

Return of Organization Exempt From Income Tax

2013

Open to Public Inspection

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

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

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

Department of the Treasury
Internal Revenue Service

A For the 2013 calendar year, or tax year beginning **2013**, and ending **2013**, and ending **20**

B Check if applicable:
 Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

C Name of organization **SECOND HELPINGS**
 Doing Business As
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
P.O. BOX 23621
 City or town, state or province, country, and ZIP or foreign postal code
HILTON HEAD ISLAND, SC 29925

D Employer identification number
57-0938469

E Telephone number
843-689-3689

G Gross receipts \$ **245,698**

F Name and address of principal officer:
MR. JON M. PELUSO, PRESIDENT

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

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

J Website: ▶ **WWW.SECONDHHELPINGSLC.ORG**

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: **1992**

M State of legal domicile: **SC**

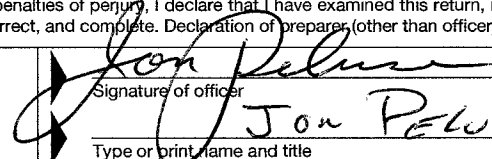
H(c) Group exemption number ▶

Part I Summary

1 Briefly describe the organization's mission or most significant activities: SECOND HELPINGS SOLE MISSION IS TO RESCUE AND SAFELY TRANSPORT SURPLUS FOOD TO NON-PROFIT AGENCIES AND CHURCHES THAT FULFILL A PRIORITY NEED BY DISTRIBUTING FOOD TO THE NEEDY AND DISADVANTAGED, SERVING THE NEED OF TENS OF THOUSANDS OF PEOPLE.	
2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
Activities & Governance	3 Number of voting members of the governing body (Part VI, line 1a) 3 15
	4 Number of independent voting members of the governing body (Part VI, line 1b) 4 15
	5 Total number of individuals employed in calendar year 2013 (Part V, line 2a) 5 4
	6 Total number of volunteers (estimate if necessary) 6 260
	7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0
	b Net unrelated business taxable income from Form 990-T, line 34 7b 0
	Revenue
8 Contributions and grants (Part VIII, line 1h) 203,543 233,583	
9 Program service revenue (Part VIII, line 2g) 0 0	
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 5,173 6,415	
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 9,070 5,700	
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 217,786 245,698	
Expenses	
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) 0 0	
14 Benefits paid to or for members (Part IX, column (A), line 4) 0 0	
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 76,188 68,533	
16a Professional fundraising fees (Part IX, column (A), line 11e) 0 0	
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 16,034	
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) 113,736 116,608	
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 189,924 185,141	
19 Revenue less expenses. Subtract line 18 from line 12 27,862 60,557	
Net Assets or Fund Balances	
20 Total assets (Part X, line 16) 297,523 357,557	
21 Total liabilities (Part X, line 26) 5,582 5,059	
22 Net assets or fund balances. Subtract line 21 from line 20 291,941 352,498	

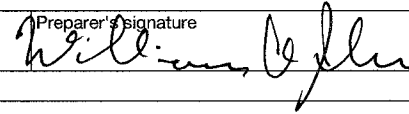
Part II Signature Block

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
 Date **3-5-14**

Type or print name and title **Jon Peluso President**

Paid Preparer Use Only

Print/Type preparer's name **WILLIAM A. JOHN** Preparer's signature  Date **3/5/14** Check if self-employed PTIN **P01292927**

Firm's name ▶ Firm's EIN ▶
 Firm's address ▶ Phone no. ▶

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No