

**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)

**2012**

Open to Public Inspection

Department of the Treasury  
 Internal Revenue Service

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

**A For the 2012 calendar year, or tax year beginning JUL 1, 2012 and ending JUN 30, 2013**

<b>B</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	<b>C Name of organization</b> 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, town, or post office, state, and ZIP code Indianapolis, IN 46202 <b>F Name and address of principal officer:</b> Jennifer Vigran same as C above	<b>D Employer identification number</b> 35-1484281 <b>E Telephone number</b> 317-632-2664- <b>G Gross receipts \$</b> 5,281,995. <b>H(a) Is this a group return for affiliates?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b) Are all affiliates included?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c) Group exemption number</b> ▶
<b>I Tax-exempt status:</b> <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
<b>J Website:</b> ▶ www.secondhelpings.org		
<b>K Form of organization:</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L Year of formation:</b> 1998 <b>M State of legal domicile:</b> IN

Part I Summary			
	<b>1</b> Briefly describe the organization's mission or most significant activities: <u>Rescuing and distributing prepared and perishable food to those in need through established</u>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
Activities & Governance	<b>3</b> Number of voting members of the governing body (Part VI, line 1a) .....	<b>3</b>	21
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) .....	<b>4</b>	21
	<b>5</b> Total number of individuals employed in calendar year 2012 (Part V, line 2a) .....	<b>5</b>	27
	<b>6</b> Total number of volunteers (estimate if necessary) .....	<b>6</b>	1170
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 .....	<b>7a</b>	0.
	<b>b</b> Net unrelated business taxable income from Form 990-T, line 34 .....	<b>7b</b>	0.
	Revenue	<b>8</b> Contributions and grants (Part VIII, line 1h) .....	Prior Year
<b>9</b> Program service revenue (Part VIII, line 2g) .....		5,198,798.	4,716,447.
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) .....		18,964.	21,998.
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) .....		-40,970.	663.
<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .....		128,459.	295,426.
<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3) .....		5,305,251.	5,034,534.
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) .....		2,624,622.	2,768,301.
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) .....		0.	0.
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) .....		911,398.	1,016,839.
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 264,442.		0.	0.
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) .....		943,701.	1,083,223.
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) .....		4,479,721.	4,868,363.
<b>19</b> Revenue less expenses. Subtract line 18 from line 12 .....	825,530.	166,171.	
Net Assets or Fund Balances	<b>20</b> Total assets (Part X, line 16) .....	Beginning of Current Year	End of Year
	<b>21</b> Total liabilities (Part X, line 26) .....	3,437,465.	3,633,697.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20 .....	60,902.	90,963.
		3,376,563.	3,542,734.

<b>Part II Signature Block</b>					
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	Date			
	▶ Jennifer Vigran, CEO				
	Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN *****
	Candace T Graham				
	Firm's name ▶ Alerding CPA Group	Firm's EIN ▶ 35-2043580			
	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

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

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

4a (Code: ) (Expenses \$ 316,853. including grants of \$ ) (Revenue \$ ) The organization rescued 2,008,689 pounds of food for the fiscal year ending 06/30/2013. The food was used to feed children, adults and seniors through other social service agencies, and for job training in the food industry.

4b (Code: ) (Expenses \$ 3,659,854. including grants of \$ 2,714,979. ) (Revenue \$ ) During the fiscal year ending 06/30/2013, 817,463 meals were prepared using rescued food. These meals are donated to over 70 501(c)(3) agencies serving children and adults.

4c (Code: ) (Expenses \$ 427,743. including grants of \$ 53,322. ) (Revenue \$ 1,696. ) Second Helpings also utilizes the preparation of rescued food as adult training for job placement in the culinary food industry. During the fiscal year ending 06/30/2013, four 10 week classes were held and a total of 40 individuals graduated. 33 people were placed in jobs through this program.

4d Other program services (Describe in Schedule O.) (Expenses \$ 7,381. including grants of \$ ) (Revenue \$ 20,302.)

4e Total program service expenses 4,411,831.

**Part IV Checklist of Required Schedules**

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	X	
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or 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 hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

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

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

**Note.** All Form 990 filers are required to complete Schedule O .....

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Input box for Schedule O response

Main table with columns for question number, description, sub-questions (1a-14b), Yes, and No. Includes questions about Form 1096, Form W-2G, Form W-3, foreign accounts, and charitable contributions.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (21), 1b (21), 2 (X), 3 (X), 4 (X), 5 (X), 6 (X), 7a (X), 7b (X), 8a (X), 8b (X), 9 (X).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a (X), 10b, 11a (X), 11b, 12a (X), 12b (X), 12c (X), 13 (X), 14 (X), 15a (X), 15b (X), 16a (X), 16b.

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 (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [ ] Another's website [X] Upon request [ ] Other (explain in Schedule O)
19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
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 (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Jerry Adams Chairman of Board	3.90	X		X				0.	0.	0.
(2) Howard Fulford Board Member	1.20	X						0.	0.	0.
(3) Connie Gigax Board Member	0.50	X						0.	0.	0.
(4) John Elliott Board Member	0.60	X						0.	0.	0.
(5) Kevin Etkorn Board Member	1.00	X						0.	0.	0.
(6) David Feinberg Treasurer	0.60	X		X				0.	0.	0.
(7) James Hamilton Board Member	0.50	X						0.	0.	0.
(8) Andre Robinson Board Member	0.40	X						0.	0.	0.
(9) Marie Powell Vice Chairman	3.10	X		X				0.	0.	0.
(10) Tony Schafer Board Member	0.30	X						0.	0.	0.
(11) Dr. Kathleen Lee Secretary	0.30	X		X				0.	0.	0.
(12) Albert White Board Member	0.80	X						0.	0.	0.
(13) Dr. John Zimmermann Board Member	0.50	X						0.	0.	0.
(14) Elizabeth Garber Board Member	0.80	X						0.	0.	0.
(15) Angela Krahulik Board Member	0.90	X						0.	0.	0.
(16) Reg Mallamo Board Member	1.90	X						0.	0.	0.
(17) David Blakemore Board Member	0.30	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 (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) Kim Borges Board Member	1.00	X						0.	0.	0.
(19) Pat Rooney Board Member	0.40	X						0.	0.	0.
(20) Jennifer Schaefer Board Member	0.90	X						0.	0.	0.
(21) Gordon Slack Board Member	0.40	X						0.	0.	0.
(22) Jennifer Vigran CEO	40.00			X				63,081.	0.	8,599.
(23) Michael J Eline CFO	40.00			X				61,689.	0.	1,613.
<b>1b Sub-total</b>								124,770.	0.	10,212.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								124,770.	0.	10,212.

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

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

**Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

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



**Part VIII Statement of Revenue**

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

		(A)	(B)	(C)	(D)	
		Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	4,716,447.			
	g Noncash contributions included in lines 1a-1f: \$		3,227,590.			
	h Total. Add lines 1a-1f		4,716,447.			
	Program Service Revenue	2 a Fee Income	Business Code 611600	21,998.	21,998.	
b						
c						
d						
e						
f All other program service revenue						
g Total. Add lines 2a-2f			21,998.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		663.		663.	
	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	540,714.			
		b Less: direct expenses	b	247,461.		
c Net income or (loss) from fundraising events			293,253.		293,253.	
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	900099	2,173.			2,173.	
b						
c						
d All other revenue						
e Total. Add lines 11a-11d		2,173.				
12 Total revenue. See instructions.		5,034,534.	21,998.	0.	296,089.	

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	2,768,301.	2,768,301.		
<b>2</b> Grants and other assistance to individuals in the United States. See Part IV, line 22				
<b>3</b> Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	148,440.	43,171.	72,858.	32,411.
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	627,945.	474,549.	33,993.	119,403.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
<b>9</b> Other employee benefits	179,759.	122,210.	23,445.	34,104.
<b>10</b> Payroll taxes	60,695.	40,470.	8,357.	11,868.
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management				
<b>b</b> Legal				
<b>c</b> Accounting	14,987.	1,275.	13,414.	298.
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	45,857.	42,101.	163.	3,593.
<b>12</b> Advertising and promotion	9,524.	4,586.	1,501.	3,437.
<b>13</b> Office expenses	42,398.	18,513.	5,092.	18,793.
<b>14</b> Information technology				
<b>15</b> Royalties				
<b>16</b> Occupancy	87,787.	76,154.	5,473.	6,160.
<b>17</b> Travel	2,643.	1,238.	95.	1,310.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	9,249.	4,027.	1,257.	3,965.
<b>20</b> Interest				
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	155,886.	146,823.	4,423.	4,640.
<b>23</b> Insurance	54,156.	43,011.	6,918.	4,227.
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> Food Spoilage	350,877.	350,877.		
<b>b</b> Program Expenses	153,585.	153,585.		
<b>c</b> Repairs & Maintenance	89,352.	78,531.	5,034.	5,787.
<b>d</b> Awards & Recognition	37,156.	31,117.	3,831.	2,208.
<b>e</b> All other expenses	29,766.	11,292.	6,236.	12,238.
<b>25</b> Total functional expenses. Add lines 1 through 24e	4,868,363.	4,411,831.	192,090.	264,442.
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here  if following SOP 98-2 (ASC 958-720)

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year	
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	342,014.	1	279,619.	
	<b>2</b> Savings and temporary cash investments .....	436,043.	2	300,254.	
	<b>3</b> Pledges and grants receivable, net .....	80,500.	3	243,700.	
	<b>4</b> Accounts receivable, net .....	2,145.	4	22,005.	
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		5		
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L .....		6		
	<b>7</b> Notes and loans receivable, net .....		7		
	<b>8</b> Inventories for sale or use .....	64,979.	8	79,356.	
	<b>9</b> Prepaid expenses and deferred charges .....	12,631.	9	8,332.	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 3,567,645.			
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 1,067,272.	2,499,153.	<b>10c</b>	2,500,373.
	<b>11</b> Investments - publicly traded securities .....			<b>11</b>	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....			<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....			<b>13</b>	
	<b>14</b> Intangible assets .....			<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	0.		<b>15</b>	200,058.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....		3,437,465.	<b>16</b>	3,633,697.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	60,902.	<b>17</b>	90,963.	
	<b>18</b> Grants payable .....		<b>18</b>		
	<b>19</b> Deferred revenue .....		<b>19</b>		
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>		
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>		
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		<b>22</b>		
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>		
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>		
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....		<b>25</b>		
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....		60,902.	<b>26</b>	90,963.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>				
	<b>27</b> Unrestricted net assets .....	3,225,429.	<b>27</b>	3,206,784.	
	<b>28</b> Temporarily restricted net assets .....	151,134.	<b>28</b>	335,950.	
	<b>29</b> Permanently restricted net assets .....		<b>29</b>		
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>				
	<b>30</b> Capital stock or trust principal, or current funds .....		<b>30</b>		
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>31</b>		
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>32</b>		
	<b>33</b> Total net assets or fund balances .....		3,376,563.	<b>33</b>	3,542,734.
<b>34</b> Total liabilities and net assets/fund balances .....		3,437,465.	<b>34</b>	3,633,697.	

**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	5,034,534.
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,868,363.
3	Revenue less expenses. Subtract line 2 from line 1	3	166,171.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,376,563.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	3,542,734.

**Part XII Financial Statements and Reporting**

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

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

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

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

OMB No. 1545-0047

**2012**

Open to Public Inspection

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 - Non-functionally integrated
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 

	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? .....	<b>11g(i)</b>	
(ii) A family member of a person described in (i) above? .....	<b>11g(ii)</b>	
(iii) A 35% controlled entity of a person described in (i) or (ii) above? .....	<b>11g(iii)</b>	
- h Provide the following information about the supported organization(s).

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

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

Schedule A (Form 990 or 990-EZ) 2012

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	3,425,950.	3,795,685.	3,852,761.	5,198,798.	4,728,447.	21,001,641.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	3,425,950.	3,795,685.	3,852,761.	5,198,798.	4,728,447.	21,001,641.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						6,597,574.
<b>6 Public support.</b> Subtract line 5 from line 4.						14,404,067.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>7</b> Amounts from line 4 .....	3,425,950.	3,795,685.	3,852,761.	5,198,798.	4,728,447.	21,001,641.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....	13,237.	8,484.	10,279.	1,237.	663.	33,900.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....						
<b>11 Total support.</b> Add lines 7 through 10						21,035,541.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	283,589.
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	68.47	%
<b>15</b> Public support percentage from 2011 Schedule A, Part II, line 14 .....	<b>15</b>	69.28	%
<b>16a 33 1/3% support test - 2012.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....	▶ <input checked="" type="checkbox"/>		
<b>b 33 1/3% support test - 2011.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization .....	▶ <input type="checkbox"/>		
<b>17a 10% -facts-and-circumstances test - 2012.</b> 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 <b>stop here.</b> 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>b 10% -facts-and-circumstances test - 2011.</b> 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 <b>stop here.</b> 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>18 Private foundation.</b> 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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

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

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

<b>15</b> Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2011 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

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

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

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

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

**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, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**

▶ **Attach to Form 990. ▶ See separate instructions.**

OMB No. 1545-0047

**2012**

**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? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

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

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

Protection of natural habitat       Preservation of a certified historic structure

Preservation of open space

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

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

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

Yes  No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

Yes  No

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

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

Complete if the organization answered "Yes" 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 XIII, the text of the footnote to its financial statements that describes these items.

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

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

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

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

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

	Amount
c Beginning balance	<b>1c</b>
d Additions during the year	<b>1d</b>
e Distributions during the year	<b>1e</b>
f Ending balance	<b>1f</b>

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	0.				
b Contributions	200,000.				
c Net investment earnings, gains, and losses	58.				
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	200,058.				

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

- a Board designated or quasi-endowment  100.00 %
- b Permanent endowment  %
- c Temporarily restricted endowment  %

The percentages in lines 2a, 2b, and 2c should equal 100%.

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

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

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		49,700.		49,700.
b Buildings		2,327,936.	515,151.	1,812,785.
c Leasehold improvements				
d Equipment		1,190,009.	552,121.	637,888.
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				2,500,373.

**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)		
<b>Total.</b> (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)		
<b>Total.</b> (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) Legacy Fund - Board Designated Endowment	200,058.
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.)	200,058.

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

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

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

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	4,861,718.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains on investments	<b>2a</b>	
<b>b</b>	Donated services and use of facilities	<b>2b</b>	12,000.
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	-184,816.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	-172,816.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	5,034,534.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	0.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	<b>5</b>	5,034,534.

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

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	4,880,363.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	12,000.
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	12,000.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	4,868,363.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	0.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	<b>5</b>	4,868,363.

**Part XIII Supplemental Information**

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

**Part X, Line 2: Management of the Organization evaluates all**

**significant tax positions to ensure compliance with exempt purpose of the Organization as required by U.S. GAAP, including consideration of any unrelated business income tax. As of June 30, 2013, Management does not believe the Organization has taken any tax positions that are not in compliance with the exempt purpose of the Organization. The Organization's Federal and state tax returns remain open and subject to examination beginning with the calendar tax year ended June 30, 2010.**

Schedule D (Form 990) 2012

**Part XIII** Supplemental Information (continued)

Part XI, Line 2d - Other Adjustments:

Corporate and Government Grants with restrictions as to use	-480,300.
Release of temporarily restricted net assets	295,484.
Total to Schedule D, Part XI, Line 2d	-184,816.

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

**Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No. 1545-0047

**2012**

Department of the Treasury  
 Internal Revenue Service

**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.**

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			
<b>Total</b>				▶		

**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.

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**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
		<b>Corks &amp; Forks</b>	<b>Tonic Ball</b>	<b>1</b>	(add col. (a) through col. (c))
		(event type)	(event type)	(total number)	
Revenue	<b>1</b> Gross receipts .....	420,214.	109,515.	10,985.	540,714.
	<b>2</b> Less: Contributions .....				
	<b>3</b> Gross income (line 1 minus line 2) .....	420,214.	109,515.	10,985.	540,714.
Direct Expenses	<b>4</b> Cash prizes .....				
	<b>5</b> Noncash prizes .....				
	<b>6</b> Rent/facility costs .....				
	<b>7</b> Food and beverages .....				
	<b>8</b> Entertainment .....				
	<b>9</b> Other direct expenses .....	194,791.	48,222.	4,448.	247,461.
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) .....				( 247,461 )
	<b>11</b> Net income summary. Combine line 3, column (d), and line 10 .....				293,253.

**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))
		<b>1</b> Gross revenue .....			
Direct Expenses	<b>2</b> Cash prizes .....				
	<b>3</b> Noncash prizes .....				
	<b>4</b> Rent/facility costs .....				
	<b>5</b> Other direct expenses .....				
	<b>6</b> 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	
<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) .....				( _____ )	
<b>8</b> 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:
 

<b>13a</b>		%
<b>13b</b>		%

**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).

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**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

**2012**

**Open to Public  
Inspection**

Name of the organization

**Second Helpings, Inc.**

**Employer identification number  
35-1484281**

**Part I General Information on Grants and Assistance**

- 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. Part II can be duplicated if additional space is needed.

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Allen Chapel Feeding Ministry 629 E.11th Street Indianapolis, IN 46202	53-0204696	501(c)(3)	0.	6,522.	FMV	Food and Meals	To feed the hungry.
Alpha Foundation 1720 Wilkins Street Indianapolis, IN 46204	35-2021091	501(c)(3)	0.	19,809.	FMV	Food and Meals	To feed the hungry.
Bethel Family Park 2850 Bethel Avenue Indianapolis, IN 46203	20-5680966	501(c)(3)	0.	22,222.	FMV	Food and Meals	To feed the hungry.
Bethlehem House 130 E. 30th Street Indianapolis, IN 46205	35-2119786	501(c)(3)	0.	19,884.	FMV	Food and Meals	To feed the hungry.
Boys and Girls Club of Noblesville 1448 Conner St. Noblesville, IN 46060	35-1054426	501(c)(3)	0.	6,480.	FMV	Food and Meals	To feed the hungry.
Brookside Community 3500 Brookside Parkway S. Dr Indianapolis, IN 46201	35-6001063	501(c)(3)	0.	10,876.	FMV	Food and Meals	To feed the hungry.

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **68.**
- 3** Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) (2012)



**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
Cathedral Kitchen 1350 N. Pennsylvania Indianapolis, IN 46204	35-0868029	501(c)(3)	0.	13,357.	FMV	Food and Meals	To feed the hungry.
Christamore House Seniors 2330 W. Michigan Street Indianapolis, IN 46222	35-0885588	501(c)(3)	0.	10,045.	FMV	Food and Meals	To feed the hungry.
Craine House 3535 N. Pennsylvania Indianapolis, IN 46205	35-1021203	501(c)(3)	0.	12,943.	FMV	Food and Meals	To feed the hungry.
Dayspring 1537 N. Central Avenue Indianapolis, IN 46202	35-1618998	501(c)(3)	0.	39,337.	FMV	Food and Meals	To feed the hungry.
Dove House 14 N. Highland Avenue Indianapolis, IN 46202	35-2120680	501(c)(3)	0.	9,996.	FMV	Food and Meals	To feed the hungry.
Edna Martin Comm. Ctr. 1970 Caroline Avenue Indianapolis, IN 46218	35-1072577	501(c)(3)	0.	21,854.	FMV	Food and Meals	To feed the hungry.
Englewood Day Care 57 N. Rural Street Indianapolis, IN 46201	35-0953434	501(c)(3)	0.	29,532.	FMV	Food and Meals	To feed the hungry.
Fathers & Families 2835 N. Illinois Street Indianapolis, IN 46208	35-2069047	501(c)(3)	0.	19,261.	FMV	Food and Meals	To feed the hungry.
Fathers & Families - East 3710 N. Mitthoefer Road Indianapolis, IN 46235	35-2069047	501(c)(3)	0.	6,145.	FMV	Food and Meals	To feed the hungry.

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
Flanner House 2424 Dr. Martin Luther King Jr. St Indianapolis, IN 46208	35-0942628	501(c)(3)	0.	11,078.	FMV	Food and Meals	To feed the hungry.
For God So Loved the World 5353 E. Raymond Street Indianapolis, IN 46203	35-2048382	501(c)(3)	0.	82,965.	FMV	Food and Meals	To feed the hungry.
Forest Manor Kids 5603 E. 38th Street Indianapolis, IN 46218	35-1420208	501(c)(3)	0.	21,665.	FMV	Food and Meals	To feed the hungry.
Forest Manor Seniors 5603 E. 38th Street Indianapolis, IN 46218	35-1420208	501(c)(3)	0.	14,375.	FMV	Food and Meals	To feed the hungry.
George T. Goodwin 3935 Mooresville Road Indianapolis, IN 46221	35-0868954	501(c)(3)	0.	15,310.	FMV	Food and Meals	To feed the hungry.
Grace Chapel Church 5339 Georgetown Road Indianapolis, IN 46254	35-0868116	501(c)(3)	0.	24,250.	FMV	Food and Meals	To feed the hungry.
Hawthorne Community Center 2440 W. Ohio Street Indianapolis, IN 46222	35-0874274	501(c)(3)	0.	24,133.	FMV	Food and Meals	To feed the hungry.
Heritage Place 4550 N. Illinois Indianapolis, IN 46208	35-1436580	501(c)(3)	0.	5,940.	FMV	Food and Meals	To feed the hungry.
Homeless Re-entry Helpers 940 E. Michigan Street Indianapolis, IN 46202	26-2548161	501(c)(3)	0.	99,912.	FMV	Food and Meals	To feed the hungry.

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
Hoosier Veteran's Ast. Fndt. 964 N. Pennsylvania Indianapolis, IN 46222	35-1890547	501(c)(3)	0.	40,796.	FMV	Food and Meals	To feed the hungry.
Horizon Christian Preschool 1001 E. Palmer Street Indianapolis, IN 46203	35-2076621	501(c)(3)	0.	11,137.	FMV	Food and Meals	To feed the hungry.
Horizon House 1033 E. Washington Street Indianapolis, IN 46202	35-1759503	501(c)(3)	0.	31,325.	FMV	Food and Meals	To feed the hungry.
Jesus Fellowship Kidz Ministry 5732 Gateway Drive Indianapolis, IN 46254	83-0398501	501(c)(3)	0.	9,953.	FMV	Food and Meals	To feed the hungry.
Jesus House 3402 Schofield Avenue Indianapolis, IN 46218	35-1489477	501(c)(3)	0.	23,661.	FMV	Food and Meals	To feed the hungry.
Kaleidoscope 4186 N. Broadway Street Indianapolis, IN 46205	35-1871411	501(c)(3)	0.	23,913.	FMV	Food and Meals	To feed the hungry.
Lebanon Boys and Girls Club 403 N. Main Street Lebanon, IN 46052	35-6041946	501(c)(3)	0.	8,989.	FMV	Food and Meals	To feed the hungry.
Lighthouse Mission 520 E. Market Street Indianapolis, IN 46204	35-0888771	501(c)(3)	0.	80,991.	FMV	Food and Meals	To feed the hungry.
Living Bread 755 N Bluff Rd Indianapolis, IN 46142	35-6020009	501(c)(3)	0.	179,197.	FMV	Food and Meals	To feed the hungry.

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
Lord's Pantry 303 North Elder Street Indianapolis, IN 46222	35-2153771	501(c)(3)	0.	61,946.	FMV	Food and Meals	To feed the hungry.
Love All People Ministries 4349 Falcon Creek Blvd. Indianapolis, IN 46254	35-1957010	501(c)(3)	0.	12,042.	FMV	Food and Meals	To feed the hungry.
Martin Luther King MSC Srs. 40 W. 40th Street Indianapolis, IN 46208	23-7415846	501(c)(3)	0.	40,371.	FMV	Food and Meals	To feed the hungry.
Mary Rigg Center 1920 W. Morris Street Indianapolis, IN 46221	35-0868954	501(c)(3)	0.	17,605.	FMV	Food and Meals	To feed the hungry.
MLK Kids 40 W. 40th Street Indianapolis, IN 46208	23-7415846	501(c)(3)	0.	15,520.	FMV	Food and Meals	To feed the hungry.
Mt. Carmel Community Life Center 9610 East 42nd Street Indianapolis, IN 46235	32-0110716	501(c)(3)	0.	11,405.	FMV	Food and Meals	To feed the hungry.
Neighborhood Fellowship 3102 E. 10th Street Indianapolis, IN 46201	35-2035206	501(c)(3)	0.	8,160.	FMV	Food and Meals	To feed the hungry.
North United Methodist 3808 N. Meridian Street Indianapolis, IN 46208	26-3385426	501(c)(3)	0.	15,009.	FMV	Food and Meals	To feed the hungry.
Nu Corinthian Baptist Church 5935 W. 56th Street Indianapolis, IN 46254	35-1607688	501(c)(3)	0.	15,324.	FMV	Food and Meals	To feed the hungry.

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
Prime Life Enrichment 1078 Third Avenue SW Carmel, IN 46032	35-1411017	501(c)(3)	0.	5,813.	FMV	Food and Meals	To feed the hungry.
Rhodius Park 1720 Wilkins Street Indianapolis, IN 46204	35-6001063	501(c)(3)	0.	15,049.	FMV	Food and Meals	To feed the hungry.
Progress House 201 Shelby Indianapolis, IN 46202	35-6042602	501(c)(3)	0.	21,055.	FMV	Food and Meals	To feed the hungry.
Salvation Army All Locations 4390 N. HighSchool Road Indianapolis, IN 46241	35-1894464	501(c)(3)	0.	240,674.	FMV	Food and Meals	To feed the hungry.
Scott U.M. Church 2153 Dr. Andrew J. Brown Ave. Indianapolis, IN 46202	36-2167731	501(c)(3)	0.	5,370.	FMV	Food and Meals	To feed the hungry.
St. Vincent de Paul 1201 E. Maryland Indianapolis, IN 46202	35-1507632	501(c)(3)	0.	712,898.	FMV	Food and Meals	To feed the hungry.
Tabernacle Presbyterian 418 E. 34th Street Indianapolis, IN 46205	23-6393377	501(c)(3)	0.	5,296.	FMV	Food and Meals	To feed the hungry.
Third Phase 15755 Allisonville Road Noblesville, IN 46060	31-1001890	501(c)(3)	0.	37,176.	FMV	Food and Meals	To feed the hungry.
TM Baptist Church 3101 East 30th Street Indianapolis, IN 46218	35-1602602	501(c)(3)	0.	5,880.	FMV	Food and Meals	To feed the hungry.

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
Trinity Church 3333 N. Meridian Street Indianapolis, IN 46208	31-1629166	501(c)(3)	0.	12,438.	FMV	Food and Meals	To feed the hungry.
Vineyard Community Church 512 S. Madison Avenue Greenwood, IN 46142	35-1894480	501(c)(3)	0.	98,219.	FMV	Food and Meals	To feed the hungry.
Visions Child Care 1440 E. 46th Street Indianapolis, IN 46205	77-0649367	501(c)(3)	0.	17,109.	FMV	Food and Meals	To feed the hungry.
Westminster Pantry PO Box 11465 Indianapolis, IN 46201	35-0988813	501(c)(3)	0.	23,534.	FMV	Food and Meals	To feed the hungry.
Wheeler Care Center 3208 E. Michigan Street Indianapolis, IN 46201	35-0888771	501(c)(3)	0.	26,988.	FMV	Food and Meals	To feed the hungry.
Wheeler Mission 245 N. Delaware Indianapolis, IN 46201	35-0888771	501(c)(3)	0.	90,683.	FMV	Food and Meals	To feed the hungry.
Barnes UMC 900 W. 30th Street Indianapolis, IN 46208	35-1765846	501(c)(3)	0.	8,656.	FMV	Food and Meals	To feed the hungry.
Boulevard Place 4202 N. Boulevard Place Indianapolis, IN 46208	35-0896894	501(c)(3)	0.	40,168.	FMV	Food and Meals	To feed the hungry.
Boys and Girls Club - 30th Street 2310 E. 30th Street Indianapolis, IN 46218	35-0888754	501(c)(3)	0.	17,533.	FMV	Food and Meals	To feed the hungry.

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
Boys and Girls Club - Minnesota Street - 5228 W. Minnesota Street - Indianapolis, IN 46241	35-0888754	501(c)(3)	0.	25,550.	FMV	Food and Meals	To feed the hungry.
Boys and Girls Club - State Avenue 801 S. State Avenue Indianapolis, IN 46203	35-0888754	501(c)(3)	0.	15,973.	FMV	Food and Meals	To feed the hungry.
Boys and Girls Club - Troy Avenue 1949 East Troy Avenue Indianapolis, IN 46203	35-0888754	501(c)(3)	0.	20,829.	FMV	Food and Meals	To feed the hungry.
Christian Park 4200 English Avenue Indianapolis, IN 46201	35-6001063	501(c)(3)	0.	9,770.	FMV	Food and Meals	To feed the hungry.
Damien Center 26 N. Arsenal Avenue Indianapolis, IN 46201	35-1711878	501(c)(3)	0.	5,930.	FMV	Food and Meals	To feed the hungry.
Georgetown Woods 5360 Georgetown Road Indianapolis, IN 46254	35-2140084	501(c)(3)	0.	5,228.	FMV	Food and Meals	To feed the hungry.
Julian Center 2011 N. Meridian Street Indianapolis, IN 46202	35-1346514	501(c)(3)	0.	30,593.	FMV	Food and Meals	To feed the hungry.
Nu Corinthian Baptist Church - College - 2700 N. College Avenue - Indianapolis, IN 46205	35-1607688	501(c)(3)	0.	20,868.	FMV	Food and Meals	To feed the hungry.

**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, Part III, column (b), 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.



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

2012

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.

Table with 4 main columns: (a) Name of disqualified person, (b) Relationship between disqualified person and organization, (c) Description of transaction, (d) Corrected? (Yes/No). Includes a row for tax incurred (2) and tax reimbursed (3).

**Part II Loans to and/or From Interested Persons.**

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

Table with 9 main columns: (a) Name of interested person, (b) Relationship with organization, (c) Purpose of loan, (d) Loan to or from the organization? (To/From), (e) Original principal amount, (f) Balance due, (g) In default? (Yes/No), (h) Approved by board or committee? (Yes/No), (i) Written agreement? (Yes/No).

Total \$

**Part III Grants or Assistance Benefiting Interested Persons.**

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

Table with 5 main columns: (a) Name of interested person, (b) Relationship between interested person and the organization, (c) Amount of assistance, (d) Type of assistance, (e) Purpose 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 S	33,655.	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 Spectrum Technology, Inc., IT consultant.

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

Spectrum Technology was the successful bidder. Mr. Schafer did not participate in negotiations or decision of Organization to engage Spectrum Technology. Spectrum Technology was known as Desktop Resources at the time of the bid.

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2012**

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	X		7,650.	Cost
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	8	31,628.	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	39	3,133,555.	FMV on date of donat
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ ( Beverages )	X	2	16,142.	Cost
26 Other ▶ ( Kitchen Equip )	X	1	15,000.	Cost
27 Other ▶ ( Printed Mater )	X	2	9,804.	Cost
28 Other ▶ ( Decorations )	X	1	8,011.	Cost

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.		

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

**Part I, Other Types of Property:**

**Jewelry**

(a) Check if applicable = **X**

(b) Number of Contributors = **1**

(c) Revenue Reported on Form 990, Part VIII \$ **5800.**

(d) Method of determining revenue: **Cost**

**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

**2012**

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 in ServSafe, a foodservice sanitation program  
recognized by the health department. Culinary Job Training Students  
receive ServSafe training as part of the overall job training program.  
Last Fiscal year, 40 students were tested and 38 received  
certification. The general public can participate in this training and  
is charged a fee.

Expenses \$ 7,381. including grants of \$ 0. Revenue \$ 20,302.

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

Name of the organization <b>Second Helpings, Inc.</b>	Employer identification number <b>35-1484281</b>
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determining whether a conflict exists regarding a proposed transaction. If 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 15: An annual review is performed of the CEO by the Executive Committee of the Board, and of the CFO by the CEO, and includes 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

▶ **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  **X**
- 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](http://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.*

<b>Type or print</b>	Name of exempt organization or other filer, see instructions. <b>Second Helpings, Inc.</b>	Employer identification number (EIN) or <b>35-1484281</b>
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. <b>1121 Southeastern Ave.</b>	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>Indianapolis, IN 46202</b>	

Enter the Return code for the return that this application is for (file a separate application for each return)

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720	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

**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.

**1** I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until February 15, 2014, 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, 2012, and ending JUN 30, 2013.

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

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

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

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

▶ **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](http://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.*

<b>Type or print</b>	Name of exempt organization or other filer, see instructions.  <b>Second Helpings, Inc.</b>	Employer identification number (EIN) or  <b>35-1484281</b>
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. <b>1121 Southeastern Ave.</b>	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>Indianapolis, IN 46202</b>	

Enter the Return code for the return that this application is for (file a separate application for each return) 07

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720	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

**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.

**1** I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until May 15, 2014, 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, 2012, and ending JUN 30, 2013.

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

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

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



**NP-20**

State Form 51062  
(R6 / 8-12)

Indiana Department of Revenue  
**Indiana Nonprofit Organization's Annual Report**

For the Calendar Year or Fiscal Year  
Beginning 07 01 2012 and Ending 06 30 2013  
MM/DD/YYYY MM/DD/YYYY

Check if:  Change of Address  
 Amended Report  
 Final Report: Indicate Date Closed \_\_\_\_\_

Due on the 15th day of the 5th month following the end of the tax year.  
**NO FEE REQUIRED.**

Name of Organization <b>Second Helpings Inc</b>		Telephone Number <b>317 632 2664</b>
Address <b>1121 Southeastern Ave</b>	County <b>Marion</b>	Indiana Taxpayer Identification Number
City <b>Indianapolis</b>	State <b>IN</b>	ZIP Code <b>46202</b>
Printed Name of Person to Contact <b>Jennifer Vigran</b>		Federal Identification Number <b>** - *****</b>
		Contact's Telephone Number <b>317 632 2664</b>

If you are filing a federal return, attach a completed copy of Form 990, 990EZ, or 990PF.

**Note:** If your organization has unrelated business income of more than \$1,000 as defined under **Section 513** of the Internal Revenue Code, **you must also file Form IT-20NP.**

**Current Information**

1. Have any changes not previously reported to the Department been made in your governing instruments, (e.g.) articles of incorporation, bylaws, or other instruments of similar importance? If yes, attach a detailed description of changes.
2. Indicate number of years your organization has been in continuous existence. 15
3. Attach a schedule, listing the names, titles and addresses of your current officers. **See Statement 1**
4. Briefly describe the purpose or mission of your organization below.

**Rescuing and distributing prepared and perishable food to those in need through established hunger relief programs, and in the process, educating and training adults for positions in the culinary field.**

Email Address: jennifer@secondhelpings.org

*I declare under the penalties of perjury that I have examined this return, including all attachments, and to the best of my knowledge and belief, it is true, complete, and correct.*

Signature of Officer or Trustee	<u>CEO</u> Title	Date
---------------------------------	---------------------	------

Name of Person(s) to Contact	Daytime Telephone Number
------------------------------	--------------------------

**Important:** Please submit this completed form and/or extension to:  
Indiana Department of Revenue, Tax Administration  
P.O. Box 7147  
Indianapolis, IN 46207-7147  
Telephone: (317) 232-0129

**Extensions of Time to File**

The Department recognizes the Internal Revenue Service application for automatic extension of time to file, Form 8868. **Please forward a copy of your federal extension, identified with your Nonprofit Taxpayer Identification Number (TID), to the Indiana Department of Revenue, Tax Administration by the original due date to prevent cancellation of your sales tax exemption.** Always indicate your Indiana Taxpayer Identification number on your request for an extension of time to file.

Reports post marked within thirty (30) days after the federal extension due date, as requested on Federal Form 8868, will be considered as timely filed. A copy of the federal extension must also be attached to the Indiana report. In the event that a federal extension is not needed, a taxpayer may request in writing an Indiana extension of time to file from the: Indiana Department of Revenue, Tax Administration, P.O. Box 7147, Indianapolis, IN 46207-7147, (317) 232-0129.

If Form NP-20 or extension is not timely filed, the taxpayer will be notified by the Department pursuant to I.C. 6-2.5-5-21(d), to file Form NP-20. If within sixty (60) days after receiving such notice the taxpayer does not file Form NP-20, the taxpayer's exemption from sales tax will be canceled.



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Form NP-20                      List of Officers, Directors and Trustees                      Statement    1

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<u>Name and Address</u>	<u>Title</u>
Jerry Adams 1121 Southeastern Ave. Indianapolis, IN 46202	Chairman of Board
Howard Fulford 1121 Southeastern Ave. Indianapolis, IN 46202	Board Member
Connie Gigax 1121 Southeastern Ave. Indianapolis, IN 46202	Board Member
John Elliott 1121 Southeastern Ave. Indianapolis, IN 46202	Board Member
Kevin Etzkorn 1121 Southeastern Ave. Indianapolis, IN 46202	Board Member
David Feinberg 1121 Southeastern Ave. Indianapolis, IN 46202	Treasurer
James Hamilton 1121 Southeastern Ave. Indianapolis, IN 46202	Board Member
Andre Robinson 1121 Southeastern Ave. Indianapolis, IN 46202	Board Member
Marie Powell 1121 Southeastern Ave. Indianapolis, IN 46202	Vice Chairman
Tony Schafer 1121 Southeastern Ave. Indianapolis, IN 46202	Board Member
Dr. Kathleen Lee 1121 Southeastern Ave. Indianapolis, IN 46202	Secretary
Albert White 1121 Southeastern Ave. Indianapolis, IN 46202	Board Member

Dr. John Zimmermann 1121 Southeastern Ave. Indianapolis, IN 46202	Board Member
Elizabeth Garber 1121 Southeastern Ave. Indianapolis, IN 46202	Board Member
Angela Krahulik 1121 Southeastern Ave. Indianapolis, IN 46202	Board Member
Reg Mallamo 1121 Southeastern Ave. Indianapolis, IN 46202	Board Member
David Blakemore 1121 Southeastern Ave. Indianapolis, IN 46202	Board Member
Kim Borges 1121 Southeastern Ave. Indianapolis, IN 46202	Board Member
Pat Rooney 1121 Southeastern Ave. Indianapolis, IN 46202	Board Member
Jennifer Schaefer 1121 Southeastern Ave. Indianapolis, IN 46202	Board Member
Gordon Slack 1121 Southeastern Ave. Indianapolis, IN 46202	Board Member
Jennifer Vigran 1121 Southeastern Ave. Indianapolis, IN 46202	CEO
Michael J Eline 1121 Southeastern Ave. Indianapolis, IN 46202	CFO