

# Return of Organization Exempt From Income Tax

**2015**

**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](http://www.irs.gov/form990).

Department of the Treasury  
Internal Revenue Service

**A** For the 2015 calendar year, or tax year beginning 2015, and ending 20

**B** Check if applicable:  Address change  Name change  Initial return  Final 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

**F** Name and address of principal officer:  
MR. JAN MALINOWSKI, PRESIDENT

**G** Gross receipts \$ 332,313

**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)  
**H(c)** Group exemption number ▶ \_\_\_\_\_

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

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

**K** Form of organization:  Corporation  Trust  Association  Other ▶

**L** Year of formation: 1992 **M** State of legal domicile: SC

**Part I Summary**

Activities & Governance	<b>1</b>	Briefly describe the organization's mission or most significant activities: <u>SECOND HELPINGS SOLE MISSION IS TO RESCUE AND SAFELY TRANSPORT SURPLUS FOOD TO NON-PROFIT AGENCIES AND CHRCHEs THAT FULFILL A PRIORITY NEED BY DISTRIBUTING FOOD TO THE NEEDY AND DISADVANTAGED, SERVING THE NEEDS OF APPROXIMATELY 22,000 POOR PEOPLE</u>		
	<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<u>3</u>	<u>11</u>
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<u>4</u>	<u>11</u>
	<b>5</b>	Total number of individuals employed in calendar year 2015 (Part V, line 2a)	<u>5</u>	<u>4</u>
	<b>6</b>	Total number of volunteers (estimate if necessary)	<u>6</u>	<u>260</u>
	<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<u>7a</u>	<u>0</u>
<b>b</b>	Net unrelated business taxable income from Form 990-T, line 34	<u>7b</u>	<u>0</u>	
Revenue	<b>8</b>	Contributions and grants (Part VIII, line 1h)	Prior Year <u>236,433</u>	Current Year <u>281,926</u>
	<b>9</b>	Program service revenue (Part VIII, line 2g)	<u>0</u>	<u>0</u>
	<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<u>-615</u>	<u>-998</u>
	<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u>16,364</u>	<u>32,167</u>
	<b>12</b>	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<u>252,182</u>	<u>313,095</u>
Expenses	<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	<u>0</u>	<u>0</u>
	<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)	<u>0</u>	<u>0</u>
	<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	<u>77,564</u>	<u>85,064</u>
	<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)	<u>0</u>	<u>0</u>
	<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25) ▶ <u>18,255</u>		
	<b>17</b>	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	<u>146,952</u>	<u>152,705</u>
<b>18</b>	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	<u>224,516</u>	<u>237,769</u>	
<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	<u>27,666</u>	<u>75,326</u>	
Net Assets or Fund Balances	<b>20</b>	Total assets (Part X, line 16)	Beginning of Current Year <u>387,809</u>	End of Year <u>462,836</u>
	<b>21</b>	Total liabilities (Part X, line 26)	<u>7,644</u>	<u>7,345</u>
	<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	<u>380,165</u>	<u>455,491</u>

**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: Nathaniel T. Stevenson Jr Date: 4/6/16

Type or print name and title: NATHANIEL T. STEVENSON JR TREASURER

**Paid Preparer Use Only**

Print/Type preparer's name: WILLIAM A. JOHN Preparer's signature: William A. John Date: 4/6/16 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