. Ctr.	35-1072577	1970 Caroline Avenue	Indianapolis	IN	46218	\$14,444.04
Englewood Day Care	35-0953434	57 N. Rural Street	Indianapolis	IN	46201	\$26,850.72
Fathers & Families	35-2069047	2835 N. Illinois Street	Indianapolis	IN	46208	\$18,426.72
Fathers & Families - East	35-2069047	3710 N. Mitthoefer Road	Indianapolis	IN	46235	\$7,743.84
First Free Methodist	35-0877568	1215 N. Tecumseh	Indianapolis	IN	46201	\$13,192.92
Flanner House	35-0942628	2424 Dr. Martin Luther King Jr.St	Indianapolis	IN	46208	\$11,275.68
Forest Manor Kids	35-1420208	5603 E. 38th Street	Indianapolis	IN	46218	\$13,644.54
Forest Manor Seniors	35-1420208	5603 E. 38th Street	Indianapolis	IN	46218	\$11,497.20
George T. Goodwin	35-0868954	3935 Mooresville Road	Indianapolis	IN	46221	\$18,482.88
Grace Chapel Church	35-0868116	5339 Georgetown Road	Indianapolis	IN	46254	\$8,651.76
Hawthorne Community Center	35-0874274	2440 W. Ohio Street	Indianapolis	IN	46222	\$24,917.88
Heritage Place	35-1436580	4550 N. Illinois	Indianapolis	IN	46208	\$5,321.16
Homeless Initiative Program	35-1579827	1835 N. Meridian Street	Indianapolis	IN	46202	\$11,177.40
Homeless Re-entry Helpers	26-2548161	940 E. Michigan Street	Indianapolis	IN	46202	\$12,690.60
Hoosier Veteran's Ast. Fndt.	35-1890547	964 N. Pennsylvania	Indianapolis	IN	46222	\$43,099.68
Hope International	35-1963688	1205 E New York St	Indianapolis	IN	46292	\$150,376.20
Horizon Christian Preschool	35-2076621	1001 E. Palmer Street	Indianapolis	IN	46203	\$12,494.04
Horizon House	35-1759503	1033 E. Washington Street	Indianapolis	IN	46202	\$28,393.56
Jesus House	35-1489477	3402 Schofield Avenue	Indianapolis	IN	46218	\$24,724.44
Kaleidoscope	35-1871411	4186 N. Broadway Street	Indianapolis	IN	46205	\$15,500.16
Lebanon Boys and Girls Club	35-6041946	403 N. Main Street	Lebanon	IN	46052	\$10,108.80
Lighthouse Mission	35-0888771	520 E. Market Street	Indianapolis	IN	46204	\$59,707.44
Living Bread	35-6020009	755 N Bluff Rd	Indianapolis	IN	46142	\$337,875.72
Lord's Pantry	35-2153771	303 North Elder Street	Indianapolis	IN	46222	\$47,161.92
Love All People Ministries	35-1957010	4349 Falcon Creek Blvd.	Indianapolis	IN	46254	\$18,551.52
Martin Luther King MSC Srs.	23-7415846	40 W. 40th Street	Indianapolis	IN	46208	\$24,721.32
Mary Rigg Center	35-0868954	1920 W. Morris Street	Indianapolis	IN	46221	\$18,997.68
MLK Kids	23-7415846	40 W. 40th Street	Indianapolis	IN	46208	\$15,880.80
Neighborhood Fellowship	35-2035206	3102 E. 10th Street	Indianapolis	IN	46201	\$7,534.02
North United Methodist	26-3385426	3808 N. Meridian Street	Indianapolis	IN	46208	\$13,422.24
Nu Corinthian Baptist Church	35-1607688	5935 W. 56th Street	Indianapolis	IN	46254	\$6,881.16
Prime Life Enrichment	35-1411017	1078 Third Avenue SW	Carmel	IN	46032	\$6,591.00
Rhodus Park	35-6001063	1720 Wilkins Street	Indianapolis	IN	46204	\$9,821.76
Progress House	35-6042602	201 Shelby	Indianapolis	IN	46202	\$32,126.64
Salvation Army All Locations	35-1894464	4390 N. HighSchool Road	Indianapolis	IN	46241	\$139,641.84
Scott U.M. Church	36-2167731	2153 Dr. Andrew J. Brown Ave.	Indianapolis	IN	46202	\$5,392.92
Shepherd Community Center	35-1765846	4107 E. Washington Street	Indianapolis	IN	46201	\$15,400.32
St. Thomas Aquinas	35-0896894	4625 N. Kenwood	Indianapolis	IN	46280	\$22,027.20
St. Vincent de Paul	35-1507632	1201 E. Maryland	Indianapolis	IN	46202	\$581,007.96
Third Phase	31-1001890	15755 Allisonville Road	Noblesville	IN	46060	\$36,613.20
Trinity Church	31-1629166	3333 N. Meridian Street	Indianapolis	IN	46208	\$8,227.44
Vineyard Community Church	35-1894480	512 S. Madison Avenue	Greenwood	IN	46142	\$26,786.32
Visions Child Care	77-0649367	1440 E. 46th Street	Indianapolis	IN	46205	\$11,335.74
Westminster Pantry	35-0988813	PO Box 11465	Indianapolis	IN	46201	\$13,169.52
Westside Church of Nazarene	35-0868033	8610 W. 10th Street	Indianapolis	IN	46234	\$17,191.20
Wheeler Care Center	35-0888771	3208 E. Michigan Street	Indianapolis	IN	46201	\$36,555.48
Wheeler Mission	35-0888771	245 N. Delaware	Indianapolis	IN	46201	\$52,656.52
				IN		
						\$2,279,537.18

SCHEDULE L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

▶ Complete if the organization answered
"Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

2010

Open To Public
Inspection

Name of the organization

Second Helpings, Inc.

Employer identification number

35-1484281

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

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

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No

- 2** Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 ▶ \$
- 3** Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$

Part II Loans to and/or From Interested Persons.

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

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
Total										

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount and type of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
Tony Schafer	Board member owns D	25,590.	IT consulti		X

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

Sch L, Part IV, Business Transactions Involving Interested Persons:

(a) Name of Person: Tony Schafer

(b) Relationship Between Interested Person and Organization:

Board member owns Desktop Resources, Inc., IT consultant.

(d) Description of Transaction: IT consulting work was put out for bid.

Desktop Resources was the successful bidder. Mr. Schafer did not participate in negotiations or decision of Organization to engage Desktop Resources.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2010

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization: **Second Helpings, Inc.**
Employer identification number: **35-1484281**

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	5	15,050.	Closing price
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory	X	32	2,719,664.	FMV on date of donat
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ()				
26 Other ()				
27 Other ()				
28 Other ()				

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

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

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

Schedule M (Form 990) (2010)

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2010

Open to Public
Inspection

Name of the organization

Second Helpings, Inc.

Employer identification number

35-1484281

Form 990, Part I, Line 1, Description of Organization Mission:

hunger relief programs, and in the process, educating and training
adults for positions in the culinary field.

Form 990, Part III, Line 4d, Other Program Services:

Second Helpings provides Bi-Lingual training (English and Spanish), as
well as testing and certification in Servsafe, a foodservice sanitation
program recognized by the health department. Last Fiscal year, 322
individuals were tested and 246 received certification.

Expenses \$ 15,684. including grants of \$ 0. Revenue \$ 27,472.

Form 990, Part VI, Section B, line 11: The Executive Committee of the
Board of Directors has been authorized by the full board to be engaged in
the preparation, review and accuracy of the tax return prior to the return
being submitted. The Executive Committee will approve any/all information
to be filed. The full Board of Directors will receive an electronic copy
of the completed return for their approval and to be retained as part of
their records.

Form 990, Part VI, Section B, Line 12c: The Organization requires each
officer and director to complete a Conflict of Interest Statement on an
annual basis. It is the individual's responsibility to act in accordance
with the Statement. The Organization's Board has responsibility for
determining whether a conflict exists regarding a proposed transaction. If

Name of the organization

Second Helpings, Inc.

Employer identification number

35-1484281

so, the Board votes to decide whether to proceed with the transaction in question. If there is a violation of the Statement, the Board proceeds to take appropriate disciplinary action, which can include removal. The Board reviews compliance with the Statement periodically and memorializes details of all conflicts or potential conflicts in minutes of its meetings.

Form 990, Part VI, Section B, Line 15a: An annual review is performed of the CEO by the Executive Committee of the Board, including compensation analysis of similar organizations and the United Way of Central Indiana.

Form 990, Part VI, Section C, Line 18: The Organization makes its applicable tax filings and audited financial statements available to the public on its website and upon request.

Form 990, Part VI, Section C, Line 19: The Organization makes its governing documents and conflict of interest policy available to the public upon request.

Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

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

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which 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 and click on *e-file for Charities & Nonprofits*.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

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

Type or print	Name of exempt organization Second Helpings, Inc.	Employer identification number 35-1484281
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 1121 Southeastern Ave.	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. Indianapolis, IN 46202	

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	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

Lynda Smith
1121 Southeastern Ave. - Indianapolis, IN 46202

- The books are in the care of ▶ **1121 Southeastern Ave. - Indianapolis, IN 46202**
Telephone No. ▶ **317-632-2664** 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 3-month (6 months for a corporation required to file Form 990-T) extension of time until **February 15, 2012**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶ calendar year _____ or

▶ tax year beginning **JUL 1, 2010**, and ending **JUN 30, 2011**.

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

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Form 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.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA For Paperwork Reduction Act Notice, see Instructions.

Form 8868 (Rev. 1-2011)

• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II and check this box X

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1).

Part II **Additional (Not Automatic) 3-Month Extension of Time.** Only file the original (no copies needed).

Type or print File by the extended due date for filing your return. See instructions.	Name of exempt organization Second Helpings, Inc.	Employer identification number 35-1484281
	Number, street, and room or suite no. If a P.O. box, see instructions. 1121 Southeastern Ave.	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. Indianapolis, IN 46202	

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	01		08
Form 990-BL	02	Form 1041-A	09
Form 990-EZ	03	Form 4720	10
Form 990-PF	04	Form 5227	11
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	12
Form 990-T (trust other than above)	06	Form 8870	

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

Mike Eline

• The books are in the care of **1121 Southeastern Ave. - Indianapolis, IN 46202**
Telephone No. **317-632-2664** 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.

4 I request an additional 3-month extension of time until **May 15, 2012**.
5 For calendar year _____, or other tax year beginning **JUL 1, 2010**, and ending **JUN 30, 2011**.
6 If the tax year entered in line 5 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

7 State in detail why you need the extension
Organization has new Executive Director and additional time is needed to gather necessary documents and information in order to file a complete and accurate return.

8a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$	0.
b	If this application is for Form 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 and any amount paid previously with Form 8868.	8b	\$	0.
c	Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$	0.

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.
Signature **[Handwritten Signature]** Title **CPA** Date **1/23/12**