

CLIENT COPY

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2013

Department of the Treasury
Internal Revenue Service

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

Do not enter Social Security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning **JUL 1, 2013** and ending **JUN 30, 2014**

B Check if applicable:

Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

C Name of organization: **Second Helpings, Inc.**
Doing Business As
Number and street (or P.O. box if mail is not delivered to street address) Room/suite
1121 Southeastern Ave.
City or town, state or province, country, and ZIP or foreign postal code
Indianapolis, IN 46202

D Employer identification number
35-1484281

E Telephone number
317-632-2664-

G Gross receipts \$ **5,154,457.**

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
If "No," attach a list. (see instructions)

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

J Website: **www.secondhelpings.org**

K Form of organization: Corporation Trust Association Other

L Year of formation: **1998** **M** State of legal domicile: **IN**

F Name and address of principal officer: **Jennifer Vigran same as C above**

H(c) Group exemption number

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: Rescuing and distributing prepared and perishable food to those in need through established		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	19
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	19
	5 Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5	29
	6 Total number of volunteers (estimate if necessary)	6	900
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 4,716,447.	Current Year 4,751,088.
	9 Program service revenue (Part VIII, line 2g)	21,998.	20,405.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	663.	-11,815.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	295,426.	177,878.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	5,034,534.	4,937,556.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	2,768,301.	2,842,741.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,016,839.	1,054,987.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25)	265,967.	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,083,223.	1,059,175.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	4,868,363.	4,956,903.
19 Revenue less expenses. Subtract line 18 from line 12	166,171.	-19,347.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 3,633,697.	End of Year 3,610,910.
	21 Total liabilities (Part X, line 26)	90,963.	87,523.
	22 Net assets or fund balances. Subtract line 21 from line 20	3,542,734.	3,523,387.

Part II Signature Block

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

Sign Here

Signature of officer: **Jennifer Vigran, CEO**
Date: _____

Paid Preparer Use Only

Print/Type preparer's name: **Candace T Graham**
Preparer's signature: *Candace T Graham*
Date: **3/27/13**
Check self-employed
PTIN: **P00380913**

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 or note to any line 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 to educating and training adults for positions in the culinary field.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No
If "Yes," describe these changes on Schedule O.

4 Describe the 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 \$ 319,946. including grants of \$) (Revenue \$)
The organization rescued 2,024,118 pounds of food for the fiscal year ending 06/30/2014. 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 \$ 3,711,878. including grants of \$ 2,842,741.) (Revenue \$)
During the fiscal year ending 06/30/2014, 900,957 meals were prepared using rescued food. These meals are donated to over 75 501(c)(3) agencies serving children and adults.

4c (Code:) (Expenses \$ 454,452. including grants of \$) (Revenue \$ 2,100.)
Second Helpings also utilizes the rescued food to train adults for job placement in the culinary food industry. During the fiscal year ending 06/30/2014, five classes graduated with a total of 43 individual graduates. 42 people were placed in jobs through this program.

4d Other program services (Describe in Schedule O.)
(Expenses \$ 5,333. including grants of \$) (Revenue \$ 18,305.)

4e Total program service expenses 4,491,609.

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	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	X	
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		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
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	X	
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		
	Note. All Form 990 filers are required to complete Schedule O	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
	1a 18		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
	1b 0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a 29		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
	2b		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
	3a		
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O		
	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
	4a		
b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
	4b		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
	5a		
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
	5b		
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
	6a		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
	6b		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
	8		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?		
	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
	9b		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
1a			19
b	Enter the number of voting members included in line 1a, above, who are independent		19
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
10b			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
12c		X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	X	
b	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		
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.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **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 or note to any line 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 Board Member	2.00	X					0.	0.	0.	
(2) Jeff Bricker Board Member	1.00	X					0.	0.	0.	
(3) Connie Gigax Board Member	1.00	X					0.	0.	0.	
(4) John Elliott Board Member	1.00	X					0.	0.	0.	
(5) Shariq Siddiqui Board Member	0.10	X					0.	0.	0.	
(6) David Feinberg Treasurer	1.00	X		X			0.	0.	0.	
(7) James Hamilton Secretary	1.00	X		X			0.	0.	0.	
(8) Andre Robinson Board Member	0.40	X					0.	0.	0.	
(9) Marie Powell Chairman of the Board	2.00	X		X			0.	0.	0.	
(10) Joe Slaughter Board Member	0.40	X					0.	0.	0.	
(11) Albert White Board Member	1.00	X					0.	0.	0.	
(12) Dr. John Zimmermann Board Member	0.40	X					0.	0.	0.	
(13) Elizabeth Garber Board Member	0.30	X					0.	0.	0.	
(14) Angela Krahulik Board Member	0.10	X					0.	0.	0.	
(15) Reg Mallamo Board Member	0.10	X					0.	0.	0.	
(16) Kim Borges Board Member	1.00	X					0.	0.	0.	
(17) Pat Garrett Rooney 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) Jennifer Schaefer Board Member	0.20	X						0.	0.	0.
(19) Gordon Slack Board Member	0.30	X						0.	0.	0.
(20) Jennifer Vigran CEO	40.00			X				66,989.	0.	8,972.
(21) Michael J Eline CFO	40.00			X				64,809.	0.	1,641.
1b Sub-total								131,798.	0.	10,613.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								131,798.	0.	10,613.

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 former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	3	X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5	X

Section B. Independent Contractors

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

(A) 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 or note to any line in this Part VIII

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514		
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns						
	b	Membership dues						
	c	Fundraising events	115,532.					
	d	Related organizations						
	e	Government grants (contributions)						
	f	All other contributions, gifts, grants, and similar amounts not included above	4,635,556.					
	g	Noncash contributions included in lines 1a-1f: \$	3,316,216.					
	h	Total. Add lines 1a-1f	4,751,088.					
	Program Service Revenue	2 a	Fee Income					
		Business Code	611600	20,405.	20,405.			
b								
c								
d								
e								
f		All other program service revenue						
g	Total. Add lines 2a-2f	20,405.						
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		737.		737.		
	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	3.	14,000.			
			(ii) Other					
			b	Less: cost or other basis and sales expenses	0.	26,555.		
			c	Gain or (loss)	3.	-12,555.		
	d	Net gain or (loss)		-12,552.	-12,555.	3.		
	8 a	Gross income from fundraising events (not including \$ 115,532. of contributions reported on line 1c). See Part IV, line 18	a	365,993.				
	b	Less: direct expenses	b	190,346.				
c	Net income or (loss) from fundraising events		175,647.		175,647.			
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	2,231.		2,231.		
b								
c								
d	All other revenue							
e	Total. Add lines 11a-11d			2,231.				
12	Total revenue. See instructions.		4,937,556.	7,850.	0.	178,618.		

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	2,842,741.	2,842,741.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	154,669.	47,061.	55,710.	51,898.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	704,799.	524,072.	64,727.	116,000.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	132,532.	86,789.	19,081.	26,662.
10 Payroll taxes	62,987.	41,904.	8,808.	12,275.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	15,049.	1,533.	13,192.	324.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	56,723.	51,993.	534.	4,196.
12 Advertising and promotion	11,623.	6,730.	2,101.	2,792.
13 Office expenses	42,330.	19,687.	7,179.	15,464.
14 Information technology	37,786.	25,248.	4,007.	8,531.
15 Royalties				
16 Occupancy	89,685.	78,943.	5,473.	5,269.
17 Travel	2,713.	1,804.	853.	56.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	5,488.	3,158.	1,641.	689.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	161,176.	152,424.	4,485.	4,267.
23 Insurance	63,237.	52,664.	6,373.	4,200.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a Food Spoilage	306,141.	306,141.		
b Program Expenses	135,192.	134,421.	479.	292.
c Repairs & Maintenance	58,609.	54,632.	2,346.	1,631.
d Vehicle Expenses	44,308.	43,717.	53.	538.
e All other expenses	29,115.	15,947.	2,285.	10,883.
25 Total functional expenses. Add lines 1 through 24e	4,956,903.	4,491,609.	199,327.	265,967.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	1	Cash - non-interest-bearing	279,619.	1	412,477.
	2	Savings and temporary cash investments	300,254.	2	316,178.
	3	Pledges and grants receivable, net	243,700.	3	161,550.
	4	Accounts receivable, net	22,005.	4	11,107.
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use	79,356.	8	88,098.
	9	Prepaid expenses and deferred charges	8,332.	9	20,046.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 3,623,094.		
	b	Less: accumulated depreciation	10b 1,222,154.	2,500,373.	10c 2,400,940.
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	200,058.	15	200,514.
16	Total assets. Add lines 1 through 15 (must equal line 34)	3,633,697.	16	3,610,910.	
Liabilities	17	Accounts payable and accrued expenses	90,963.	17	87,523.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	90,963.	26	87,523.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	3,206,784.	27	3,298,891.
	28	Temporarily restricted net assets	335,950.	28	224,496.
	29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances	3,542,734.	33	3,523,387.	
34	Total liabilities and net assets/fund balances	3,633,697.	34	3,610,910.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,937,556.
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,956,903.
3	Revenue less expenses. Subtract line 2 from line 1	3	-19,347.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,542,734.
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	3,523,387.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line 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 _____		

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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	3,795,685.	3,852,761.	5,198,798.	4,728,447.	4,520,024.	22,095,715.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	3,795,685.	3,852,761.	5,198,798.	4,728,447.	4,520,024.	22,095,715.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						6,746,057.
6 Public support. Subtract line 5 from line 4.						15,349,658.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4	3,795,685.	3,852,761.	5,198,798.	4,728,447.	4,520,024.	22,095,715.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	8,484.	10,279.	1,237.	663.	737.	21,400.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						22,117,115.
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	14	69.40 %
15 Public support percentage from 2012 Schedule A, Part II, line 14	15	68.47 %
16a 33 1/3% support test - 2013. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2013. 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 - 2012. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Schedule B

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

Name of the organization

Second Helpings, Inc.

Employer identification number

35-1484281

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

Name of organization

Employer identification number

Second Helpings, Inc.

35-1484281

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	United Way of Central Indiana 3901 N. Meridian St. Indianapolis, IN 46208	\$ 166,343.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	Bluffton Distribution Center 340 N. 600 W. Decatur, IN 46733	\$ 209,828.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
3	Costco - All Locations 6110 E. 86th Street Indianapolis, IN 46250	\$ 98,913.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
4	Dr. Pepper Snapple Group 5430 W. 81st Street Indianapolis, IN 46268	\$ 154,136.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
5	Gleaner's 3737 Waldemere Ave, Indianapolis, IN 46241	\$ 126,940.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
6	Green B.E.A.N. Delivery 7503 Crews Drive Indianapolis, IN 46226	\$ 120,075.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization Second Helpings, Inc.	Employer identification number 35-1484281
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	Kroger - All Stores 5960 Castleway W. Drive Indianapolis, IN 46250	\$ 338,192.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
8	Sysco Food Svcs of Indpls 4000 W. 62nd Street Indianapolis, IN 46268	\$ 347,771.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
9	Trader Joe's Grocery - All Locations 5472 E. 82nd Street Indianapolis, IN 46250	\$ 392,733.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
10	U.S. Foodservice, Inc. 12301 Cumberland Road Fishers, IN 46038	\$ 684,753.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization Second Helpings, Inc.	Employer identification number 35-1484281
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
<u>2</u>	Food _____ _____ _____	\$ <u>209,828.</u>	<u>06/30/14</u>
<u>3</u>	Food _____ _____ _____	\$ <u>98,913.</u>	<u>06/30/14</u>
<u>4</u>	Food _____ _____ _____	\$ <u>154,136.</u>	<u>06/30/14</u>
<u>5</u>	Food _____ _____ _____	\$ <u>126,940.</u>	<u>06/30/14</u>
<u>6</u>	Food _____ _____ _____	\$ <u>120,075.</u>	<u>06/30/14</u>
<u>7</u>	Food _____ _____ _____	\$ <u>312,192.</u>	<u>06/30/14</u>

Name of organization Second Helpings, Inc.	Employer identification number 35-1484281
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
8	Food _____ _____ _____	\$ 337,771.	06/30/14
9	Food _____ _____ _____	\$ 392,733.	06/30/14
10	Food _____ _____ _____	\$ 684,753.	06/30/14
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

Name of organization Second Helpings, Inc.	Employer identification number 35-1484281
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Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

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

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2013

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	200,058.				
b Contributions		200,000.			
c Net investment earnings, gains, and losses	456.	58.			
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	200,514.	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:

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)		X
3a(ii)		X
3b		

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.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		49,700.		49,700.
b Buildings		2,334,354.	581,165.	1,753,189.
c Leasehold improvements				
d Equipment		984,880.	540,065.	444,815.
e Other		254,160.	100,924.	153,236.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) 2,400,940.

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) Legacy Fund - Board Designated Endowment	200,514.
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶ 200,514.	

Part X Other Liabilities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. 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)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

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

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	5,072,176.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	23,166.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	111,454.
e	Add lines 2a through 2d	2e	134,620.
3	Subtract line 2e from line 1	3	4,937,556.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	4,937,556.

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	4,980,069.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	23,166.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	23,166.
3	Subtract line 2e from line 1	3	4,956,903.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	4,956,903.

Part XIII Supplemental Information.

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

Part 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, 2014, 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, 2011.

Part XI, Line 2d - Other Adjustments:

Corporate and Government Grants with restrictions as to use -77,900.

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	
		Corks & Forks (event type)	Tonic Ball (event type)	1 (total number)	(add col. (a) through col. (c))	
Revenue	1	Gross receipts	288,463.	71,828.	5,703.	365,994.
	2	Less: Contributions	107,955.	6,822.	755.	115,532.
	3	Gross income (line 1 minus line 2)	180,508.	65,006.	4,948.	250,462.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	167,522.	20,603.	2,221.	190,346.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				190,346.
	11	Net income summary. Subtract line 10 from line 3, column (d)				60,116.

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

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

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: _____

**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.

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

OMB No. 1545-0047

2013

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.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Allen Chapel Feeding Ministry 629 E. 11th Street Indianapolis, IN 46202	53-0204696	501(c)(3)	0.	8,265.FMV		Food and Meals	To feed the hungry.
Alpha Foundation 1720 Wilkins Street Indianapolis, IN 46204	35-2021091	501(c)(3)	0.	23,194.FMV		Food and Meals	To feed the hungry.
Bethel Family Park 2850 Bethel Avenue Indianapolis, IN 46203	20-5680966	501(c)(3)	0.	15,499.FMV		Food and Meals	To feed the hungry.
Bethlehem House 130 E. 30th Street Indianapolis, IN 46205	35-2119786	501(c)(3)	0.	21,473.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.	7,106.FMV		Food and Meals	To feed the hungry.
Brookside Community 3500 Brookside Parkway S. Dr Indianapolis, IN 46201	35-6001063	501(c)(3)	0.	11,435.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			▶ 76.				
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) (2013)

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.	18,069.FMV		Food and Meals	To feed the hungry.
Christamore House Seniors 2330 W. Michigan Street Indianapolis, IN 46222	35-0885588	501(c)(3)	0.	11,948.FMV		Food and Meals	To feed the hungry.
Craine House 3535 N. Pennsylvania Indianapolis, IN 46205	35-1021203	501(c)(3)	0.	16,341.FMV		Food and Meals	To feed the hungry.
Dayspring 1537 N. Central Avenue Indianapolis, IN 46202	35-1618998	501(c)(3)	0.	46,385.FMV		Food and Meals	To feed the hungry.
Dove House 14 N. Highland Avenue Indianapolis, IN 46202	35-2120680	501(c)(3)	0.	12,074.FMV		Food and Meals	To feed the hungry.
Edna Martin Comm. Ctr. 1970 Caroline Avenue Indianapolis, IN 46218	35-1072577	501(c)(3)	0.	21,414.FMV		Food and Meals	To feed the hungry.
Englewood Day Care 57 N. Rural Street Indianapolis, IN 46201	35-0953434	501(c)(3)	0.	31,021.FMV		Food and Meals	To feed the hungry.
Fathers & Families 2835 N. Illinois Street Indianapolis, IN 46208	35-2069047	501(c)(3)	0.	22,305.FMV		Food and Meals	To feed the hungry.
Fathers & Families - East 3710 N. Mitthoefer Road Indianapolis, IN 46235	35-2069047	501(c)(3)	0.	5,076.FMV		Food and Meals	To feed the hungry.

Second Helpings, Inc.

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.	12,241.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.	68,492.FMV		Food and Meals	To feed the hungry.
Forest Manor Kids 5603 E. 38th Street Indianapolis, IN 46218	35-1420208	501(c)(3)	0.	18,651.FMV		Food and Meals	To feed the hungry.
Forest Manor Seniors 5603 E. 38th Street Indianapolis, IN 46218	35-1420208	501(c)(3)	0.	16,898.FMV		Food and Meals	To feed the hungry.
George T. Goodwin 3335 Mooresville Road Indianapolis, IN 46221	35-0868954	501(c)(3)	0.	11,698.FMV		Food and Meals	To feed the hungry.
A Caring Place 4609 N. Capitol Avenue Indianapolis, IN 46208	53-0196617	501(c)(3)	0.	14,642.FMV		Food and Meals	To feed the hungry.
Hawthorne Community Center 2440 W. Ohio Street Indianapolis, IN 46222	35-0874274	501(c)(3)	0.	26,688.FMV		Food and Meals	To feed the hungry.
Heritage Place 4550 N. Illinois Indianapolis, IN 46208	35-1436580	501(c)(3)	0.	5,894.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.	62,339.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
Hoosier Veteran's Ast. Fndt. 964 N. Pennsylvania Indianapolis, IN 46222	35-1890547	501(c)(3)	0.	34,641.FMV		Food and Meals	To feed the hungry.
Horizon Christian Preschool 1001 E. Palmer Street Indianapolis, IN 46203	35-2076621	501(c)(3)	0.	13,283.FMV		Food and Meals	To feed the hungry.
Horizon House 1033 E. Washington Street Indianapolis, IN 46202	35-1759503	501(c)(3)	0.	33,150.FMV		Food and Meals	To feed the hungry.
Jesus Fellowship Kidz Ministry 5732 Gateway Drive Indianapolis, IN 46254	83-0398501	501(c)(3)	0.	10,204.FMV		Food and Meals	To feed the hungry.
Jesus House 3402 Schofield Avenue Indianapolis, IN 46218	35-1489477	501(c)(3)	0.	28,350.FMV		Food and Meals	To feed the hungry.
Kaleidoscope 4186 N. Broadway Street Indianapolis, IN 46205	35-1871411	501(c)(3)	0.	22,530.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.	10,723.FMV		Food and Meals	To feed the hungry.
Lighthouse Mission 520 E. Market Street Indianapolis, IN 46204	35-0888771	501(c)(3)	0.	113,267.FMV		Food and Meals	To feed the hungry.
Living Bread 755 N Bluff Rd Indianapolis, IN 46142	35-6020009	501(c)(3)	0.	165,699.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
Lord's Pantry 303 North Elder Street Indianapolis, IN 46222	35-2153771	501(c)(3)	0.	48,780.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.	18,367.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.	28,336.FMV		Food and Meals	To feed the hungry.
Mary Rigg Center 1920 W. Morris Street Indianapolis, IN 46221	35-0868954	501(c)(3)	0.	20,448.FMV		Food and Meals	To feed the hungry.
MLK Kids 40 W. 40th Street Indianapolis, IN 46208	23-7415846	501(c)(3)	0.	8,178.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.	6,140.FMV		Food and Meals	To feed the hungry.
Neighborhood Fellowship 3102 E. 10th Street Indianapolis, IN 46201	35-2035206	501(c)(3)	0.	7,828.FMV		Food and Meals	To feed the hungry.
North United Methodist 3808 N. Meridian Street Indianapolis, IN 46208	26-3385426	501(c)(3)	0.	16,460.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.	12,840.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
Prime Life Enrichment 1078 Third Avenue SW Carmel, IN 46032	35-1411017	501(c)(3)	0.	5,572.FMV		Food and Meals	To feed the hungry.
Rhodus Park 1720 Wilkins Street Indianapolis, IN 46204	35-6001063	501(c)(3)	0.	15,789.FMV		Food and Meals	To feed the hungry.
Progress House 201 Shelby Indianapolis, IN 46202	35-6042602	501(c)(3)	0.	19,414.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.	168,185.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.	10,148.FMV		Food and Meals	To feed the hungry.
St. Vincent de Paul 1201 E. Maryland Indianapolis, IN 46202	35-1507632	501(c)(3)	0.	696,247.FMV		Food and Meals	To feed the hungry.
Eastside Baptist Church 2845 N. Baltimore Avenue Indianapolis, IN 46218	35-1417991	501(c)(3)	0.	6,703.FMV		Food and Meals	To feed the hungry.
Third Phase 15755 Allisonville Road Noblesville, IN 46060	31-1001890	501(c)(3)	0.	31,365.FMV		Food and Meals	To feed the hungry.
TM Baptist Church 3101 East 30th Street Indianapolis, IN 46218	35-1602602	501(c)(3)	0.	5,501.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.	14,134.FMV		Food and Meals	To feed the hungry.
International Community Gateway Pantry - 4501 W. 38th Street - Indianapolis, IN 46254	35-2135834	501(c)(3)	0.	85,291.FMV		Food and Meals	To feed the hungry.
Visions Child Care 1440 E. 46th Street Indianapolis, IN 46205	77-0649367	501(c)(3)	0.	22,476.FMV		Food and Meals	To feed the hungry.
Westminster Pantry PO Box 11465 Indianapolis, IN 46201	35-0988813	501(c)(3)	0.	25,436.FMV		Food and Meals	To feed the hungry.
Wheeler Care Center 3208 E. Michigan Street Indianapolis, IN 46201	35-0888771	501(c)(3)	0.	46,371.FMV		Food and Meals	To feed the hungry.
Wheeler Mission 245 N. Delaware Indianapolis, IN 46201	35-0888771	501(c)(3)	0.	100,313.FMV		Food and Meals	To feed the hungry.
Barnes UMC 900 W. 30th Street Indianapolis, IN 46208	35-1765846	501(c)(3)	0.	12,352.FMV		Food and Meals	To feed the hungry.
Boulevard Place 4202 N. Boulevard Place Indianapolis, IN 46208	35-0896894	501(c)(3)	0.	41,922.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.	27,236.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
Boys and Girls Club - Minnesota Street - 5228 W. Minnesota Street - Indianapolis, IN 46241	35-0888754	501(c)(3)	0.	33,482.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.	25,146.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.	32,446.FMV		Food and Meals	To feed the hungry.
Christian Park 4200 English Avenue Indianapolis, IN 46201	35-6001063	501(c)(3)	0.	9,313.FMV		Food and Meals	To feed the hungry.
Damien Center 26 N. Arsenal Avenue Indianapolis, IN 46201	35-1711878	501(c)(3)	0.	6,493.FMV		Food and Meals	To feed the hungry.
Jameson Camp 2001 Bridgeport Road Indianapolis, IN 46231	35-1156756	501(c)(3)	0.	7,115.FMV		Food and Meals	To feed the hungry.
Julian Center 2011 N. Meridian Street Indianapolis, IN 46202	35-1346514	501(c)(3)	0.	70,919.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.	8,978.FMV		Food and Meals	To feed the hungry.
Lynhurst Baptist Church 1250 S. Lynhurst Drive Indianapolis, IN 46241	35-0996742	501(c)(3)	0.	8,560.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
Mt. Zion Academy 3549 Boulevard Place Indianapolis, IN 46208	35-1765002	501(c)(3)	0.	12,092.FMV		Food and Meals	To feed the hungry.
New Beginnings Ministry 10202 E. Washington Street Indianapolis, IN 46229	61-1489561	501(c)(3)	0.	11,619.FMV		Food and Meals	To feed the hungry.
Noblesville First UMC 2051 Monument Street Noblesville, IN 46060	35-1058569	501(c)(3)	0.	5,204.FMV		Food and Meals	To feed the hungry.
Officer David Moore Food Pantry 902 Virginia Avenue Indianapolis, IN 46203	45-2958867	501(c)(3)	0.	5,566.FMV		Food and Meals	To feed the hungry.
Pride Park 1129 S. Vandeman Street Indianapolis, IN 46203	23-7131815	501(c)(3)	0.	14,464.FMV		Food and Meals	To feed the hungry.
Speedway UMC Child Care 5065 W. 16th Street Speedway, IN 46224	35-2078266	501(c)(3)	0.	17,864.FMV		Food and Meals	To feed the hungry.
The Social of Greenwood 550 Polk Street Greenwood, IN 46143	35-1476552	501(c)(3)	0.	21,750.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. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

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 M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2013

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

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	X		2,147.	FMV
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications	X		630.	Cost
5 Clothing and household goods	X		35,500.	Cost
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	13	95,902.	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		3,157,624.	FMV on date of donat
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (<u>Food & Bevera</u>)	X	47	49,859.	Cost
26 Other ▶ (<u>Event Tickets</u>)	X	34	35,750.	Cost
27 Other ▶ (<u>Kitchen Equip</u>)	X	2	11,431.	Cost
28 Other ▶ (<u>Jewelry</u>)	X	1	6,500.	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.		

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

Schedule M (Form 990) (2013)

Part II Supplemental Information. 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:

Printed Materials

- (a) Check if applicable = X
- (b) Number of Contributions = 3
- (c) Revenue Reported on Form 990, Part VIII \$ 5499.
- (d) Method of determining revenue: Cost

Coupons & Gift Cards

- (a) Check if applicable = X
- (b) Number of Contributions = 7
- (c) Revenue Reported on Form 990, Part VIII \$ 5265.
- (d) Method of determining revenue: Cost

Computer Equipment

- (a) Check if applicable = X
- (b) Number of Contributions = 6
- (c) Revenue Reported on Form 990, Part VIII \$ 3474.
- (d) Method of determining revenue: Cost

Office Supplies

- (a) Check if applicable = X
- (b) Number of Contributions = 7
- (c) Revenue Reported on Form 990, Part VIII \$ 1572.
- (d) Method of determining revenue: Cost

Flowers

- (a) Check if applicable = X

Part II **Supplemental Information.** 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.

(b) Number of Contributions = 1

(c) Revenue Reported on Form 990, Part VIII \$ 840.

(d) Method of determining revenue: Cost

Furniture

(a) Check if applicable = X

(b) Number of Contributions = 1

(c) Revenue Reported on Form 990, Part VIII \$ 125.

(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.

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

OMB No. 1545-0047

2013

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 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, 48 students were tested and 46 received
certification. The general public can participate in this training and
is charged a fee.

Expenses \$ 5,333. including grants of \$ 0. Revenue \$ 18,305.

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

Name of the organization

Second Helpings, Inc.

Employer identification number

35-1484281

Organization's Board has responsibility for 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.