Form 990

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

For the 2017 calendar year, or tax year beginning 07/01/17, and ending 06/30/18

A

C

Name of organization
Second Helpings, Inc.

D

Employer identification number
35-1484281

B

Check if applicable:

Address change

Name change

Initial return/terminated

Final return/terminated

Amended return

Application pending

B

Check if applicable:

501(c)(3)
501(c)( )

E

Telephone number
317-632-2664

F

Name and address of principal officer:
Jennifer Vigran
1121 Southeastern Avenue
Indianapolis IN 46202

H(a) Is this a group return for subordinates? 
Yes 
No

H(b) Are all subordinates included? 
Yes 
No

J

Website:
www.secondhelpings.org

K

Form of organization:
Corporation
Trust
Association
Other

L

Year of formation: 1998
State of legal domicile: IN

Part I

Summary

1 Briefly describe the organization's mission or most significant activities:
   Rescuing and distributing prepared and perishable food to those in need through established hunger relief programs and educating and training adults for positions in the culinary field.

2 Check this box [ ] 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 20

4 Number of independent voting members of the governing body (Part VI, line 1b)
   4 20

5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)
   5 37

6 Total number of volunteers (estimate if necessary)
   6 2146

7a 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

8 Contributions and grants (Part VIII, line 1h)
   Prior Year 13,738,458
   Current Year 7,045,621

9 Program service revenue (Part VIII, line 2g)
   74,545

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)
   93,860

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)
   156,705

12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)
   1,433,274

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)
   1,287,069

14 Benefits paid to or for members (Part IX, column (A), line 4)
   0

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)
   0

16a Professional fundraising fees (Part IX, column (A), line 11e)
   0

b Total fundraising expenses (Part IX, column (D), line 25)
   503,325

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)
   1,433,274

18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)
   7,352,512

19 Revenue less expenses. Subtract line 18 from line 12
   71,014,518

20 Total assets (Part X, line 16)
   11,120,145

21 Total liabilities (Part X, line 26)
   11,638,540

22 Net assets or fund balances. Subtract line 21 from line 20
   11,528,173

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.

Signature of officer
Jennifer Vigran
CEO

Date
3/13/19

Paid Preparer

Type or print name and title

Preparer's name
Robert K. Brinkers, CPA

Preparer's signature
Robert K. Brinkers, CPA

Date
05/13/19

Check if self-employed

PTIN
P00409428

Firm's name
Alerding CPA Group

Firm's EIN
35-2043580

Firm's address
4181 E 96th St Ste 180
Indianapolis, IN 46240

Phone no.
317-569-4181

For Paperwork Reduction Act Notice, see the separate instructions.

DAA

OMB No. 1545-0047
2017
Open to Public Inspection

Form 990 (2017)
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 $5,119,439 including grants of $3,949,994) (Revenue $77,598)

During the fiscal year ending 06/30/2018, 988,895 meals were prepared using rescued food. These meals are donated to over 82 501(c)(3) agencies serving children and adults.

4b. (Code: ) (Expenses $687,586 including grants of $) (Revenue $1,995)

Second Helpings utilizes the rescued food to train adults for job placement in the culinary food industry. During the fiscal year ending 06/30/2018, twelve classes graduated with a total of 78 individual graduates. 68 people were placed in jobs through this program.

4c. (Code: ) (Expenses $378,465 including grants of $) (Revenue $)

The organization rescued 2,389,337 pounds of food for the fiscal year ending 06/30/2018. The food was used to feed children, adults and seniors through other social service agencies, and for job training in the food industry.

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

(Expenses $7,301 including grants of $) (Revenue $18,222)

4e. Total program service expenses

6,192,791
### Checklist of Required Schedules

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If “Yes,” complete Schedule A</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If “Yes,” complete Schedule C, Part I</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Section 501(c)(3) organizations.</strong> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If “Yes,” complete Schedule C, Part II</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is the organization a school described in section 170(b)(1)(A)(ii)?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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? If “Yes,” complete Schedule D, Part I</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If “Yes,” complete Schedule D, Part II</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Did the organization maintain collections of works of art, historical treasures, or other similar assets? If “Yes,” complete Schedule D, Part III</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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? If “Yes,” complete Schedule D, Part IV</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If “Yes,” complete Schedule D, Part V</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If “Yes,” complete Schedule D, Part VI</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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? If “Yes,” complete Schedule D, Part VII</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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? If “Yes,” complete Schedule D, Part VIII</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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? If “Yes,” complete Schedule D, Part IX</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Did the organization report an amount for other liabilities in Part X, line 25? If “Yes,” complete Schedule D, Part X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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)? If “Yes,” complete Schedule D, Parts XI and XII</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Was the organization included in consolidated, independent audited financial statements for the tax year? If “Yes,” and if the organization answered “No” to line 12a, then completing Schedule D, Parts XI and XII is optional</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is the organization a school described in section 170(b)(1)(A)(ii)? If “Yes,” complete Schedule E</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Did the organization maintain an office, employees, or agents outside of the United States?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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? If “Yes,” complete Schedule F, Parts I and IV</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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? If “Yes,” complete Schedule F, Parts II and IV</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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? If “Yes,” complete Schedule F, Parts III and IV</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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? If “Yes,” complete Schedule G, Part I</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If “Yes,” complete Schedule G, Part II</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? If “Yes,” complete Schedule G, Part III</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Form 990 (2017)
### Part IV Checklist of Required Schedules (continued)

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>20a Did the organization operate one or more hospital facilities?</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>If &quot;Yes,&quot; complete Schedule H</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b If &quot;Yes&quot; to line 20a, did the organization attach a copy of its audited financial statements to this return?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>21 Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>If &quot;Yes,&quot; complete Schedule I, Parts I and II</td>
<td></td>
<td></td>
</tr>
<tr>
<td>22 Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>If &quot;Yes,&quot; complete Schedule I, Parts I and III</td>
<td></td>
<td></td>
</tr>
<tr>
<td>23 Did the organization answer &quot;Yes&quot; 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?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>If &quot;Yes,&quot; complete Schedule J</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>If &quot;Yes,&quot; answer lines 24b through 24d and complete Schedule K. If &quot;No,&quot; go to line 25a</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>d Did the organization act as an &quot;on behalf of&quot; issuer for bonds outstanding at any time during the year?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>If &quot;Yes,&quot; complete Schedule L, Part I</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>If &quot;Yes,&quot; complete Schedule L, Part I</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>If &quot;Yes,&quot; complete Schedule L, Part II</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>If &quot;Yes,&quot; complete Schedule L, Part III</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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):</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a A current or former officer, director, trustee, or key employee?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>If &quot;Yes,&quot; complete Schedule L, Part IV</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b A family member of a current or former officer, director, trustee, or key employee?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>If &quot;Yes,&quot; complete Schedule L, Part IV</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>If &quot;Yes,&quot; complete Schedule L, Part IV</td>
<td></td>
<td></td>
</tr>
<tr>
<td>29 Did the organization receive more than $25,000 in non-cash contributions?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>If &quot;Yes,&quot; complete Schedule M</td>
<td></td>
<td></td>
</tr>
<tr>
<td>30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>If &quot;Yes,&quot; complete Schedule M</td>
<td></td>
<td></td>
</tr>
<tr>
<td>31 Did the organization liquidate, terminate, or dissolve and cease operations?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>If &quot;Yes,&quot; complete Schedule N, Part I</td>
<td></td>
<td></td>
</tr>
<tr>
<td>32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>If &quot;Yes,&quot; complete Schedule N, Part II</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>If &quot;Yes,&quot; complete Schedule R, Part I</td>
<td></td>
<td></td>
</tr>
<tr>
<td>34 Was the organization related to any tax-exempt or taxable entity?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>If &quot;Yes,&quot; complete Schedule R, Part II, III, or IV, and Part V, line 1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>b If &quot;Yes&quot; 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)?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>If &quot;Yes,&quot; complete Schedule R, Part V, line 2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>If &quot;Yes,&quot; complete Schedule R, Part V, line 2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>If &quot;Yes,&quot; complete Schedule R, Part VI</td>
<td></td>
<td></td>
</tr>
<tr>
<td>38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Note. All Form 990 filers are required to complete Schedule O.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Form 990 (2017)* Second Helpings, Inc. 35-1484281

DAA
## Part V

### Statements Regarding Other IRS Filings and Tax Compliance

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

<table>
<thead>
<tr>
<th>Line</th>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a</td>
<td>Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable</td>
<td>21</td>
<td></td>
</tr>
<tr>
<td>1b</td>
<td>Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>1c</td>
<td>Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gambling (gaming) winnings to prize winners?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2a</td>
<td>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</td>
<td>37</td>
<td></td>
</tr>
<tr>
<td>2b</td>
<td>If at least one is reported on line 2a, did the organization file all required federal employment tax returns?</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td></td>
<td><strong>Note.</strong> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3a</td>
<td>Did the organization have unrelated business gross income of $1,000 or more during the year?</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>3b</td>
<td>If &quot;Yes,&quot; has it filed a Form 990-T for this year? If &quot;No&quot; to line 3b, provide an explanation in Schedule O</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4a</td>
<td>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)?</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>4b</td>
<td>If &quot;Yes,&quot; enter the name of the foreign country:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5a</td>
<td>Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>5b</td>
<td>Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>5c</td>
<td>Did the organization file Form 8886-T?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6a</td>
<td>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?</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>6b</td>
<td>If &quot;Yes,&quot; did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7a</td>
<td>Organizations that may receive deductible contributions under section 170(c).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7b</td>
<td>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?</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>7c</td>
<td>Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>7d</td>
<td>If &quot;Yes,&quot; indicate the number of Forms 8282 filed during the year</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7e</td>
<td>Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>7f</td>
<td>Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>7g</td>
<td>If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>7h</td>
<td>If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>8</td>
<td>Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Section 501(c)(7) organizations. Enter:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10a</td>
<td>Initiation fees and capital contributions included on Part VIII, line 12</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10b</td>
<td>Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>Section 501(c)(12) organizations. Enter:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11a</td>
<td>Gross income from members or shareholders</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11b</td>
<td>Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12a</td>
<td>Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12b</td>
<td>If &quot;Yes,&quot; enter the amount of tax-exempt interest received or accrued during the year</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>Section 501(c)(29) qualified nonprofit health insurance issuers.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13a</td>
<td>Is the organization licensed to issue qualified health plans in more than one state?</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Note.</strong> See the instructions for additional information the organization must report on Schedule O.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13b</td>
<td>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</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13c</td>
<td>Enter the amount of reserves on hand</td>
<td></td>
<td></td>
</tr>
<tr>
<td>14a</td>
<td>Did the organization receive any payments for indoor tanning services during the tax year?</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>14b</td>
<td>If &quot;Yes,&quot; has it filed a Form 720 to report these payments? If &quot;No,&quot; provide an explanation in Schedule O</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Form 990 (2017) Second Helpings, Inc. 35-1484281 DAA Page 5
Part VI Governance, Management, and Disclosure

Section A. Governing Body and Management

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.

1b Enter the number of voting members included in line 1a, above, who are independent.

2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?

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?

4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?

5 Did the organization become aware during the year of a significant diversion of the organization's assets?

6 Did the organization have members or stockholders?

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?

7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?

8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:
   a The governing body?
   b Each committee with authority to act on behalf of the governing body?

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.

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

10a Did the organization have local chapters, branches, or affiliates?

10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure that their operations are consistent with the organization's exempt purposes?

11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?

11b 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

12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?

12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.

13 Did the organization have a written whistleblower policy?

14 Did the organization have a written document retention and destruction policy?

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
   b Other officers or key employees of the organization

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?

16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed.

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
   X Own website   Other's website   X Upon request   Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records.

Mike Eline
1121 Southeastern Ave.
Indianapolis IN 46202 317-632-2664
### Second Helpings, Inc.

**Form 990 (2017)**

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

1. 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 all of 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.

<table>
<thead>
<tr>
<th>(A) Name and Title</th>
<th>(B) Average hours per week (list any hours for related organizations below dotted line)</th>
<th>(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)</th>
<th>(D) Reportable compensation from organization (W-2/1099-MISC)</th>
<th>(E) Reportable compensation from related organizations (W-2/1099-MISC)</th>
<th>(F) Estimated amount of other compensation from the organization and related organizations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ellen Butz</td>
<td>5.00</td>
<td>X</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Board Chair</td>
<td>0.00</td>
<td>X X</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>David Feinberg</td>
<td>1.00</td>
<td>X</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Vice Chair</td>
<td>0.00</td>
<td>X X</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Monique Hunt McWilliams</td>
<td>3.00</td>
<td>X</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Treasurer</td>
<td>0.00</td>
<td>X X</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Angela Krahulik</td>
<td>1.00</td>
<td>X</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Secretary</td>
<td>0.00</td>
<td>X X</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Kim Borges</td>
<td>1.00</td>
<td>X</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Board Member</td>
<td>0.00</td>
<td>X</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Jeff Bricker</td>
<td>1.00</td>
<td>X</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Board Member</td>
<td>0.00</td>
<td>X</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Steve Campbell</td>
<td>1.00</td>
<td>X</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Board Member</td>
<td>0.00</td>
<td>X</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Eric Halvorson</td>
<td>1.00</td>
<td>X</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Board Member</td>
<td>0.00</td>
<td>X</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Dr. Lisa Harris</td>
<td>1.00</td>
<td>X</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Board Member</td>
<td>0.00</td>
<td>X</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Brent Lee</td>
<td>1.00</td>
<td>X</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Board Member</td>
<td>0.00</td>
<td>X</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Emily Masengale</td>
<td>1.00</td>
<td>X</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Board Member</td>
<td>0.00</td>
<td>X</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>
## Part VII
### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

#### (12) Kathy Pataluch
- **Position:** Board Member
- **Hours:** 1.00
- **Compensation:** $0.00

#### (13) Dr. Matt Prusiecki
- **Position:** Board Member
- **Hours:** 1.00
- **Compensation:** $0.00

#### (14) Mel Raines
- **Position:** Board Member
- **Hours:** 1.00
- **Compensation:** $0.00

#### (15) Pat Garrett Rooney
- **Position:** Board Member
- **Hours:** 0.00
- **Compensation:** $0.00

#### (16) Tony Schafer
- **Position:** Board Member
- **Hours:** 1.00
- **Compensation:** $0.00

#### (17) Nathan Schneider
- **Position:** Board Member
- **Hours:** 1.00
- **Compensation:** $0.00

#### (18) Joe Slaughter
- **Position:** Board Member
- **Hours:** 2.00
- **Compensation:** $0.00

#### (19) Timothy L. Stewart
- **Position:** Board Member
- **Hours:** 1.00
- **Compensation:** $0.00

### 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.

<table>
<thead>
<tr>
<th>(A)</th>
<th>Name and business address</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>Contributions, Gifts, Grants and Other Similar Amounts</th>
<th>(A) Total revenue</th>
<th>(B) Related or exempt function revenue</th>
<th>(C) Unrelated business revenue</th>
<th>(D) Revenue excluded from tax under sections 512-514</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a Federated campaigns</td>
<td>1a 144,408</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Membership dues</td>
<td>1b</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c Fundraising events</td>
<td>1c 563,076</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d Related organizations</td>
<td>1d</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e Government grants (contributions)</td>
<td>1e 87,193</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f All other contributions, gifts, grants, and similar amounts not included above</td>
<td>1f 6,250,944</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>g Noncash contributions included in lines 1a–1f: $</td>
<td>1g 4,794,087</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>h Total. Add lines 1a–1f:</td>
<td>1h 7,045,621</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Program Service Revenue

<table>
<thead>
<tr>
<th>Busn. Code</th>
<th>(A) Total revenue</th>
<th>(B) Related or exempt function revenue</th>
<th>(C) Unrelated business revenue</th>
<th>(D) Revenue excluded from tax under sections 512-514</th>
</tr>
</thead>
<tbody>
<tr>
<td>2a CACFP Revenue</td>
<td>2a 77,598</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b ServSafe Revenue</td>
<td>2b 18,222</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c Job Training Revenue</td>
<td>2c 1,995</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d</td>
<td>2d</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e</td>
<td>2e</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f All other program service revenue</td>
<td>2f</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>g Total. Add lines 2a–2f:</td>
<td>2g 97,815</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Other Revenue

<table>
<thead>
<tr>
<th>Busn. Code</th>
<th>(A) Total revenue</th>
<th>(B) Related or exempt function revenue</th>
<th>(C) Unrelated business revenue</th>
<th>(D) Revenue excluded from tax under sections 512-514</th>
</tr>
</thead>
<tbody>
<tr>
<td>3 Investment income (including dividends, interest, and other similar amounts)</td>
<td>3 65,880</td>
<td>65,880</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Income from investment of tax-exempt bond proceeds</td>
<td>4</td>
<td>65,880</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 Royalties</td>
<td></td>
<td>65,880</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6a Gross rents</td>
<td></td>
<td>65,880</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Less: rental exps.</td>
<td></td>
<td>65,880</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c Rental inc. or (loss)</td>
<td></td>
<td>65,880</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d Net rental income or (loss)</td>
<td></td>
<td>65,880</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7a Gross amount from sales of assets other than inventory</td>
<td>7a 399,833</td>
<td>399,833</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(i) Securities</td>
<td></td>
<td>399,833</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(ii) Other</td>
<td></td>
<td>399,833</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Less: cost or other basis &amp; sales exps.</td>
<td>7b 81,657</td>
<td>81,657</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c Gain or (loss)</td>
<td></td>
<td>81,657</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d Net gain or (loss)</td>
<td></td>
<td>318,176</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8a Gross income from fundraising events (not including $ 563,076 of contributions reported on line 1c).</td>
<td>8a 318,176</td>
<td>318,176</td>
<td></td>
<td></td>
</tr>
<tr>
<td>See Part IV, line 18</td>
<td></td>
<td>318,176</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a 85,375</td>
<td></td>
<td>318,176</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Less: direct expenses</td>
<td></td>
<td>293,347</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c Net income or (loss) from fundraising events</td>
<td>8c -207,972</td>
<td>-207,972</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9a Gross income from gaming activities.</td>
<td>9a</td>
<td>-207,972</td>
<td></td>
<td></td>
</tr>
<tr>
<td>See Part IV, line 19</td>
<td></td>
<td>-207,972</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Less: direct expenses</td>
<td></td>
<td>-207,972</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c Net income or (loss) from gaming activities</td>
<td>9c</td>
<td>-207,972</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10a Gross sales of inventory, less returns and allowances</td>
<td>10a</td>
<td>-207,972</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Less: cost of goods sold</td>
<td></td>
<td>-207,972</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c Net income or (loss) from sales of inventory</td>
<td>10c</td>
<td>-207,972</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Miscellaneous Revenue

<table>
<thead>
<tr>
<th>Busn. Code</th>
<th>(A) Total revenue</th>
<th>(B) Related or exempt function revenue</th>
<th>(C) Unrelated business revenue</th>
<th>(D) Revenue excluded from tax under sections 512-514</th>
</tr>
</thead>
<tbody>
<tr>
<td>11a Other Income</td>
<td></td>
<td>3,237</td>
<td>3,237</td>
<td></td>
</tr>
<tr>
<td>b</td>
<td></td>
<td>3,237</td>
<td>3,237</td>
<td></td>
</tr>
<tr>
<td>c</td>
<td></td>
<td>3,237</td>
<td>3,237</td>
<td></td>
</tr>
<tr>
<td>d All other revenue</td>
<td></td>
<td>3,237</td>
<td>3,237</td>
<td></td>
</tr>
<tr>
<td>e Total. Add lines 11a–11d</td>
<td></td>
<td>3,237</td>
<td>3,237</td>
<td></td>
</tr>
<tr>
<td>12 Total revenue. See instructions.</td>
<td>12</td>
<td>7,322,757</td>
<td>97,815</td>
<td></td>
</tr>
</tbody>
</table>

Form 990 (2017) Second Helpings, Inc. 35-1484281
### Statement of Functional Expenses

**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).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.

<table>
<thead>
<tr>
<th></th>
<th>(A) Total expenses</th>
<th>(B) Program service expenses</th>
<th>(C) Management and general expenses</th>
<th>(D) Fundraising expenses</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21</td>
<td>3,949,994</td>
<td>3,949,994</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Grants and other assistance to domestic individuals. See Part IV, line 22</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Benefits paid to or for members</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Compensation of current officers, directors, trustees, and key employees</td>
<td>200,348</td>
<td>56,397</td>
<td>89,230</td>
</tr>
<tr>
<td>6</td>
<td>Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Other salaries and wages</td>
<td>1,026,309</td>
<td>678,569</td>
<td>69,387</td>
</tr>
<tr>
<td>8</td>
<td>Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Other employee benefits</td>
<td>160,978</td>
<td>98,271</td>
<td>25,480</td>
</tr>
<tr>
<td>10</td>
<td>Payroll taxes</td>
<td>92,346</td>
<td>55,880</td>
<td>11,752</td>
</tr>
<tr>
<td>11</td>
<td>Fees for services (non-employees):</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>Management</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>Legal</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>Accounting</td>
<td>21,075</td>
<td>1,735</td>
<td>18,798</td>
</tr>
<tr>
<td>d</td>
<td>Lobbying</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e</td>
<td>Professional fundraising services. See Part IV, line 17</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f</td>
<td>Investment management fees</td>
<td>79,624</td>
<td>79,624</td>
<td></td>
</tr>
<tr>
<td>g</td>
<td>Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)</td>
<td>57,336</td>
<td>48,641</td>
<td>6</td>
</tr>
<tr>
<td>12</td>
<td>Advertising and promotion</td>
<td>13,625</td>
<td>11,313</td>
<td>1,023</td>
</tr>
<tr>
<td>13</td>
<td>Office expenses</td>
<td>74,227</td>
<td>34,791</td>
<td>5,812</td>
</tr>
<tr>
<td>14</td>
<td>Information technology</td>
<td>58,639</td>
<td>38,603</td>
<td>5,023</td>
</tr>
<tr>
<td>15</td>
<td>Royalties</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16</td>
<td>Occupancy</td>
<td>183,604</td>
<td>165,431</td>
<td>7,998</td>
</tr>
<tr>
<td>17</td>
<td>Travel</td>
<td>2,874</td>
<td>2,341</td>
<td>191</td>
</tr>
<tr>
<td>18</td>
<td>Payments of travel or entertainment expenses for any federal, state, or local public officials</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>19</td>
<td>Conferences, conventions, and meetings</td>
<td>4,769</td>
<td>1,604</td>
<td>1,300</td>
</tr>
<tr>
<td>20</td>
<td>Interest</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>21</td>
<td>Payments to affiliates</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>22</td>
<td>Depreciation, depletion, and amortization</td>
<td>191,263</td>
<td>179,044</td>
<td>4,573</td>
</tr>
<tr>
<td>23</td>
<td>Insurance</td>
<td>56,121</td>
<td>42,046</td>
<td>7,858</td>
</tr>
<tr>
<td>24</td>
<td>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.)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>Food Spoilage</td>
<td>537,857</td>
<td>537,857</td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>Supplies</td>
<td>164,917</td>
<td>162,065</td>
<td>1,211</td>
</tr>
<tr>
<td>c</td>
<td>Awards &amp; Recognition</td>
<td>53,035</td>
<td>32,179</td>
<td>3,514</td>
</tr>
<tr>
<td>d</td>
<td>Vehicle Expenses</td>
<td>49,665</td>
<td>49,665</td>
<td></td>
</tr>
<tr>
<td>e</td>
<td>All other expenses</td>
<td>52,759</td>
<td>46,365</td>
<td>2,469</td>
</tr>
<tr>
<td>25</td>
<td>Total functional expenses. Add lines 1 through 24e</td>
<td>7,031,365</td>
<td>6,192,791</td>
<td>335,249</td>
</tr>
</tbody>
</table>

**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).
# Second Helpings, Inc.

**35-1484281**

## Part X: Balance Sheet

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

<table>
<thead>
<tr>
<th>Assets</th>
<th>Liabilities</th>
<th>Net Assets or Fund Balances</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(A) Beginning of year</td>
<td>(B) End of year</td>
</tr>
<tr>
<td>1. Cash—non-interest bearing</td>
<td>243,800</td>
<td>467,584</td>
</tr>
<tr>
<td>2. Savings and temporary cash investments</td>
<td>845,356</td>
<td>847,114</td>
</tr>
<tr>
<td>3. Pledges and grants receivable, net</td>
<td>118,706</td>
<td>128,200</td>
</tr>
<tr>
<td>4. Accounts receivable, net</td>
<td>10,620</td>
<td>5,295</td>
</tr>
<tr>
<td>5. Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Complete Part II of Schedule L</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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 instructions). Complete Part II of Schedule L</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Notes and loans receivable, net</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Inventories for sale or use</td>
<td>104,131</td>
<td>84,341</td>
</tr>
<tr>
<td>9. Prepaid expenses and deferred charges</td>
<td>16,193</td>
<td>18,717</td>
</tr>
<tr>
<td>10a. Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D</td>
<td>4,010,992</td>
<td></td>
</tr>
<tr>
<td>10b. Less: accumulated depreciation</td>
<td>1,784,013</td>
<td>2,298,598</td>
</tr>
<tr>
<td>11. Investments—publicly traded securities</td>
<td>290,494</td>
<td>305,295</td>
</tr>
<tr>
<td>12. Investments—other securities. See Part IV, line 11</td>
<td>7,192,247</td>
<td>7,555,015</td>
</tr>
<tr>
<td>13. Intangible assets</td>
<td></td>
<td></td>
</tr>
<tr>
<td>14. Other assets. See Part IV, line 11</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>16. Total assets. Add lines 1 through 15 (must equal line 34)</strong></td>
<td>11,120,145</td>
<td>11,638,540</td>
</tr>
<tr>
<td>17. Accounts payable and accrued expenses</td>
<td>110,627</td>
<td>110,367</td>
</tr>
<tr>
<td>18. Grants payable</td>
<td></td>
<td></td>
</tr>
<tr>
<td>19. Deferred revenue</td>
<td></td>
<td></td>
</tr>
<tr>
<td>20. Tax-exempt bond liabilities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>21. Escrow or custodial account liability. Complete Part IV of Schedule D</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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</td>
<td></td>
<td></td>
</tr>
<tr>
<td>23. Secured mortgages and notes payable to unrelated third parties</td>
<td></td>
<td></td>
</tr>
<tr>
<td>24. Unsecured notes and loans payable to unrelated third parties</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>26. Total liabilities. Add lines 17 through 25</strong></td>
<td>105,627</td>
<td>110,367</td>
</tr>
<tr>
<td>**27. Organizations that follow SFAS 117 (ASC 958), check here **</td>
<td></td>
<td></td>
</tr>
<tr>
<td>and complete lines 27 through 29, and lines 33 and 34.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unrestricted net assets</td>
<td>3,562,364</td>
<td>3,706,166</td>
</tr>
<tr>
<td>Temporarily restricted net assets</td>
<td>603,154</td>
<td>973,007</td>
</tr>
<tr>
<td>Permanently restricted net assets</td>
<td>6,849,000</td>
<td>6,849,000</td>
</tr>
<tr>
<td><strong>29. Organizations that do not follow SFAS 117 (ASC 958), check here</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>and complete lines 30 through 34.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Capital stock or trust principal, or current funds</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Paid-in or capital surplus, or land, building, or equipment fund</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Retained earnings, endowment, accumulated income, or other funds</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>33. Total net assets or fund balances</strong></td>
<td>11,014,518</td>
<td>11,528,173</td>
</tr>
<tr>
<td><strong>34. Total liabilities and net assets/fund balances</strong></td>
<td>11,120,145</td>
<td>11,638,540</td>
</tr>
</tbody>
</table>
### Part XI: Reconciliation of Net Assets

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

<table>
<thead>
<tr>
<th></th>
<th>Description</th>
<th>Line 1</th>
<th>Line 2</th>
<th>Line 3</th>
<th>Line 4</th>
<th>Line 5</th>
<th>Line 6</th>
<th>Line 7</th>
<th>Line 8</th>
<th>Line 9</th>
<th>Line 10</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Total revenue (must equal Part VIII, column (A), line 12)</td>
<td>7,322,757</td>
<td>7,031,365</td>
<td>291,392</td>
<td>11,014,518</td>
<td>222,263</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>11,528,173</td>
</tr>
<tr>
<td>2</td>
<td>Total expenses (must equal Part IX, column (A), line 25)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Revenue less expenses. Subtract line 2 from line 1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Net unrealized gains (losses) on investments</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Donated services and use of facilities</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Investment expenses</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Prior period adjustments</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Other changes in net assets or fund balances (explain in Schedule O)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Part XII: Financial Statements and Reporting

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

<table>
<thead>
<tr>
<th></th>
<th>Description</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Accounting method used to prepare the Form 990:</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>[ ] Cash  [X] Accrual  [ ] Other</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>If the organization changed its method of accounting from a prior year or checked &quot;Other,&quot; explain in Schedule O.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2a</td>
<td>Were the organization's financial statements compiled or reviewed by an independent accountant?</td>
<td>[X]</td>
<td></td>
</tr>
<tr>
<td></td>
<td>If &quot;Yes,&quot; 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:</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>[ ] Separate basis  [ ] Consolidated basis  [ ] Both consolidated and separate basis</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2b</td>
<td>Were the organization's financial statements audited by an independent accountant?</td>
<td>[X]</td>
<td></td>
</tr>
<tr>
<td></td>
<td>If &quot;Yes,&quot; check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>[X] Separate basis  [ ] Consolidated basis  [ ] Both consolidated and separate basis</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2c</td>
<td>If &quot;Yes&quot; 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?</td>
<td>[X]</td>
<td></td>
</tr>
<tr>
<td></td>
<td>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3a</td>
<td>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?</td>
<td>[X]</td>
<td></td>
</tr>
<tr>
<td>3b</td>
<td>If &quot;Yes,&quot; 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.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

<table>
<thead>
<tr>
<th>(A) Name and title</th>
<th>(B) Average hours per week (do not check more than one box, unless person is both an officer and a director/trustee)</th>
<th>(C) Position</th>
<th>(D) Reportable compensation from the organization (W-2/1099-MISC)</th>
<th>(E) Reportable compensation from related organizations (W-2/1099-MISC)</th>
<th>(F) Estimated amount of other compensation from the organization and related organizations</th>
</tr>
</thead>
<tbody>
<tr>
<td>(20) Dave Witzerman</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Board Member</td>
<td>1.00</td>
<td>X</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>(21) Jennifer Vigran</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CEO</td>
<td>40.00</td>
<td>X</td>
<td>86,758</td>
<td>0</td>
<td>9,760</td>
</tr>
<tr>
<td>(22) Michael J Eline</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CFO</td>
<td>40.00</td>
<td>X</td>
<td>85,694</td>
<td>0</td>
<td>2,020</td>
</tr>
<tr>
<td>1b Sub-total</td>
<td></td>
<td></td>
<td></td>
<td>172,452</td>
<td>11,780</td>
</tr>
<tr>
<td>c Total from continuation sheets to Part VII, Section A</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d Total (add lines 1b and 1c)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

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

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

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

### 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.

<table>
<thead>
<tr>
<th>(A) Name and business address</th>
<th>(B) Description of services</th>
<th>(C) Compensation</th>
</tr>
</thead>
</table>

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
**Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**Name of the organization**

Second Helpings, Inc.

**Employer identification number**

35-1484281

---

### Part I

**Reason for Public Charity Status**

(All organizations must complete this part.) See instructions.

1. A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
2. A school described in section 170(b)(1)(A)(iii). (Attach Schedule E (Form 990 or 990-EZ)).
3. A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
4. A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:  

<table>
<thead>
<tr>
<th>(i) Name of supported organization</th>
<th>(ii) EIN</th>
</tr>
</thead>
<tbody>
<tr>
<td>(A)</td>
<td></td>
</tr>
<tr>
<td>(B)</td>
<td></td>
</tr>
<tr>
<td>(C)</td>
<td></td>
</tr>
<tr>
<td>(D)</td>
<td></td>
</tr>
<tr>
<td>(E)</td>
<td></td>
</tr>
</tbody>
</table>

**Total**

---

**Schedule A (Form 990 or 990-EZ) 2017**
Section A. Public Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2013</th>
<th>(b) 2014</th>
<th>(c) 2015</th>
<th>(d) 2016</th>
<th>(e) 2017</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Gifts, grants, contributions, and membership fees received. (Do not include any &quot;unusual grants.&quot;)</td>
<td>4,751,088</td>
<td>6,049,047</td>
<td>6,360,082</td>
<td>13,410,952</td>
<td>7,045,621</td>
<td>37,616,790</td>
</tr>
<tr>
<td>2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 The value of services or facilities furnished by a governmental unit to the organization without charge</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Total. Add lines 1 through 3</td>
<td>4,751,088</td>
<td>6,049,047</td>
<td>6,360,082</td>
<td>13,410,952</td>
<td>7,045,621</td>
<td>37,616,790</td>
</tr>
<tr>
<td>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)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>6,150,878</td>
</tr>
<tr>
<td>6 Public support. Subtract line 5 from line 4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>31,465,912</td>
</tr>
</tbody>
</table>

Section B. Total Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2013</th>
<th>(b) 2014</th>
<th>(c) 2015</th>
<th>(d) 2016</th>
<th>(e) 2017</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>7 Amounts from line 4</td>
<td>4,751,088</td>
<td>6,049,047</td>
<td>6,360,082</td>
<td>13,410,952</td>
<td>7,045,621</td>
<td>37,616,790</td>
</tr>
<tr>
<td>8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources</td>
<td>737</td>
<td>686</td>
<td>726</td>
<td>26,835</td>
<td>65,880</td>
<td>94,864</td>
</tr>
<tr>
<td>9 Net income from unrelated business activities, whether or not the business is regularly carried on</td>
<td></td>
<td></td>
<td></td>
<td>2,237</td>
<td>2,237</td>
<td>2,237</td>
</tr>
<tr>
<td>10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI)</td>
<td>365,993</td>
<td>389,152</td>
<td>379,557</td>
<td>405,914</td>
<td>85,375</td>
<td>1,625,991</td>
</tr>
<tr>
<td>11 Total support. Add lines 7 through 10</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>39,339,882</td>
</tr>
<tr>
<td>12 Gross receipts from related activities, etc. (see instructions)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>97,815</td>
</tr>
<tr>
<td>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</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Section C. Computation of Public Support Percentage

<table>
<thead>
<tr>
<th>(a) 2013</th>
<th>(b) 2014</th>
<th>(c) 2015</th>
<th>(d) 2016</th>
<th>(e) 2017</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15 Public support percentage from 2016 Schedule A, Part II, line 14</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16a 33 1/3% support test—2017. 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</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16b 33 1/3% support test—2016. 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</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17a 10%-facts-and-circumstances test—2017. 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 &quot;facts-and-circumstances&quot; test, check this box and stop here. Explain in Part VI how the organization meets the &quot;facts-and-circumstances&quot; test. The organization qualifies as a publicly supported organization</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17b 10%-facts-and-circumstances test—2016. 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 &quot;facts-and-circumstances&quot; test, check this box and stop here. Explain in Part VI how the organization meets the &quot;facts-and-circumstances&quot; test. The organization qualifies as a publicly supported organization</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>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</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Second Helpings, Inc. 35-1484281

Schedule A (Form 990 or 990-EZ) 2017
### Section A. Public Support

**Calendar year (or fiscal year beginning in)**

<table>
<thead>
<tr>
<th></th>
<th>(a) 2013</th>
<th>(b) 2014</th>
<th>(c) 2015</th>
<th>(d) 2016</th>
<th>(e) 2017</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Gifts, grants, contributions, and membership fees received. (Do not include any &quot;unusual grants&quot;)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>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</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Gross receipts from activities that are not an unrelated trade or business under section 513</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Tax revenues levied for the organization's benefit and either paid to or expended on its behalf</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>The value of services or facilities furnished by a governmental unit to the organization without charge</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td><strong>Total. Add lines 1 through 5</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7a</td>
<td>Amounts included on lines 1, 2, and 3 received from disqualified persons</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>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</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>Add lines 7a and 7b</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td><strong>Public support. (Subtract line 7c from line 6)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Section B. Total Support

**Calendar year (or fiscal year beginning in)**

<table>
<thead>
<tr>
<th></th>
<th>(a) 2013</th>
<th>(b) 2014</th>
<th>(c) 2015</th>
<th>(d) 2016</th>
<th>(e) 2017</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>9</td>
<td>Amounts from line 6</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10a</td>
<td>Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>Add lines 10a and 10b</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13</td>
<td><strong>Total support. (Add lines 9, 10c, 11, and 12)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**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

<table>
<thead>
<tr>
<th></th>
<th>15</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>15</td>
<td>Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))</td>
<td>15</td>
</tr>
<tr>
<td>16</td>
<td>Public support percentage from 2016 Schedule A, Part III, line 15</td>
<td>16</td>
</tr>
</tbody>
</table>

### Section D. Computation of Investment Income Percentage

<table>
<thead>
<tr>
<th></th>
<th>17</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>17</td>
<td>Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))</td>
<td>17</td>
</tr>
<tr>
<td>18</td>
<td>Investment income percentage from 2016 Schedule A, Part III, line 17</td>
<td>18</td>
</tr>
</tbody>
</table>

**33 1/3% support tests—2017. 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.**

**33 1/3% support tests—2016. 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.**

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

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**Schedule A (Form 990 or 990-EZ) 2017**
### Part IV

#### Supporting Organizations

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

#### Section A. All Supporting Organizations

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

#### Section A. Supporting Organizations

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

#### Section B. Type I Supporting Organizations

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

#### Section C. Type II Supporting Organizations

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

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

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

#### Section E. Type III Functionally-Integrated Supporting Organizations

1. Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
   - a. The organization satisfied the Activities Test. Complete line 2 below.
   - b. The organization is the parent of each of its supported organizations. Complete line 3 below.
   - c. The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).

2. Activities Test. Answer (a) and (b) below.
   - a. Did substantially all of the organization’s activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. | Yes | No |
   - b. Did the activities described in (a) constitute activities that, but for the organization’s involvement, one or more of the organization’s supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization’s position that its supported organization(s) would have engaged in these activities but for the organization’s involvement. | Yes | No |

3. Parent of Supported Organizations. Answer (a) and (b) below.
   - a. Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI. | Yes | No |
   - b. Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. | Yes | No |
## Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

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

### Section A - Adjusted Net Income

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

### Section B - Minimum Asset Amount

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

### Section C - Distributable Amount

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

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

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>Current Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Amounts paid to supported organizations to accomplish exempt purposes</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Administrative expenses paid to accomplish exempt purposes of supported organizations</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Amounts paid to acquire exempt-use assets</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Qualified set-aside amounts (prior IRS approval required)</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Other distributions (describe in Part VI). See instructions.</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td><strong>Total annual distributions.</strong> Add lines 1 through 6.</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Distributable amount for 2017 from Section C, line 6</td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Line 8 amount divided by line 9 amount</td>
<td></td>
</tr>
</tbody>
</table>

### Section E - Distribution Allocations (see instructions)

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>Excess Distributions</th>
<th>Underdistributions Pre-2017</th>
<th>Distributable Amount for 2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Distributable amount for 2017 from Section C, line 6</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Underdistributions, if any, for years prior to 2017 (reasonable cause required-explain in Part VI). See instructions.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Excess distributions carryover, if any, to 2017:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>a</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>b From 2013</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>c From 2014</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>d From 2015</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>e From 2016</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>f Total of lines 3a through e</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>g Applied to underdistributions of prior years</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>h Applied to 2017 distributable amount</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>i Carryover from 2012 not applied (see instructions)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>j Remainder. Subtract lines 3g, 3h, and 3i from 3f.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Distributions for 2017 from Section D, line 7: $</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>a Applied to underdistributions of prior years</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>b Applied to 2017 distributable amount</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>c Remainder. Subtract lines 4a and 4b from 4.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Excess distributions carryover to 2018. Add lines 3j and 4c.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>a Excess from 2013</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>b Excess from 2014</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>c Excess from 2015</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>d Excess from 2016</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>e Excess from 2017</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Part VI  Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Part II, Line 10 - Other Income Detail

Fundraising Sales  $ 1,625,991
<table>
<thead>
<tr>
<th>Name of the organization</th>
<th>Employer identification number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Second Helpings, Inc.</td>
<td>35-1484281</td>
</tr>
</tbody>
</table>

**Organization type** (check one):

<table>
<thead>
<tr>
<th>Filers of:</th>
<th>Section:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Form 990 or 990-EZ</td>
<td>501(c)(3) (enter number) organization</td>
</tr>
<tr>
<td>4947(a)(1) nonexempt charitable trust</td>
<td>not treated as a private foundation</td>
</tr>
<tr>
<td>527 political organization</td>
<td></td>
</tr>
<tr>
<td>Form 990-PF</td>
<td>501(c)(3) exempt private foundation</td>
</tr>
<tr>
<td>4947(a)(1) nonexempt charitable trust</td>
<td>treated as a private foundation</td>
</tr>
<tr>
<td>501(c)(3) taxable private foundation</td>
<td></td>
</tr>
</tbody>
</table>

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, contributions totaling $5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor’s total contributions.

**Special Rules**

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33⅓% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions 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 an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than $1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled 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. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling $5,000 or more during the year. $ ...........................................

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't 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 doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.
<table>
<thead>
<tr>
<th>No.</th>
<th>Name, address, and ZIP + 4</th>
<th>Total contributions</th>
<th>Type of contribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td>$240,000</td>
<td>Person</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Payroll</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Noncash</td>
</tr>
<tr>
<td>2</td>
<td></td>
<td>$459,162</td>
<td>Person</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Payroll</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Noncash</td>
</tr>
<tr>
<td>3</td>
<td></td>
<td>$222,602</td>
<td>Person</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Payroll</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Noncash</td>
</tr>
<tr>
<td>4</td>
<td></td>
<td>$203,837</td>
<td>Person</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Payroll</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Noncash</td>
</tr>
<tr>
<td>5</td>
<td></td>
<td>$435,656</td>
<td>Person</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Payroll</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Noncash</td>
</tr>
<tr>
<td>6</td>
<td></td>
<td>$373,895</td>
<td>Person</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Payroll</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Noncash</td>
</tr>
</tbody>
</table>

(Complete Part II for noncash contributions.)
<table>
<thead>
<tr>
<th>No.</th>
<th>(b) Name, address, and ZIP + 4</th>
<th>(c) Total contributions</th>
<th>(d) Type of contribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>7</td>
<td></td>
<td>$478,097</td>
<td>Person, Noncash</td>
</tr>
<tr>
<td>8</td>
<td></td>
<td>$760,048</td>
<td>Person, Noncash</td>
</tr>
<tr>
<td>9</td>
<td></td>
<td>$144,408</td>
<td>Person, Noncash</td>
</tr>
<tr>
<td>10</td>
<td></td>
<td>$239,098</td>
<td>Person, Noncash</td>
</tr>
</tbody>
</table>
### Part II: Noncash Property

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

<table>
<thead>
<tr>
<th>(a) No. from Part I</th>
<th>(b) Description of noncash property given</th>
<th>(c) FMV (or estimate) (See instructions.)</th>
<th>(d) Date received</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>Food Donation</td>
<td>$459,162</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Food Donation</td>
<td>$222,602</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Food Donation</td>
<td>$203,837</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Food Donation</td>
<td>$435,656</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Food Donation</td>
<td>$373,895</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Food Donation</td>
<td>$478,097</td>
<td></td>
</tr>
</tbody>
</table>
### Part II  Noncash Property

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

<table>
<thead>
<tr>
<th>(a) No. from Part I</th>
<th>(b) Description of noncash property given</th>
<th>(c) FMV (or estimate)</th>
<th>(d) Date received</th>
</tr>
</thead>
<tbody>
<tr>
<td>8</td>
<td>Food Donation</td>
<td>$760,048</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Food Donation</td>
<td>$239,098</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Supplemental Financial Statements

Form 990

Department of the Treasury
Internal Revenue Service

Part II

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

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

1 Total number at end of year
2 Aggregate value of contributions to (during year)
3 Aggregate value of 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?
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II

Conservation Easements.

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

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

- Preservation of land for public use (e.g., recreation or education)
- Protection of natural habitat
- Preservation of a historically important land area
- Preservation of a certified historic structure
- Preservation of open space
- 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.

a Total number of conservation easements
b Total acreage restricted by conservation easements
c Number of conservation easements on a certified historic structure included in (a)
d Number of conservation easements on a certified historic structure included in (a) acquired after 7/25/06, and not on a historic structure listed in the National Register

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

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

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

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year

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

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

Part III

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

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

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) Revenue included on 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 Revenue included on Form 990, Part VIII, line 1
b Assets included in Form 990, Part X

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

Schedule D (Form 990) 2017

OMB No. 1545-0047
Part III  Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

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

4  Provide a description of the organization’s collections and explain how they further the organization’s exempt purpose in Part XIII.

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

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

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:

<table>
<thead>
<tr>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1c</td>
</tr>
<tr>
<td>1d</td>
</tr>
<tr>
<td>1e</td>
</tr>
<tr>
<td>1f</td>
</tr>
</tbody>
</table>

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

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

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

1a  Beginning of year balance ........................................ 7,482,741  
   | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
   | 7,482,741       | 254,474        | 200,916            | 200,514             | 200,058            |

b  Contributions ......................................................................................... 6,867,465 53,075

c  Net investment earnings, gains, and losses ........................................... 377,568 360,802 483 402 456

d  Grants or scholarships .............................................................................

e  Other expenditures for facilities and programs ......................................

f  Ending balance ......................................................................................... 7,860,309

2  Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
   a  Board designated or quasi-endowment ► 3.88 %
   b  Permanent endowment ► 87.13 %
   c  Temporarily restricted endowment ► 8.99 %

The percentages on 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                                      ☐ Yes ☐ No
   (ii) related organizations                                      ☐ Yes ☐ No

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

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” on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

<table>
<thead>
<tr>
<th>Description of property</th>
<th>(a) Cost or other basis (investment)</th>
<th>(b) Cost or other basis (other)</th>
<th>(c) Accumulated depreciation</th>
<th>(d) Book value</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a  Land</td>
<td>49,700</td>
<td></td>
<td></td>
<td>49,700</td>
</tr>
<tr>
<td>b  Buildings</td>
<td>2,455,199</td>
<td>847,128</td>
<td>1,608,071</td>
<td></td>
</tr>
<tr>
<td>c  Leasehold improvements</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d  Equipment</td>
<td>1,182,027</td>
<td>698,485</td>
<td>483,542</td>
<td></td>
</tr>
<tr>
<td>e  Other</td>
<td>324,066</td>
<td>238,400</td>
<td>85,666</td>
<td></td>
</tr>
</tbody>
</table>

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) ► 2,226,979
### Part VII Investments—Other Securities.

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

<table>
<thead>
<tr>
<th>(a) Description of security or category (including name of security)</th>
<th>(b) Book value</th>
<th>(c) Method of valuation: Cost or end-of-year market value</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) Financial derivatives</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(2) Closely-held equity interests</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(3) Other CICF Endowment</td>
<td>7,555,015</td>
<td>Market</td>
</tr>
<tr>
<td>(A)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(B)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(C)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(D)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(E)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(F)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(G)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(H)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)</strong></td>
<td>7,555,015</td>
<td></td>
</tr>
</tbody>
</table>

### Part VIII Investments—Program Related.

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

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

### Part IX Other Assets.

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

<table>
<thead>
<tr>
<th>(a) Description</th>
<th>(b) Book value</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td></td>
</tr>
<tr>
<td>(2)</td>
<td></td>
</tr>
<tr>
<td>(3)</td>
<td></td>
</tr>
<tr>
<td>(4)</td>
<td></td>
</tr>
<tr>
<td>(5)</td>
<td></td>
</tr>
<tr>
<td>(6)</td>
<td></td>
</tr>
<tr>
<td>(7)</td>
<td></td>
</tr>
<tr>
<td>(8)</td>
<td></td>
</tr>
<tr>
<td>(9)</td>
<td></td>
</tr>
<tr>
<td><strong>Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)</strong></td>
<td></td>
</tr>
</tbody>
</table>

### Part X Other Liabilities.

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

1. | (a) Description of liability | (b) Book value |
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) Federal income taxes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(2)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(3)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(4)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(5)</td>
<td></td>
<td></td>
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<tr>
<td>(6)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(7)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(8)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(9)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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. [X]
Second Helpings, Inc. 35-1484281

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.
Complete if the organization answered “Yes” on Form 990, Part IV, line 12a.

<table>
<thead>
<tr>
<th></th>
<th></th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Total revenue, gains, and other support per audited financial statements</td>
<td>7,795,744</td>
</tr>
<tr>
<td>2</td>
<td>Amounts included on line 1 but not on Form 990, Part VIII, line 12:</td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>Net unrealized gains (losses) on investments</td>
<td>222,263</td>
</tr>
<tr>
<td>b</td>
<td>Donated services and use of facilities</td>
<td>37,000</td>
</tr>
<tr>
<td>c</td>
<td>Recoveries of prior year grants</td>
<td>293,347</td>
</tr>
<tr>
<td>d</td>
<td>Other (Describe in Part XIII.)</td>
<td></td>
</tr>
<tr>
<td>e</td>
<td>Add lines 2a through 2d</td>
<td>552,610</td>
</tr>
<tr>
<td>3</td>
<td>Subtract line 2e from line 1</td>
<td>7,243,134</td>
</tr>
<tr>
<td>4</td>
<td>Amounts included on Form 990, Part VIII, line 12, but not on line 1:</td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>Investment expenses not included on Form 990, Part VIII, line 7b</td>
<td>79,623</td>
</tr>
<tr>
<td>b</td>
<td>Other (Describe in Part XIII.)</td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>Add lines 4a and 4b</td>
<td>79,623</td>
</tr>
<tr>
<td>5</td>
<td>Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)</td>
<td>7,322,757</td>
</tr>
</tbody>
</table>

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<table>
<thead>
<tr>
<th></th>
<th></th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Total expenses and losses per audited financial statements</td>
<td>7,282,089</td>
</tr>
<tr>
<td>2</td>
<td>Amounts included on line 1 but not on Form 990, Part IX, line 25:</td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>Donated services and use of facilities</td>
<td>37,000</td>
</tr>
<tr>
<td>b</td>
<td>Prior year adjustments</td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>Other losses</td>
<td></td>
</tr>
<tr>
<td>d</td>
<td>Other (Describe in Part XIII.)</td>
<td></td>
</tr>
<tr>
<td>e</td>
<td>Add lines 2a through 2d</td>
<td>330,347</td>
</tr>
<tr>
<td>3</td>
<td>Subtract line 2e from line 1</td>
<td>6,951,742</td>
</tr>
<tr>
<td>4</td>
<td>Amounts included on Form 990, Part IX, line 25, but not on line 1:</td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>Investment expenses not included on Form 990, Part VIII, line 7b</td>
<td>79,623</td>
</tr>
<tr>
<td>b</td>
<td>Other (Describe in Part XIII.)</td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>Add lines 4a and 4b</td>
<td>79,623</td>
</tr>
<tr>
<td>5</td>
<td>Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)</td>
<td>7,031,365</td>
</tr>
</tbody>
</table>

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

Part V, Line 4 - Intended Uses for Endowment Funds

The endowment funds are used to further the mission of the Organization.

Part X - FIN 48 Footnote

Management of the Organization evaluates all significant tax positions to ensure compliance with the exempt purpose of the Organization as required by U.S. GAAP, including consideration of any unrelated business income tax.

As of June 30, 2018, 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, 2015.
Part XI, Line 2d - Revenue Amounts Included in Financials - Other

Direct Fundraising Expenses $ 293,347

Part XII, Line 2d - Expense Amounts Included in Financials - Other

Direct Fundraising Expenses $ 293,347
**SCHEDULE G**

**Supplemental Information Regarding Fundraising or Gaming Activities**

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

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for the latest instructions.

---

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

---

**Part I  Fundraising Activities.** Complete if the organization answered “Yes” on Form 990, Part IV, line 17.

Form 990-EZ filers are not required to complete this part.

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

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

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

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

<table>
<thead>
<tr>
<th>(i) Name and address of individual or entity (fundraiser)</th>
<th>(ii) Activity</th>
<th>(iii) Did fundraiser have custody or control of contributions?</th>
<th>(iv) Gross receipts from activity</th>
<th>(v) Amount paid to (or retained by) fundraiser listed in col. (i)</th>
<th>(vi) Amount paid to (or retained by) organization</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. [Yes [No</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td></td>
<td></td>
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<tr>
<td>5.</td>
<td></td>
<td></td>
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<tr>
<td>6.</td>
<td></td>
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<tr>
<td>7.</td>
<td></td>
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<tr>
<td>8.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Total**                                                                                             |

---

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

---

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

Schedule G (Form 990 or 990-EZ) 2017
**Part II Fundraising Events.** Complete if the organization answered “Yes” on Form 990, Part IV, line 18, or reported more than $15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than $5,000.

<table>
<thead>
<tr>
<th>Event Type</th>
<th>Event #1</th>
<th>Event #2</th>
<th>Other Events</th>
<th>Total Events</th>
</tr>
</thead>
<tbody>
<tr>
<td>Corks &amp; Forks</td>
<td>463,235</td>
<td>178,847</td>
<td>6,369</td>
<td>648,451</td>
</tr>
<tr>
<td>Tonic Ball</td>
<td>433,485</td>
<td>123,222</td>
<td>6,369</td>
<td>563,076</td>
</tr>
<tr>
<td>Other Events</td>
<td>29,750</td>
<td>55,625</td>
<td></td>
<td>85,375</td>
</tr>
<tr>
<td>Gross receipts</td>
<td>648,451</td>
<td>563,076</td>
<td>85,375</td>
<td>1,307,902</td>
</tr>
</tbody>
</table>

- **Revenue**
  - Gross receipts
  - Less: Contributions
  - Gross income (line 1 minus line 2)

- **Direct Expenses**
  - Cash prizes
  - Noncash prizes
  - Rent/facility costs
  - Food and beverages
  - Entertainment
  - Other direct expenses

- **Net income summary**
  - Subtract line 10 from line 3, column (d)

- **Direct expense summary**
  - Add lines 4 through 9 in column (d)

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

<table>
<thead>
<tr>
<th>Event Type</th>
<th>Event #1</th>
<th>Event #2</th>
<th>Other Gaming</th>
<th>Total Gaming</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bingo</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pull tabs/instant bingo/progressive bingo</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other gaming</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- **Revenue**
  - Gross revenue

- **Direct Expenses**
  - Cash prizes
  - Noncash prizes
  - Rent/facility costs
  - Other direct expenses

- **Net gaming income summary**
  - Subtract line 7 from line 1, column (d)

**Enter the state(s) in which the organization conducts gaming activities:**

- a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No
  - If "No," explain:

** Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?** ☐ Yes ☐ No
  - If "Yes," explain:
Schedule G (Form 990 or 990-EZ) 2017  

Second Helpings, Inc.  

35-1484281  

Page 3

11 Does the organization conduct gaming activities with nonmembers?  
☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?  
☐ Yes ☐ No

13 Indicate the percentage of gaming activity conducted in:  
   a The organization’s facility  
   b An outside facility  

<table>
<thead>
<tr>
<th>13a</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>13b</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

   Name ▶

   Address ▶

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

b If “Yes,” enter the amount of gaming revenue received by the organization ▶ $ and the amount of gaming revenue retained by the third party ▶ $

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

   Name ▶

   Address ▶

16 Gaming manager information:

   Name ▶

   Gaming manager compensation ▶ $  
   Description of services provided ▶

   □ Director/officer  □ Employee  □ Independent contractor

17 Mandatory distributions:

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

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

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.
### 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? **[x] Yes  [ ] No**

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

### Grants and Other Assistance to Domestic Organizations and Domestic Governments

<table>
<thead>
<tr>
<th>No.</th>
<th>Name and address of organization or government</th>
<th>EIN</th>
<th>IRC (if applicable)</th>
<th>Amount of cash (book, FMV, appraisal, other)</th>
<th>Amount of non-cash assistance</th>
<th>Method of valuation</th>
<th>Description of noncash assistance</th>
<th>Purpose of grant or assistance</th>
</tr>
</thead>
</table>
| 1   | A Caring Place  
4609 N. Capitol Avenue  
Indianapolis IN 46208  
53-0196617 501c3 | 53-0196617 501c3 | | 19,044 FMV | Food and Meals | To feed the hungry |
| 2   | Achieve  
3970 E 16th Street  
Indianapolis IN 46218  
27-3571261 501c3 | 27-3571261 501c3 | | 9,189 FMV | Meals | To feed the hungry |
| 3   | Allen Chapel Feeding Ministry  
629 E. 11th Street  
Indianapolis IN 46202  
53-0204696 501c3 | 53-0204696 501c3 | | 9,627 FMV | Food and Meals | To feed the hungry |
| 4   | Alpha Foundation at Geo Washington  
1720 Wilkins Street  
Indianapolis IN 46204  
35-2021091 501c3 | 35-2021091 501c3 | | 14,511 FMV | Food and Meals | To feed the hungry |
| 5   | Barnes UMC  
900 W. 30th Street  
Indianapolis IN 46208  
35-1308958 501c3 | 35-1308958 501c3 | | 39,549 FMV | Food and Meals | To feed the hungry |
| 6   | Boulevard Place  
4202 N. Boulevard Place  
Indianapolis IN 46208  
35-0896894 501c3 | 35-0896894 501c3 | | 35,188 FMV | Food and Meals | To feed the hungry |
| 7   | Boys and Girls Club of Indianapolis  
3530 S. Keystone Ave, Suite 200  
Indianapolis IN 46227  
35-0888754 501c3 | 35-0888754 501c3 | | 148,368 FMV | Food and Meals | To feed the hungry |
| 8   | Boys and Girls Club of Nobesville  
1448 Conner Street  
Noblesville IN 46060  
35-1054426 501c3 | 35-1054426 501c3 | | 9,135 FMV | Food and Meals | To feed the hungry |
| 9   | Brookside Community Church  
1035 N. Olney Street  
Indianapolis IN 46201  
26-2377845 501c3 | 26-2377845 501c3 | | 23,267 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: **74**

3. Enter total number of other organizations listed in the line 1 table: **0**

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

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**Schedule I (Form 990) (2017)**

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**IRS**

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**Form 990**

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**OMB No. 1545-0047**

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**Open to Public Inspection**

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**Inspection**

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**www.irs.gov/Form990**
## 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 Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

<table>
<thead>
<tr>
<th>(a) Name and address of organization or government</th>
<th>(b) EIN</th>
<th>(c) IRC section (if applicable)</th>
<th>(d) Amount of cash grant</th>
<th>(e) Amount of non-cash assistance</th>
<th>(f) Method of valuation (book, FMV, appraisal, other)</th>
<th>(g) Description of noncash assistance</th>
<th>(h) Purpose of grant or assistance</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) Campus Kitchens 420 University Blvd. Indianapolis IN 46228 35-6001673 501c3</td>
<td>10,165</td>
<td>FMV</td>
<td>Food and Meals</td>
<td>To feed the hungry</td>
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<tr>
<td>(2) Cathedral Kitchen 1350 N. Pennsylvania Indianapolis IN 46204 35-0868029 501c3</td>
<td>37,363</td>
<td>FMV</td>
<td>Food and Meals</td>
<td>To feed the hungry</td>
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<tr>
<td>(3) Christamore House 2330 W. Michigan Street Indianapolis IN 46222 35-0885588 501c3</td>
<td>14,397</td>
<td>FMV</td>
<td>Food and Meals</td>
<td>To feed the hungry</td>
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<td>(4) Craine House 3535 N. Pennsylvania Indianapolis IN 46205 35-1021203 501c3</td>
<td>21,456</td>
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<tr>
<td>(5) Damien Center 26 North Arsenal Avenue Indianapolis IN 46201 35-1711878 501c3</td>
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<td>Food and Meals</td>
<td>To feed the hungry</td>
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<tr>
<td>(6) Dayspring 1537 N. Central Avenue Indianapolis IN 46202 35-1618998 501c3</td>
<td>52,059</td>
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<td>Food and Meals</td>
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<tr>
<td>(7) DORS 2717 S. East Street Indianapolis IN 46225 02-0550824 501c3</td>
<td>8,724</td>
<td>FMV</td>
<td>Meals and Food</td>
<td>To feed the hungry</td>
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<tr>
<td>(8) Dove House 14 N. Highland Avenue Indianapolis IN 46202 35-2120680 501c3</td>
<td>43,724</td>
<td>FMV</td>
<td>Food and Meals</td>
<td>To feed the hungry</td>
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<tr>
<td>(9) Edna Martin Comm. Ctr. 1970 Caroline Avenue Indianapolis IN 46218 35-1072577 501c3</td>
<td>65,409</td>
<td>FMV</td>
<td>Food and Meals</td>
<td>To feed the hungry</td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

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

3. Enter total number of other organizations listed in the line 1 table.
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  
   - [x] 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 Domestic Organizations and Domestic Governments

Complete if the organization answered "Yes" on 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.

<table>
<thead>
<tr>
<th>(a) Name and address of organization or government</th>
<th>(b) EIN</th>
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<th>(e) Amount of non-cash assistance</th>
<th>(f) Method of valuation (book, FMV, appraisal, other)</th>
<th>(g) Description of noncash assistance</th>
<th>(h) Purpose of grant or assistance</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Fathers &amp; Families</td>
<td></td>
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<td>To feed the hungry</td>
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<td>2835 N. Illinois Street</td>
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<td>Indianapolis</td>
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<tr>
<td>2. First Free Methodist</td>
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<td>To feed the hungry</td>
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<td>1215 N. Tecumseh Avenue</td>
<td>35-0877568</td>
<td>501c3</td>
<td>81,741 FMV</td>
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<tr>
<td>3. Flanner House</td>
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<td>501c3</td>
<td>8,675 FMV</td>
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<tr>
<td>4. Fletcher Place</td>
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<td>Indianapolis</td>
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<tr>
<td>5. George T. Goodwin</td>
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<td>To feed the hungry</td>
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<td>3935 Mooresville Road</td>
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<td>Food and Meals</td>
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<td>Indianapolis</td>
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<tr>
<td>6. Hawthorne Community Center</td>
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<td>To feed the hungry</td>
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<td>2440 W. Ohio Street</td>
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<td>7. Heritage Place</td>
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<td>4550 N. Illinois</td>
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<tr>
<td>8. Holy Cross School</td>
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<td>To feed the hungry</td>
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<td>125 N. Oriental Street</td>
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<td>9. Homeless Re-entry Helpers</td>
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<td>940 E. Michigan Street</td>
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</tr>
</tbody>
</table>

2. Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
3. Enter total number of other organizations listed in the line 1 table
### 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 Domestic Organizations and Domestic Governments

Complete if the organization answered “Yes” on 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.

<table>
<thead>
<tr>
<th>(1)</th>
<th>Name and address of organization or government</th>
<th>(b) EIN</th>
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<th>(d) Amount of cash grant</th>
<th>(e) Amount of non-cash assistance</th>
<th>(f) Method of valuation (book, FMV, appraisal, other)</th>
<th>(g) Description of noncash assistance</th>
<th>(h) Purpose of grant or assistance</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><strong>Horizon House</strong></td>
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<td><strong>Indiana Youth Group</strong></td>
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<td><strong>Indy Parks</strong></td>
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<td>200 E. Washington St., Suite 2301</td>
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<td></td>
<td><strong>Interchurch Food Pantry</strong></td>
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<td>Franklin</td>
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<td><strong>Jesus Fellowship Kidz Ministry</strong></td>
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<tr>
<td></td>
<td><strong>Jesus House</strong></td>
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<td>3402 Schofield Avenue</td>
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<tr>
<td></td>
<td><strong>John H. Boner Center (Arsenal Tech</strong></td>
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<td>727 N. Oriental Street</td>
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<tr>
<td></td>
<td><strong>Julian Center</strong></td>
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<td>2011 N. Meridian Street</td>
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<td>FMV</td>
<td>Food and Meals</td>
<td>To feed the hungry</td>
<td></td>
</tr>
</tbody>
</table>

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

3. Enter total number of other organizations listed in the line 1 table.
## 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 Domestic Organizations and Domestic Governments

Complete if the organization answered “Yes” on 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.

<table>
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<tr>
<th>(a) Name and address of organization or government</th>
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<th>(e) Amount of non-cash assistance</th>
<th>(f) Method of valuation (book, FMV, appraisal, other)</th>
<th>(g) Description of noncash assistance</th>
<th>(h) Purpose of grant or assistance</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) LBC Community Center 709 S. Lynhurst Drive Indianapolis IN 46241</td>
<td>59-2482415</td>
<td>501c3</td>
<td>39,133</td>
<td>FMV</td>
<td>Food and meals</td>
<td>To feed the hungry</td>
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<tr>
<td>(2) Lebanon Boys and Girls Club 403 N. Main Street Lebanon</td>
<td>35-6041946</td>
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<td>18,089</td>
<td>FMV</td>
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<td>To feed the hungry</td>
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<td>(3) Lord's Pantry 303 North Elder Street Indianapolis IN 46222</td>
<td>35-2153771</td>
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<td>(4) Lynhurst Baptist Church 1250 S. Lynhurst Drive Indianapolis IN 46241</td>
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<td>To feed the hungry</td>
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<td>(5) Mary Rigg Center 1920 W. Morris Street Indianapolis IN 46221</td>
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<td>FMV</td>
<td>Food and Meals</td>
<td>To feed the hungry</td>
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<td>(6) MLK Center 40 W. 40th Street Indianapolis IN 46208</td>
<td>23-7415846</td>
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<td>FMV</td>
<td>Food and Meals</td>
<td>To feed the hungry</td>
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<td>(7) Mount Pleasant Christian Church Imp 381 North Bluff Road Greenwood IN 46142</td>
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<td>FMV</td>
<td>Food and Meals</td>
<td>To feed the hungry</td>
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<tr>
<td>(8) Mt. Nebo 2325 Hovey Street Indianapolis IN 46218</td>
<td>56-2482415</td>
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<td>5,253</td>
<td>FMV</td>
<td>Meals and Food</td>
<td>To feed the hungry</td>
<td></td>
</tr>
<tr>
<td>(9) Mt. Zion Academy 3549 Boulevard Place Indianapolis IN 46208</td>
<td>35-1765002</td>
<td>501c3</td>
<td>13,838</td>
<td>FMV</td>
<td>Food and Meals</td>
<td>To feed the hungry</td>
<td></td>
</tr>
</tbody>
</table>

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

3. Enter total number of other organizations listed in the line 1 table

For Paperwork Reduction Act Notice, see the Instructions for Form 990.
### 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 Domestic Organizations and Domestic Governments

Complete if the organization answered "Yes" on 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.

<table>
<thead>
<tr>
<th>(a) Name and address of organization or government</th>
<th>(b) EIN</th>
<th>(c) IRC section (if applicable)</th>
<th>(d) Amount of cash</th>
<th>(e) Amount of non-cash assistance</th>
<th>(f) Method of valuation (book, FMV, appraisal, other)</th>
<th>(g) Description of noncash assistance</th>
<th>(h) Purpose of grant or assistance</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) Noblesville First UMC</td>
<td></td>
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<td>(2) North United Methodist</td>
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</tr>
<tr>
<td>(3) Nu Corinthian Baptist Chuch</td>
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<td>5935 W. 56th Street</td>
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<td>(4) Outreach</td>
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<td>12,243</td>
<td>FMV</td>
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<td>IN 46201</td>
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</tr>
<tr>
<td>(5) Pace Inc.</td>
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<td>(6) Pathway to Recovery</td>
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<tr>
<td>(7) Pride Academy (North &amp; West)</td>
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<td></td>
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</tr>
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<td>IN 46224</td>
<td></td>
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<td>(8) Prime Life Enrichment</td>
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<td>Carmel</td>
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<td>(9) Progress House</td>
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<td></td>
<td></td>
<td></td>
<td>To feed the hungry</td>
</tr>
<tr>
<td>201 Shelby</td>
<td>35-6042602</td>
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<td>29,136</td>
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<td></td>
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<tr>
<td>Indianapolis</td>
<td>IN 46202</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

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

3. Enter total number of other organizations listed in the line 1 table

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For Paperwork Reduction Act Notice, see the Instructions for Form 990.
<table>
<thead>
<tr>
<th>Part I General Information on Grants and Assistance</th>
</tr>
</thead>
<tbody>
<tr>
<td>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</td>
</tr>
<tr>
<td>2. Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Complete if the organization answered &quot;Yes&quot; on 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.</td>
</tr>
<tr>
<td>1. Name and address of organization or government</td>
</tr>
<tr>
<td>(a) Name and address of organization or government</td>
</tr>
<tr>
<td>(b) EIN</td>
</tr>
<tr>
<td>(c) IRC section (if applicable)</td>
</tr>
<tr>
<td>(d) Amount of cash grant</td>
</tr>
<tr>
<td>(e) Amount of non-cash assistance</td>
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<td>(f) Method of valuation (book, FMV, appraisal, other)</td>
</tr>
<tr>
<td>(g) Description of noncash assistance</td>
</tr>
<tr>
<td>(h) Purpose of grant or assistance</td>
</tr>
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<td></td>
</tr>
<tr>
<td>1. Resurrection Lutheran Church</td>
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<tr>
<td>445 E. Stop Road 11</td>
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<tr>
<td>Indianapolis IN 46227</td>
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<tr>
<td>35-1416563</td>
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<td>FMV</td>
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<tr>
<td>Food and Meals</td>
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<tr>
<td>To feed the hungry</td>
</tr>
<tr>
<td>2. Reuben Engagement Center</td>
</tr>
<tr>
<td>746 E. Market Street</td>
</tr>
<tr>
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</tr>
<tr>
<td>35-6001063</td>
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<td>501c3</td>
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<tr>
<td>7,467</td>
</tr>
<tr>
<td>FMV</td>
</tr>
<tr>
<td>Food and meals</td>
</tr>
<tr>
<td>To feed the hungry</td>
</tr>
<tr>
<td>3. Salvation Army ARC</td>
</tr>
<tr>
<td>711 E. Washington Street</td>
</tr>
<tr>
<td>Indianapolis IN 46202</td>
</tr>
<tr>
<td>35-2153771</td>
</tr>
<tr>
<td>501c3</td>
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<tr>
<td>69,121</td>
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<td>FMV</td>
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<tr>
<td>Food and Meals</td>
</tr>
<tr>
<td>To feed the hungry</td>
</tr>
<tr>
<td>4. Salvation Army Booth Manor</td>
</tr>
<tr>
<td>4390 N. High School Road</td>
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<td>Indianapolis IN 46254</td>
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<tr>
<td>35-1894464</td>
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<tr>
<td>501c3</td>
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<tr>
<td>6,738</td>
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<tr>
<td>FMV</td>
</tr>
<tr>
<td>Food and Meals</td>
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<tr>
<td>To feed the hungry</td>
</tr>
<tr>
<td>5. School for Community Learning</td>
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<tr>
<td>612 W 42nd Street</td>
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<td>Indianapolis IN 46208</td>
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<tr>
<td>46-0884588</td>
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<td>10,747</td>
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<td>FMV</td>
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<td>Food and Meals</td>
</tr>
<tr>
<td>To feed the hungry</td>
</tr>
<tr>
<td>6. Shepard Community Center</td>
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</tr>
<tr>
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<td>35-1765846</td>
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<td>FMV</td>
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<tr>
<td>Food and Meals</td>
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<tr>
<td>To feed the hungry</td>
</tr>
<tr>
<td>7. Speedway UMC Child Care</td>
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<tr>
<td>5065 West 16th Street</td>
</tr>
<tr>
<td>Speedway IN 46224</td>
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<tr>
<td>35-2078266</td>
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<td>28,233</td>
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<tr>
<td>FMV</td>
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<tr>
<td>Food and Meals</td>
</tr>
<tr>
<td>To feed the hungry</td>
</tr>
<tr>
<td>8. Spiritual Prosperity Enrichment Center</td>
</tr>
<tr>
<td>PO Box 29549</td>
</tr>
<tr>
<td>Indianapolis IN 46229</td>
</tr>
<tr>
<td>47-3136109</td>
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<tr>
<td>501c3</td>
</tr>
<tr>
<td>7,168</td>
</tr>
<tr>
<td>FMV</td>
</tr>
<tr>
<td>Food and meals</td>
</tr>
<tr>
<td>To feed the hungry</td>
</tr>
<tr>
<td>9. St. Joseph's Catholic Church</td>
</tr>
<tr>
<td>1375 S. Mickley Avenue</td>
</tr>
<tr>
<td>Indianapolis IN 46241</td>
</tr>
<tr>
<td>35-0966884</td>
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<td>501c3</td>
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<tr>
<td>11,523</td>
</tr>
<tr>
<td>FMV</td>
</tr>
<tr>
<td>Food and Meals</td>
</tr>
<tr>
<td>To feed the hungry</td>
</tr>
</tbody>
</table>

2. Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
3. Enter total number of other organizations listed in the line 1 table
## 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 Domestic Organizations and Domestic Governments

Complete if the organization answered "Yes" on 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.

<table>
<thead>
<tr>
<th>(a) Name and address of organization or government</th>
<th>(b) EIN</th>
<th>(c) IRC section (if applicable)</th>
<th>(d) Amount of cash grant</th>
<th>(e) Amount of non-cash assistance</th>
<th>(f) Method of valuation (book, FMV, appraisal, other)</th>
<th>(g) Description of noncash assistance</th>
<th>(h) Purpose of grant or assistance</th>
</tr>
</thead>
</table>
| St. Vincent de Paul  
1201 E. Maryland  
Indianapolis IN 46202 | 35-1507632 | 501c3 | 1,241,843 | FMV | Food and Meals | To feed the hungry |
| Still Waters Adult Day Center  
7160 Shadeland Station  
Indianapolis IN 46256 | 35-1149228 | 501c3 | 5,296 | FMV | Food and Meals | To feed the hungry |
| Tabernacle Presbyterian  
4390 N. HighSchool Road  
Indianapolis IN 46241 | 23-6393377 | 501c3 | 14,608 | FMV | Food and Meals | To feed the hungry |
| Take Time and Pray  
5353 E. Raymond Street  
Indianapolis IN 46203 | 01-0778566 | 501c3 | 66,263 | FMV | Food and Meals | To feed the hungry |
| The Sharing Place  
1525 N. Ritter Avenue  
Indianapolis IN 46219 | 35-1784910 | 501c3 | 116,834 | FMV | Food and Meals | To feed the hungry |
| Trinity Church  
3333 N. Meridian Street  
Indianapolis IN 46208 | 31-1629166 | 501c3 | 10,734 | FMV | Food and Meals | To feed the hungry |
| Tuxedo Park Baptist Church  
29 N. Grant Avenue  
Indianapolis IN 46201 | 35-0883495 | 501c3 | 30,554 | FMV | Food and Meals | To feed the hungry |
| Indianapolis Urban League  
777 Indiana Avenue  
Indianapolis IN 46202 | 35-6060655 | 501c3 | 8,679 | FMV | Food and Meals | To feed the hungry |
| Visions Child Care  
1440 E. 46th Street  
Indianapolis IN 46205 | 77-0649367 | 501c3 | 17,670 | 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

3. Enter total number of other organizations listed in the line 1 table
## 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 Domestic Organizations and Domestic Governments

Complete if the organization answered "Yes" on 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.

<table>
<thead>
<tr>
<th></th>
<th>(a) Name and address of organization or government</th>
<th>(b) EIN</th>
<th>(c) IRC section (if applicable)</th>
<th>(d) Amount of cash grant</th>
<th>(e) Amount of non-cash assistance</th>
<th>(f) Method of valuation (book, FMV, appraisal, other)</th>
<th>(g) Description of noncash assistance</th>
<th>(h) Purpose of grant or assistance</th>
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</thead>
<tbody>
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<td>1</td>
<td>Westminster Neighborhood Ministries</td>
<td>35-0988813</td>
<td>501c3</td>
<td>86,948</td>
<td>FMV</td>
<td>To feed the hungry</td>
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<tr>
<td></td>
<td>PO Box 11465</td>
<td></td>
<td></td>
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<td>Indianapolis IN 46201</td>
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<td>2</td>
<td>Wheeler Mission (All Locations)</td>
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<td>184,373</td>
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</tr>
<tr>
<td>3</td>
<td>Second Helpings, Inc.</td>
<td>35-1484281</td>
<td></td>
<td></td>
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<td></td>
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</tr>
</tbody>
</table>

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

3. Enter total number of other organizations listed in the line 1 table
### Part III - Grants and Other Assistance to Domestic Individuals

Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

<table>
<thead>
<tr>
<th>(a) Type of grant or assistance</th>
<th>(b) Number of recipients</th>
<th>(c) Amount of cash grant</th>
<th>(d) Amount of noncash assistance</th>
<th>(e) Method of valuation (book, FMV, appraisal, other)</th>
<th>(f) Description of noncash assistance</th>
</tr>
</thead>
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<td>7</td>
<td></td>
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</tr>
</tbody>
</table>

### 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 - Procedures for Monitoring the Use of Grant Funds**

Second Helpings, Inc. does not grant funds to other organizations. All grants are in the form of food and meals to feed the hungry.
**Transactions With Interested Persons**

- Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
- Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**Name of the organization**: Second Helpings, Inc.

**Employer identification number**: 35-1484281

**Part I Excess Benefit Transactions** (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only).

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

<table>
<thead>
<tr>
<th></th>
<th>(a) Name of disqualified person</th>
<th>(b) Relationship between disqualified person and organization</th>
<th>(c) Description of transaction</th>
<th>(d) Corrected?</th>
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<td>6</td>
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</tr>
</tbody>
</table>

2. Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 .......................................................... $ __________

3. Enter the amount of tax, if any, on line 2, above, reimbursed by the organization .......................................................... $ __________

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

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

<table>
<thead>
<tr>
<th></th>
<th>(a) Name of interested person</th>
<th>(b) Relationship with organization</th>
<th>(c) Purpose of loan</th>
<th>(d) Loan to or from the org?</th>
<th>(e) Original principal amount</th>
<th>(f) Balance due</th>
<th>(g) In default?</th>
<th>(h) Approved by board or committee?</th>
<th>(i) Written agreement?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
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</tr>
</tbody>
</table>

Total ........................................................................................................ $ __________

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

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

<table>
<thead>
<tr>
<th></th>
<th>(a) Name of interested person</th>
<th>(b) Relationship between interested person and the organization</th>
<th>(c) Amount of assistance</th>
<th>(d) Type of assistance</th>
<th>(e) Purpose of assistance</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>2</td>
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<td>3</td>
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<td>10</td>
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</tr>
</tbody>
</table>

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
## Part IV  Business Transactions Involving Interested Persons.

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

<table>
<thead>
<tr>
<th>(a) Name of interested person</th>
<th>(b) Relationship between interested person and the organization</th>
<th>(c) Amount of transaction</th>
<th>(d) Description of transaction</th>
<th>(e) Sharing of org. revenues?</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) Tony Schafer</td>
<td>Former Director</td>
<td>59,463</td>
<td>Managed IT services</td>
<td>Yes</td>
</tr>
<tr>
<td>(2) Ken Honeywell</td>
<td>Former Director</td>
<td>110</td>
<td>Hosting website</td>
<td>No</td>
</tr>
<tr>
<td>(3) Nathan Schneider</td>
<td>Director</td>
<td>11,817</td>
<td>Chemicals &amp; Food</td>
<td>Yes</td>
</tr>
<tr>
<td>(4) Mel Raines</td>
<td>Director</td>
<td>47,117</td>
<td>Event Location</td>
<td>No</td>
</tr>
<tr>
<td>(5) Bob Koch</td>
<td>Former Director</td>
<td>20,069</td>
<td>Food Supplier</td>
<td>Yes</td>
</tr>
<tr>
<td>(6) Kim Borges</td>
<td>Director</td>
<td>50,328</td>
<td>Savings Account</td>
<td>No</td>
</tr>
<tr>
<td>(7)</td>
<td></td>
<td></td>
<td></td>
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<td>(8)</td>
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<td>(9)</td>
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<tr>
<td>(10)</td>
<td></td>
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</tr>
</tbody>
</table>

### Part V  Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions).


## SCHEDULE M (Form 990) 2017

### Noncash Contributions

Complete if the organizations answered “Yes” on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

Go to www.irs.gov/Form990 for the latest information.

---

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

---

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

---

### Types of Property

<table>
<thead>
<tr>
<th>(a) Check if applicable</th>
<th>(b) Number of contributions or items contributed</th>
<th>(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g</th>
<th>(d) Method of determining noncash contribution amounts</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Art—Works of art</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 Art—Historical treasures</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 Art—Fractional interests</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Books and publications</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 Clothing and household goods</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 Cars and other vehicles</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7 Boats and planes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8 Intellectual property</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9 Securities—Publicly traded</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10 Securities—Closely held stock</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11 Securities—Partnership, LLC, or trust interests</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12 Securities—Miscellaneous</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13 Qualified conservation contribution—Historic structures</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14 Qualified conservation contribution—Other</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15 Real estate—Residential</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16 Real estate—Commercial</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17 Real estate—Other</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18 Collectibles</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>19 Food inventory</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20 Drugs and medical supplies</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>21 Taxidermy</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>22 Historical artifacts</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>23 Scientific specimens</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>24 Archeological artifacts</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>25 Other Supplies</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>26 Other Silent Auction</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>27 Other Food &amp; Beverage</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>28 Other Other services</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>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</td>
<td>29</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

![Grid Table]

### Questions

- **30a** During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?
  - Yes: X
  - No: 

- **31** Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?
  - Yes: X

- **32a** Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?
  - Yes: X

---

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

---

DAA
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.
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.

Second Helpings provides training, 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, 92 students were tested and 79 received certification. The general public can participate in this training and is charged a fee.

Expenses $ 7,301  Revenue $ 18,222.

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 review and input.

The Organization requires each officer and director to complete a Conflict
Second Helpings, Inc.  

of Interest Statement on an annual basis. It is the individual's responsibility to act in accordance with the Statement. The Organization's Board has responsibility for determining whether a conflict exists regarding a proposed transaction. If 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, Line 15a - Compensation Process for Top Official
An annual review is performed of the CEO by the Executive Committee of the Board, and includes compensation analysis of similar organizations.

Form 990, Part VI, Line 15b - Compensation Process for Officers
An annual review is performed of other officers and employees by the CEO, and includes compensation analysis of similar organizations.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation
The Organization makes its governing documents and conflict of interest policy available to the public upon request.

Form 990, Part XI, Line 9 - Other Changes in Net Assets Explanation

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Direct Fundraising Expenses</td>
<td>$ 293,347</td>
</tr>
<tr>
<td>Direct Fundraising Expenses</td>
<td>$ -293,347</td>
</tr>
</tbody>
</table>
### Statement 1 - Form 4562, Line 26 - Property Used More Than 50% in a Qualified Business

<table>
<thead>
<tr>
<th>Property Type</th>
<th>Date</th>
<th>Business %</th>
<th>Cost</th>
<th>Depr Basis</th>
<th>Period</th>
<th>Method</th>
<th>Deduction</th>
<th>Section 179</th>
</tr>
</thead>
<tbody>
<tr>
<td>2016 Ford Transit 150 #14</td>
<td>2/13/17</td>
<td>100.00</td>
<td>$27,452</td>
<td>$27,452</td>
<td>10.0</td>
<td>S/L-</td>
<td>$2,745</td>
<td></td>
</tr>
<tr>
<td>2015 Ford Transit Connect XLT #12</td>
<td>2/13/17</td>
<td>100.00</td>
<td>$20,980</td>
<td>$20,980</td>
<td>10.0</td>
<td>S/L-</td>
<td>$2,098</td>
<td></td>
</tr>
<tr>
<td>2017 Ford Transit 150 HD ALT #10</td>
<td>2/13/17</td>
<td>100.00</td>
<td>$29,227</td>
<td>$29,227</td>
<td>10.0</td>
<td>S/L-</td>
<td>$2,922</td>
<td></td>
</tr>
<tr>
<td>2017 Ford Transit 150 #13</td>
<td>2/13/17</td>
<td>100.00</td>
<td>$28,432</td>
<td>$28,432</td>
<td>10.0</td>
<td>S/L-</td>
<td>$2,843</td>
<td></td>
</tr>
<tr>
<td>Decals-2008 FRTL Box Truck M2</td>
<td>3/20/17</td>
<td>100.00</td>
<td>$1,673</td>
<td>$1,673</td>
<td>9.3</td>
<td>S/L-</td>
<td>181</td>
<td></td>
</tr>
<tr>
<td>2008 FRTL Box Truck M2 106</td>
<td>6/30/16</td>
<td>100.00</td>
<td>$28,139</td>
<td>$28,139</td>
<td>10.0</td>
<td>S/L-</td>
<td>$2,814</td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td></td>
<td>$135,903</td>
<td>$135,903</td>
<td></td>
<td></td>
<td>$13,603</td>
<td></td>
</tr>
</tbody>
</table>
