

Department of the Treasury Internal Revenue Service Ogden UT 84201

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PO BOX 23621 HILTON HEAD SC 29925-3621

Notice	CP211A
Tax period	December 31, 2018
Notice date	April 22, 2019
Employer ID number	57-0938469
To contact us	Phone 877-829-5500
	FAX 877-792-2864
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Page 1 of 1



157675

Important information about your December 31, 2018 Form 990

We approved your Form 8868, Application for Extension of Time To File an Exempt Organization Return

We approved the Form 8868 for your December 31, 2018 Form 990.

Your new due date is November 15, 2019.

What you need to do

File your December 31, 2018 Form 990 by November 15, 2019. We encourage you to use electronic filing—the fastest and easiest way to file.

Visit www.irs.gov/charities to learn about approved e-File providers, what types of returns can be filed electronically, and whether you are required to file electronically.

Additional information

- Visit www.irs.gov/cp211a
- For tax forms, instructions, and publications, visit www.irs.gov/forms-pubs or call 800-TAX-FORM (800-829-3676).
- Keep this notice for your records.

If you need assistance, please don't hesitate to contact us.

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) \blacktriangleright Do not enter social security numbers on this form as it may be made public.

2018

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

A	ror the	2018 cale	endar year, or tax year beginning , 2018, and ending			, 20						
3	Check if	applicable:	C Name of organization Second Helpings		D Emplo	yer identification nu	ımber					
	Address	change	Doing business as Second Helpings			57-0938469						
	Name ch	ange	Number and street (or P.O. box if mail is not delivered to street address) Room/suite		E Telepho	one number						
	Initial ret	75	4 Northridge			843-689-3689						
		m/terminated	City and the second sec									
_	Amende	Cores receipts \$ 2020E0										
_		on pending	F Name and address of principal officer: Anthony Berkant	H(a) Is this a gr	roup return fo	r subordinates? Yes	√ No					
	Applicati	on pending	11 Dahlgren Lane, Hilton Head SC 29928			es included? Ves						
	_					a list. (see instruction						
		npt status:		H(c) Group	exemption	n number ▶						
	Website		w.secondhelpingslc.org Corporation		_	e of legal domicile:	SC					
-			C Octobration I need I	1992	IVI Otati	e or regar commoner						
Pa	art I	Summ	lary	ion ic to re	Scotto an	d transport surpl	us food					
	1	Briefly de	escribe the organization's mission or most significant activities: Our miss	IOTI IS TO TE	Scue an	u transport surpi	45 1004					
ce		to qualific	ed non profit agencies and churches. These agencies fulfill a priority need by	distributir	ng tood t	o needy and						
nar		disadvan	taged families in three county area of SC, i.e. Hampton, Beaufort and Jasper.		050/ -	Cita mat apparta						
er	2	Check th	is box ▶☐ if the organization discontinued its operations or disposed of	more than	25% 0	is het assets.						
NOE	3	Number	of voting members of the governing body (Part VI, line 1a)		3		9					
ಂಶ	4	Number	of independent voting members of the governing body (Part VI, line 1b)		4		9					
es	5	Total nu	wher of individuals employed in calendar year 2018 (Part V, line 2a)		5		3					
Viti	6	Total nu	mber of volunteers (estimate if necessary)		6		320					
Activities & Governance	7-	Total un	related business revenue from Part VIII, column (C), line 12		7a		0					
⋖	7a	10tal uni	elated business taxable income from Form 990-T, line 38	<u></u>	7b		0					
	b	Net unre	lated business taxable income from terms of	Prior Ye	ear	Current Ye	ear					
			(Dod VIII line 1h)		35520	6	341339					
0	8	Contribu	ations and grants (Part VIII, line 1h)		1	0						
2	9	Program	service revenue (Part VIII, line 2g)		743	0	-771					
Revenue	10	Investm	ent income (Part VIII, column (A), lines 3, 4, and 7d)		7246		38077					
ď	11	011	(Port VIII column (A) lines 5, 60, 80, 90, 100, and 116)		43510		378645					
	12		add lines 8 through 11 (must equal Part VIII, Column (A), into 12/		40010							
	13	0	and similar amounts paid (Part IX, column (A), lines 1-3/									
	14	1000			10240	15	121916					
	45	120 N 120 N	- and the second of the second		10240	,0						
80	10	D - 5	ional fundraising fees (Part IX, Column (A), Illie 116)									
Expenses	16a	100					308104					
X	. b		(D1 IV column (A) III (B) I (C)		22458		430020					
ш	17		Add lines 12-17 (milst equal Part IX, column (),		32490		51376					
	18	Total ex	Re less expenses. Subtract line 18 from line 12		1102		The second secon					
2000	19	Revenu	e less expenses. Subtract into 10 to	eginning of C			516404					
6	Ses		- 1V (1 16)		5653		16111					
sets	夏 20	Total as	ssets (Part X, line 16)		136	73						
Net Assets or	21	Total lia	abilities (Part X, line 26)		5516	69	500293					
Ne	를 22	Net ass	sets or fund balances. Subtract line 21 from line 20			/ /	the stef tale					
F	Part II	Sign	nature Block Printy declare that have examined this return, including accompanying schedules and stater Printy Declaration of preparer (other than officer) is based on all information of which preparer	nents, and to	the best	of my knowledge a	nd bellet, it is					
-	Inder pe	nalties of pe	erjury/ declare that have examined this return, including accompanying schedules and stater properties. Declaration of preparer (other than officer) is based on all information of which preparer in the properties of the properti	has any kno	wiedge.	14/14						
t	true, com	ect, and cor	mplete. Declaration of preparer tottler that one			(// - /						
-	-	IA	TURE		Date	1						
-	eimie.	5	signature of officer \$ \tag{\tag{\tag{\tag{\tag{\tag{\tag{									
	Sign		- HATTONG D DOLLMITE									
1	lere	=	Type or print name and title	ate	Che	eck if PTIN						
	(S)(Rec. 1)(M)	1	Type or print name and title Preparer's signature Preparer's signature		sel	f-employed						
-	Data	Prir	nt/Type preparer's name	T	Firm's Ell	V D						
	Paid				Phone no							
	Prepa	arer	m's name		1 Hono Ac	.	Yes V No					
	Use (Only	m's address >		/	Fo	orm 990 (201					
		170	m's name m's address state of the preparer shown above? (see instructions)	. No. 11282Y	5 5							
	May t	he IRS di	SCUSS this return with the preparer embeddings. Reduction Act Notice, see the separate instructions.									
	For D	aperwork	Reduction Act Notice,									
	POI P	apo.										

orm 99	0 (2018) Page 2								
art	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:								
	Our mission is to alleviate hunger by excelling in the ongoing development and management of a distribution channel								
	between food donors and charitable food providers.								
	The state of the s								
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?								
3	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services?								
	If "Yes," describe these changes on Schedule O.								
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others the total expenses, and revenue, if any, for each program service reported.								
4	(Code:) (Expenses \$including grants of \$) (Revenue \$)								
4a	We have grown to be the premier local organization dedicated to alleviating hunger in our commuity. Our army of volunteers								
	operate 8 refrigerated trucks 7 days a week, 52 weeks a yr. We are not a food pantry; we collect surplus food from grocery and other								
	operate 8 refrigerated trucks 7 days a week, 52 weeks a yr. We are not a food pantry; we collect surplus food from grocery and other stores and distribute it the same day to our Distribution Agency Partners. They in turn provide it to those in need.								
	Approximately 80 % of the money received goes directly to support our food network operations. Over 300 volunteers keep our								
	overhead low while allowing our 60 recipient agencies to use their funds on their core missions with no service overlap.								
	Our volunteers provide food to people that would otherwise not have any. We collected and distribut almost 3 million pounds in 2018								
	We provide for around 45,000 meals each week that our agencies distribute to those in need in our three county service								
	area i.e. Beaufort, Jasper and Hampton counties.								
	We were named the 2018 PGA Charity of the Year for our program.								
	We have seen demand for our food increase over the years and have expanded our area of service to help more people. We neither solicit nor accept payment for our food; it is distributed free. We are not funded by any government agency but								
	instead rely on the generosity of donors and grantors in our community to fund our program.								
4b	(Code:) (Expenses \$including grants of \$) (Revenue \$)								
	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~								
4c	(Code:) (Expenses \$including grants of \$) (Revenue \$)								
	(Describe in Schoolule C.)								
4d	Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )								
40	Total program service expenses ▶								

Part	IV Checklist of Required Schedules	***************************************	***************************************	rage
V			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	1	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	1	+-
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		1
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		1
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		1
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		1
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		1
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	1	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		1
C	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		1
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		1
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		1
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	1	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	1	
	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		✓
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		1
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	14b		1
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	-	1
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		1
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		<b>√</b>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.	18	1	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		1
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		1
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		1

Part	Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		1
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		1
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		1
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		1
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		1
25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	24d		1
16	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<b>V</b>
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		1
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		1
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		1
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		1
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		1
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		1
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		✓
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		1
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		1
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		1
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		1
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		1
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	38	1	
Part				ļ1
	Check if Schedule O contains a response or note to any line in this Part V			
4.	Enter the number reported in Box 3 of Form 1006 Enter 0 if not applicable	的测量点	Yes	No
1a b	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a of the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b of the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b of the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b of the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b of the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and			
U	reportable gaming (gambling) winnings to prize winners?	10	3500 57025	
			n 990	(2018)

Part	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return  2a 3	2b	1	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? . <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)	20	٧	
20	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		1
3a b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		•
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
Ta.	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		✓
b	If "Yes," enter the name of the foreign country: ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		4
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		1
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		√
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		
L	organization solicit any contributions that were not tax deductible as charitable contributions?	ua		
b	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
1.01	and services provided to the payor?	7a	SOL - DOM YOUR	1
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		1
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		1
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		1
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g 7h		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	/ III		
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	22.2 (//2.2)	
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources		100	
10	against amounts due or received from them.)	12a	All Lines	5.2.4.5
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  If "Yes," enter the amount of tax-exempt interest received or accrued during the year   12b	140		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state?	13a	CASCADA GILLA	
a	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
i.J	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		1
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O .	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15	11 - 12 12 12 12 12 12 12 12 12 12 12 12 12	✓
	If "Yes," see instructions and file Form 4720, Schedule N.	40	k E	,
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		<b>V</b>
	If "Yes," complete Form 4720, Schedule O.	For	m <b>99</b> 0	(2018
		1 01		front.

Part \	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S Check if Schedule O contains a response or note to any line in this Part VI	ee ins	tructi	ons.							
Section	on A. Governing Body and Management										
	T.		Yes	No							
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 9										
	If there are material differences in voting rights among members of the governing body, or										
	if the governing body delegated broad authority to an executive committee or similar										
	committee, explain in Schedule O.										
b											
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?	2		1							
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? .	3		1							
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		1							
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		1							
6	Did the organization have members or stockholders?	6		1							
1050	Did the organization have members of stockholders, or other persons who had the power to elect or appoint			_							
7a	one or more members of the governing body?	7a		1							
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		1							
8	Did the organization contemporaneously document the meetings held or written actions undertaken during										
0	the year by the following:										
а	The governing body?	8a	1	Carried Dis							
b	Each committee with authority to act on behalf of the governing body?	8b	1								
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at										
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		1							
Section	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue Co	ode.)								
			Yes	No							
10a	Did the organization have local chapters, branches, or affiliates?	10a		1							
b	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?	10b									
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	1								
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.										
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	✓								
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	1								
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	1								
13	Did the organization have a written whistleblower policy?	13	1								
14	Did the organization have a written document retention and destruction policy?	14	1								
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?										
•	The organization's CEO, Executive Director, or top management official	15a		1							
a b	Other officers or key employees of the organization	15b		1							
D	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		1-1								
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?	16a		1							
b	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?	16b									
Secti	on C. Disclosure										
17	List the states with which a copy of this Form 990 is required to be filed ▶ SC										
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  Own website Another's website Upon request Other (explain in Schedule O)										
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int financial statements available to the public during the tax year.	erest	policy	y, and							
20	State the name, address, and telephone number of the person who possesses the organization's books and re-	cords									
	Anthony Berkant, 4 Northridge, Hilton ead SC 29926 843-689-3689										

Form	990	(2018)	

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

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 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 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☐ Check this box if neither the organization ne	or any relate	d org	aniz	atic	n c	ompe	nsa	ited any currer	t officer, director	, or trustee.
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(do n box, office or direct	ot cl unle: er an	Pos neck ss pe	c) ition more rson		one n an	(D)  Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
			0	_		ited				
(1) Anthony Berkant Director and CFO	22	1		1				0		0
(2) Andy Cook	2	\ \ \	$\vdash$	V				0	0	0
Director and VP of Board of Directors		1		1				0	0	0
(3) Marilyn Harris	4									
Director		1						0	0	0
(4) Jan Malinowski	3									
Director and President of Board of Directors		1		1				0	0	0
(5) Michael McKeown	1									
Director		1						0	0	0
(6) Jo Pender	3									
Director and Secretary to Board of Directors		✓						0	0	0
(7) Ted Stevenson	15									
Director and Treasurer		✓		1				0	0	0
(8) Margie Tomczak	3									
Director		1						0	0	0
(9) Larry Landry	4									
Director		✓						0	0	0
(10)										
(11)										
(12)										
(13)										
(14)										

Form 9	90 (2018)												Page	8
Part	VIII Section A. Officers, Directors, Trus	tees, Key E	mploy	/ees			lighe	st C	ompensated E	mployees (cor	tinuec	1)		_
	(A) Name and title	(B) Average hours per	Average box, unless person is both officer and a director/trus					an	(D) Reportable compensation	(E) Reportable compensation fro	om	(F) Estima amoun	ated at of	
		week (list any hours for related organizations below dotted line)	0 24	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC	9	othe compens from t organiza and rela organiza	sation the ation ated	
(15)							ŭ.					-		_
(16)											+			_
(17)											-	#	Mary and the second second	-
(18)														
(19)														
(20)														-
(21)											1			
(22)														
(23)														_
(24)														
(25)											1			120113
1b	Sub-total	VIII Cookie					•	<b>&gt;</b>	0		0			0
d	Total from continuation sheets to Part Total (add lines 1b and 1c)	VII, Sectio		:		 			0		0			0
2	Total number of individuals (including but reportable compensation from the organi		to th	ose	list	ed a	above	e) w	ho received mo	ore than \$100,	000 of	f		_
3	Did the organization list any former of		for o	r tr	uste	96	kev e	mn		est compens	ated	Y	'es No	,
	employee on line 1a? If "Yes," complete S	Schedule J	for su	ıch i	indi	vidu	ıal					3	1	
4	For any individual listed on line 1a, is the organization and related organizations													
5	Did any person listed on line 1a receive of											4	1	
Section	for services rendered to the organization on B. Independent Contractors	r IT "Yes," c	ompi	ere .	Scr	eau	ile J î	or s	such person	• • • • •	•	5	1	_
1	Complete this table for your five highest of compensation from the organization. Replyear.												s tax	-
	(A) Name and business add	ress							(B) Description of se	ervices	Co	(C) mpensatio	on	
														_
														_
2	Total number of independent contractor	rs (includir	ıg bu	t n	ot I	imit	ed to	th	ose listed abo	ove) who				
	received more than \$100,000 of compens								0					

Par	t VIII	Statement of Revenue				D-4 V/III		
		Check if Schedule O contains a	res	porise or note to	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
ats	1a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues	1b					
S, G	C	Fundraising events	1c					
ar ar	d	Related organizations	1d					
S, E	е			11000				
io is	f	All other contributions, gifts, grants,						
but		and similar amounts not included above	1f	330339				
of C	g	Noncash contributions included in lines 1a-1	f: \$					
Col	h	Total. Add lines 1a-1f			341339			
			<u> </u>	Business Code	347333			
en	2a							
Program Service Revenue	b							
9	C							
eZ.	d							
Š	e						·	
Ta .	f	All other program service revenue						
õ	g	Total. Add lines 2a–2f						
	3	Investment income (including of						
	4	Income from investment of tax-exem		L				
	5				-771			-77
	3	Royalties	<del></del>	, , ,				
	60			(ii) i croonar			-71-1-1	
	6a							
	b	Less: rental expenses						
	C	Rental income or (loss)						
	d		-	(ii) Other				
	7a	uross amount nom saics of	5	(ii) Other				
		assets other than inventory			and the second of			
	b	Less: cost or other basis				Section of the section of		
		and sales expenses .						
	C	Gain or (loss)						
	d	Net gain or (loss)		▶				***
9								
	8a	Gross income from fundraising						
9.6		events (not including \$ 51492						
Other Reven		of contributions reported on line 1c)						
je je		See Part IV, line 18		51492		America Constant		
ŏ		Less: direct expenses		13415				
		Net income or (loss) from fundrais		events . ►	38077			
	9a	Gross income from gaming activities	es.					
		See Part IV, line 19	-					
	1	Less: direct expenses						
		Net income or (loss) from gaming		vities ▶				
	10a	Gross sales of inventory, le						
		returns and allowances	a					
		Less: cost of goods sold						
	С	Net income or (loss) from sales of	inve	entory >				The second secon
		Miscellaneous Revenue		Business Code				
	11a							
	b							
	С							
	d	All other revenue						
	е	Total. Add lines 11a-11d						
	12	Total revenue. See instructions			378645			-771
CONTRACTOR PRODUCTION AND ADDRESS.	THE RESERVE AND DESCRIPTION OF THE PERSON NAMED IN COLUMN TWO PERSONS NAMED IN COLUMN TO THE PERSON NAMED IN COLUMN TO THE PER		<b>APACOCOMO SANDA</b>	CONTRACTOR OF THE PROPERTY OF	The state of the s			- 11

Part IX Statement of Functional Expenses

Section	501(c)(3) and 501(c)(4) organizations must com				
	Check if Schedule O contains a respons		e in this Part IX .		🗆
Do not 8b, 9b,	include amounts reported on lines 6b, 7b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
	Grants and other assistance to domestic individuals. See Part IV, line 22			als:	
	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees				
	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
8	Other salaries and wages	113267	78526	18437	16304
	Other employee benefits				4000
	Payroll taxes	8649	6001	1409	1239
	Fees for services (non-employees):				
	Management				
	Legal	7077	E246	2632	
	Accounting	7977	5345	2032	
	Lobbying				water the second
	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion	5707		1427	4280
13	Office expenses	14484	3407	7066	4011
14	Information technology	4635	4635		
15	Royalties				
16	Occupancy	9400	1880	7520	
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .				
20	Interest			1112	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .	56035	56035		
23	Insurance	21787	19247	2540	
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column	1.000.000.000.000.000		particular to the second second	
	(A) amount, list line 24e expenses on Schedule O.)				
а	Truck Fuel	30079	30079		
b	Truck Maintenance	28605	28605		
C	Printing	11286	0	3386	7900
d	Healthy Food Initiative, Food Purchases	63289	63289		
е	All other expenses	54820	20055		22055
25	Total functional expenses. Add lines 1 through 24e	430020	317104	57127	55789
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here   ☐ if following SOP 98-2 (ASC 958-720)			0	e
-	Idilowing doi 30-2 (Add 300-120)	0	U	0	Form <b>990</b> (2018)

Pa	art X	Balance Sheet				
		Check if Schedule O contains a response or note	to any line in this Par		• •	
				(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing		82725	1	98163
	2	Savings and temporary cash investments		308555	2	292738
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		3804	4	8244
	5	Loans and other receivables from current and forme	er officers, directors,			
		trustees, key employees, and highest compe	nsated employees.			
		Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons (a	as defined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B), and cor	ntributing employers and			
		sponsoring organizations of section 501(c)(9) voluntary	employees' beneficiary			
Sic		organizations (see instructions). Complete Part II of Schedule I	1		6	
Assets	7	Notes and loans receivable, net			7	M
4	8	Inventories for sale or use	-		8	
	9	Prepaid expenses and deferred charges		10704	9	13739
	10a	Land, buildings, and equipment: cost or				
		other basis. Complete Part VI of Schedule D		parties of anni Continuous and the Continuous Continuou	100	402520
2	b	Less: accumulated depreciation 10b		159554	11	103520
	11	Investments—publicly traded securities			12	
	12	Investments—other securities. See Part IV, line 11 . Investments—program-related. See Part IV, line 11 .			13	
	13				14	
	14	Intangible assets	E T		15	
	15	Total assets. Add lines 1 through 15 (must equal line	2080 MOST	565342		516404
	16 17	Accounts payable and accrued expenses		13673		16111
	18	Grants payable		10070	18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part	The state of the s		21	
Ø	22	Loans and other payables to current and forme				
Liabilities	desta	trustees, key employees, highest compensate	d employees, and			
Ö		disqualified persons. Complete Part II of Schedule L		NORTH STORY CANADA WAY A THE TAX A THE STORY CANADA TO THE STORY C	22	
1	23	Secured mortgages and notes payable to unrelated	third parties		23	
	24	Unsecured notes and loans payable to unrelated thir			24	
	25	Other liabilities (including federal income tax, paya	ables 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	· · · · · · · · ·	13673	26	16111
Ses		Organizations that follow SFAS 117 (ASC 958), ch complete lines 27 through 29, and lines 33 and 34				
an	27	Unrestricted net assets		531514		480138
Bai	28	Temporarily restricted net assets		20155	28	20155
p	29	Permanently restricted net assets			29	
or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), o complete lines 30 through 34.	check here ▶ ☐ and			
Net Assets or	30	Capital stock or trust principal, or current funds .			30	
Se	31	Paid-in or capital surplus, or land, building, or equip			31	
As	32	Retained earnings, endowment, accumulated incom			32	WALKER TO THE RESERVE
Net	33	Total net assets or fund balances		551669		500293
-	34	Total liabilities and net assets/fund balances		565342	34	516404
						Form <b>990</b> (2018)

Page 1	2

OHIII 98	0 (2018)				90 12
Part	XI Reconciliation of Net Assets				Name of the last o
	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			
2	Total expenses (must equal Part IX, column (A), line 25)	2			
3	Revenue less expenses. Subtract line 2 from line 1	3			
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			
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 in Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10			
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:  Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," exp	lain in			
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? .		2a		
	If "Yes," check a box below to indicate whether the financial statements for the year were comp	iled or			
	reviewed on a separate basis, consolidated basis, or both:				
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	0.075.000	
	If "Yes," check a box below to indicate whether the financial statements for the year were audite	d on a			
	separate basis, consolidated basis, or both:				
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for ov	ersight			
	of the audit, review, or compilation of its financial statements and selection of an independent account		2c	STORY TO ST	
	If the organization changed either its oversight process or selection process during the tax year, exp	olain in			
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set	orth in			
	the Single Audit Act and OMB Circular A-133?		3a		<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under	rgo the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au	ıdits.	3b		(2018

#### SCHEDULE A (Form 990 or 990-EZ)

**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.

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

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

Inspection

Employer identification number

Name of the organization					Employer identification	
Second Helpings				1	57-093	
Part I Reason for Public Char						ns.
The organization is not a private founda	tion because it is	: (For lines 1 through	12, chec	k only on	e box.)	
1 A church, convention of church						
2 A school described in section	170(b)(1)(A)(II). (	Aπach Schedule E (Fo	orm 990 (	470/LV41	-)-) MANGIR	
A hospital or a cooperative hos     A medical research organization	spital service org	anization described in	section	i )(a)u i	(A)(III)-  action 170(b)(1)(A)(i	iii) Enter the
hospital's name, city, and state	<b>e:</b>					
5 An organization operated for section 170(b)(1)(A)(iv). (Com	olete Part II.)					ai unit described in
<ul> <li>A federal, state, or local govern</li> <li>An organization that normally described in section 170(b)(1)</li> </ul>	receives a subst	antial part of its supp	in <b>sectio</b> oort from	n 170(b)( a govern	(1)(A)(v). nmental unit or from	the general public
8 A community trust described i	n section 170(b)	(1)(A)(vi). (Complete F	Part II.)			
9 An agricultural research organ or university or a non-land-gra university:	nt college of agri	culture (see instructio	ns). Ente	r the nam	e, city, and state of	the college or
10 An organization that normally in receipts from activities related support from gross investment acquired by the organization a	to its exempt fur t income and unr fter June 30, 197	nctions—subject to ce related business taxal 75. See <b>section 509(a</b>	ertain exc ble incom <b>)(2).</b> (Con	eptions, a e (less se nplete Pa	and (2) no more that ection 511 tax) from ert III.)	1 331/3% of its
11 An organization organized and	operated exclus	sively to test for public	safety. S	See <b>secti</b>	on 509(a)(4).	
12 An organization organized and	operated exclus	ively for the benefit of	, to perfo	rm the fu	inctions of, or to car	ry out the purposes
of one or more publicly support Check the box in lines 12a thro	ough 12d that des	scribes the type of sup	porting o	rganizatio	on and complete line	s 12e, 12f, and 12g.
<ul> <li>Type I. A supporting organization supporting organization.</li> </ul>	(s) the power to	regularly appoint or e	lect a ma	jority of the	ted organization(s), he directors or trusto	typically by giving ees of the
b Type II. A supporting orga control or management of organization(s). You must	the supporting o	rganization vested in	the same	with its s persons	upported organization that control or mana	on(s), by having age the supported
c Type III functionally integ its supported organization	rated. A suppor	ting organization oper	ated in c	onnectior IV, Secti	n with, and functiona ons A, D, and E.	ally integrated with,
d Type III non-functionally that is not functionally inte requirement (see instruction	grated. The orga	nization generally mus	st satisfy	a distribu	ition requirement an	orted organization(s) d an attentiveness
<ul> <li>Check this box if the organ functionally integrated, or</li> </ul>	nization received Type III non-func	a written determination	on from the oporting of	ne IRS that organizati	at it is a Type I, Type ion.	e II, Type III
f Enter the number of supported	organizations .					
g Provide the following information	n about the supp	orted organization(s).				
(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	listed in you	organization ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

Part							
	(Complete only if you checked the Part III. If the organization fails to						ality under
Section	on A. Public Support						
	dar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
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						
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)						
6	Public support. Subtract line 5 from line 4						
	on B. Total Support					-	
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 12 13	<b>Total support.</b> Add lines 7 through 10 Gross receipts from related activities, etc. <b>First five years.</b> If the Form 990 is for thorganization, check this box and <b>stop he</b>	ne organizatior re	n's first, secon	d, third, fourth	n, or fifth tax y		
Section	on C. Computation of Public Suppor						
14	Public support percentage for 2019 (line 6					14	%
15	Public support percentage from 2018 Sch					15	%
16a	331/3% support test—2019. If the organi						
b	box and <b>stop here.</b> The organization qua 331/3% support test—2018. If the organithis box and <b>stop here.</b> The organization	zation did not	check a box o	n line 13 or 16	Sa, and line 15	is 331/3% or m	ore, check
17a	10%-facts-and-circumstances test—2010% or more, and if the organization means that VI how the organization meets the "organization".	eets the "facts facts-and-circ	-and-circumst :umstances" te	ances" test, cl est. The organi	heck this box a zation qualifie	and <b>stop here</b> . s as a publicly	Explain in supported
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organization in Part VI how the organization in	ation meets the meets the "fac	ne "facts-and-o ts-and-circum	circumstances stances" test.	" test, check The organizati	this box and sion qualifies as	a publicly
	supported organization						🕨 📋

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

## 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.)

01	if the organization rails to quality	under the tes	sts listed beit	w, please co	inplete Fart I	1.)	
-	on A. Public Support	( ) 0045	#1.0040	() 00/2	( 0 0010	( ) 0040	70 T . 1
	dar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise	252073	260611	279749	424170	379416	1596019
-	sold or services performed, or facilities	1					
	furnished in any activity that is related to the	1					
_	organization's tax-exempt purpose	5700	5700	5700	3500	0	20600
3	Gross receipts from activities that are not an	- 1					
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to				1		
	or expended on its behalf						
5	The value of services or facilities	1					
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5	257773	266311	285449	427670	379416	1616619
7a	Amounts included on lines 1, 2, and 3	1					
	received from disqualified persons .						
b	Amounts included on lines 2 and 3						
	received from other than disqualified	1					
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
C	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
	on B. Total Support						
	dar year (or fiscal year beginning in) 🕨	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6	257773	266311	285449	427670	379416	1616619
10a	Gross income from interest, dividends,	1					
	payments received on securities loans, rents,	1			1		
	royalties, and income from similar sources .	1994	-998	2740	7430	-771	8600
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses	1					
	acquired after June 30, 1975						
	Add lines 10a and 10b	1994	-998	3740	7430	-771	8600
11	Net income from unrelated business	1					
	activities not included in line 10b, whether	1					
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support, (Add lines 9, 10c, 11,			100 miles, 1900 - 1900 miles (1900 miles (			
	and 12.)	259767	265313	288189	435100	378645	1625219
14	First five years. If the Form 990 is for the		's first, second	d, third, fourth,	or fifth tax ye	ar as a section	501(c)(3)
	organization, check this box and stop her						▶ 🗆
Secti	on C. Computation of Public Suppor						
15	Public support percentage for 2019 (line 8		5	3, column (f))		15	100 %
16	Public support percentage from 2018 Sch	And the last of th	-			16	98.8 %
Secti	on D. Computation of Investment Inc						
17	Investment income percentage for 2019 (I			<b>元</b> // // // // // // // // // // // // //	****	17	0 %
18	Investment income percentage from 2018					18	1.2 %
19a	331/3% support tests-2019. If the organi						
	17 is not more than 331/3%, check this box a						
b	331/3% support tests-2018. If the organiz						
	line 18 is not more than 331/3%, check this b			AND THE PROPERTY OF		men Edit	
20	Private foundation. If the organization did	I not check a b	oox on line 14	19a or 19h c	heck this hox :	and see instruc	tions D

Part IV Supporting Organizations

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

20011	on A. All Supporting Organizations		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.	3b		
С	The state of the s	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a	. Vie Co	
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> 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.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , 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).	5a		
b		5b		
6	Substitutions only. Was the substitution the result of an event beyond the organization's control?  Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	5c		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
C	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	10k	)	

Part	IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
С	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Secti	on B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.			
		1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).			
	•	1		
Secti	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	rivers in		
	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?			
	200	1		2011/2017/17
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		Para Carlo Carlo
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.			
Casti		3		
	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see i	nstru	ctions	S).
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			:\
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (Activities Test. Answer (a) and (b) below.	see m		
2	STATE OF THE SECOND SEC	C CHANG	Yes	NO
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those supported organizations and explain</b> how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined		100	
	that these activities constituted substantially all of its activities.	0-		
h		2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.			
_		2b	A 5.814/A 584	W. A. S.
3	Parent of Supported Organizations. Answer (a) and (b) below.			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
gazes	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes" describe in Part VI the role played by the organization in this regard	21-		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org			
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ	trus	st on Nov. 20, 1970 (expl ons must complete Sect	ions 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	10		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):		n de Personali (Planta Alife)	
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 1-1/2% 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 .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 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		
<ul> <li>7 Check here if the current year is the organization's first as a non-functional instructions).</li> </ul>	ly in	tegrated Type III support	ing organization (see

criedule	A (FOITI 990 01 990-LZ) 2019			
Part \	Type III Non-Functionally Integrated 509(a)(3)	Supporting Organiz	ations (continued)	
	on D-Distributions			Current Year
1	Amounts paid to supported organizations to accomplish e	xempt purposes		
2	Amounts paid to perform activity that directly furthers exer	mpt purposes of suppor	rted	
	organizations, in excess of income from activity	W 12000000000000000000000000000000000000		
3	Administrative expenses paid to accomplish exempt purpo	oses of supported organ	nizations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which (provide details in <b>Part VI</b> ). See instructions.	n the organization is res	ponsive	
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			/*** <u>*</u>
	on E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			TO THE RESERVE OF THE PERSON O
2	Underdistributions, if any, for years prior to 2019 (reasonable cause required—explain in <b>Part VI</b> ). See			
	instructions.		100	
3	Excess distributions carryover, if any, to 2019			
<u>a</u>	From 2014			
b	From 2015			
C	From 2016			
d	From 2017			
e	From 2018			
f	Total of lines 3a through e Applied to underdistributions of prior years			
g	Applied to 2019 distributable amount			
<u>h</u>	Carryover from 2014 not applied (see instructions)			
<u>i</u>	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
	Distributions for 2019 from			
4	Section D, line 7:			
а	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount	100 m		The second second second
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI.</b> See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.	٦		
7	Excess distributions carryover to 2020. Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2015			
b				
C				
d	Excess from 2018			
e	Excess from 2019			

Da	20	. >
Га	ue	

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.)
********	
*****	

## Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service Name of the organization

### **Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF. ▶ Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

**Employer identification number** 

57-0938469 Second Helpings Organization type (check one): Filers of: Section: ) (enter number) organization Form 990 or 990-EZ √ 501(c)( 4947(a)(1) nonexempt charitable trust not treated as a private foundation ☐ 527 political organization 501(c)(3) exempt private foundation Form 990-PF 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 331/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions 

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990,

990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization

**Employer identification number** Second Helpings 57-0938469

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	Bargain Box  546 William Hilton Parkway  Hilton Head, SC 29928	\$ 20000	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	United Way of the Lowcountry  PO Box 202  Beaufort, SC 29901	\$26625	Person Payroll Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	PO Drawer 1228  Beaufort, SC 29901	\$11000	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	Wexford Plantation  111 Wexford Club Drive  Hilton Head, SC 29928	\$17500	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	Champions Fore Charity  71 Lighthouse Road  Hilton Head, SC 29928	\$ 8000	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	Belfair 1811 Fund  200 Belfair Oaks Blvd  Bluffton, SC 29910	\$ <u>5573</u>	Person Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number

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			
		\$				
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$				
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$				
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$				
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
*******		\$				
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$				

Part III

**Employer identification number** 

Part III	(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 information once. See instructions.) ▶ \$  Use duplicate copies of Part III if additional space is needed.					
(a) No. from	(b) Purpose of gift	(c) Use		(d) Description of how gift is held		
Part I						
	Transferee's name, address, a		sfer of gift Relation	nship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held		
	Transferee's name, address, a		Relation	nship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held		
	(e) Trans Transferee's name, address, and ZIP + 4		fer of gift Relation	ship of transferor to transferee		
(a) No.						
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held		
-	(e) Trans Transferee's name, address, and ZIP + 4		fer of gift Relation	ship of transferor to transferee		

### SCHEDULE D (Form 990)

**Supplemental Financial Statements** 

▶ Complete if the organization answered "Yes" on Form 990,

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

Name o	f the organization		Employer identification number
Secon	d Helpings		57-0938469
Par		sed Funds or Other Similar Fund	
	Complete if the organization answered "		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year) .		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor	advisors in writing that the assets he	ld in donor advised
	funds are the organization's property, subject to the		
6	Did the organization inform all grantees, donors, ar	元   1   1   1   1   1   1   1   1   1	
	only for charitable purposes and not for the benefit	t of the donor or donor advisor, or for	r any other purpose
	conferring impermissible private benefit?		Yes 🗌 No
Par	Conservation Easements.		
	Complete if the organization answered "		
1	Purpose(s) of conservation easements held by the o		
	Preservation of land for public use (for example, recre		
	☐ Protection of natural habitat	☐ Preservation of	f a certified historic structure
	☐ Preservation of open space		
2	Complete lines 2a through 2d if the organization hel	d a qualified conservation contribution	Process and the second
	easement on the last day of the tax year.		Held at the End of the Tax Year
а			The second secon
b	Total acreage restricted by conservation easements		
C	Number of conservation easements on a certified hi	1. 5	
d	Number of conservation easements included in (historic structure listed in the National Register .	c) acquired after 7/25/06, and not o	The second of th
3	Number of conservation easements modified, transtax year ▶	sferred, released, extinguished, or term	ninated by the organization during the
4	Number of states where property subject to conserv	vation easement is located ▶	
5	Does the organization have a written policy reg violations, and enforcement of the conservation eas		
6	Staff and volunteer hours devoted to monitoring, inspec	ting, handling of violations, and enforcing	conservation easements during the year
7	Amount of expenses incurred in monitoring, inspecting	a handling of violations and enforcing	conservation easements during the year
,	\$	g, harding of violations, and emorning t	soriosi valion capomonio daring trio you
8	Does each conservation easement reported on line	2(d) above satisfy the requirements of s	section 170(b)(4)(B)(i)
0	and section 170(h)(4)(B)(ii)?		Land - Land
9	In Part XIII, describe how the organization reports c		
	balance sheet, and include, if applicable, the text of		
	organization's accounting for conservation easeme		
Part	Organizations Maintaining Collections Complete if the organization answered "		Other Similar Assets.
10	If the organization elected, as permitted under FAS		e statement and balance sheet works
IG	of art, historical treasures, or other similar assets	held for public exhibition, education,	, or research in furtherance of public
	service, provide in Part XIII the text of the footnote it	to its financial statements that describe	es these items.
b	If the organization elected, as permitted under FAS	SB ASC 958, to report in its revenue s	statement and balance sheet works of
	art, historical treasures, or other similar assets held		
	provide the following amounts relating to these item	ns:	
	(i) Revenue included on Form 990, Part VIII, line 1		▶ \$
	(ii) Assets included in Form 990, Part X		▶ \$
2	If the organization received or held works of art,		
	following amounts required to be reported under FA		
а	Revenue included on Form 990, Part VIII, line 1 .		▶ \$
b	Assets included in Form 990, Part X		▶ \$

Part								
3	Using the organization's acquisition, acceleration items (check all that apply):	ession, and oth						gnificant use of its
a	☐ Public exhibition				or exchange			
b	☐ Scholarly research		е	☐ Other				*************
C	☐ Preservation for future generations							
4	Provide a description of the organization' XIII.							
5	During the year, did the organization soli assets to be sold to raise funds rather that	n to be maintai	donation ined as p	s of art, part of the	historical tre e organization	easures on's co	s, or other simila llection?	Yes No
Part	IV Escrow and Custodial Arrange		1,892		2 82/2 52/			
	Complete if the organization and 990, Part X, line 21.							
1a	Is the organization an agent, trustee, cui included on Form 990, Part X?					ions or	other assets no	Yes No
b	If "Yes," explain the arrangement in Part >	KIII and comple	te the fo	llowing to	able:	-		
							At	nount
C	Beginning balance					10		
d	Additions during the year					1d		
0	Distributions during the year					1e		
f	Ending balance						1	
2a b	Did the organization include an amount of "Yes," explain the arrangement in Part >	n Form 990, Pa XIII. Check here	art X, line e if the e	21, for e xplanatio	escrow or cu n has been	ustodial provide	account liability ed on Part XIII .	Yes No
Par								
	Complete if the organization an					-		
	ļ	a) Current year	(b) Pr	or year	(c) Two year	s back	(d) Three years back	(e) Four years back
1a	Beginning of year balance							
b	Contributions							
С	Net investment earnings, gains, and losses							
d	Grants or scholarships							
е	Other expenditures for facilities and programs						144	
f	Administrative expenses							
g	End of year balance							
2	Provide the estimated percentage of the	current year en	d baland	ce (line 1g	g, column (a	)) held	as:	
а	Board designated or quasi-endowment	<b></b>	%					
b		%						
C	Term endowment ▶%							
	The percentages on lines 2a, 2b, and 2c s	should equal 10	00%.					
3a	Are there endowment funds not in the po	ossession of th	e organ	ization th	at are held	and ad	ministered for th	e [a. La
	organization by:							Yes No
	(i) Unrelated organizations							3a(i)
								3a(ii)
b	If "Yes" on line 3a(ii), are the related organ							3b
4	Describe in Part XIII the intended uses of	CONTRACTOR OF THE PARTY OF THE	n's end	owment f	unds.			
Par	VI Land, Buildings, and Equipme	ent.	_					D 13/ II 10
480000000000000000000000000000000000000	Complete if the organization an	swered "Yes"	on Fo	rm 990,	Part IV, line			
	Description of property	(a) Cost or ot (investme			or other basis other)		Accumulated epreciation	(d) Book value
1a	Land							
b	Buildings							
С	Leasehold improvements							
d	Equipment							
е	Other				444505		340985	103520
Total.	. Add lines 1a through 1e. (Column (d) mus	at equal Form 9	90, Part	X, colum	n (B), line 10	Oc.) .		103520

Part VII	Investments—Other Securities. Complete if the organization answered "Yes" on For	m 000 Part IV lin	ne 11h See Form (	200 Part V line 12
	(a) Description of security or category (including name of security)	(b) Book value	(c) Metho	od of valuation: f-year market value
(1) Financial	derivatives			
	neld equity interests			
(3) Other	***************************************			Marie Commission of the Commis
(A)				Control of the Contro
(B)				
(C)				
(D)				
(E)				
(F)		***************************************		
(G)				
(H)	(A)			
	mn (b) must equal Form 990, Part X, col. (B) line 12.) .			
Part VIII	Investments—Program Related.	000 David IV II-	- 11 - O E (	000 D 1 V I' 40
***************************************	Complete if the organization answered "Yes" on For			
	(a) Description of investment	(b) Book value		od of valuation: f-year market value
(1)	7.110-110-110-110-110-110-110-110-110-110			
(2)				
(3)				
(4)				
(5)				**************************************
(6)				
(7)				
(8)				
(9)				
	mn (b) must equal Form 990, Part X, col. (B) line 13.) .			
Part IX	Other Assets.			
	Complete if the organization answered "Yes" on For	m 990, Part IV, lin	e 11d. See Form 9	**************************************
(4)	(a) Description			(b) Book value
(1)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Colui	mn (b) must equal Form 990, Part X, col. (B) line 15.)			
Part X	Other Liabilities.			
	Complete if the organization answered "Yes" on Form	n 990, Part IV, lin	e 11e or 11f. See	Form 990, Part X,
	line 25.			
1.	(a) Description of liability			(b) Book value
(1) Federal in	come taxes			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	nn (b) must equal Form 990, Part X, col. (B) line 25.)			
				- 46-4
organization's	uncertain tax positions. In Part XIII, provide the text of the footnot liability for uncertain tax positions under FASB ASC 740. Check	here if the text of the	e footnote has been pr	s mat reports the ovided in Part XIII .

Part			e per n	Ctulli.	
	Complete if the organization answered "Yes" on Form 990, F			٦ -	
1	Total revenue, gains, and other support per audited financial statements			1	392060
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	L = T			
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
C	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	13415		
е	Add lines 2a through 2d			2e	13415
3	Subtract line 2e from line 1			3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
	Add lines 4a and 4b			4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line			5	378645
Part					0,0010
rait	Complete if the organization answered "Yes" on Form 990, F		oco poi	110401111	
1	Total expenses and losses per audited financial statements		T	1	443435
	Amounts included on line 1 but not on Form 990, Part IX, line 25:		· · -		443433
2		0-1			
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
C	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	13415		
е	Add lines 2a through 2d			2e	13415
3	Subtract line 2e from line 1			3	430020
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
IJ				20101202	
	Add lines As and Als		1	Ac	
1000000	Add lines 4a and 4b		-	4c	420000
5 Part	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information.	e 18.)	[	5	430020
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line	e 18.)	and 2b;	5 Part V, lin	
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information.  le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	and 2b;	5 Part V, lin	
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information.  le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	and 2b;	5 Part V, lin	
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information.  le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	and 2b;	5 Part V, lin	
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information.  le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	and 2b;	5 Part V, lin	
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information.  le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	and 2b;	5 Part V, lin	
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information.  le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	and 2b;	5 Part V, lin	
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information.  le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	and 2b;	5 Part V, lin	
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information.  le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	and 2b;	5 Part V, lin	
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information.  le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	and 2b;	5 Part V, lin	

#### SCHEDULE G (Form 990 or 990-EZ)

#### **Supplemental Information Regarding Fundraising or Gaming Activities**

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

▶ Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Public

Department of the Treasury ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Internal Revenue Service Employer identification number Name of the organization 57-0938469 Second Helpings Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. 1 e 

Solicitation of non-government grants Mail solicitations Solicitation of government grants b ☐ Internet and email solicitations f ☐ Special fundraising events Phone solicitations d In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid to (or retained by) fundraiser listed in col. (i) (vi) Amount paid to (or retained by) (iii) Did fundraiser have (i) Name and address of individual or entity (fundraiser) (iv) Gross receipts (ii) Activity custody or control of contributions? from activity organization Yes No 1 2 3 4 5 6 7 8 9 10 Total List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

		gross receipts greater that	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			Share the Bounty		- Calalana bad	(add col. (a) through col. (c))
			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	51492			51492
4	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)	51492			51492
	4	Cash prizes				
	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
	7	Food and beverages	13415			13415
	8	Entertainment				
0.0000			1			
	9	Other direct expenses .				
	10	Direct expense summary. Ac	dd lines 4 through 9 in co	olumn (d)		1341: 3807
Pa		Direct expense summary. Ac Net income summary. Subtr Gaming. Complete if the	act line 10 from line 3, cone organization answe	olumn (d)	🕨	3807
	10 11	Direct expense summary. Ac	act line 10 from line 3, cone organization answe	olumn (d)	🕨	3807
	10 11	Direct expense summary. Ac Net income summary. Subtr Gaming. Complete if the	act line 10 from line 3, on the organization answer Z, line 6a.	olumn (d) red "Yes" on Form 9		3807' or reported more than (d) Total gaming (add
Revenue	10 11	Direct expense summary. Ac Net income summary. Subtr Gaming. Complete if the	act line 10 from line 3, on the organization answer Z, line 6a.	olumn (d) red "Yes" on Form 9		3807' or reported more than (d) Total gaming (add
Revenue	10 11 rt III	Direct expense summary. And Net income summary. Subtraction Gaming. Complete if the \$15,000 on Form 990-E	act line 10 from line 3, on the organization answer Z, line 6a.	olumn (d) red "Yes" on Form 9		3807' or reported more than (d) Total gaming (add
penses Revenue	10 11 rt III	Direct expense summary. An Net income summary. Subtr Gaming. Complete if th \$15,000 on Form 990-E	act line 10 from line 3, on the organization answer Z, line 6a.	olumn (d) red "Yes" on Form 9		3807' or reported more than (d) Total gaming (add
penses Revenue	10 11 rt III	Direct expense summary. And Net income summary. Subtraction Gaming. Complete if the \$15,000 on Form 990-E	act line 10 from line 3, on the organization answer Z, line 6a.	olumn (d) red "Yes" on Form 9		3807' or reported more than (d) Total gaming (add
Revenue	10 11 rt III 1 2	Direct expense summary. And Net income summary. Subtraction Gaming. Complete if the \$15,000 on Form 990-E  Gross revenue	ract line 10 from line 3, concerning the organization answers.  (a) Bingo	red "Yes" on Form 9  (b) Pull tabs/instant bingo/progressive bingo	990, Part IV, line 19,	3807' or reported more than (d) Total gaming (add
penses Revenue	10 11 11 1 2 3	Direct expense summary. Ac Net income summary. Subtr Gaming. Complete if the \$15,000 on Form 990-E  Gross revenue	act line 10 from line 3, on the organization answer Z, line 6a.	olumn (d)	990, Part IV, line 19,	3807' or reported more than (d) Total gaming (add
penses Revenue	10 11 11 1 2 3 4	Direct expense summary. And Net income summary. Subtraction Gaming. Complete if the \$15,000 on Form 990-E  Gross revenue	ract line 10 from line 3, content of the organization answer Z, line 6a.  (a) Bingo	olumn (d)	990, Part IV, line 19,  (c) Other gaming	3807' or reported more than (d) Total gaming (add

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? . 

Yes No

If "Yes," explain:

	Page 3
o terrorism for the	e G (Form 990 or 990-EZ) 2019  Does the organization conduct gaming activities with nonmembers?
11 12	to the exemination a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity
	formed to administer charitable gaming?
13	Indicate the percentage of gaming activity conducted in:  The organization's facility
a	An outside facility
b	Enter the name and address of the person who prepares the organization's gaming/special events books and
14	records:
	Name ▶
	Address▶
15a	Does the organization have a contract with a third party from whom the organization receives gaming
	rovonio?
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$
_	is my and an address of the third party.
С	If fes, enternance and address of the time passy
	Name ▶
	Address ▶
16	Gaming manager information:
	Name ▶
	Gaming manager compensation ▶ \$
	Description of services provided ▶
	□ Director/officer □ Employee □ Independent contractor
17	Mandatory distributions:
· · a	to the constitution required under state law to make charitable distributions from the gaming proceeds to
	1 to the extent coming licenses?
k	Enter the amount of distributions required under state law to be distributed to other exempt organizations of
Par	

Schedule G (Form 990 or 990-EZ) 2019

### SCHEDULE O (Form 990 or 990-EZ)

## 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.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service ▶ Attach to Form 990 or 990-EZ.▶ Go to www.irs.gov/Form990 for the latest information.

Name of the organization	57-0938469
Second Helpings	
Form 990, Part VI, Line 11-Complete copy of our Form 990 with attachments is provided to Baord member	5.
Form 990, Part VI, Section B, Line 12-Continued service on board is certification that board members have	no conflict of interest.
Members are aware of policy through board meeting discussions at	nd review of bylaws.
Form 990, Part VI, Section C, Line 19-Document is provided on request. Financial information is posted of	n our website.