Form 990

** PUBLIC DISCLOSURE COPY ** Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

Department of the Treasury Internal Revenue Service

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.

Open to Public Inspection

A For the 2023 calendar year, or tax year beginning JUL 1, 2023 and ending	JUN 30, 2024										
B Check if applicable: C Name of organization	D Employer identific	ation number									
Address SECOND HELPINGS, INC.											
Name Doing business as 35-1484281											
	Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number										
Final 1121 SOUTHEASTERN AVE.	1121 SOUTHEASTERN AVE. 317-632-2664										
City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ 11,443,185.											
Amended INDIANAPOLIS, IN 46202 H(a) Is this a group return											
Applica- tion F Name and address of principal officer: LINDA BROADFOOT	for subordinates	? Yes 🗴 No									
pending SAME AS C ABOVE	H(b) Are all subordinates ind	cluded? Yes No									
I Tax-exempt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 52	If "No," attach a	list. See instructions									
J Website: WWW.SECONDHELPINGS.ORG	H(c) Group exemption	n number									
	r of formation: 1998	State of legal domicile: IN									
Part I Summary											
1 Briefly describe the organization's mission or most significant activities: <u>SEE SCHEDULE</u>) FOR										
ORGANIZATION'S MISSION STATEMENT 2 Check this box if the organization discontinued its operations or disposed of mor 3 Number of voting members of the governing body (Part VI, line 1a) 4 Number of independent voting members of the governing body (Part VI, line 1b) 5 Total number of individuals employed in calendar year 2023 (Part V, line 2a) 6 Total number of volunteers (estimate if necessary) 7 Total unrelated business revenue from Part VIII, column (C), line 12											
2 Check this box if the organization discontinued its operations or disposed of mor											
3 Number of voting members of the governing body (Part VI, line 1a)		20									
4 Number of independent voting members of the governing body (Part VI, line 1b)		20									
5 Total number of individuals employed in calendar year 2023 (Part V, line 2a)		43									
6 Total number of volunteers (estimate if necessary)		940									
7 a Total unrelated business revenue from Part VIII, column (C), line 12		0.									
b Net unrelated business taxable income from Form 990-T, Part I, line 11		0.									
– L	Prior Year	Current Year									
8 Contributions and grants (Part VIII, line 1h)	11,295,185.										
9 Program service revenue (Part VIII, line 2g)	5,410.	8,465.									
 9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 	108,237.	146,950.									
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-103,615.	-79,463.									
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	11,305,217.	11,128,899.									
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	6,296,528.	6,771,886.									
14 Benefits paid to or for members (Part IX, column (A), line 4)	2,174,941.	2,412,766.									
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	2,174,941.	2,412,700.									
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) 583,689.	0.	0.									
b Total fundraising expenses (Part IX, column (D), line 25) 583,689.	2,217,634.	2,523,244.									
	10,689,103.	11,707,896.									
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	616,114.	-578,997.									
19 Revenue less expenses. Subtract line 18 from line 12	Beginning of Current Year	End of Year									
	17,548,819.	18,400,121.									
장명 20 Total assets (Part X, line 16) 역권 21 Total liabilities (Part X, line 26)	202,083.	251,028.									
21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20	17,346,736.	18,149,093.									
Part II Signature Block	_,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,										
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and stater	nents, and to the best of mv	knowledge and belief. it is									

true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign	Signature of officer				Date					
Here	LINDA BROADFOOT, CEO									
	Type or print name and title									
	Print/Type preparer's name	Preparer's signature		Date	Check	PTIN				
Paid	CORY SCHUNEMANN, CPA	CORY SCHUNEMANN,	CPA	10/30/24	self-employed	P01866583				
Preparer	Firm's name BLUE & CO., LLC				Firm's EIN 35-	1178661				
Use Only	Firm's address 12800 N. MERIDIAN ST, ST	E 400								
	CARMEL, IN 46032 Phone no.317-848-8920									
May the IF	May the IRS discuss this return with the preparer shown above? See instructions									
LHA For	Paperwork Reduction Act Notice, see the sepa	rate instructions.	332001 12-21-23			Form 99	0 (2023)			

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	990 (2023) SECOND HELPINGS, INC.	35-1484281	Page 2
Par	t III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission:		
	"WE ADDRESS HUNGER TODAY AND BUILD SELF-SUFFICIENCY TO PREVENT HUNGER		
	TOMORROW." FOR MORE THAN 25 YEARS, SECOND HELPINGS HAS OPERATED A		
	THREE-PART APPROACH TO ADDRESSING HUNGER AND POVERTY IN CENTRAL		
	INDIANA: FOOD RESCUE, HUNGER RELIEF, AND CULINARY JOB TRAINING.		
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 🗴 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 🗴 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 m	easured by expen	ses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others	, the total expense	es, and
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$9, 318, 722. including grants of \$6, 771, 886.) (Revenue)	\$	3,760.)
	DURING THE FISCAL YEAR ENDING 06/30/2024, SECOND HELPINGS STAFF AND		
	VOLUNTEERS PREPARED AND DELIVERED 1,259,611 MEALS AND REDISTRIBUTED		
	ANOTHER 2,441,575 POUNDS OF FOOD TO 149 COMMUNITY ORGANIZATIONS AROUND		
	CENTRAL INDIANA.		
4b	(Code:) (Expenses \$669,086. including grants of \$) (Revenue	\$	4,705.)
	SECOND HELPINGS OFFERS A FREE CULINARY JOB TRAINING PROGRAM AVAILABLE		
	TO UNEMPLOYED AND UNDEREMPLOYED ADULTS IN CENTRAL INDIANA TO PREPARE		
	THEM FOR CAREERS IN THE FOOD SERVICE INDUSTRY. EACH STEP IN THE PROGRAM		
	IS DESIGNED TO SECURE EMPLOYMENT UPON GRADUATION AND TEACHES SKILLS		
	THAT EXTEND BEYOND THE KITCHEN, TO PROVIDE A FOUNDATION FOR WHAT IT		
	TAKES TO BE A GREAT EMPLOYEE.		
	IN THE FISCAL YEAR ENDING 06/30/2024, SEVEN CLASSES GRADUATED WITH A		
	TOTAL OF 43 GRADUATES. THESE STUDENTS EARNED A TOTAL OF 157		
	CERTIFICATIONS DURING THEIR TIME IN CLASS. GRADUATES FROM PREVIOUS		
	CLASSES RECEIVED VARIOUS FORMS OF ASSISTANCE THROUGHOUT THE YEAR.		
4c	(Code:) (Expenses \$621,023. including grants of \$) (Revenue	\$)
	THE ORGANIZATION RESCUED 3,740,422 POUNDS OF FOOD FOR THE FISCAL YEAR		
	ENDING 06/30/2024. THE FOOD WAS USED TO PROVIDE MEALS AND PANTRY ITEMS		
	TO SERVE CHILDREN, ADULTS, AND SENIORS THROUGH OTHER SOCIAL SERVICE		
	ORGANIZATIONS AND FOR CULINARY JOB TRAINING.		
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses 10,608,831.		
		Fo	rm 990 (2023)
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SECOND HELPINGS, INC.

Par	t IV Checklist of Required Schedules			<u> </u>	
			Yes	No	
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?				
	If "Yes," complete Schedule A	1	х		
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х		
3	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	3		х	
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect				
	during the tax year? If "Yes," complete Schedule C, Part II	4		х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or				
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		х	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to				
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х	
7	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	7		х	
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete				
	Schedule D. Part III	8		х	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for				
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?				
	If "Yes," complete Schedule D, Part IV	9		х	
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments				
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10	х		
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X,				
	as applicable.				
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,				
	Part VI	11a	х		
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total				
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII			х	
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	11b			
				х	
d	assets reported in Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part VIII</i>				
-	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	х		
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		х	
	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, Part X	11f	х		
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete				
	Schedule D, Parts XI and XII	12a	х		
b	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	12b		х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If</i> "Yes," <i>complete Schedule E</i>	13		Х	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х	
	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	14b		х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any				
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to				
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,				
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		х	
18	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	18	х		
19	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	19		х	
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х	
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b			
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? If "Yes," complete Schedule I, Parts I and II	21	х		
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SECOND HELPINGS, INC.

Pa	t IV Checklist of Required Schedules (continued)					
	(contract)		Yes	No		
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		103			
22		22		x		
00	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current	~~~				
23						
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	0	x			
	Schedule J	23	л			
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the					
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			v		
_	Schedule K. If "No," go to line 25a	24a		X		
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b				
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease					
	any tax-exempt bonds?	24c				
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d				
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? If "Yes," complete Schedule L, Part I	25a		X		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and					
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete					
	Schedule L, Part I	25b		X		
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			1		
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%					
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		х		
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,					
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled					
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III					
28						
	instructions for applicable filing thresholds, conditions, and exceptions):					
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If					
	"Yes," complete Schedule L, Part IV	28a		x		
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		x		
	c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>					
Ū	"Yes," complete Schedule L, Part IV	28c	х			
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29	х	<u> </u>		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	25		<u> </u>		
50		30		x		
31	contributions? <i>If</i> "Yes," <i>complete Schedule M</i> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If</i> "Yes," <i>complete Schedule N, Part I</i>	31		x		
		31				
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	20		x		
20	Schedule N, Part II	32				
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			x		
~ ~	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		^		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			v		
	Part V, line 1	34		X		
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X		
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	0-		ł		
~~	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b				
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			v		
•	If "Yes," complete Schedule R, Part V, line 2	36		X		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization					
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X		
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?					
	Note: All Form 990 filers are required to complete Schedule 0 t V Statements Regarding Other IRS Filings and Tax Compliance	38	Х			
Pa						
	Check if Schedule O contains a response or note to any line in this Part V					
			Yes	No		
-	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 17					
b						
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		v			
	(gambling) winnings to prize winners?	1c	X 000	(0000)		
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		(2023) SECOND HELPINGS, INC.	3	85-148428	1	P	age 5
Par	t V	Statements Regarding Other IRS Filings and Tax Compliance (continued)					
						Yes	No
2a	Ente	r the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed	for the calendar year ending with or within the year covered by this return	2a	43			
b	If at	least one is reported on line 2a, did the organization file all required federal employment tax retur	ns?		2b	Х	
3a	Did t	the organization have unrelated business gross income of \$1,000 or more during the year?			3a		x
b	lf "Ye	es," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0		3b		
4a		ny time during the calendar year, did the organization have an interest in, or a signature or other a					
		ncial account in a foreign country (such as a bank account, securities account, or other financial a			4a		x
b		es," enter the name of the foreign country	,				
		instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccounts (FBAR)				
5a					5a		x
b		any taxable party notify the organization that it was or is a party to a prohibited tax shelter transac			5b		x
		es" to line 5a or 5b, did the organization file Form 8886-T?			5c		
		s the organization have annual gross receipts that are normally greater than \$100,000, and did th					
ou		contributions that were not tax deductible as charitable contributions?			6a		x
h	-	es," did the organization include with every solicitation an express statement that such contribution			Uu		
D		eo, did the organization include with every solicitation an express statement that such contribution on tax deductible?	•		6b		
7		anizations that may receive deductible contributions under section 170(c).			00		
7	-		vices provided to	the new or 2	70	х	
a L		he organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser			7a 7h	X	<u> </u>
b					7b	А	
с		the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	-		_		x
		e Form 8282?	1 1		7c		
		es," indicate the number of Forms 8282 filed during the year	7d		_		v
e		the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co			7e		X
f		the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra			7f	NT / 7	X
g		e organization received a contribution of qualified intellectual property, did the organization file Fc			7g	N/A	<u> </u>
h		e organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiza		1098-C?	7h	N/A	
8		nsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the				
	-	soring organization have excess business holdings at any time during the year?		N/A	8		
9	-	nsoring organizations maintaining donor advised funds.					
а		the sponsoring organization make any taxable distributions under section 4966?		N/A	9a		
b				N/A	9b		<u> </u>
10		tion 501(c)(7) organizations. Enter:	1 1				
а		tion fees and capital contributions included on Part VIII, line 12N/A	10a				
b	Gros	ss receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11		tion 501(c)(12) organizations. Enter:	1 1				
а	Gros	ss income from members or shareholdersN/A	11a				
b	Gros	ss income from other sources. (Do not net amounts due or paid to other sources against					
		unts due or received from them.)	11b				
		tion 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1 1		12a		
b	lf "Ye	es," enter the amount of tax-exempt interest received or accrued during the yearN/A	12b				
13	Sect	tion 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the	e organization licensed to issue qualified health plans in more than one state?		N/A	13a		
	Note	e: See the instructions for additional information the organization must report on Schedule O.					
b	Ente	r the amount of reserves the organization is required to maintain by the states in which the					
		nization is licensed to issue qualified health plans	13b				
С	Ente	r the amount of reserves on hand	13c				
14a					14a		x
b	lf "Ye	es," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu	le O		14b		L
15	Is the	e organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune	ration or				1
	exce	ess parachute payment(s) during the year?			15		x
		es," see the instructions and file Form 4720, Schedule N.					
16	Is the	e organization an educational institution subject to the section 4968 excise tax on net investment	income?		16		x
	lf "Ye	es," complete Form 4720, Schedule O.					
17	Sect	tion 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac	tivities				
	that	would result in the imposition of an excise tax under section 4951, 4952 or 4953?		N/A	17		
		es," complete Form 6069.					
332005	5 12-21	-23			Form	990	(2023)

Form	990 (2023) SECOND HELPINGS, INC.		35-14842	81	Р	age 6
Par	t VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 th	rough	7b below, and for	a "No" i	respon	ise
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.					
	Check if Schedule O contains a response or note to any line in this Part VI					X
Sec	tion A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	2	0		
	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 on Schedule 0.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	2	0		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with a	ny other			
	officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or under the	direct	supervision			
	of officers, directors, trustees, or key employees to a management company or other person?			3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 99			4		X
5	Did the organization become aware during the year of a significant diversion of the organization's asse	ets?		5		X
6	Did the organization have members or stockholders?			6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	point o	ne or			
	more members of the governing body?			7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, ste	ockholo	lers, or			
	persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	r by the	following:			
	The governing body?			8a	Х	<u> </u>
b	Each committee with authority to act on behalf of the governing body?			8b	X	<u> </u>
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read	hed at	the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Rev	/enue C	Code.)			.
					Yes	
	Did the organization have local chapters, branches, or affiliates?			10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such cha	apters,	affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body	before	filing the form?	11a	Х	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.					
	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	<u> </u>
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	Х	<u> </u>
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	,				
	on Schedule O how this was done			12c	X	
13	Did the organization have a written whistleblower policy?			13	X X	<u> </u>
14	Did the organization have a written document retention and destruction policy?			14	Δ	-
15	Did the process for determining compensation of the following persons include a review and approval	by ind	ependent			
_	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			45.0	х	
	The organization's CEO, Executive Director, or top management official			15a	X	<u> </u>
D	Other officers or key employees of the organization			15b		
16-	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		h a			
108	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem taxable entity during the year?			16a		x
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat			104		
D			-			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organi			166		
Sec	exempt status with respect to such arrangements?			16b		
17	List the states with which a copy of this Form 990 is required to be filed IN					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, an	d 000.	(section 501(c)(3)		availal	
10	for public inspection. Indicate how you made these available. Check all that apply.	u 330-		is offiy)	avalla	JIC
	X Own website Another's website X Upon request Other (explain	an Cak				
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co		,	d finan		
13	statements available to the public during the tax year.	mot UI	meres policy, all		JICI	
20	State the name, address, and telephone number of the person who possesses the organization's boo	ks and	records			
20	THE ORGANIZATION - 317-632-2664	no anu				
	1121 SOUTHEASTERN AVE., INDIANAPOLIS, IN 46202					
332006	12-21-23			Form	990	(2023)
	6					,_020)
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Form 990 (2023) SECOND HELPINGS, INC.	35-1484281	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Co	ompensated	
	Employees, and Independent Contractors		
	Check if Schedule O contains a response or note to any line in this Part VII		
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees		
	ete this table for all persons required to be listed. Report compensation for the calendar year ending Il of the organization's current officers, directors, trustees (whether individuals or organizations), rec	Ũ	,

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 the instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

See the instructions for the order in which to list the persons above.

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

(A)	(B)	(C)					(D)	(E)	(F)	
Name and title	Average	(do			ition		ne	Reportable	Reportable	Estimated
	hours per	box	(do not check more than one box, unless person is both an officer and a director/trustee)		compensation	compensation	amount of			
	week				from	from related	other			
	(list any	irecto						the	organizations	compensation from the
	hours for related	e or d	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	organization
	organizations	ruste	l trus		/ee	mpen		1099-NEC)	1033-1120)	and related
	below	Individual trustee or director	In stit utio nal tru stee	5	Key employee	est co oyee	er			organizations
	line)	Indivi	Instit	Officer	Key e	Highest compensated employee	Former			•
(1) LINDA BROADFOOT	40.00									
CEO				х				139,927.	0.	14,877.
(2) JOEL KAUL	1.00									
BOARD MEMBER		Х						0.	0.	0.
(3) LANA DURBAN SCOTT	1.00									
BOARD MEMBER		Х						0.	Ο.	0.
(4) KOREY BACON	1.00									
BOARD MEMBER		Х						٥.	0.	0.
(5) JUSTIN HAYES	1.00									
BOARD MEMBER		Х						0.	0.	0.
(6) TODD TAYLOR	1.00									
BOARD MEMBER		Х						٥.	0.	0.
(7) GEORGE ELLIS	1.00									
BOARD MEMBER		Х						0.	0.	0.
(8) LOGAN METZGER	1.00									
BOARD MEMBER		Х						0.	0.	0.
(9) ELLEN BUTZ	1.00									
BOARD MEMBER		Х						0.	0.	0.
(10) DEB KUNCE	1.00									
BOARD MEMBER		х						0.	0.	0.
(11) CECILY BRICKLEY	1.00								_	_
BOARD MEMBER		х						0.	0.	0.
(12) TARA SCISCOE	1.00									
BOARD MEMBER	1.00	X						0.	0.	0.
(13) BARATO BRITT	1.00								0	0
BOARD MEMBER	1 00	Х						0.	0.	0.
(14) ANNA POWELL BOARD MEMBER	1.00	x						0.	0.	0
(15) ALEX WILL	1.00	~						0.	0.	0.
	1.00	x						0.	0.	0
BOARD MEMBER (16) ELAINE GAITHER	1 00	~						· · ·	0.	0.
(16) ELAINE GAITHER BOARD MEMBER	1.00	x						0.	0.	^
(17) MONIQUE HUNT MCWILLIAMS	1.00	^				-		· · ·	· · ·	0.
BOARD MEMBER	1.00	х						0.	0.	0.
	1	А		I	L	L	I	I 0.	υ.	Form 990 (2023)
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Form 990 (2023) SECOND HELPIN	NGS, INC.								35-14	8428	1	P	age 8
Part VII Section A. Officers, Directors, Trust	tees, Key Emp	oloy	ees,	anc	l Hig	ghes	t C	ompensated Employee	s (continued)				
(A) Name and title	(B) Average hours per week	box	not c , unles	ss per	itior more rson i) than o s both pr/trus	n an	(D) Reportable compensation from	(E) Reportable compensatio from related			(F) stimate nount other	
	(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MIS 1099-NEC)	izations co 199-MISC/ 9-NEC) c		compensa from th organizat and relat organizati	
(18) PATRICIA GAMBLE-MOORE BOARD CHAIR	5.00	x		x				0.		٥.			٥.
(19) ADAM CLEVENGER VICE CHAIR	1.00	x		x				0.		0.			0.
(20) BRIAN FIFE	1.00												
TREASURER (21) UMA KUCHIBHOTLA	1.00	X		X				0.		0.			0.
SECRETARY		x		X				0.		0.			0.
1b Subtotal								139,927.		0. 0.		14,	877. 0.
c Total from continuation sheets to Part VII d Total (add lines 1b and 1c)								139,927.		0.		14,	877.
2 Total number of individuals (including but no compensation from the organization	ot limited to th	ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable	•			1
3 Did the organization list any former officer,	director, truste	ee, k	ey e	mpl	oye	e, or	hig	hest compensated empl	oyee on			Yes	No
line 1a? If "Yes," complete Schedule J for stFor any individual listed on line 1a, is the su											3		x
and related organizations greater than \$150	,000? If "Yes,	" со	mple	ete S	Sche	edule	e J f	or such individual	-		4	X	
5 Did any person listed on line 1a receive or a rendered to the organization? <i>If</i> "Yes," com											5		x
Section B. Independent Contractors 1 Complete this table for your five highest contractors	npensated ind	lepe	nder	nt co	ontra	acto	rs th	nat received more than \$	100,000 of comp	ensat	ion fro	om	
the organization. Report compensation for t								the organization's tax ye					
(A) Name and business	address	NO	NE					(B) Description of s	ervices	С	ompe	C) nsatio	n
2 Total number of independent contractors (ir	ncludina but na	ot lin	niter	to t	thos	se lis	ted	above) who received mo	ore than				
\$100,000 of compensation from the organiz						0		,			Form	990 /	2023)
											FOULT	220 (2023)

332008 12-21-23

ar	t VII	Statement of Re	ven	ue	_					_
		Check if Schedule O	conta	iins a respo	onse	or note to any line		(B)		
							(A) Total revenue	(B) Related or exempt	(C) Unrelated	(D) Revenue exclu
							Total revenue		business revenue	from tax und
										sections 512 -
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns		1a						
uno	b	Membership dues		1b						
Ĕ.	с	Fundraising events		1c		519,025.				
ar /		Related organizations								
nij		Government grants (contr				193,403.				
S		All other contributions, gifts,								
her		similar amounts not included				10,340,519.				
ö	g				â	7,881,703.				
na	•					, ,	11,052,947.			
0						Business Code	,,			
	• •	SERVSAFE REVENUE				561499	4,705.	4,705.		
	2 a	HUNGER RELIEF REVEN	סוו			541610	,	· · · ·		
P	b	HUNGER RELIEF REVEN	0E			541010	3,760.	3,760.		
(en	c									
Revenue	d									
	е									
	f	All other program service								
_	g	Total. Add lines 2a-2f					8,465.			
	3	Investment income (includ	ding o	dividends, i	ntere	st, and				
		other similar amounts)					169,038.			169,0
	4	Income from investment of	of tax	-exempt bo	nd p	roceeds				
	5	Royalties								
				(i) Rea	I	(ii) Personal				
	6 a	Gross rents	6a							
	b	Less: rental expenses	6b							
	с	5 · · · ·	6c							
		Net rental income or (loss))							
		Gross amount from sales of	, <u></u>	(i) Securit		(ii) Other				
		assets other than inventory	7a	.,		1,800.				
	h	Less: cost or other basis				,				
,		and sales expenses	7b			23,888.				
	•	Gain or (loss)	70			-22,088.				
							-22,088.			-22,0
		Net gain or (loss)					11,000.			
	8 a	Gross income from fundraisi								
2		including \$								
		contributions reported on		,		206 007				
	_	Part IV, line 18			<u>8a</u>	206,097.				
		Less: direct expenses			8b	290,398.	04 201			04.0
		Net income or (loss) from					-84,301.			-84,3
	9 a	Gross income from gamin	-							
		Part IV, line 19			<u>9a</u>					
	b	Less: direct expenses			9b					
	с	Net income or (loss) from	gami	ng activitie	s <u></u>					
	10 a	Gross sales of inventory, I	ess r	eturns						
		and allowances			10a					
	b	Less: cost of goods sold			10b					
		Net income or (loss) from			ry					
T						Business Code				
	11 a	MISCELLANEOUS REVEN	UE			900099	4,838.			4,8
JUE	b									,
ve	c				_					
Revenue										
		All other revenue				<u> </u>	4,838.			
1		Total. Add lines 11a-11d					,	0 465	0	E7 4
	12	Total revenue. See instruction	105				11,128,899.	8,465.	0.	67,4

9 2023.05000 SECOND HELPINGS, INC. 143759_1

Form 990 (2023) SECOND HELPINGS, INC.
Part IX Statement of Functional Expenses

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	Check if Schedule O contains a respons				<u></u>
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations	6 771 886	6 771 886		
_	and domestic governments. See Part IV, line 21	6,771,886.	6,771,886.		
2	Grants and other assistance to domestic				
_	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
_	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	157 000	22 550	04 000	20.05
_	trustees, and key employees	157,003.	23,550.	94,202.	39,25
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1,854,382.	1,292,333.	198,275.	363,77
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	252,371.	192,493.	23,071.	36,80
0	Payroll taxes	149,010.	98,119.	21,130.	29,76
1	Fees for services (nonemployees):				
а	Management				
b	Legal	3,115.	1,012.	1,905.	19
с	Accounting	46,188.	15,013.	28,246.	2,92
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch 0.)	88,925.	28,904.	54,382.	5,63
2	Advertising and promotion	31,927.	18,090.	540.	13,29
3	Office expenses	88,382.	59,095.	18,363.	10,92
4	Information technology	104,492.	45,407.	12,457.	46,62
5	Royalties				
6	Occupancy	250,506.	227,710.	10,271.	12,52
7	Travel	10,906.	4,322.	5,181.	1,40
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings	13,673.	13,673.		
20	Interest				
21	Payments to affiliates				
2	Depreciation, depletion, and amortization	222,222.	207,818.	6,603.	7,80
3	Insurance	74,304.	59,219.	9,708.	5,37
4	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	FOOD SPOILAGE & TARE	961,307.	961,307.		
b	CONTRACT LABOR	286,606.	286,606.		
с	SUPPLIES	200,025.	198,835.	489.	70
d	VEHICLE EXPENSE	75,752.	75,752.		
e	All other expenses	64,914.	27,687.	30,553.	6,67
5	Total functional expenses. Add lines 1 through 24e	11,707,896.	10,608,831.	515,376.	583,68
6	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)				

332010 12-21-23

10 2023.05000 SECOND HELPINGS, INC.

Form 990 (2023)

Form 990 (
Part X	Balance Sheet

SECOND HELPINGS, INC.

35-1484281 Page **11**

					(A)		(B)
					Beginning of year		End of year
	1	Cash - non-interest-bearing			3,651,513.	1	3,678,69
	2	Savings and temporary cash investments			15,344.	2	15,34
	3	Pledges and grants receivable, net			556,142.	3	412,37
	4	Accounts receivable, net			25,040.	4	8,48
	5	Loans and other receivables from any current of					
		trustee, key employee, creator or founder, subs					
		controlled entity or family member of any of the	se persons			5	
	6	Loans and other receivables from other disqual	ified persons	(as defined			
		under section 4958(f)(1)), and persons describe	d in section 4	958(c)(3)(B)		6	
	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use			178,260.	8	150,33
	9	Duran id a surran and data formed all an and			55,238.	9	36,33
1	l0a	Land, buildings, and equipment: cost or other		Γ			
		basis. Complete Part VI of Schedule D	10a	5,100,981.			
	b	Less: accumulated depreciation		2,273,381.	2,817,320.	10c	2,827,60
1	1	Investments - publicly traded securities				11	
	2	Investments - other securities. See Part IV, line				12	
	3	Investments - program-related. See Part IV, line				13	
	4	Intangible assets				14	
	5	Other assets. See Part IV, line 11			10,249,962.	15	11,270,95
	6	Total assets. Add lines 1 through 15 (must equ			17,548,819.	16	18,400,12
	7	Accounts payable and accrued expenses			131,583.	17	227,52
	8	Grants payable			· ·	18	·
	9	Deferred revenue			70,500.	19	23,50
	20	Tax-exempt bond liabilities			· ·	20	·
	21	Escrow or custodial account liability. Complete				21	
1	22	Loans and other payables to any current or forr					
		trustee, key employee, creator or founder, subs					
		controlled entity or family member of any of the		22			
2	23	Secured mortgages and notes payable to unrel	-	ties		23	
	24	Unsecured notes and loans payable to unrelate	-	· · · · · · · · · · · · · · · · · · ·		24	
	25	Other liabilities (including federal income tax, pa					
1		parties, and other liabilities not included on line	•				
		of Schedule D	0 11 2 1). 001			25	
2	26				202,083.	26	251,02
+-		Organizations that follow FASB ASC 958, cho		X	,		,
		and complete lines 27, 28, 32, and 33.					
2	27				7,104,846.	27	7,066,27
2	28	Net assets with donor restrictions		·····	10,241,890.	28	11,082,81
-	.0	Organizations that do not follow FASB ASC 9			, , -	20	, ,
		and complete lines 29 through 33.					
2 2 2 3 3 3	29	Capital stock or trust principal, or current funds				29	
2	.9 80	Paid-in or capital surplus, or land, building, or e				30	
2	81	Retained earnings, endowment, accumulated ir				31	
3	32	Total net assets or fund balances			17,346,736.	32	18,149,09
1 2		TOTALLELASSEIS OF IUTO DAIATCES			±,,5±0,,50.	JZ	

Form 990 (2023)

332011 12-21-23

Form	990 (2023) SECOND HELPINGS, INC.	35-1484281		Pad	_{ge} 12
	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	11,	128,	899.
2	Total expenses (must equal Part IX, column (A), line 25)	2	11,	707,	896.
3	Revenue less expenses. Subtract line 2 from line 1	3	-	578,	997.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	17,	346,	736.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9	1,	381,	354.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	18,	149,	093.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
		-	_	Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule 0	D.			
2a		····· -	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed o	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
•	If the organization changed either its oversight process or selection process during the tax year, explain on Scher	dule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				v
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	··;····	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require		~		
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	000	

Form **990** (2023)

332012 12-21-23

Department of the Treasury Internal Revenue Service

(Form 990)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

Ν

Nam	e of t	the organization						Employer	identification number				
			HELPINGS, INC.						35-1484281				
Pa	rtl	Reason for Public (Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instruction	s.					
The	organ	ization is not a private found	ation because it is: (For lines 1 through 12, c	heck only	one box.)							
1		A church, convention of ch	urches, or associatio	on of churches described	l in sectio	n 170(b)(⁻	1)(A)(i).						
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)											
3		A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).											
4		A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,											
		city, and state:											
5		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in											
		section 170(b)(1)(A)(iv). (C	Complete Part II.)										
6		A federal, state, or local gov	vernment or governn	nental unit described in	section 17	70(b)(1)(A)	(v).						
7	X	An organization that norma	lly receives a substa	ntial part of its support fi	rom a gove	ernmental	unit or from th	ne general j	public described in				
		section 170(b)(1)(A)(vi). (C	omplete Part II.)										
8		A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)								
9		An agricultural research org	anization described	in section 170(b)(1)(A)(ix) operate	ed in conju	unction with a	land-grant	college				
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	, and state of	the college	or				
		university:											
10		An organization that norma	lly receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membersh	ip fees, and	d gross receipts from				
		activities related to its exem	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of it	s support f	rom gross investment				
		income and unrelated busir	ness taxable income	(less section 511 tax) fro	om busines	ses acqui	red by the org	anization a	ıfter June 30, 1975.				
		See section 509(a)(2). (Con	mplete Part III.)										
11		An organization organized a	and operated exclusi	ively to test for public sa	fety. See	section 50	09(a)(4).						
12		An organization organized a	and operated exclusi	ively for the benefit of, to	perform t	he functio	ns of, or to ca	rry out the	purposes of one or				
		more publicly supported or	ganizations describe	ed in section 509(a)(1) o	or section	509(a)(2).	See section !	509(a)(3). (Check the box on				
		_lines 12a through 12d that	describes the type o	f supporting organizatior	n and com	plete lines	12e, 12f, and	12g.					
а		Type I. A supporting orga	anization operated, s	upervised, or controlled	by its supp	ported org	anization(s), ty	pically by	giving				
		the supported organization	on(s) the power to re	gularly appoint or elect a	majority c	of the direc	ctors or truste	es of the su	Ipporting				
		organization. You must o	complete Part IV, Se	ections A and B.									
b		Type II. A supporting org	anization supervised	l or controlled in connect	tion with it	s supporte	ed organizatio	n(s), by hav	ving				
		control or management o	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manag	ge the supp	ported				
		organization(s). You mus	-										
С		Type III functionally inte	grated. A supportin	g organization operated	in connect	tion with, a	and functional	ly integrate	ed with,				
		its supported organization	n(s) (see instructions). You must complete I	Part IV, Se	ections A,	D, and E.						
d		Type III non-functionally	integrated. A supp	porting organization oper	ated in co	nnection v	vith its suppor	ted organiz	zation(s)				
		that is not functionally int	egrated. The organiz	ation generally must sat	isfy a distr	ibution red	quirement and	an attentiv	/eness				
		requirement (see instructi	ions). You must cor	nplete Part IV, Sections	A and D,	and Part	V .						
е		Check this box if the orga	anization received a	written determination fro	m the IRS	that it is a	Туре I, Туре	II, Type III					
		functionally integrated, or		nally integrated supporti	ng organiz	ation.							
		er the number of supported o	•										
g		vide the following information i) Name of supported	about the supporte	ed organization(s).	(iv) Is the ora:	anization listed	(v) Amount of	monoton	(vi) Amount of other				
	,	organization		(described on lines 1-10	in your governi	ng document?	support (see ir	,	support (see instructions)				
		organization		above (see instructions))	Yes	No							
Tota													
TULA	•				1				1				

OMB No. 1545-0047

2023

Open to Public

Inspection

Part II

SECOND HELPINGS, INC.

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

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

Section A. Public Support Calendar year (or fiscal year beginning in) (d) 2022 (a) 2019 (b) 2020 (c) 2021 (e) 2023 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 10,762,000 11,295,185. 62,509,235. 14,421,361 14,977,742. 11,052,947 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 62,509,235. 14,421,361, 14,977,742, 10,762,000 11,295,185. 11.052.947. 4 Total. Add lines 1 through 3 The portion of total contributions 5 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) 12,314,184. 50,195,051. 6 Public support. Subtract line 5 from line 4 Section B. Total Support (e) 2023 Calendar year (or fiscal year beginning in) (a) 2019 (b) 2020 (c) 2021 (d) 2022 (f) Total 11,052,947. 14,421,361, 14,977,742. 10,762,000, 11,295,185. 62,509,235. 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, 65,450 59,748 169,038. 97,610 101,766. 493,612. and income from similar sources 9 Net income from unrelated business activities, whether or not the 5,008 6,471, 11,479. business is regularly carried on **10** Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 6,284. 4,838. 11,122. 63,025,448. **11 Total support.** Add lines 7 through 10 109.732. 12 Gross receipts from related activities, etc. (see instructions) 12 13 First 5 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 79.64 14 % 14 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f)) 15 Public support percentage from 2022 Schedule A, Part II, line 14 79 52 15 % 16a 33 1/3% support test - 2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Schedule A (Form 990) 2023

332022 12-21-23

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support	<u>, p.e</u>					
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support		1				-
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 6 Gross income from interest,						
101	dividends, payments received on securities loans, rents, royalties, and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	L					
14	First 5 years. If the Form 990 is for the	ie organization's fi	irst, second, third,	fourth, or fifth tax	year as a section s	501(c)(3) organiza	tion,
Se	ction C. Computation of Publi	c Support Per	rcentage			<u> </u>	
15	Public support percentage for 2023 (I	ine 8, column (f), c	divided by line 13, o	column (f))		15	%
	Public support percentage from 2022					16	%
	ction D. Computation of Inves						
17	Investment income percentage for 20					17	%
18	Investment income percentage from						%
19a	33 1/3% support tests - 2023. If the						
-	more than 33 1/3%, check this box ar						
k	33 1/3% support tests - 2022. If the						
	line 18 is not more than 33 1/3%, che			•		•	∟ י
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check ti	nis box and see in:		A (Farma 000) 0000
3320	23 12-21-23		15			Schedule	A (Form 990) 2023

^{2023.05000} SECOND HELPINGS, INC.

1

2

3a

Yes No

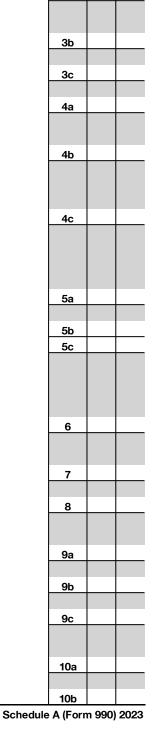
Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

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Schedule A (Form 990) 2023 SECOND HELPINGS, I	NC
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Yes

1

2

No

No

Part IV Supporting Organizations (continued) Yes No 11 Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization? 11a **b** A family member of a person described on line 11a above? 11b c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide <u>detail in Part VI</u> 11c

Section B. Type I Supporting Organizations

1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	
2	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 "Yes," explain in

Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,

upervised, or controlled the supporting organization. Section C. Type II Supporting Organizations

			Yes
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 execution()	1	

ation(s) organ Section D. All Type III Supporting Organizations

			Yes	No
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?	1		
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).	2		
3	By reason of the relationship described on line 2, above, 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	3		

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to s	satisfy the Integral Part	Test during the year	(see instructions).
•	Check the box heat to the method that the organization used to s		i est during the year	(000 1100 000010)

- The organization satisfied the Activities Test. Complete line 2 below. а
- The organization is the parent of each of its supported organizations. Complete line 3 below. h

c 🗋	The organization supported a governmental entity.	escribe in Part VI how you supported a gover	nmental entity (see instruction <u>s).</u>
-----	---	--	--

- 2 Activities Test. Answer lines 2a and 2b 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.
- b Did the activities described on line 2a, above, 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.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b 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? If "Yes" or "No" provide details in Part VI.

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. 332025 12-21-23

3b Schedule A (Form 990) 2023

2a

2b

3a

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17 2023.05000 SECOND HELPINGS, INC. Yes No

Sche	edule A (Form 990) 2023 SECOND HELPINGS, INC.			35-1484281 Pag
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Support	ing Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ring trust or	n Nov. 20, 1970 (<i>explain ii</i>	7 Part VI). See instruction
	All other Type III non-functionally integrated supporting organizations mu	ist complet	e Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
ect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		

	All other Type III non-functionally integrated supporting organizations mus	t complete	e Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
_1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		

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

Schedule A (Form 990) 2023

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Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations _{(continu}	led)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exer	npt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizations	S	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which th	e organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2023 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2023	ıs	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2023				
a	From 2018				
b	From 2019				
C	From 2020				
d	From 2021				
e	From 2022				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2023 distributable amount				
i	Carryover from 2018 not applied (see instructions)				
i_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2023 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2023. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
	Excess from 2022				
е	Excess from 2023				

Schedule A (Form 990) 2023

332027 12-21-23

Schedule A	(Form 990) 2023		HELPINGS						35-1484281	Page 8
Part VI	Supplemental Infor Part IV, Section A, lines 1 line 1; Part IV, Section D, Section D, lines 5, 6, and	, 2, 3b, 3c, lines 2 and	4b, 4c, 5a, 0 3; Part IV, 8	6, 9a, 9b, 9c, Section E, line	11a, 11 es 1c, 2a	b, and 11c; 1, 2b, 3a, ar	Part IV, Section 1d 3b; Part V, I	on B, lines 1 ine 1; Part V	and 2; Part IV, Sect /, Section B, line 1e;	ion C,
	(See instructions.)									
332028 12-21-2	3				20				Schedule A (Forr	n 990) 2023

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one):

Schedule of Contributors

OMB No. 1545-0047

Attach to Form 990, 990-EZ, or 990-PF. Go to www.irs.gov/Form990 for the latest information.



Employer identification number

35-1484281

SECOND HELPINGS. INC

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(³) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

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

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

General Rule

📙 For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, 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

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), 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, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), 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), 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).

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

	B (Form 990) (2023)		Page 2
Name of o	rganization		Employer identification number
SECOND H	HELPINGS, INC.		35-1484281
Part I	Contributors (see instructions). Use duplicate copies of Part I if additio	nal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ns Type of contribution
1		- _ \$1,176,	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
2		- \$\$425,	A 432. Person X Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ns Type of contribution
3		- \$\$	969. Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ns Type of contribution
4		_ \$517,	,050. Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
5		- _ \$759,	A G62. Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ns Type of contribution
6		- \$\$329,	,124. Person Payroll Noncash X (Complete Part II for noncash contributions.)
323452 12-26	5-23		Schedule B (Form 990) (2023)

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	B (Form 990) (2023)		Page 2
Name of o	rganization	Er	nployer identification number
SECOND H	IELPINGS, INC.		35-1484281
Part I	Contributors (see instructions). Use duplicate copies of Part I if a	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$226,155	Person Payroll Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$814,835	Person Person Payroll Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$287,660	Person Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$511,164	Person Payroll Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
323452 12-26	-23		Schedule B (Form 990) (202

2023.05000

	3 (Form 990) (2023)		Page
Name of or	rganization		Employer identification number
SECOND H	ELPINGS, INC.		35-1484281
Part II	Noncash Property (see instructions). Use duplicate copies of Pau	rt II if additional space is neede	d.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimat (See instructions	
1	FOOD DONATIONS		
		\$1,176	,285.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimat (See instructions	
2	FOOD DONATIONS		
		\$355	,432.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimat (See instructions	
3	FOOD DONATIONS		
		\$874	,969.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimat (See instructions	
	FOOD DONATIONS		
4		\$517	,050.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimat (See instructions	
5	FOOD DONATIONS		
		\$759	,662.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimat (See instructions	
6	FOOD DONATIONS		
			104
323453 12-26		\$ 329	<u>, 124.</u> Schedule B (Form 990) (2023)

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	3 (Form 990) (2023)		1	Page
Name of or	rganization		Employ	er identification number
ECOND H	ELPINGS, INC.		35	-1484281
Part II	Noncash Property (see instructions). Use duplicate copies of Pa	art II if additional space is neede	d.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimat (See instructions		(d) Date received
7	FOOD DONATIONS			
		\$226	<u>,159.</u>	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimat (See instructions		(d) Date received
8	FOOD DONATIONS			
		\$814	<u>,839.</u>	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimat (See instructions		(d) Date received
9	FOOD DONATIONS			
		\$287	<u>,660.</u>	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimat (See instructions		(d) Date received
10	FOOD			
		\$511	<u>,164.</u>	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimat (See instructions		(d) Date received
(-)		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimat (See instructions		(d) Date received
		\ \ \		

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Schedule	B (Form 990) (2023)		Page 4				
Name of o	organization		Employer identification number				
SECOND H	HELPINGS, INC.		35-1484281				
Part III		through (e) and the following line er charitable, etc., contributions of \$1,000 or	ection 501(c)(7), (8), or (10) that total more than \$1,000 for the year htry. For organizations				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
		(e) Transfer of gi	ift				
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee				
(a) No.							
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
	(e) Transfer of gift						
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
<u> </u>							
		(e) Transfer of gi					
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
		(e) Transfer of gi	ift				
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee				

Schedule B (Form 990) (2023)

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		Quantament	- L Financial O				1545-0047
(Form 990) (Form 190) SCHEDULE D (Form 990) (Form 190) Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.						20	23
Department of the Treasury Attach to Form 990. Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.						Open Inspec	to Public
	e of the organizatio		o for instructions and t	ne latest information.	Em	nployer identificati	
	o or the organizatio	SECOND HELPINGS, INC.				35-148428	
Pa	rt I Organiza	tions Maintaining Donor Advise	d Funds or Other S	Similar Funds or A	ccour	nts. Complete if	the
	organization	answered "Yes" on Form 990, Part IV, lin	ie 6.				
			(a) Donor advise	ed funds	(b) Fur	nds and other acco	ounts
1	Total number at en	d of year					
2	Aggregate value of	contributions to (during year)					
3		grants from (during year)					
4		end of year					
5	-	n inform all donors and donor advisors in	-				
•		n's property, subject to the organization's				Yes	└── No
6	•	n inform all grantees, donors, and donor a	• •		-		
		oses and not for the benefit of the donor o	,	, , ,	0		
Pa	impermissible priva	ate benefit? Ation Easements. Complete if the or					└── No
1		ervation easements held by the organizati		5 011 0111 990, 1 att 10	, 1110 /	•	
•		of land for public use (for example, recrea	· · · ·	Preservation of a hist	orically	v important land ar	ea
		natural habitat		Preservation of a cert			ou
		of open space					
2		through 2d if the organization held a quali	fied conservation contrib	ution in the form of a co	onserva	ation easement on	the last
	day of the tax year.					Held at the End of	the Tax Year
а	Total number of co	nservation easements			2a		
b	Total acreage restri	icted by conservation easements			2b		
с	Number of conserv	ation easements on a certified historic str	ucture included on line 2	a	2c		
d	Number of conserv	ation easements included on line 2c acqu	ired after July 25, 2006,	and not			
	on a historic structure listed in the National Register				2d		
3	Number of conserv	ration easements modified, transferred, rel	eased, extinguished, or t	terminated by the organ	ization	n during the tax	
	year						
4		where property subject to conservation eas					
5	0	ion have a written policy regarding the per	the state O				
6	,	prcement of the conservation easements it hours devoted to monitoring, inspecting,		ad onforcing concorvatio			
0		nous devoted to monitoring, inspecting,	nanuling of violations, a	nd enforcing conservation	JII Case	ements during the	year
7	Amount of expense	 es incurred in monitoring, inspecting, hand	lling of violations, and er	oforcing conservation ea	semen	nts during the year	
•	, another of expense					no danng tro your	
8	Does each conserv	ration easement reported on line 2d above	satisfy the requirements	s of section 170(h)(4)(B)(i)		
	and section 170(h)(Yes	No
9	In Part XIII, describe	e how the organization reports conservati	on easements in its reve	nue and expense staten	nent ar	nd	
	balance sheet, and	include, if applicable, the text of the footr	note to the organization's	s financial statements th	at des	cribes the	
_	organization's acco	ounting for conservation easements.	· · · · · · · · -	<u></u>			
Pa		tions Maintaining Collections of		asures, or Other S	Simila	ar Assets.	
		the organization answered "Yes" on Form					
1 a	•	elected, as permitted under FASB ASC 95	•				
		asures, or other similar assets held for put			nce of	public	
L	· •	Part XIII the text of the footnote to its finar					
b	-	elected, as permitted under FASB ASC 95					
		ures, or other similar assets held for public	EXTINUTION, EQUCATION, O	TESEARCH IN IURTHERANC	e or pu	abiic service,	
		ng amounts relating to these items. ded on Form 990, Part VIII, line 1				\$	
						Ψ \$	
2	.,	received or held works of art, historical tre				* le	
-		nts required to be reported under FASB A			12. 2410		
а	-	on Form 990, Part VIII, line 1	-			\$	

а	Revenue included on Form 990, Part VIII, line 1	
h	Assats included in Form 000 Dort V	

b Assets included in Form 990, Part X

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 332051 09-28-23

Schedule D (Form 990) 2023

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Sche	dule D (Form 990) 2023 SECOND HELF	1				35-148		Р	Page 2
Par	t III Organizations Maintaining C	ollections of Art	, Historical Tre	easures, or Oth	ner Simila	r Assets	(contin	ued)	
3	Using the organization's acquisition, accession	on, and other records	s, check any of the	following that make	e significant i	use of its			
	collection items (check all that apply).								
а	Public exhibition	d	Loan or exc	hange program					
b	Scholarly research	е	Other						
с	Preservation for future generations								
4	Provide a description of the organization's co	llections and explain	how they further the	ne organization's ex	kempt purpo	se in Part	XIII.		
5	During the year, did the organization solicit o	r receive donations o	f art, historical trea	sures, or other simi	lar assets				
	to be sold to raise funds rather than to be ma	aintained as part of th	ne organization's co	llection?			Yes		No
Par	t IV Escrow and Custodial Arrang	gements Complet	e if the organization	n answered "Yes" o	on Form 990	, Part IV, li	ne 9, or		
	reported an amount on Form 990, Par	t X, line 21.							
1a	Is the organization an agent, trustee, custodi	an, or other intermed	iary for contributior	ns or other assets r	ot included		_		
	on Form 990, Part X?					🗆	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the foll	owing table:						
							Amount	1	
с	Beginning balance				1c				
d	Additions during the year				1d				
е	Distributions during the year				1e				
f	Ending balance				1f				
2a	Did the organization include an amount on Fe	orm 990, Part X, line	21, for escrow or c	ustodial account lia	bility?		Yes		No
	If "Yes," explain the arrangement in Part XIII.								
Par	t V Endowment Funds Complete if								
		(a) Current year	(b) Prior year	(c) Two years back		years back			
1a	Beginning of year balance	10,249,962.	9,726,866.	10,422,932	. 7,7	26,482.	7,		,534.
b	Contributions	0.	5,578.						,140.
С	Net investment earnings, gains, and losses	1,447,924.	885,576.	-7,120		63,875.		69,	,082.
d	Grants or scholarships			616,490	••				
е	Other expenditures for facilities								
	and programs	360,363.	302,916.					298,	,186.
f	Administrative expenses	66,570.	65,142.	,		67,425.		54,	,088.
g	End of year balance	11,270,953.	10,249,962.	9,726,866	10,4	22,932.	7,	726,	482.
2	Provide the estimated percentage of the curr	ent year end balance	e (line 1g, column (a)) held as:					
а	Board designated or quasi-endowment	4.9846	_%						
b	Permanent endowment 61.0164	%							
с	Term endowment 33.9988	%							
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.							
3a	Are there endowment funds not in the posse	ssion of the organiza	tion that are held a	nd administered for	the		-		
	organization by:							Yes	No
	(i) Unrelated organizations?						3a(i)	Х	
							3a(ii)		X
b	If "Yes" on line 3a(ii), are the related organization	tions listed as require	ed on Schedule R?				3b		
4	Describe in Part XIII the intended uses of the		vment funds.						
Par	t VI _ Land, Buildings, and Equipm								
	Complete if the organization answered	d "Yes" on Form 990	, Part IV, line 11a. S	See Form 990, Part	X, line 10.				
	Description of property	(a) Cost or of	• • •		Accumulate		(d) Bool	k valu	ie
		basis (investm	nent) basis	. ,	depreciation				
1a	Land			411,785.				,	,785.
b	Buildings		3	,161,666.	1,310,	112.	1,	851,	,554.
с	Leasehold improvements								
d	Equipment		1	,504,571.	963,	269.			,302.
	Other			22,959.					,959.
Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part)	<u>K. line 10c. column</u>	<u>(B))</u>			2,	827,	,600.
						Schedule	D (Form	n 990)) 2023

Part VII Investments - Other Securities Complete if the organization answered "Yes" or	n Form 990, Part IV, line	e 11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	of-year market value
(1) Financial derivatives			
2) Closely held equity interests			
3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Fotal . (Col. (b) must equal Form 990, Part X, line 12, col. (B))			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of			of yoor morket yolyo
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	of-year market value
(1) (2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets			
Complete if the organization answered "Yes" of		e 11d. See Form 990, Part X, line 15.	() >
	escription		(b) Book value
(1) BENEFICIAL INTEREST IN ASSETS HELD			11,270,953
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 15, col.	<i>(B)</i>)		11,270,953
Part X Other Liabilities			
Complete if the organization answered "Yes" of	n Form 990, Part IV, line	e 11e or 11f. See Form 990, Part X, line 25.	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990. Part X. line 25. col.	<i>(</i> B))		

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2023

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332053 09-28-23

Sche	dule D (Form 990) 2023 SECOND HELPINGS, INC.	35 - 1484281	Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Ret	urn	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	1 1	1,569,790.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments 2a		
b	Donated services and use of facilities 2b 128,406.		
с	Recoveries of prior year grants 2c		
d	Other (Describe in Part XIII.) 290, 397.		
е	Add lines 2a through 2d	2e	418,803.
3	Subtract line 2e from line 1	3 1	1,150,987.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.) 4b22,088.		
С	Add lines 4a and 4b	4c	-22,088.
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		1,128,899.
Pa	t XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Re	eturn	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1 1	2,148,787.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities 2a 128,406.		
b	Prior year adjustments 2b		
С	Other losses 2c 22,088.		
d	Other (Describe in Part XIII.) 290 , 397 .		
е	Add lines 2a through 2d	2e	440,891.
3	Subtract line 2e from line 1	3 1	1,707,896.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.) 4b		
с	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5 1	1,707,896.
Pa	t XIII Supplemental Information		
Prov	de 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; P	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:

THE ENDOWMENT FUNDS ARE USED TO FURTHER THE MISSION OF THE ORGANIZATION.

PART X, LINE 2:

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, 2024, 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, 2021.

332054 09-28-23

Schedule D (Form 990) 2023 SECOND HELPINGS, INC. Part XIII Supplemental Information (continued)		35-1484281	Page 5
Part XIII Supplemental Information (continued)			
PART XI, LINE 2D - OTHER ADJUSTMENTS:			
DIRECT FUNDRAISING EXPENSES	290,397.		
PART XI, LINE 4B - OTHER ADJUSTMENTS:			
LOSS ON SALE OF ASSETS	-22,088.		
PART XII, LINE 2D - OTHER ADJUSTMENTS:			
DIRECT FUNDRAISING EXPENSES	290,397.		
		Schedule D (Form	990) 2023

SCHEDULE G	Suppleme	ntal Information Regarding	Fund	Iraisi	ing or Gaming A	ctivi	ties	OMB No. 1545-0047
(Form 990)	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.							2023
Department of the Treasury Internal Revenue Service	Attach to Form 990 or Form 990-EZ. Open to Public Inspection							
Name of the organization		o www.irs.gov/Form990 for instruc	tions	and ti	ne latest information	ı.	Employer id	lentification number
	SECOND HELP	,					35-14842	
	complete this part	Complete if the organization answe	red "Y	es" or	n Form 990, Part IV, li	ne 17	7. Form 990-E	Z filers are not
 Indicate whether the a Mail solicitat Mail solicitat Internet and Phone solicitat In-person so Did the organization key employees list 	e organization rais ions email solicitations tations licitations on have a written o ed in Form 990, Pa highest paid indiv	ed funds through any of the followin e Solicitat f Solicitat g Special r oral agreement with any individual art VII) or entity in connection with pr viduals or entities (fundraisers) pursua	tion of tion of fundra (incluc rofessi ant to	non-g gover aising ling of onal fu agree	overnment grants nment grants events ficers, directors, trust undraising services?	ie fun	draiser is to	es 🗌 No be
(i) Name and addres or entity (func				Did raiser ustody atrol of utions?	(iv) Gross receipts from activity	to (or retained by) to (or retain) (vi) Amount paid to (or retained by) organization
			Yes	No	-			
Total								
3 List all states in whi or licensing.	ch the organizatio	n is registered or licensed to solicit c	ontrib	utions	or has been notified	it is e	exempt from	registration

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

Schedule G (Form 990) 2023

LHA 332081 09-13-23

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.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
		CORKS & FORKS	TONIC BALL	1	(add col. (a) through col. (c))	
a)		(event type)	(event type)	(total number)		
Revenue	1 Gross receipts	425,608.	283,431.	16,083.	725,122.	
	2 Less: Contributions	338,543.	173,435.	7,047.	519,025.	
	3 Gross income (line 1 minus line 2)	87,065.	109,996.	9,036.	206,097.	
	4 Cash prizes					
s	5 Noncash prizes					
pense	6 Rent/facility costs					
Direct Expenses	7 Food and beverages					
	8 Entertainment					
	9 Other direct expenses	213,092.	68,633.	8,673.	290,398.	
	10 Direct expense summary. Add lines 4 throug	h 9 in column (d)			290,398. -84,301.	
11 Net income summary. Subtract line 10 from line 3, column (d)						

Revenue		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Rev	1 Gross revenue				
ses	2 Cash prizes				
xpens	3 Noncash prizes				
Direct Expenses	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	└── Yes % └── No	└── Yes % └── No	Yes%	
	7 Direct expense summary. Add lines 2 through	5 in column (d)			
	8 Net gaming income summary. Subtract line 7	from line 1, column (d)			
	Enter the state(s) in which the organization conduction licensed to conduct gaming ac				
b	If "No," explain:				
	Were any of the organization's gaming licenses really if "Yes," explain:		• •		Yes No
33208	2 09-13-23			Sche	dule G (Form 990) 2023

Schedule G (Form 990) 2023

Sche	dule G (Form 990) 2023	SECOND HELPINGS, INC.	35-14	484281	Page 3
11	Does the organization conduct g	aming activities with nonmembers?		Yes	No
		eficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?			Yes	No
	Indicate the percentage of gamin				
а	The organization's facility			13a	%
b	An outside facility			13b	%
14	Enter the name and address of th	e person who prepares the organization's gaming/special events books and rec	ords:		
	Name				
	Address				
15a	Does the organization have a cor	tract with a third party from whom the organization receives gaming revenue?		Yes	No No
		· · · · · · · · · · · · · · · · · · ·			
		ing revenue received by the organization \$ and the	amount		
	of gaming revenue retained by th If "Yes," enter name and address				
C	II Tes, entername and address	of the third party.			
	Name				
	Address				
16	Gaming manager information:				
	0				
	Name				
	Gaming manager compensation	\$			
	Description of services provided				
	Director/officer	Employee Independent contractor			
17	Mandatory distributions:				
	•	r state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?			Yes	No No
	• •	required under state law to be distributed to other exempt organizations or spe			
	organization's own exempt activi				
Par		mation. Provide the explanations required by Part I, line 2b, columns (iii) and	(v); and Pari	t III, lines 9,	9b, 10b,
		s applicable. Also provide any additional information. See instructions.			
33208	3 09-13-23		Schedu	Ile G (Form	990) 2023
20200	·· ··	35	2011040		, 1010

 Schedule G (Form 990)
 SECOND
 HELPINGS

 Part IV
 Supplemental Information (continued)
 (continued)
 SECOND HELPINGS, INC.

332084 04-01-23		Schedule G (Form 990)
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2023.05000 SECOND HELPINGS, INC. 143759_1

08471030 310879 143759

SCHEDULE I (Form 990)	Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.						
Department of the Treasury Internal Revenue Service	Attach to Form 990. Go to www.irs.gov/Form990 for the latest information.						
							Employer identification number 35-1484281
Part I General Information on Grants and Assistance							
 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? 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. 							
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
A CARING PLACE 4609 N. CAPITOL AVENUE INDIANAPOLIS, IN 46208	53-0196617	501C3	0.	17,461.	FMV	FOOD	PROVIDE NUTRITIOUS FOOD
ACTIVE GRACE 10740 E CR 700 SOUTH CAMBY, IN 46113	46-4326608	501C3	0.	39,906.	FMV	FOOD	PROVIDE NUTRITIOUS FOOD
AUTUMN LEAVES OF EASTGATE 8100 E. 16TH STREET INDIANAPOLIS, IN 46219	35-0868116	501C3	0.	5,824.	FMV	FOOD	PROVIDE NUTRITIOUS FOOD
BARNES UMC 900 W. 30TH STREET INDIANAPOLIS, IN 46219	35-1308958	501C3	0.	6,069.	FMV	FOOD	PROVIDE NUTRITIOUS FOOD
BOYS AND GIRLS CLUB OF INDIANAPOLIS - 3530 S. KEYSTONE AVE, SUITE 200 - INDIANAPOLIS, IN 46227	35-0888754	501C3	0.	111,236.	FMV	FOOD	PROVIDE NUTRITIOUS FOOD
BOYS AND GIRLS CLUB OF NOBLESVILLE 1448 CONNER STREET NOBLESVILLE, IN 46060	35-1054426	501C3	0.	6,143.	FMV	FOOD	PROVIDE NUTRITIOUS FOOD
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 79.							
3 Enter total number of other organizations listed in the line 1 table 1.							

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

Schedule I (Form 990) 2023

Schedule I (Form 990) SECOND HELPING	1						35-1484281 Page
Part II Continuation of Grants and Other	Assistance to Doi	nestic Organizations	s and Domestic Go	overnments (Sch	edule I (Form 990), Pa		
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BROOKSIDE COMMUNITY CHURCH							
1035 N. OLNEY STREET							
INDIANAPOLIS, IN 46201	26-2377845	50103	0.	35,473.	E-MT7	FOOD	PROVIDE NUTRITIOUS FOOD
INDIANAFOLIS, IN 40201	20-2377043	50105		55,475.		FOOD	FROVIDE NOIRIIIOUS FOOD
CASTELTON UNITED METHODIST CHURCH							
7160 SHADELAND STATION							
INDIANAPOLIS, IN 46256	35-1149228	50103	0.	25,348.	FMV	FOOD	PROVIDE NUTRITIOUS FOOD
		50105				1002	
CATHEDRAL KITCHEN							
1350 N. PENNSYLVANIA							
INDIANAPOLIS, IN 46204	35-0868029	501C3	0.	99,142.	FMV	FOOD	PROVIDE NUTRITIOUS FOOD
,,				,			
CENTRAL CHRISTIAN CHURCH							
701 N. DELAWARE STREET							
INDIANAPOLIS, IN 46204	35-0868018	501C3	0.	29,623.	FMV	FOOD	PROVIDE NUTRITIOUS FOOD
,				,			
CHRIST CHURCH APOSTOLIC							
6601 GRANDVIEW DRIVE							
INDIANAPOLIS, IN 46260	35-1372950	501C3	0.	39,124.	FMV	FOOD	PROVIDE NUTRITIOUS FOOD
CHRISTAMORE HOUSE							
2330 W. MICHIGAN STREET							
INDIANAPOLIS, IN 46222	35-0885588	501C3	0.	9,381.	FMV	FOOD	PROVIDE NUTRITIOUS FOOD
CHRISTEL HOUSE DORS							
50 W. FALL CREEK PARKWAY N. DRIVE							
INDIANAPOLIS, IN 46208	02-0550824	501C3	0.	39,266.	FMV	FOOD	PROVIDE NUTRITIOUS FOOD
CONCORD CENTER							
1310 S. MERIDIAN STREET							
INDIANAPOLIS, IN 46225	35-0817149	501C3	0.	7,591.	FMV	FOOD	PROVIDE NUTRITIOUS FOOD
DAMIEN CENTER							
26 NORTH ARSENAL AVENUE	25 1711070	E0102		60 651	EWG7	FOOD	
INDIANAPOLIS, IN 46201	35-1711878	20103	0.	62,651.	сыv	FOOD	PROVIDE NUTRITIOUS FOOD

Schedule I (Form 990) SECOND HELPINGS, INC.

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Schedule I (Form 990) SECOND HELP.	1						55-1464281 Pag
Part II Continuation of Grants and Othe	er Assistance to Dor	mestic Organizations	and Domestic Go	overnments (Sch	edule I (Form 990), Pa T	art II.)	Ι
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DAYSPRING							
1537 N. CENTRAL AVENUE							
INDIANAPOLIS, IN 46202	35-1618998	501C3	0.	64,874.	FMV	FOOD	PROVIDE NUTRITIOUS FOOD
DOVE HOUSE							
14 N. HIGHLAND AVENUE							
INDIANAPOLIS, IN 46202	35-2120680	501C3	0.	24,510.	FMV	FOOD	PROVIDE NUTRITIOUS FOOD
EDNA MARTIN COMM. CTR.							
1970 CAROLINE AVENUE							
INDIANAPOLIS, IN 46218	35-1072577	501C3	0.	44,243.	FMV	FOOD	PROVIDE NUTRITIOUS FOOD
FATHERS AND FAMILIES							
2835 N. ILLINOIS STREET							
INDIANAPOLIS, IN 46208	35-2069047	50103	0.	24,088.	FMV	FOOD	PROVIDE NUTRITIOUS FOOI
FIRST FREE METHODIST							
1215 N. TECUMSEH AVENUE							
INDIANAPOLIS, IN 46201	35-0877568	501C3	0.	334,008.	FMV	FOOD	PROVIDE NUTRITIOUS FOOD
FLETCHER PLACE							
1637 PROSPECT STREET							
INDIANAPOLIS, IN 46203	35-1966882	501C3	0.	15,419.	FMV	FOOD	PROVIDE NUTRITIOUS FOOD
GENNESARET FREE CLINIC							
615 N. ALABAMA ST, SUITE 136							
INDIANAPOLIS, IN 46204	35-1776518	501C3	0.	22,201.	FMV	FOOD	PROVIDE NUTRITIOUS FOOI
GEORGE T. GOODWIN CENTER							
3935 MOORESVILLE ROAD							
INDIANAPOLIS, IN 46221	35-0868954	501C3	0.	41,548.	FMV	FOOD	PROVIDE NUTRITIOUS FOOD
GOD'S BOUNTY FOOD PANTRY							
8946 SOUTHEASTERN AVE							
INDIANAPOLIS, IN 46239	27-4580870	501C3	0.	26,533.	FMV	FOOD	PROVIDE NUTRITIOUS FOOD

Schedule I (Form 990) SECOND HELPING	1						35-1484281 Pag
Part II Continuation of Grants and Other A (a) Name and address of organization or government	Assistance to Dor (b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	edule I (Form 990), Pa (f) Method of valuation (book, FMV, appraisal, other)	art II.) (g) Description of non-cash assistance	(h) Purpose of grant or assistance
GOOD NEWS MISSION							
2716 E. WASHINGTON ST							
INDIANAPOLIS, IN 46201	35-0999233	501C3	0.	6,438.	FMV	FOOD	PROVIDE NUTRITIOUS FOOD
HAWTHORNE COMMUNITY CENTER							
2440 W. OHIO STREET							
INDIANAPOLIS, IN 46222	35-0874274	50103	0.	15,366.	FMV	FOOD	PROVIDE NUTRITIOUS FOOD
INDIANAFOLIIS, IN 40222	55-00/42/4	50105	0.	15,500.	r nv	FOOD	FROVIDE NOIRITIOUS FOOD
HOLLIS ADAMS							
P.O BOX #20512							
INDIANAPOLIS, IN 46220	35-1163296	501C3	0.	11,260.	FMV	FOOD	PROVIDE NUTRITIOUS FOOD
	55 1105250	50105		11,200.	I IIV	1000	
HOMELESS RE-ENTRY HELPERS							
940 E. MICHIGAN STREET							
INDIANAPOLIS, IN 46202	26-2548161	501C3	0.	525,895.	FMV	FOOD	PROVIDE NUTRITIOUS FOOD
HOPE WORLDWIDE INDIANAPOLIS							
CHAPTER - 6001 WEST 52ND STREET -							
INDIANAPOLIS, IN 46254	04-3129839	501C3	0.	8,296.	FMV	FOOD	PROVIDE NUTRITIOUS FOOD
HORIZON HOUSE							
1033 E. WASHINGTON STREET							
INDIANAPOLIS, IN 46202	35-1759503	501C3	0.	77,100.	FMV	FOOD	PROVIDE NUTRITIOUS FOOD
,,							
HORNET PARK COMMUNITY CENTER							
5245 HORNET AVENUE							
BEECH GROVE, IN 46107	35-6000949	501C3	0.	232,751.	FMV	FOOD	PROVIDE NUTRITIOUS FOOD
				,			
IVAF OF INDIANA							
964 N. PENNSYLVANIA STREET							
INDIANAPOLIS, IN 46204	35-1890547	501C3	0.	19,586.	FMV	FOOD	PROVIDE NUTRITIOUS FOOD
				,500.		<u> </u>	
INDIANA YOUTH GROUP							
3733 N. MERIDIAN STREET							
INDIANAPOLIS, IN 46208	35-1760451	50103	0.	25,276.	FMV	FOOD	PROVIDE NUTRITIOUS FOOD

Schedule I (Form 990) SECOND HELPING	1			. (2.1			35-1484281 Pag
Part II Continuation of Grants and Other A	Assistance to Do	nestic Organizations	and Domestic Go	overnments (Sch	edule I (Form 990), Pa	art II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GOODWILL EDUCATION INITIATIVES							
INC 1635 W. MICHIGAN STREET -	00 0540005	501.02		6 5 6 1			
INDIANAPOLIS, IN 46222	20-0749885	50103	0.	6,561.	F.WA	FOOD	PROVIDE NUTRITIOUS FOOD
INDIANAPOLIS URBAN LEAGUE							
777 INDIANA AVENUE							
INDIANAPOLIS, IN 46202	35-6060655	501C3	0.	46,259.	FMV	FOOD	PROVIDE NUTRITIOUS FOOD
INDY PARKS							
200 E. WASHINGTON ST., SUITE 2301							
INDIANAPOLIS, IN 46204	35-6001063	GOVERNMENT	0.	233,035.	FMV	FOOD	PROVIDE NUTRITIOUS FOOD
INDY VINEYARD MISSIONAL FOOD							
PANTRY - 8383 CRAIG STREET, SUITE							
185 - INDIANAPOLIS, IN 46250	35-1714829	501C3	0.	17,407.	FMV	FOOD	PROVIDE NUTRITIOUS FOOD
INNER BEAUTY PROGRAM							
6701 OAKLANDON ROAD							
INDIANAPOLIS, IN 46236	27-2695727	50103	0.	60,210.	FMV	FOOD	PROVIDE NUTRITIOUS FOOD
INTERCHURCH FOOD PANTRY							
211 COMMERCE DRIVE							
FRANKLIN, IN 46131	35-1909818	501C3	0.	221,916.	FMV	FOOD	PROVIDE NUTRITIOUS FOOD
JESUS HOUSE							
3402 SCHOFIELD AVENUE							
INDIANAPOLIS, IN 46218	35-1489477	501C3	0.	29,615.	FMV	FOOD	PROVIDE NUTRITIOUS FOOD
JOHN H. BONER NEIGHBORHOOD CENTERS							
2236 E. 10TH STREET							
INDIANAPOLIS, IN 46201	23-7204495	50103	0.	23,484.	E-M77	FOOD	PROVIDE NUTRITIOUS FOOD
INDIANAIOLIS, IN 40201	25-7204495	20102	0.	23,404.	L 11 V		ROVIDE NOIKIIIOOS FOOD
JULIAN CENTER							
2011 N. MERIDIAN STREET							
INDIANAPOLIS, IN 46202	35-1346514	501C3	0.	76,741.	FMV	FOOD	PROVIDE NUTRITIOUS FOOD

Schedule I (Form 990) SECOND HELPI	1						35-1484281 Page
Part II Continuation of Grants and Other	r Assistance to Do	mestic Organizations	and Domestic Go	overnments (Sch	edule I (Form 990), Pa	art II.)	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LIFE'S JOURNEY RECOVERY CENTER							
522 POWELL STREET	47-5204674	E0102		24.969	ENG7	FOOD	DROVIDE NUMBERTOUG ROOD
LEBANON, IN 46052	4/-52046/4	50103	0.	24,868.	FMV	FOOD	PROVIDE NUTRITIOUS FOOD
LORD'S PANTRY							
303 NORTH ELDER STREET							
INDIANAPOLIS, IN 46222	35-2153771	501C3	0.	95,551.	FMV	FOOD	PROVIDE NUTRITIOUS FOOD
,				, -			
LYNHURST BAPTIST CHURCH							
1250 S. LYNHURST DRIVE							
INDIANAPOLIS, IN 46241	35-0996742	501C3	0.	53,000.	FMV	FOOD	PROVIDE NUTRITIOUS FOOD
MARTIN LUTHER KING COMMUNITY							
CENTER - 40 W. 40TH STREET -							
INDIANAPOLIS, IN 46208	23-7415846	501C3	0.	37,766.	FMV	FOOD	PROVIDE NUTRITIOUS FOOD
MARY RIGG CENTER							
1920 W. MORRIS STREET	25 000054	501.02		15 050			
INDIANAPOLIS, IN 46221	35-0868954	50103	0.	15,876.	FMV	FOOD	PROVIDE NUTRITIOUS FOOD
METROPOLITAN YOUTH ORCHESTRA							
32 E. WASHINGTON ST, STE 600							
INDIANAPOLIS, IN 46204	35-0998627	50103	0.	8,427.	FMV	FOOD	PROVIDE NUTRITIOUS FOOD
				•,==,•			
MID-NORTH FOOD PANTRY							
3333 N. MERIDIAN STREET							
INDIANAPOLIS, IN 46208	35-2085515	501C3	0.	22,221.	FMV	FOOD	PROVIDE NUTRITIOUS FOOD
/				,			
MIDWEST FOOD BANK							
6450 S. BELMONT STREET							
INDIANAPOLIS, IN 46217	41-2120170	501C3	0.	50,052.	FMV	FOOD	PROVIDE NUTRITIOUS FOOD
MORNING LIGHT INC							
4760 PENNWOOD DR							
INDIANAPOLIS, IN 46205	35-1602641	501C3	0.	23,748.	FMV	FOOD	PROVIDE NUTRITIOUS FOOD

Schedule I (Form 990) SECOND HELPING	1						35-1484281 Page
Part II Continuation of Grants and Other A	Assistance to Dor	nestic Organizations	s and Domestic Go	overnments (Sch	iedule I (Form 990), Pa T	art II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MOUNT PLEASANT CHRISTIAN CHURCH							
IMPACT CENTER - 381 NORTH BLUFF							
ROAD - GREENWOOD, IN 46142	35-6020009	501C3	0.	350,287.	FMV	FOOD	PROVIDE NUTRITIOUS FOOD
MT. CARMEL CHURCH							
9610 E. 42ND STREET							
INDIANAPOLIS, IN 46235	35-1631484	501C3	0.	22,316.	FMV	FOOD	PROVIDE NUTRITIOUS FOOD
MT. NEBO MISSIONARY BAPTIST CHURCH							
2325 HOVEY STREET	25 2254 522	504.50		10.005			
INDIANAPOLIS, IN 46218	35-2071509	50103	0.	12,325.	FWV	FOOD	PROVIDE NUTRITIOUS FOOD
MT. ZION ACADEMY							
3549 BOULEVARD PLACE							
INDIANAPOLIS, IN 46208	35-1765002	501C3	0.	17,327.	FMV	FOOD	PROVIDE NUTRITIOUS FOOD
NINE13SPORTS							
1271 W. 29TH STREET							
INDIANAPOLIS, IN 46208	46-4393798	50103	0.	144,989.	<u>ម្តាក</u> រ	FOOD	PROVIDE NUTRITIOUS FOOD
INDIANAFOLIS, IN 40200	40-4393790	50105	0.	144,909.	F HV	FOOD	FROVIDE NOIRIIIOUS FOOD
NOBLESVILLE FIRST UMC							
2051 MONUMENT STREET							
NOBLESVILLE, IN 46060	35-1058569	501C3	0.	5,892.	FMV	FOOD	PROVIDE NUTRITIOUS FOOD
NORTH UNITED METHODIST							
3808 N. MERIDIAN STREET							
INDIANAPOLIS, IN 46208	26-3385426	50103	0.	26,129.	E-M37	FOOD	PROVIDE NUTRITIOUS FOOD
INDIANAIODIS, IN 40200	20 3303420	50105	0.	20,123.		roob	I KOVIDE NOIKIIIOOD FOOD
OLD BETHEL UMC							
7995 EAST 21ST STREET							
INDIANAPOLIS, IN 46218	35-6006479	501C3	0.	143,090.	FMV	FOOD	PROVIDE NUTRITIOUS FOOD
OUTREACH							
2416 E. NEW YORK STREET							
INDIANAPOLIS, IN 46201	35-1989358	501C3	0.	42,724.	FMV	FOOD	PROVIDE NUTRITIOUS FOOD
11101110110, 111 1 0201	22 T)0220		0.		r *	<u> </u>	FROMEDI NOTKITIOOD FOOD

Schedule I (Form 990) SECOND HELPING	,				/=		35-1484281 Page
Part II Continuation of Grants and Other A	Assistance to Dor	mestic Organizations	and Domestic Go	overnments (Sch	edule I (Form 990), Pa	art II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OVERCOMING CHURCH							
2203 COLUMBIA AVE.							
INDIANAPOLIS, IN 46205	35-1985113	50103	0.	35,008.	זאריז	FOOD	PROVIDE NUTRITIOUS FOOD
INDIANAPOLIS, IN 40205	33-1983113	50105	· · ·	55,008.	FMV	FOOD	PROVIDE NOTRITIOUS FOOD
PACE INC.							
2855 N. KEYSTONE AVENUE							
INDIANAPOLIS, IN 46218	35-1062235	50103	0.	8,592.	זאריז	FOOD	PROVIDE NUTRITIOUS FOOD
INDIANAFOLIS, IN 40210	55-1002255	50105	· · ·	0,392.		FOOD	FROVIDE NOIKIIIOUS FOOD
PATHWAY TO RECOVERY							
2135 N. ALABAMA STREET	35-1820889	50102	0.	74 424	E-MG7	FOOD	PROVIDE NUTRITIOUS FOOD
INDIANAPOLIS, IN 46202	33-1820883	50105	· · ·	74,434.	FMV	FOOD	PROVIDE NOTRITIOUS FOOD
PRIMELIFE ENRICHMENT							
1078 THIRD AVENUE SW							
CARMEL, IN 46032	35-1411017	50102	0.	7,647.	E-MG7	FOOD	PROVIDE NUTRITIOUS FOOD
CARMEL, IN 48032	35-1411017	50105	· · ·	7,047.	FMV	FOOD	PROVIDE NOTRITIOUS FOOD
PROVIDENCE CRISTO REY							
75 N. BELLEVIEW PLACE							
INDIANAPOLIS, IN 46222	20-3585867	50103	0.	24,784.	זאריז	FOOD	PROVIDE NUTRITIOUS FOOD
INDIANAFOLIS, IN 40222	20-3303007	50105		24,704.	r PIV	FOOD	FROVIDE NOIKIIIOUS FOOD
RESURRECTION LUTHERAN CHURCH							
445 E. STOP ROAD 11							
	35-1416563	50102	0.	7,072.	E-MG7	FOOD	PROVIDE NUTRITIOUS FOOD
INDIANAPOLIS, IN 46227 RILEY FOOD PANTRY AT RILEY HOSP	55-1410505	50105	· · ·	7,072.	FMV	FOOD	PROVIDE NOIRIIIOUS FOOD
FOR CHILDREN - 705 RILEY HOSPITAL							
DRIVE, ROOM 1511P - INDIANAPOLIS,	25 1055050	501.02		07 000			
IN 46202	35-1955872	50103	0.	27,880.	FMV	FOOD	PROVIDE NUTRITIOUS FOOD
RONALD MCDONALD HOUSE CHARITIES OF							
CENTRAL INDIANA - 435 LIMESTONE		504 -00					
STREET - INDIANAPOLIS, IN 46202	35-1497202	20163	0.	64,268.	F.WA	FOOD	PROVIDE NUTRITIOUS FOOD
SALVATION ARMY ARC							
711 E. WASHINGTON STREET		504 -00					
INDIANAPOLIS, IN 46202	35-2153771	501C3	0.	239,757.	ŀM∨	FOOD	PROVIDE NUTRITIOUS FOOD

Schedule I (Form 990) SECOND HELP	1						35-1484281 Page
Part II Continuation of Grants and Oth (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SHEPHERD COMMUNITY CENTER							
4107 E. WASHINGTON STREET							
INDIANAPOLIS, IN 46201	35-1765846	501C3	٥.	17,815.	FMV	FOOD	PROVIDE NUTRITIOUS FOOD
SPEEDWAY UMC CHILD CARE							
5065 WEST 16TH STREET							
SPEEDWAY, IN 46224	35-2078266	501C3	0.	17,182.	FMV	FOOD	PROVIDE NUTRITIOUS FOOD
ST. JOHN CATHOLIC CHURCH							
126 W. GEORGIA STREET							
INDIANAPOLIS, IN 46225	35-1113666	50103	0.	6,316.	דאריז	FOOD	PROVIDE NUTRITIOUS FOOD
	55-1115000	50105	0.	0,510.	r HV	FOOD	FROVIDE NOIKIIIOOS FOOD
ST. VINCENT DE PAUL							
1201 E. MARYLAND							
INDIANAPOLIS, IN 46202	35-1507632	501C3	0.	1,487,060.	FMV	FOOD	PROVIDE NUTRITIOUS FOOD
,				,			
THE SHARING PLACE							
1525 N. RITTER AVENUE							
INDIANAPOLIS, IN 46219	35-1784910	501C3	٥.	111,741.	FMV	FOOD	PROVIDE NUTRITIOUS FOOD
THE REFUGE GIRLS ACADEMY							
1015 N. LEBANON STREET	25 1000044	F01 02		F 700		T 00D	
LEBANON, IN 46052	35-1262844	50103	0.	5,700.	FΜV	FOOD	PROVIDE NUTRITIOUS FOOD
TRINITY CHURCH							
3333 N. MERIDIAN STREET							
INDIANAPOLIS, IN 46208	31-1629166	50103	0.	16,227.	FM(7	FOOD	PROVIDE NUTRITIOUS FOOD
	51 1025100	50105		10,227.	- HV	100D	I KOVIDE NOIKIIIOOD FOOD
WE BLOOM RECOVERY CAF							
525 S. MERIDIAN ST, SUITE 1C							
INDIANAPOLIS, IN 46225	82-2859964	501C3	0.	30,671.	FMV	FOOD	PROVIDE NUTRITIOUS FOOD
,				,			
WESTMINSTER NEIGHBORHOOD							
MINISTRIES - PO BOX 11465 -							
INDIANAPOLIS, IN 46201	35-0988813	501C3	0.	78,027.	FMV	FOOD	PROVIDE NUTRITIOUS FOOD

Part II Continuation of Grants and Other	Assistance to Do	nestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WHEELER MISSION (ALL LOCATIONS) 245 N. DELAWARE							
INDIANAPOLIS, IN 46201	35-0888771	501C3	٥.	371,558.	FMV	FOOD	PROVIDE NUTRITIOUS FOOD
YOU FEED THEM MISSIONAL FOOD PANTRY - 900 W. 30TH STREET -							
INDIANAPOLIS, IN 46208	84-3395382	501C3	0.	17,903.	FMV	FOOD	PROVIDE NUTRITIOUS FOOD

332102 11-01-23

Schedule I (Form 990) 2023 SECOND HELPINGS, INC.

Part III can be duplicated if additional space is needed.

Part III

47

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 NUTRITIOUS FOOD AND MEALS.



35-1484281

Page 2

SCHEDULE J Compensation Information						
(Form 990) For certain Officers, Directors, Trustees, Key Employees, and Highest	12:	2				
Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.	JZU					
Department of the Treasury Allacit to Form 330.	to Pub pection					
Name of the organization Employer identification Emplo						
SECOND HELPINGS, INC. 35-1484281						
Part I Questions Regarding Compensation						
	Yes	No				
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,						
Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.						
First-class or charter travel Housing allowance or residence for personal use						
Travel for companions Payments for business use of personal residence						
Tax indemnification and gross-up payments						
Discretionary spending account Personal services (such as maid, chauffeur, chef)						
b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or						
reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain1)					
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,						
trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?						
3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's						
CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to						
establish compensation of the CEO/Executive Director, but explain in Part III.						
Compensation committee Written employment contract						
Independent compensation consultant Compensation survey or study						
X Form 990 of other organizations X Approval by the board or compensation committee						
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing						
organization or a related organization:						
a Receive a severance payment or change-of-control payment?	ı	X				
b Participate in or receive payment from a supplemental nonqualified retirement plan?)	X				
c Participate in or receive payment from an equity-based compensation arrangement?	;	X				
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.						
Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.						
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation						
contingent on the revenues of:		v				
a The organization?		X X				
b Any related organization?						
If "Yes" on line 5a or 5b, describe in Part III.						
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation		x				
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:						
 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? 						
 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? b Any related organization? 		X				
 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? b Any related organization? If "Yes" on line 6a or 6b, describe in Part III. 						
 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? b Any related organization? if "Yes" on line 6a or 6b, describe in Part III. 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments 		X				
 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? b Any related organization? if "Yes" on line 6a or 6b, describe in Part III. 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III. 7 						
 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? b Any related organization? if "Yes" on line 6a or 6b, describe in Part III. 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the 		X				
 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? b Any related organization? if "Yes" on line 6a or 6b, describe in Part III. 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 		X X				
 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? b Any related organization? if "Yes" on line 6a or 6b, describe in Part III. 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 		X X				

LHA 332111 11-06-23

35-1484281

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

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

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

		(B) Breakdown of W	-2 and/or 1099-MISC compensation	C and/or 1099-NEC		(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation				
(1) LINDA BROADFOOT	(i)	135,072.	1,515.	3,340.	4,052.	10,825.	154,804.	0	
CEO	(ii)	0.	0.	0.	0.	0.	0.	0	
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i) (ii)								
	(i)								
	(i) (ii)								
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	(ii)								
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	(ii)								
	(i)								
	(ii)								
	(i) (ii)								
	(i)								
	(i) (ii)								
	(i)								
	(ii)								

Part III Supplemental Information

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

PART I, LINE 3:

THE BOARD REVIEWS AND APPROVES ALL COMPENSATION OF THE CEO.

SCHED	ULE L
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Department of the Treasury

Internal Revenue Service

(Form 990)

Transactions With Interested Persons

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

Attach to Form 990 or Form 990-EZ.

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

OMB No.	1545-0047
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2023
Open to Public
Inspection

Name	of the	organization

and of the organization			
	SECOND	HELPINGS,	INC.

Employer identification number 35-1484281

	· · · · · · · · · · · · · · · · · · ·		l
Part I	Excess Benefit Transactions	(section 501(c)(3), section 501(c)(4), and section 501(c)(29) organ	izations only)

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

1	(a) Name of disgualified person	(b) Relationship between disqualified			(d) Corrected?	
	(a) Name of disqualified person	person and organization	(c) Description of transaction		Yes	No
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
2	Enter the amount of tax incurred by	the organization managers or disqualifie	d persons during the year under			
	section 4958			\$		
3	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.

		<u>uni on Form 990,</u>								(1.). A			
	(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Lo from organi:	an to or 1 the zation?	(e) Original principal amount	(f) Balance due	(g) defa	In ult?	(h) Ap by bo comm	proved ard or littee?	(i) W agreer	ritten nent?
				То	From			Yes	No	Yes	No	Yes	No
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
Tota	l					\$							

Part III Grants or Assistance Benefiting Interested Persons

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

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.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sha organiz rever	aring of ation's ues?
				Yes	No
(1) PACERS SPORTS & ENTERTAI	DIRECTOR, IS CCO OF	16,900.	FUNDRAISING		х
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
Part V Supplemental Information	1				

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

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: PACERS SPORTS & ENTERTAINMENT

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

DIRECTOR, IS CCO OF THE COMPANY

(D) DESCRIPTION OF TRANSACTION: FUNDRAISING EVENT LOCATION & VIDEO

PRODUCTION

Schedule L (Form 990) 2023

332132 11-30-23

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

27

28

Other

Other

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 instructions and the latest information.

Name of the organization	-			Employer identification number
SECOND HELPINGS,	INC.			35-1484281
Part I Types of Property				
	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded		340	70,466.	FMV OF SHARES
0 Securities - Closely held stock				
11 Securities - Partnership, LLC, or				
trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution -				
Historic structures				
4 Qualified conservation contribution - Other				
15 Real estate - Residential				
6 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
I9 Food inventory		5,226	7,705,269.	FMV
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other (<u>AUCTION ITEMS</u>)	Х	1	53,083.	FMV
26 Other (EVENT FOOD)	X	29	34,265.	FMV

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

х

Х

Yes No 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 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? Х 30a b If "Yes," describe the arrangement in Part II. Х 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash х contributions? 32a b If "Yes," describe in Part II. If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, 33 describe in Part II.

15

3

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

Schedule M (Form 990) 2023

332141 09-11-23 LHA

MISC.

(

SUPPLIES

KITCHEN EQUIPME

11,651.FMV

29

6,970.FMV

35 - 1484281Page 2 **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 Part II this part for any additional information.

332142 09-11-23		Schedule M (Form 990) 2023
	54	. , –

2023.05000 SECOND HELPINGS, INC.

SCHEDULE O (Form 990) Department of the Treasury Internal Revenue Service	Supplemental Information to Form 990 or 990 Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.		OMB No. 1545-0047
Name of the organization			r identification number
			101201
	LINE 1, DESCRIPTION OF ORGANIZATION MISSION:		
SECOND HELPINGS MI	SSION: "WE ADDRESS HUNGER TODAY AND BUILD		
SELF-SUFFICIENCY T	D PREVENT HUNGER TOMORROW." FOR MORE THAN 25 YEARS,		
SECOND HELPINGS HA	S OPERATED A THREE-PART APPROACH TO ADDRESSING HUNGER		
AND POVERTY IN CEN	TRAL INDIANA: FOOD RESCUE, HUNGER RELIEF, AND		
CULINARY JOB TRAIN	ING. EACH DAY, SECOND HELPINGS VOLUNTEERS AND STAFF		
RESCUE PREPARED AN	O PERISHABLE FOOD FROM WHOLESALERS, RETAILERS, AND		
RESTAURANTS PREVE	NTING UNNECESSARY WASTE. THAT RESCUED FOOD IS USED TO		
CREATE MORE THAN 5	,000 NUTRITIOUS MEALS EACH DAY THAT ARE DISTRIBUTED		
TO MORE THAN 100 S	OCIAL SERVICE ORGANIZATIONS THAT SERVE HOOSIERS IN		
NEED. USING THAT S	AME RESCUED FOOD, SECOND HELPINGS CULINARY JOB		
	REPARES ADULTS WITH BARRIERS TO EMPLOYMENT FOR		
CAREERS IN THE FOO	D SERVICE INDUSTRY. THIS HELPS ELIMINATE HUNGER AND		
POVERTY AT ITS SOU	RCE. MORE THAN 1,000 ADULTS HAVE GRADUATED FROM THIS		
PROGRAM. SECOND HE	LPINGS ALUMNI ARE WORKING IN CENTRAL INDIANA AS		
COOKS, EXECUTIVE C	HEFS, BUSINESS OWNERS, AND CULINARY INSTRUCTORS.		
FORM 990, PART VI,	SECTION B, LINE 11B:		
THE BOARD OF DIREC	FORS HAS BEEN AUTHORIZED TO BE ENGAGED IN THE		
PREPARATION, REVIE	W AND ACCURACY OF THE TAX RETURN PRIOR TO THE RETURN		
BEING SUBMITTED. T	HE BOARD OF DIRECTORS WILL APPROVE ANY/ALL INFORMATION TO		
BE FILED. THE FULL	BOARD OF DIRECTORS WILL RECEIVE AN ELECTRONIC COPY OF		
	RN FOR THEIR REVIEW AND INPUT.		
	SECTION B, LINE 12C: on Act Notice, see the Instructions for Form 990 or 990-EZ.	Sche	dule O (Form 990) 2023
LHA 332211 11-14-23	E 5		. ,

Name of the organization	Page Employer identification number
SECOND HELPINGS, INC.	35-1484281
THE ORGANIZATION REQUIRES EACH OFFICER AND DIRECTOR TO COMPLETE A CONFLICT	
OF INTEREST STATEMENT ON AN ANNUAL BASIS. IT IS THE INDIVIDUAL'S	
RESPONSIBILITY TO ACT IN ACCORDANCE WITH THE STATEMENT. THE ORGANIZATION'S	
BOARD HAS RESPONSIBILITY FOR DETERMINING WHETHER A CONFLICT EXISTS	
REGARDING A PROPOSED TRANSACTION. IF SO, THE BOARD VOTES TO DECIDE WHETHER	
TO PROCEED WITH THE TRANSACTION IN QUESTION. IF THERE IS A VIOLATION OF	
THE STATEMENT, THE BOARD PROCEEDS TO TAKE APPROPRIATE DISCIPLINARY ACTION,	
WHICH CAN INCLUDE REMOVAL. THE BOARD REVIEWS COMPLIANCE WITH THE STATEMENT	
PERIODICALLY AND MEMORIALIZES DETAILS OF ALL CONFLICTS OR POTENTIAL	
CONFLICTS IN MINUTES OF ITS MEETINGS.	
FORM 990, PART VI, SECTION B, LINE 15:	
AN ANNUAL REVIEW IS PERFORMED OF THE CEO BY THE EXECUTIVE COMMITTEE OF THE	
BOARD, AND INCLUDES COMPENSATION ANALYSIS OF SIMILAR ORGANIZATIONS. AN	
ANNUAL REVIEW IS PERFORMED OF OTHER OFFICERS AND EMPLOYEES BY THE CEO, AND	
INCLUDES COMPENSATION ANALYSIS OF SIMILAR ORGANIZATIONS.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AND CONFLICT OF INTEREST	
POLICY AVAILABLE TO THE PUBLIC UPON REQUEST.	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
CHANGE IN BENEFICIAL INTEREST HELD 1,381,354.	
FORM 990, PART XII, LINE 2C:	
THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.	

332212 11-14-23