

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form 990

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

2023

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: Address change, Name change, Initial return, Final return/terminated, Amended return, Application pending
C Name of organization: SECOND HELPINGS, INC.
Doing business as
Number and street (or P.O. box if mail is not delivered to street address) Room/suite: 1121 SOUTHEASTERN AVE.
City or town, state or province, country, and ZIP or foreign postal code: INDIANAPOLIS, IN 46202
D Employer identification number: 35-1484281
E Telephone number: 317-632-2664
G Gross receipts \$: 11,443,185.
H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
I Tax-exempt status: 501(c)(3)
J Website: WWW.SECONDHELPINGS.ORG
K Form of organization: Corporation
L Year of formation: 1998
M State of legal domicile: IN

Part I Summary

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 1 Mission statement, 2-7 Governance, 8-12 Revenue, 13-19 Expenses, 20-22 Net Assets or Fund Balances.

Part II Signature Block

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

Sign Here: Signature of officer LINDA BROADFOOT, CEO
Date
Paid: Print/Type preparer's name CORY SCHUNEMANN, CPA
Preparer's signature CORY SCHUNEMANN, CPA
Date 10/30/24
Check if self-employed
PTIN P01866583
Preparer Use Only: Firm's name BLUE & CO., LLC
Firm's EIN 35-1178661
Firm's address 12800 N. MERIDIAN ST, STE 400 CARMEL, IN 46032
Phone no. 317-848-8920

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Part III Statement of Program Service Accomplishments

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

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

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

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

4a (Code:) (Expenses \$ 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.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and schedules.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 22 through 38 regarding grants, compensation, tax-exempt bonds, excess benefits, and controlled entities.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 17 regarding employee counts, tax returns, gross income, foreign accounts, prohibited transactions, and charitable contributions.

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

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

Section A. Governing Body and Management

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

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates?; 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?; 11b Describe on Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?; 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed IN
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
[X] Own website [] Another's website [X] Upon request [] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records
THE ORGANIZATION - 317-632-2664
1121 SOUTHEASTERN AVE., INDIANAPOLIS, IN 46202

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See 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) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) LINDA BROADFOOT CEO	40.00			X				139,927.	0.	14,877.
(2) JOEL KAUL BOARD MEMBER	1.00	X						0.	0.	0.
(3) LANA DURBAN SCOTT BOARD MEMBER	1.00	X						0.	0.	0.
(4) KOREY BACON BOARD MEMBER	1.00	X						0.	0.	0.
(5) JUSTIN HAYES BOARD MEMBER	1.00	X						0.	0.	0.
(6) TODD TAYLOR BOARD MEMBER	1.00	X						0.	0.	0.
(7) GEORGE ELLIS BOARD MEMBER	1.00	X						0.	0.	0.
(8) LOGAN METZGER BOARD MEMBER	1.00	X						0.	0.	0.
(9) ELLEN BUTZ BOARD MEMBER	1.00	X						0.	0.	0.
(10) DEB KUNCE BOARD MEMBER	1.00	X						0.	0.	0.
(11) CECILY BRICKLEY BOARD MEMBER	1.00	X						0.	0.	0.
(12) TARA SCISCOE BOARD MEMBER	1.00	X						0.	0.	0.
(13) BARATO BRITT BOARD MEMBER	1.00	X						0.	0.	0.
(14) ANNA POWELL BOARD MEMBER	1.00	X						0.	0.	0.
(15) ALEX WILL BOARD MEMBER	1.00	X						0.	0.	0.
(16) ELAINE GAITHER BOARD MEMBER	1.00	X						0.	0.	0.
(17) MONIQUE HUNT MCWILLIAMS BOARD MEMBER	1.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) PATRICIA GAMBLE-MOORE BOARD CHAIR	5.00	X		X				0.	0.	0.
(19) ADAM CLEVINGER VICE CHAIR	1.00	X		X				0.	0.	0.
(20) BRIAN FIFE TREASURER	1.00	X		X				0.	0.	0.
(21) UMA KUCHIBHOTLA SECRETARY	1.00	X		X				0.	0.	0.
1b Subtotal								139,927.	0.	14,877.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								139,927.	0.	14,877.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 1

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

Section B. Independent Contractors

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

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

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

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c	519,025.			
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	193,403.			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	10,340,519.			
	g	Noncash contributions included in lines 1a-1f	1g	\$ 7,881,703.			
	h	Total. Add lines 1a-1f		11,052,947.			
Program Service Revenue	2 a	SERVS SAFE REVENUE	Business Code				
			561499	4,705.	4,705.		
	b	HUNGER RELIEF REVENUE	541610	3,760.	3,760.		
	c						
	d						
	e						
	f	All other program service revenue					
g	Total. Add lines 2a-2f		8,465.				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		169,038.		169,038.	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross rents	6a	(i) Real			
				(ii) Personal			
	b	Less: rental expenses	6b				
	c	Rental income or (loss)	6c				
	d	Net rental income or (loss)					
	7 a	Gross amount from sales of assets other than inventory	7a	(i) Securities			
				(ii) Other			
				1,800.			
	b	Less: cost or other basis and sales expenses	7b	23,888.			
	c	Gain or (loss)	7c	-22,088.			
	d	Net gain or (loss)		-22,088.		-22,088.	
8 a	Gross income from fundraising events (not including \$ 519,025. of contributions reported on line 1c). See Part IV, line 18	8a					
			206,097.				
b	Less: direct expenses	8b	290,398.				
c	Net income or (loss) from fundraising events		-84,301.		-84,301.		
9 a	Gross income from gaming activities. See Part IV, line 19	9a					
b	Less: direct expenses	9b					
c	Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances	10a					
b	Less: cost of goods sold	10b					
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11 a	MISCELLANEOUS REVENUE	Business Code				
			900099	4,838.		4,838.	
	b						
	c						
	d	All other revenue					
e	Total. Add lines 11a-11d		4,838.				
12	Total revenue. See instructions		11,128,899.	8,465.	0.	67,487.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations 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, trustees, and key employees	157,003.	23,550.	94,202.	39,251.
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.	363,774.
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.	36,807.
10 Payroll taxes	149,010.	98,119.	21,130.	29,761.
11 Fees for services (nonemployees):				
a Management				
b Legal	3,115.	1,012.	1,905.	198.
c Accounting	46,188.	15,013.	28,246.	2,929.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	88,925.	28,904.	54,382.	5,639.
12 Advertising and promotion	31,927.	18,090.	540.	13,297.
13 Office expenses	88,382.	59,095.	18,363.	10,924.
14 Information technology	104,492.	45,407.	12,457.	46,628.
15 Royalties				
16 Occupancy	250,506.	227,710.	10,271.	12,525.
17 Travel	10,906.	4,322.	5,181.	1,403.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	13,673.	13,673.		
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	222,222.	207,818.	6,603.	7,801.
23 Insurance	74,304.	59,219.	9,708.	5,377.
24 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 O.)				
a FOOD SPOILAGE & TARE	961,307.	961,307.		
b CONTRACT LABOR	286,606.	286,606.		
c SUPPLIES	200,025.	198,835.	489.	701.
d VEHICLE EXPENSE	75,752.	75,752.		
e All other expenses	64,914.	27,687.	30,553.	6,674.
25 Total functional expenses. Add lines 1 through 24e	11,707,896.	10,608,831.	515,376.	583,689.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	3,651,513.	1	3,678,694.
	2 Savings and temporary cash investments	15,344.	2	15,346.
	3 Pledges and grants receivable, net	556,142.	3	412,377.
	4 Accounts receivable, net	25,040.	4	8,480.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	178,260.	8	150,337.
	9 Prepaid expenses and deferred charges	55,238.	9	36,334.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 5,100,981.		
	b Less: accumulated depreciation	10b 2,273,381.		
		2,817,320.	10c	2,827,600.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
15 Other assets. See Part IV, line 11	10,249,962.	15	11,270,953.	
16 Total assets. Add lines 1 through 15 (must equal line 33)	17,548,819.	16	18,400,121.	
Liabilities	17 Accounts payable and accrued expenses	131,583.	17	227,528.
	18 Grants payable		18	
	19 Deferred revenue	70,500.	19	23,500.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	202,083.	26	251,028.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	7,104,846.	27	7,066,276.
	28 Net assets with donor restrictions	10,241,890.	28	11,082,817.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	17,346,736.	32	18,149,093.
	33 Total liabilities and net assets/fund balances	17,548,819.	33	18,400,121.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	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.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:			
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	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:			
<input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	X	
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

Form 990 (2023)

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization SECOND HELPINGS, INC.	Employer identification number 35-1484281
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Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (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).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 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.")	14,421,361.	14,977,742.	10,762,000.	11,295,185.	11,052,947.	62,509,235.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	14,421,361.	14,977,742.	10,762,000.	11,295,185.	11,052,947.	62,509,235.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						12,314,184.
6 Public support. Subtract line 5 from line 4.						50,195,051.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7 Amounts from line 4	14,421,361.	14,977,742.	10,762,000.	11,295,185.	11,052,947.	62,509,235.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	65,450.	59,748.	97,610.	101,766.	169,038.	493,612.
9 Net income from unrelated business activities, whether or not the business is regularly carried on	5,008.			6,471.		11,479.
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.
11 Total support. Add lines 7 through 10						63,025,448.
12 Gross receipts from related activities, etc. (see instructions)					12	109,732.
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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f))	14	79.64 %
15 Public support percentage from 2022 Schedule A, Part II, line 14	15	79.52 %
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		<input checked="" type="checkbox"/>
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		<input type="checkbox"/>
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		<input type="checkbox"/>
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		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

(Complete only if you checked the box on line 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.)

Section A. Public Support

Table with 7 columns: (a) 2019, (b) 2020, (c) 2021, (d) 2022, (e) 2023, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2019, (b) 2020, (c) 2021, (d) 2022, (e) 2023, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income; 11 Net income from unrelated business activities not included on line 10b; 12 Other income; 13 Total support.

14 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

Table with 2 columns: Line number, Percentage. Row 15: Public support percentage for 2023; Row 16: Public support percentage from 2022 Schedule A, Part III, line 15.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Line number, Percentage. Row 17: Investment income percentage for 2023; Row 18: Investment income percentage from 2022 Schedule A, Part III, line 17.

19a 33 1/3% support tests - 2023. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here.

b 33 1/3% support tests - 2022. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here.

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

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

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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? Row 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?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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? Row 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? Row 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?

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). Sub-rows a, b, c. Row 2: Activities Test. Answer lines 2a and 2b below. Sub-rows a, b. Row 3: Parent of Supported Organizations. Answer lines 3a and 3b below. Sub-rows a, b.

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

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

Section A - Adjusted Net Income		(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	

Section 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	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
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	

Section 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	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2023 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1 Distributable amount for 2023 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2023 (reasonable cause required - <i>explain in Part VI</i>). 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)			
j 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, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2024. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2019			
b Excess from 2020			
c Excess from 2021			
d Excess from 2022			
e Excess from 2023			

Schedule A (Form 990) 2023

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Multiple horizontal lines for supplemental information.

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2023

Name of the organization

SECOND HELPINGS, INC.

Employer identification number

35-1484281

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 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.

Schedule B (Form 990) (2023)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ 1,176,285.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ 425,432.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ 874,969.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ 517,050.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
5	<hr/> <hr/> <hr/>	\$ 759,662.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
6	<hr/> <hr/> <hr/>	\$ 329,124.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<hr/> <hr/> <hr/>	\$ 226,159.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
8	<hr/> <hr/> <hr/>	\$ 814,839.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
9	<hr/> <hr/> <hr/>	\$ 287,660.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
10	<hr/> <hr/> <hr/>	\$ 511,164.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	FOOD DONATIONS _____ _____ _____	\$ 1,176,285.	_____
2	FOOD DONATIONS _____ _____ _____	\$ 355,432.	_____
3	FOOD DONATIONS _____ _____ _____	\$ 874,969.	_____
4	FOOD DONATIONS _____ _____ _____	\$ 517,050.	_____
5	FOOD DONATIONS _____ _____ _____	\$ 759,662.	_____
6	FOOD DONATIONS _____ _____ _____	\$ 329,124.	_____

Name of organization SECOND HELPINGS, INC.	Employer identification number 35-1484281
---	--

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
7	FOOD DONATIONS _____ _____ _____	\$ 226,159.	_____
8	FOOD DONATIONS _____ _____ _____	\$ 814,839.	_____
9	FOOD DONATIONS _____ _____ _____	\$ 287,660.	_____
10	FOOD _____ _____ _____	\$ 511,164.	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____

Name of organization SECOND HELPINGS, INC.	Employer identification number 35-1484281
---	--

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ _____
Use duplicate copies of Part III if additional space is needed.

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

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization: SECOND HELPINGS, INC. Employer identification number: 35-1484281

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor property and grant fund usage.

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

Form with multiple sections: 1. Purpose(s) of conservation easements (checkboxes for land, habitat, open space, historic area, structure). 2. Conservation contribution details (2a-2d table). 3-9. Monitoring and reporting requirements (number of easements, states, policy, staff hours, expenses, and reporting).

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Form with sections 1a-1b and 2. 1a: Reporting on revenue and assets for public exhibition. 1b: Reporting on revenue and assets for public exhibition. 2: Reporting on revenue and assets for financial gain.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2023

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

- 1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	10,249,962.	9,726,866.	10,422,932.	7,726,482.	7,981,534.
b Contributions	0.	5,578.			28,140.
c Net investment earnings, gains, and losses	1,447,924.	885,576.	-7,120.	2,763,875.	69,082.
d Grants or scholarships			616,490.		
e Other expenditures for facilities and programs	360,363.	302,916.			298,186.
f Administrative expenses	66,570.	65,142.	72,456.	67,425.	54,088.
g End of year balance	11,270,953.	10,249,962.	9,726,866.	10,422,932.	7,726,482.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 4.9846 %
 - b Permanent endowment 61.0164 %
 - c Term endowment 33.9988 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|-----|----|
| (i) Unrelated organizations? | X | |
| (ii) Related organizations? | | X |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		411,785.		411,785.
b Buildings		3,161,666.	1,310,112.	1,851,554.
c Leasehold improvements				
d Equipment		1,504,571.	963,269.	541,302.
e Other		22,959.		22,959.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				2,827,600.

Part VII Investments - Other Securities

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

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

Part VIII Investments - Program Related.

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

(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" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(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. (B))	11,270,953.

Part X Other Liabilities

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

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

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

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

1	Total revenue, gains, and other support per audited financial statements	1	11,569,790.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	128,406.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	290,397.
e	Add lines 2a through 2d	2e	418,803.
3	Subtract line 2e from line 1	3	11,150,987.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	-22,088.
c	Add lines 4a and 4b	4c	-22,088.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	11,128,899.

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

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

1	Total expenses and losses per audited financial statements	1	12,148,787.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	128,406.
b	Prior year adjustments	2b	
c	Other losses	2c	22,088.
d	Other (Describe in Part XIII.)	2d	290,397.
e	Add lines 2a through 2d	2e	440,891.
3	Subtract line 2e from line 1	3	11,707,896.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	11,707,896.

Part XIII Supplemental Information

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

PART V, LINE 4:

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.

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.

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 (add col. (a) through col. (c))	
		CORKS & FORKS (event type)	TONIC BALL (event type)	1 (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.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	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 through 9 in column (d)				290,398.
11	Net income summary. Subtract line 10 from line 3, column (d)				-84,301.	

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

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

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

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No

b If "Yes," explain: _____

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No

- 13 Indicate the percentage of gaming activity conducted in:
- | | | |
|-------------------------------|-----|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |

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

Name _____

Address _____

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

- b If "Yes," enter the amount of gaming revenue received by the organization \$ _____ and the amount of gaming revenue retained by the third party \$ _____
- c If "Yes," enter name and address of the third party:

Name _____

Address _____

16 Gaming manager information:

Name _____

Gaming manager compensation \$ _____

Description of services provided _____

Director/officer Employee Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

**Open to Public
Inspection**

Name of the organization **SECOND HELPINGS, INC.** Employer identification number **35-1484281**

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to 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

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of 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	501C3	0.	35,473.	FMV	FOOD	PROVIDE NUTRITIOUS FOOD
CASTELTON UNITED METHODIST CHURCH 7160 SHADELAND STATION INDIANAPOLIS, IN 46256	35-1149228	501C3	0.	25,348.	FMV	FOOD	PROVIDE NUTRITIOUS FOOD
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 INDIANAPOLIS, IN 46201	35-1711878	501C3	0.	62,651.	FMV	FOOD	PROVIDE NUTRITIOUS FOOD

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DAYSRING 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	501C3	0.	24,088.	FMV	FOOD	PROVIDE NUTRITIOUS FOOD
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 FOOD
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)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(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	501C3	0.	15,366.	FMV	FOOD	PROVIDE NUTRITIOUS FOOD
HOLLIS ADAMS P.O BOX #20512 INDIANAPOLIS, IN 46220	35-1163296	501C3	0.	11,260.	FMV	FOOD	PROVIDE NUTRITIOUS FOOD
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
HVAF OF INDIANA 964 N. PENNSYLVANIA STREET INDIANAPOLIS, IN 46204	35-1890547	501C3	0.	19,586.	FMV	FOOD	PROVIDE NUTRITIOUS FOOD
INDIANA YOUTH GROUP 3733 N. MERIDIAN STREET INDIANAPOLIS, IN 46208	35-1760451	501C3	0.	25,276.	FMV	FOOD	PROVIDE NUTRITIOUS FOOD

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of 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 - INDIANAPOLIS, IN 46222	20-0749885	501C3	0.	6,561.	FMV	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	501C3	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	501C3	0.	23,484.	FMV	FOOD	PROVIDE NUTRITIOUS 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)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of 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 LEBANON, IN 46052	47-5204674	501C3	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 INDIANAPOLIS, IN 46221	35-0868954	501C3	0.	15,876.	FMV	FOOD	PROVIDE NUTRITIOUS FOOD
METROPOLITAN YOUTH ORCHESTRA 32 E. WASHINGTON ST, STE 600 INDIANAPOLIS, IN 46204	35-0998627	501C3	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)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of 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 INDIANAPOLIS, IN 46218	35-2071509	501C3	0.	12,325.	FMV	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	501C3	0.	144,989.	FMV	FOOD	PROVIDE NUTRITIOUS 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	501C3	0.	26,129.	FMV	FOOD	PROVIDE NUTRITIOUS 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

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of 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	501C3	0.	35,008.	FMV	FOOD	PROVIDE NUTRITIOUS FOOD
PACE INC. 2855 N. KEYSTONE AVENUE INDIANAPOLIS, IN 46218	35-1062235	501C3	0.	8,592.	FMV	FOOD	PROVIDE NUTRITIOUS FOOD
PATHWAY TO RECOVERY 2135 N. ALABAMA STREET INDIANAPOLIS, IN 46202	35-1820889	501C3	0.	74,434.	FMV	FOOD	PROVIDE NUTRITIOUS FOOD
PRIMELIFE ENRICHMENT 1078 THIRD AVENUE SW CARMEL, IN 46032	35-1411017	501C3	0.	7,647.	FMV	FOOD	PROVIDE NUTRITIOUS FOOD
PROVIDENCE CRISTO REY 75 N. BELLEVIEW PLACE INDIANAPOLIS, IN 46222	20-3585867	501C3	0.	24,784.	FMV	FOOD	PROVIDE NUTRITIOUS FOOD
RESURRECTION LUTHERAN CHURCH 445 E. STOP ROAD 11 INDIANAPOLIS, IN 46227	35-1416563	501C3	0.	7,072.	FMV	FOOD	PROVIDE NUTRITIOUS FOOD
RILEY FOOD PANTRY AT RILEY HOSP FOR CHILDREN - 705 RILEY HOSPITAL DRIVE, ROOM 1511P - INDIANAPOLIS, IN 46202	35-1955872	501C3	0.	27,880.	FMV	FOOD	PROVIDE NUTRITIOUS FOOD
RONALD MCDONALD HOUSE CHARITIES OF CENTRAL INDIANA - 435 LIMESTONE STREET - INDIANAPOLIS, IN 46202	35-1497202	501C3	0.	64,268.	FMV	FOOD	PROVIDE NUTRITIOUS FOOD
SALVATION ARMY ARC 711 E. WASHINGTON STREET INDIANAPOLIS, IN 46202	35-2153771	501C3	0.	239,757.	FMV	FOOD	PROVIDE NUTRITIOUS FOOD

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of 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	0.	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	501C3	0.	6,316.	FMV	FOOD	PROVIDE NUTRITIOUS 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	0.	111,741.	FMV	FOOD	PROVIDE NUTRITIOUS FOOD
THE REFUGE GIRLS ACADEMY 1015 N. LEBANON STREET LEBANON, IN 46052	35-1262844	501C3	0.	5,700.	FMV	FOOD	PROVIDE NUTRITIOUS FOOD
TRINITY CHURCH 3333 N. MERIDIAN STREET INDIANAPOLIS, IN 46208	31-1629166	501C3	0.	16,227.	FMV	FOOD	PROVIDE NUTRITIOUS 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

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of 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	0.	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

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

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

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2 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.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization

SECOND HELPINGS, INC.

Employer identification number

35-1484281

Part I Questions Regarding Compensation

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.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> 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 explain

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.

- | | |
|---|---|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> 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?
- b** Participate in or receive payment from a supplemental nonqualified retirement plan?
- c** Participate in or receive payment from an equity-based compensation arrangement?
- 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:

- a** The organization?
- 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 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

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2023

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.

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

SCHEDULE L
(Form 990)

Transactions With Interested Persons

OMB No. 1545-0047

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.

2023

Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

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

Department of the Treasury
Internal Revenue Service

Name of the organization SECOND HELPINGS, INC.	Employer identification number 35-1484281
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Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only)

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

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

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

Part II Loans to and/or From Interested Persons

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

	(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
				To	From			Yes	No	Yes	No	Yes	No
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
Total							\$						

Total \$

Part III Grants or Assistance Benefiting Interested Persons

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

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

Schedule L (Form 990) 2023

Part IV Business Transactions Involving Interested Persons

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) PACERS SPORTS & ENTERTAI	DIRECTOR, IS CCO OF	16,900.	FUNDRAISING		X
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part V Supplemental Information

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 M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2023

Open to Public Inspection

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.

Department of the Treasury
Internal Revenue Service

Name of the organization: **SECOND HELPINGS, INC.** Employer identification number: **35-1484281**

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	340	70,466.	FMV OF SHARES
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory	X	5,226	7,705,269.	FMV
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other (AUCTION ITEMS)	X	1	53,083.	FMV
26 Other (EVENT FOOD)	X	29	34,265.	FMV
27 Other (MISC. SUPPLIES)	X	15	11,651.	FMV
28 Other (KITCHEN EQUIPME)	X	3	6,970.	FMV

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

	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?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2023

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

Multiple horizontal lines for supplemental information.

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization

SECOND HELPINGS, INC.

Employer identification number

35-1484281

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

SECOND HELPINGS 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. EACH DAY, SECOND HELPINGS VOLUNTEERS AND STAFF

RESCUE PREPARED AND PERISHABLE FOOD FROM WHOLESALERS, RETAILERS, AND

RESTAURANTS PREVENTING UNNECESSARY WASTE. THAT RESCUED FOOD IS USED TO

CREATE MORE THAN 5,000 NUTRITIOUS MEALS EACH DAY THAT ARE DISTRIBUTED

TO MORE THAN 100 SOCIAL SERVICE ORGANIZATIONS THAT SERVE HOOSIERS IN

NEED. USING THAT SAME RESCUED FOOD, SECOND HELPINGS CULINARY JOB

TRAINING PROGRAM PREPARES ADULTS WITH BARRIERS TO EMPLOYMENT FOR

CAREERS IN THE FOOD SERVICE INDUSTRY. THIS HELPS ELIMINATE HUNGER AND

POVERTY AT ITS SOURCE. MORE THAN 1,000 ADULTS HAVE GRADUATED FROM THIS

PROGRAM. SECOND HELPINGS ALUMNI ARE WORKING IN CENTRAL INDIANA AS

COOKS, EXECUTIVE CHEFS, BUSINESS OWNERS, AND CULINARY INSTRUCTORS.

FORM 990, PART VI, SECTION B, LINE 11B:

THE BOARD OF DIRECTORS HAS BEEN AUTHORIZED TO BE ENGAGED IN THE

PREPARATION, REVIEW AND ACCURACY OF THE TAX RETURN PRIOR TO THE RETURN

BEING SUBMITTED. THE BOARD OF DIRECTORS WILL APPROVE ANY/ALL INFORMATION TO

BE FILED. THE FULL BOARD OF DIRECTORS WILL RECEIVE AN ELECTRONIC COPY OF

THE COMPLETED RETURN FOR THEIR REVIEW AND INPUT.

FORM 990, PART VI, SECTION B, LINE 12C:

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

Schedule O (Form 990) 2023

LHA 332211 11-14-23

Name of the organization SECOND HELPINGS, INC.	Employer identification number 35-1484281
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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.
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FORM 990, PART XII, LINE 2C:

THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.