

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

2017
Open to Public Inspection

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2017 calendar year, or tax year beginning **JUL 1, 2017** and ending **JUN 30, 2018**

B Check if applicable: Address change Name change Initial return Final return/terminated Amended return Application pending	C Name of organization SHARE OUR STRENGTH Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1030 15TH STREET, NW 1100W City or town, state or province, country, and ZIP or foreign postal code WASHINGTON, DC 20005	D Employer identification number 52-1367538
	E Telephone number (202) 393-2925	G Gross receipts \$ 74,878,329.
	F Name and address of principal officer: WILLIAM H. SHORE SAME AS C ABOVE	H(a) Is this a group return for subordinates? Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? Yes No If "No," attach a list. (see instructions)
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527	J Website: ▶ WWW.SHAREOURSTRENGTH.ORG	H(c) Group exemption number ▶
K Form of organization: <input checked="" type="checkbox"/> Corporation Trust Association Other ▶	L Year of formation: 1984	M State of legal domicile: DC

Part I Summary

	1	Briefly describe the organization's mission or most significant activities: TO END HUNGER AND POVERTY IN THE U.S. AND ABROAD, WITH A PRIORITY ON ENDING CHILDHOOD HUNGER IN		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
Activities & Governance	3	Number of voting members of the governing body (Part VI, line 1a)	3	19
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	18
	5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)	5	339
	6	Total number of volunteers (estimate if necessary)	6	3000
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	7b	Net unrelated business taxable income from Form 990-T, line 34	7b	46,674.
	Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year
9		Program service revenue (Part VIII, line 2g)	60,290,994.	68,847,785.
10		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	38,060.	176,640.
11		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	45,292.	290,305.
12		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	-4,193,989.	-2,900,948.
			56,180,357.	66,413,782.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	8,882,281.	10,924,850.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	21,428,376.	24,025,124.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	721,590.	1,263,482.
	16b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 13,160,496.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	20,024,519.	21,385,507.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	51,056,766.	57,598,963.
	19	Revenue less expenses. Subtract line 18 from line 12	5,123,591.	8,814,819.
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	31,857,505.	42,073,384.
	22	Net assets or fund balances. Subtract line 21 from line 20	9,188,810.	10,663,406.
			22,668,695.	31,409,978.

Part II Signature Block

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

Sign Here	Signature of officer JESSICA SHERRY, SENIOR VP, CFO Type or print name and title	Date
Paid Preparer Use Only	Print/Type preparer's name FRANK H. SMITH	Preparer's signature <i>Frank H. Smith</i>
	Firm's name ▶ MARCUM, LLP	Date 03/20/19
	Firm's address ▶ 1899 L STREET, NW, SUITE 850 WASHINGTON, DC 20036	Check if self-employed <input type="checkbox"/> PTIN P00639053
		Firm's EIN ▶ 11-1986323
		Phone no. (202) 227-4000

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: SHARE OUR STRENGTH WAS FOUNDED WITH THE BELIEF THAT EVERYONE HAS A STRENGTH TO SHARE IN THE GLOBAL FIGHT AGAINST HUNGER AND POVERTY, AND THAT IN THESE SHARED STRENGTHS LIE SUSTAINABLE SOLUTIONS. TODAY WE FOCUS THESE STRENGTHS ON ENDING CHILDHOOD HUNGER THROUGH OUR

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ 29,402,361. including grants of \$ 10,463,350.) (Revenue \$) NO KID HUNGRY ACCESS AND ADVOCACY:

SINCE LAUNCHING THE NO KID HUNGRY CAMPAIGN, SHARE OUR STRENGTH HAS CONNECTED KIDS STRUGGLING WITH HUNGER WITH MORE THAN 1 BILLION MEALS AND ONE-THIRD FEWER CHILDREN ARE NOW STRUGGLING WITH HUNGER. BY WORKING WITH OUR PARTNERS AND INVESTING IN PRACTICAL SOLUTIONS TO END HUNGER, WE ARE FEEDING MORE KIDS EVERY DAY, MAKING SURE THEY HAVE THE FOOD THEY NEED TO LEARN AND GROW. SCHOOLS ARE MAKING BREAKFAST PART OF THE SCHOOL DAY WITH THE HELP OF NO KID HUNGRY. WE'VE SUCCESSFULLY ADVOCATED FOR BREAKTHROUGH POLICY CHANGES TO FEED MORE CHILDREN. AND, WE'RE FINDING NEW WAYS TO REACH KIDS WITH MEALS DURING THE SUMMER AND AFTER THE SCHOOL DAY, EVERYWHERE FROM MAJOR CITIES LIKE NEW YORK CITY TO THE RURAL APPALACHIAN HILL COUNTRY. NO MATTER THE TIME OF DAY, OR TIME OF

4b (Code:) (Expenses \$ 10,214,987. including grants of \$ 461,500.) (Revenue \$ 40,990.) COOKING MATTERS CAMPAIGN:

SHARE OUR STRENGTH HAS MORE THAN 20 YEARS OF EXPERIENCE IN DELIVERING QUALITY NUTRITION EDUCATION THROUGH COOKING MATTERS, A CAMPAIGN TO EMPOWER LOW-INCOME FAMILIES WITH THE SKILLS TO STRETCH THEIR FOOD BUDGETS SO THEIR CHILDREN GET HEALTHY MEALS AT HOME. COOKING MATTERS SERVES FAMILIES AT MORE THAN 1,200 LOCATIONS ACROSS THE COUNTRY THROUGH HANDS-ON, SIX-WEEK COOKING COURSES; INTERACTIVE GROCERY STORE TOURS; AND MOBILE, ONLINE AND EDUCATIONAL TOOLS. PARTICIPANTS LEARN TO SHOP SMARTER, USE NUTRITION INFORMATION TO MAKE HEALTHIER CHOICES, AND COOK DELICIOUS, AFFORDABLE MEALS. IN 2017, WE REACHED A MAJOR MILESTONE: MORE THAN 500,000 FAMILIES HAVE LEARNED HOW TO PURCHASE AND PREPARE NUTRITIOUS FOOD THROUGH OUR PROGRAMMING.

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 39,617,348.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	<input checked="" type="checkbox"/>	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	<input checked="" type="checkbox"/>	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule C, Part II</i>	<input checked="" type="checkbox"/>	
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? <i>If "Yes," complete Schedule C, Part III</i>		<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule D, Part I</i>		<input checked="" type="checkbox"/>
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		<input checked="" type="checkbox"/>
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule D, Part IV</i>		<input checked="" type="checkbox"/>
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		<input checked="" type="checkbox"/>
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	<input checked="" type="checkbox"/>	
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? <i>If "Yes," complete Schedule D, Part VII</i>		<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule D, Part VIII</i>		<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule D, Part IX</i>		<input checked="" type="checkbox"/>
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	<input checked="" type="checkbox"/>	
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)? <i>If "Yes," complete Schedule D, Part X</i>	<input checked="" type="checkbox"/>	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		<input checked="" type="checkbox"/>
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	<input checked="" type="checkbox"/>	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		<input checked="" type="checkbox"/>
14a Did the organization maintain an office, employees, or agents outside of the United States?		<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule F, Parts I and IV</i>	<input checked="" type="checkbox"/>	
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? <i>If "Yes," complete Schedule F, Parts II and IV</i>	<input checked="" type="checkbox"/>	
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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule G, Part I</i>	<input checked="" type="checkbox"/>	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	<input checked="" type="checkbox"/>	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	<input checked="" type="checkbox"/>	

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
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? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
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? <i>If "Yes," complete Schedule J</i>	X	
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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
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? <i>If "Yes," complete Schedule L, Part II</i>		X
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? <i>If "Yes," complete Schedule L, Part III</i>		X
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):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c 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? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
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? <i>If "Yes," complete Schedule R, Part I</i>	X	
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	X	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question numbers (1a-14b), Yes/No checkboxes, and numerical input fields. Contains questions about Form 1096, Form W-2G, Form W-3, Form 990-T, Form 8886-T, Form 8282, Form 8899, Form 1098-C, Form 4947(a)(1), and Form 720.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (19); 1b Enter the number of voting members included in line 1a, above, who are independent (18); 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? (X); 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? (X); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (X); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (X); 6 Did the organization have members or stockholders? (X); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (X); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (X); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? (X); b Each committee with authority to act on behalf of the governing body? (X); 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 (X).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (X); 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (X); 11b 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 (X); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (X); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (X); 13 Did the organization have a written whistleblower policy? (X); 14 Did the organization have a written document retention and destruction policy? (X); 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? a The organization's CEO, Executive Director, or top management official (X); b Other officers or key employees of the organization (X); If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).; 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? (X); 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed AL, AK, AZ, AR, CA, CO, CT, FL, GA, HI, IL, KS
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [] Another's website [X] Upon request [] Other (explain in Schedule O)
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records: JESSICA SHERRY - (202) 393-2925 1030 15TH STREET, NW, #1100W, WASHINGTON, DC 20005

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See 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 nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) WILLIAM H. SHORE FOUNDER, EXECUTIVE CHAIRMAN	40.00	X		X				378,928.	0.	42,716.
(2) SID ABRAMS DIRECTOR	2.00	X						0.	0.	0.
(3) JAMES BAREUTHER DIRECTOR	1.00	X						0.	0.	0.
(4) JIM BERRIEN DIRECTOR	1.00	X						0.	0.	0.
(5) JUDYANN BIGBY DIRECTOR	1.00	X						0.	0.	0.
(6) NEIL BRAUN DIRECTOR	2.00	X						0.	0.	0.
(7) JONI DOOLIN DIRECTOR	1.00	X						0.	0.	0.
(8) WALLY DOOLIN DIRECTOR	3.00	X						0.	0.	0.
(9) NOAH GLASS DIRECTOR	1.00	X						0.	0.	0.
(10) MICHAEL GORDON DIRECTOR	1.00	X						0.	0.	0.
(11) BOB GREENSTEIN DIRECTOR	1.00	X						0.	0.	0.
(12) ROZ MALLET DIRECTOR	2.00	X						0.	0.	0.
(13) MIKE MCCURRY DIRECTOR	1.00	X						0.	0.	0.
(14) DANNY MEYER DIRECTOR	1.00	X						0.	0.	0.
(15) MARY SUE MILLIKEN DIRECTOR	1.00	X						0.	0.	0.
(16) DONNA MOREA DIRECTOR	2.00	X						0.	0.	0.
(17) JEANNE NEWMAN DIRECTOR	1.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) MARK RODRIGUEZ DIRECTOR	2.00	X					0.	0.	0.	
(19) STEVE ROMANIELLO DIRECTOR	1.00	X					0.	0.	0.	
(20) DEBBIE SHORE CO-FOUNDER	40.00			X			219,685.	0.	15,061.	
(21) THOMAS NELSON PRESIDENT & CEO, SECRETARY	40.00			X			414,283.	0.	33,797.	
(22) JESSICA SHERRY SENIOR VP, CHIEF FINANCIAL OFFICER	40.00			X			154,703.	0.	12,724.	
(23) PETER KAYE CHIEF REVENUE & MARKETING	40.00			X			290,399.	0.	31,425.	
(24) CHARLES SCOFIELD EXECUTIVE VICE PRESIDENT	40.00			X			261,059.	0.	20,889.	
(25) DIANA HOVEY SENIOR VP, DINE OUT, NO KID HUNGRY	40.00			X			209,220.	0.	21,317.	
(26) LISA DAVIS SENIOR VP, NO KID HUNGRY PROGRAM	40.00			X			211,906.	0.	21,236.	
1b Sub-total							2,140,183.	0.	199,165.	
c Total from continuation sheets to Part VII, Section A							1,730,268.	0.	162,670.	
d Total (add lines 1b and 1c)							3,870,451.	0.	361,835.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **39**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
SHOWTIME ON THE PIERS, LLC 711 12TH AVENUE, NEW YORK, NY 10019	NEW YORK CITY WINE AND FOOD FESTIVAL -	775,000.
CORNUCOPIA INC. DBA BOND EVENTS, 7510 HAMILTON SPRING ROAD, BETHESDA, MD 10019	EVENT MGMT & PRODUCTION SERVICES	687,003.
PRODUCTION SOLUTIONS, 1953 GALLOWS ROAD, SUITE 600, VIENNA, VA 22182	DIRECT MAIL APPEALS PROD. & PRINTING	628,132.
RTI INTERNATIONAL P.O. BOX 900002, RALEIGH, NC 20817	EXTERNAL PROGRAM EVAL. CONSULTING	602,765.
CALAGAZ DIGITAL PRINTING 3001 MILL STREET, MOBILE, AL 36607	COOKING MATTERS CURRIC. & MATERIALS	481,400.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **51**

SEE PART VII, SECTION A CONTINUATION SHEETS

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(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
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) CLAY DUNN SENIOR VP, CHIEF COMM. OFFICER	40.00				X			200,975.	0.	19,333.
(28) DUKE STOREN SENIOR VP RELAT. & PROG. - UNTIL 01/2018	40.00				X			199,623.	0.	23,904.
(29) JILL DAVIS SENIOR VP, CORPORATE PARTN.	40.00				X			196,697.	0.	13,677.
(30) SERENA WILLIAMS SENIOR VP, CHIEF PEOPLE OFFICER	40.00				X			193,711.	0.	25,060.
(31) AMY ZGANJAR SENIOR VP, DEVELOPMENT	40.00				X			185,345.	0.	6,412.
(32) ELLIOTT GARKINS MANAGING DIRECTOR OF DEVELOPMENT	40.00					X		157,155.	0.	14,098.
(33) JENNIFER DIRKSEN CHEF RELATIONS DIRECTOR	40.00					X		151,971.	0.	4,148.
(34) DIANE CLIFFORD DIRECTOR, INTEGRATED FUNDRAISING	40.00					X		150,184.	0.	20,634.
(35) ANDREA HOEFLING DIRECTOR OF DEVELOPMENT	40.00					X		147,568.	0.	19,818.
(36) TAMRA MCCRAW DIRECTOR, CORPORATE PARTNERSHIPS	40.00					X		147,039.	0.	15,586.
Total to Part VII, Section A, line 1c								1,730,268.		162,670.

732201 04-01-17

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	4,812,411.				
	d Related organizations	1d					
	e Government grants (contributions)	1e	4,292,796.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	59742578.				
	g Noncash contributions included in lines 1a-1f: \$		1,159,421.				
	h Total. Add lines 1a-1f		68847785.				
Program Service Revenue	2 a EXHIBITOR FEES	Business Code 900099	135,650.			135,650.	
	b CLASS FEES	900099	30,990.	30,990.			
	c HONORARIA	900099	10,000.	10,000.			
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f		176,640.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		150,860.			150,860.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties		3,127.			3,127.	
	6 a Gross rents	(i) Real	285,699.				
		(ii) Personal	0.				
		c Rental income or (loss)	285,699.				
	d Net rental income or (loss)		285,699.			285,699.	
	7 a Gross amount from sales of assets other than inventory	(i) Securities	1967069.				
		(ii) Other					
		b Less: cost or other basis and sales expenses	1827624.				
		c Gain or (loss)	139,445.				
	d Net gain or (loss)		139,445.			139,445.	
	8 a Gross income from fundraising events (not including \$ 4,812,411. of contributions reported on line 1c). See Part IV, line 18	a	3449883.				
		b Less: direct expenses	6609592.				
		c Net income or (loss) from fundraising events		-3159709.			-3159709.
9 a Gross income from gaming activities. See Part IV, line 19	a	109,322.					
	b Less: direct expenses	27,331.					
	c Net income or (loss) from gaming activities		81,991.			81,991.	
10 a Gross sales of inventory, less returns and allowances	a						
	b Less: cost of goods sold						
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
11 a INTERCOMPANY REVENUE	900099	26,000.			26,000.		
b MISCELLANEOUS	900099	3,781.			3,781.		
c REFUNDS	900099	2,845.			2,845.		
d All other revenue	900099	-144,682.			-144,682.		
e Total. Add lines 11a-11d		-112,056.					
12 Total revenue. See instructions.		66413782.	40,990.	0.	-2474993.		

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	10,824,850.	10,824,850.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	100,000.	100,000.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	3,589,656.	2,033,139.	629,201.	927,316.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	16,829,965.	10,657,672.	1,600,085.	4,572,208.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	357,545.	239,921.	19,340.	98,284.
9 Other employee benefits	1,812,130.	1,149,480.	172,951.	489,699.
10 Payroll taxes	1,435,828.	909,168.	149,881.	376,779.
11 Fees for services (non-employees):				
a Management				
b Legal	50,042.	8,581.	41,461.	
c Accounting	76,381.		76,381.	
d Lobbying	281,280.	281,280.		
e Professional fundraising services. See Part IV, line 17	1,263,482.			1,263,482.
f Investment management fees	28,364.		28,364.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	4,281,363.	3,742,830.	538,533.	
12 Advertising and promotion	2,940,067.	1,795,686.	175,708.	968,673.
13 Office expenses	930,860.	504,284.	80,882.	345,694.
14 Information technology	1,605,776.	1,107,738.	80,471.	417,567.
15 Royalties				
16 Occupancy	2,280,412.	1,440,319.	204,958.	635,135.
17 Travel	1,556,219.	1,012,003.	95,293.	448,923.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	5,052,255.	2,306,459.	283,409.	2,462,387.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	507,223.	367,344.	47,602.	92,277.
23 Insurance	244,406.	155,430.	26,904.	62,072.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a COOKING MATTERS PROGRAM	981,164.	981,164.		
b FEES AND LICENSES	465,320.		465,320.	
c BAD DEBT	88,441.		88,441.	
d UBI TAXES	15,934.		15,934.	
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	57,598,963.	39,617,348.	4,821,119.	13,160,496.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
Check here <input checked="" type="checkbox"/> X if following SOP 98-2 (ASC 958-720)	5,020,483.	2,184,495.	107,219.	2,728,769.

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	9,538,055.	1	6,484,346.
	2 Savings and temporary cash investments	443,689.	2	7,164,927.
	3 Pledges and grants receivable, net	12,194,439.	3	17,319,637.
	4 Accounts receivable, net	653,602.	4	356,575.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	203,238.
	8 Inventories for sale or use	11,965.	8	11,042.
	9 Prepaid expenses and deferred charges	1,479,364.	9	2,118,986.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 4,173,194.		
	b Less: accumulated depreciation	10b 2,312,540.	10c	1,860,654.
	11 Investments - publicly traded securities	4,258,786.	11	5,656,249.
	12 Investments - other securities. See Part IV, line 11	1,007,770.	12	863,088.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	61,882.	15	34,642.
16 Total assets. Add lines 1 through 15 (must equal line 34)	31,857,505.	16	42,073,384.	
Liabilities	17 Accounts payable and accrued expenses	3,964,158.	17	4,929,846.
	18 Grants payable	780,644.	18	1,583,309.
	19 Deferred revenue	802,408.	19	832,464.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	3,641,600.	25	3,317,787.
	26 Total liabilities. Add lines 17 through 25	9,188,810.	26	10,663,406.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	4,366,781.	27	7,697,966.
	28 Temporarily restricted net assets	18,301,914.	28	23,712,012.
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	22,668,695.	33	31,409,978.	
34 Total liabilities and net assets/fund balances	31,857,505.	34	42,073,384.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	66,413,782.
2	Total expenses (must equal Part IX, column (A), line 25)	2	57,598,963.
3	Revenue less expenses. Subtract line 2 from line 1	3	8,814,819.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	22,668,695.
5	Net unrealized gains (losses) on investments	5	-73,536.
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	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	31,409,978.

Part XII Financial Statements and Reporting

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

- 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," explain in Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 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 oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		X
2b	X	
2c	X	
3a	X	
3b	X	

Form 990 (2017)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization

SHARE OUR STRENGTH

Employer identification number

52-1367538

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

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

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
2 A school described in section 170(b)(1)(A)(ii).
3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii).
5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv).
6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi).
8 A community trust described in section 170(b)(1)(A)(vi).
9 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture.
10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions.
11 An organization organized and operated exclusively to test for public safety.
12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s).
b Type II. A supporting organization supervised or controlled in connection with its supported organization(s).
c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s).
d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated.
e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations
g Provide the following information about the supported organization(s).

Table with 6 columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization listed in your governing document?, (v) Amount of monetary support, (vi) Amount of other support. Includes a Total row at the bottom.

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	13854522.	51227491.	53054370.	60290994.	68847785.	247275162
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	13854522.	51227491.	53054370.	60290994.	68847785.	247275162
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)						24774424.
6 Public support. Subtract line 5 from line 4.						222500738

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7 Amounts from line 4	13854522.	51227491.	53054370.	60290994.	68847785.	247275162
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	23,026.	190,092.	275,225.	321,619.	439,686.	1249648.
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.)	477,505.	559,456.	797.	6,000.	29,781.	1073539.
11 Total support. Add lines 7 through 10						249598349
12 Gross receipts from related activities, etc. (see instructions)					12 10,935,302.	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	14	89.14 %
15 Public support percentage from 2016 Schedule A, Part II, line 14	15	89.31 %
16a 33 1/3% support test - 2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ►

Section C. Computation of Public Support Percentage

15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2016 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2016 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2017. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

b 33 1/3% support tests - 2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

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

Part IV Supporting Organizations

(Complete only if you checked a box 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.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

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

Section 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? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
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? <i>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.</i>		

Section 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)? <i>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).</i>		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section 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 instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
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? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
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 trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 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	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 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 the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2017 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013			
c From 2014			
d From 2015			
e From 2016			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2017 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2018. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2013			
b Excess from 2014			
c Excess from 2015			
d Excess from 2016			
e Excess from 2017			

Schedule A (Form 990 or 990-EZ) 2017

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 A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

OTHER

2013 AMOUNT: \$ 102,774.

2014 AMOUNT: \$ 252,916.

2015 AMOUNT: \$ -5,703.

2016 AMOUNT: \$ 0.

2017 AMOUNT: \$ 3,781.

BOOK/PRODUCT SALES

2013 AMOUNT: \$ 730.

2014 AMOUNT: \$ 2,406.

2015 AMOUNT: \$ 0.

2016 AMOUNT: \$ 0.

2017 AMOUNT: \$ 0.

HONORARIUM

2013 AMOUNT: \$ 500.

2014 AMOUNT: \$ 0.

2015 AMOUNT: \$ 0.

2016 AMOUNT: \$ 0.

2017 AMOUNT: \$ 0.

OTHER EVENT REVENUE

2013 AMOUNT: \$ 370,501.

2014 AMOUNT: \$ 298,134.

2015 AMOUNT: \$ 0.

2016 AMOUNT: \$ 0.

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.)

2017 AMOUNT: \$ 0.

INTERCOMPANY REVENUE

2013 AMOUNT: \$ 3,000.

2014 AMOUNT: \$ 6,000.

2015 AMOUNT: \$ 6,500.

2016 AMOUNT: \$ 6,000.

2017 AMOUNT: \$ 26,000.

Schedule B

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

Department of the Treasury
Internal Revenue Service

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

2017

Name of the organization

SHARE OUR STRENGTH

Employer identification number

52-1367538

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 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 totaling \$5,000 or more during the year ▶ \$ _____

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

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Name of organization SHARE OUR STRENGTH	Employer identification number 52-1367538
---	---

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
<u>1</u>	 <hr/> <hr/> <hr/>	\$ <u>5,000,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>2</u>	 <hr/> <hr/> <hr/>	\$ <u>4,372,394.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>3</u>	 <hr/> <hr/> <hr/>	\$ <u>3,760,114.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>4</u>	 <hr/> <hr/> <hr/>	\$ <u>2,299,034.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>5</u>	 <hr/> <hr/> <hr/>	\$ <u>2,100,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>6</u>	 <hr/> <hr/> <hr/>	\$ <u>2,077,072.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization SHARE OUR STRENGTH	Employer identification number 52-1367538
---	---

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<hr/> <hr/> <hr/>	\$ 1,844,107.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	<hr/> <hr/> <hr/>	\$ 1,748,119.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	<hr/> <hr/> <hr/>	\$ 1,670,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	<hr/> <hr/> <hr/>	\$ 1,453,273.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization SHARE OUR STRENGTH	Employer identification number 52-1367538
---	---

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
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____

Name of organization SHARE OUR STRENGTH	Employer identification number 52-1367538
---	---

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

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

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527
▶ **Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization

SHARE OUR STRENGTH

Employer identification number

52-1367538

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political campaign activity expenditures ▶ \$ _____
- 3 Volunteer hours for political campaign activities _____

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4 Did the filing organization file **Form 1120-POL** for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. **Schedule C (Form 990 or 990-EZ) 2017**

LHA
732041 11-09-17

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grass roots lobbying)	106,852.													
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	557,289.													
c	Total lobbying expenditures (add lines 1a and 1b)	664,141.													
d	Other exempt purpose expenditures	55,666,961.													
e	Total exempt purpose expenditures (add lines 1c and 1d)	56,331,102.													
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000.													
<table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g	Grassroots nontaxable amount (enter 25% of line 1f)	250,000.													
h	Subtract line 1g from line 1a. If zero or less, enter -0-	0.													
i	Subtract line 1f from line 1c. If zero or less, enter -0-	0.													
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

4-Year Averaging Period Under section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period						
Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total	
2a	Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
b	Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000.
c	Total lobbying expenditures	606,574.	677,800.	556,274.	664,141.	2,504,789.
d	Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.
e	Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.
f	Grassroots lobbying expenditures	87,847.	177,625.	112,058.	106,852.	484,382.

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities?			
j Total. Add lines 1c through 1i			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?	3	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes."

1 Dues, assessments and similar amounts from members	1
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	
a Current year	2a
b Carryover from last year	2b
c Total	2c
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4
5 Taxable amount of lobbying and political expenditures (see instructions)	5

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization: SHARE OUR STRENGTH; Employer identification number: 52-1367538

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

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

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

Form with multiple questions (1-9) regarding conservation easements, including checkboxes for various purposes, a table for held easements at the end of the tax year, and Yes/No questions about monitoring and reporting.

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

Form with questions (1a, 1b, 2) regarding reporting of art and historical treasures, including amounts for revenue and assets.

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

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		2,409,554.	981,309.	1,428,245.
d Equipment				
e Other		1,763,640.	1,331,231.	432,409.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				1,860,654.

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DEFERRED RENT AND LEASEHOLD	
(3) INCENTIVES	3,295,775.
(4) SECURITY DEPOSIT	22,012.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	3,317,787.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

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

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

1	Total revenue, gains, and other support per audited financial statements	1	110,488,745.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	-73,536.
b	Donated services and use of facilities	2b	37,539,940.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	6,636,923.
e	Add lines 2a through 2d	2e	44,103,327.
3	Subtract line 2e from line 1	3	66,385,418.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	28,364.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	28,364.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	66,413,782.

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

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

1	Total expenses and losses per audited financial statements	1	101,747,462.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	37,539,940.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	6,636,923.
e	Add lines 2a through 2d	2e	44,176,863.
3	Subtract line 2e from line 1	3	57,570,599.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	28,364.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	28,364.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	57,598,963.

Part XIII Supplemental Information.

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

PART X, LINE 2:

SHARE OUR STRENGTH EVALUATED ITS UNCERTAINTY IN INCOME TAXES FOR THE YEAR ENDED JUNE 30, 2018, AND DETERMINED THAT THERE WERE NO MATTERS THAT WOULD REQUIRE RECOGNITION IN THE FINANCIAL STATEMENTS OR THAT MAY HAVE ANY EFFECT ON ITS TAX-EXEMPT STATUS

PART XI, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSES	6,609,592.
GAMING EVENT EXPENSES	27,331.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	6,636,923.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

Part XIII Supplemental Information *(continued)*

SPECIAL EVENT EXPENSES 6,609,592.

GAMING EVENT EXPENSES 27,331.

TOTAL TO SCHEDULE D, PART XII, LINE 2D 6,636,923.

Multiple horizontal lines for supplemental information entry.

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization

Employer identification number

SHARE OUR STRENGTH

52-1367538

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

- 1 **For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- 3 **Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
EAST ASIA AND THE PACIFIC	0	0	GRANTMAKING		100,000.
3 a Sub-total	0	0			100,000.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			100,000.

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

Schedule F (Form 990) 2017

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No

- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* Yes No

- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)* Yes No

- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* Yes No

- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No

- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* Yes No

Schedule F (Form 990) 2017

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

PART I, LINE 2:

ORGANIZATIONS OUTSIDE THE UNITED STATES MUST MEET CERTAIN CRITERIA IN ORDER TO BE FUNDED BY SHARE OUR STRENGTH. FURTHER, SHARE OUR STRENGTH PERFORMS A SEARCH ON THE ORGANIZATION THROUGH THE OFFICE OF FOREIGN ASSETS CONTROL (OFAC) TO CONFIRM THE ORGANIZATION IS NOT LISTED ON OFAC'S SANCTIONS LIST. SIMILAR TO ENTITIES INSIDE THE UNITED STATES, ORGANIZATIONS OUTSIDE THE UNITED STATES ALSO PROVIDE CERTAIN ORGANIZATIONAL, PROGRAMMATIC AND FINANCIAL INFORMATION SO THAT SHARE OUR STRENGTH CAN CONFIRM THAT THE CHARITABLE USE OF GRANT FUNDS ALIGNS WITH ITS MISSION.

SHARE OUR STRENGTH USES A COMBINATION OF STRATEGIES TO ENSURE THAT OUR GRANTEE ORGANIZATIONS OUTSIDE THE UNITED STATES ARE IN COMPLIANCE WITH OUR GRANT AWARD GUIDELINES. THESE STRATEGIES INCLUDE SEMI-ANNUAL AND/OR ANNUAL REPORTING OF PROGRESS AGAINST GOALS, REVERSE SITE VISITS WHERE GRANTEES VISIT OUR OFFICES TO SHARE INFORMATION ABOUT THEIR PROJECTS, PROGRESS AND IMPACT, AND TELEPHONE CALLS TO DISCUSS FUNDED PROJECTS. REPORTS ARE STORED ELECTRONICALLY USING AN ONLINE GRANTS MANAGEMENT SYSTEM.

PART I, LINE 3:

IN ACCORDANCE WITH IRS INSTRUCTIONS, ALL AMOUNTS REPORTED IN PART I AND II OF SCHEDULE F ARE REPORTED USING THE ACCRUAL BASIS OF ACCOUNTING WHICH IS THE SAME METHOD OF ACCOUNTING USED IN THE FINANCIAL STATEMENTS.

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization **SHARE OUR STRENGTH** Employer identification number **52-1367538**

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a Mail solicitations
 - b Internet and email solicitations
 - c Phone solicitations
 - d In-person solicitations
 - e Solicitation of non-government grants
 - f Solicitation of government grants
 - g Special fundraising events
- 2 a 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
- b 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.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
AGENCY 21 CONSULTING - 1428 BRICKELL AVENUE, SUITE 303, TYPE A DEVELOPMENT, LLC (ALLISON PALLESTRINI) - 4540	FUNDRAISING		X	1,736,750.	325,012.	1,411,738.
SEA CHANGE STRATEGIES - 7409 BIRCH AVENUE, TAKOMA PARK, MD	SPECIAL EVENT FUNDRAISING & MANAGEMENT/PRODUCTION		X	806,517.	113,583.	692,934.
STOTT DEVELOPMENT SOLUTIONS GROUP - 4516 WOODDALE AVENUE, CONCORD DIRECT - 92 OLD TURNPIKE ROAD, CONCORD, NH	ONLINE FUNDRAISING CONSULTING		X	418,767.	119,500.	299,267.
SKY ADVISORY GROUP (LINDSAY RACHELEFSKY) - 11693 SAN BROCK DEVELOPMENT, LLC (MELANIE BROCK) - 502 CANYON BOWIE CONSULTING, LLC (MICHAEL DOER) - 6513	FUNDRAISING TEAM DESIGN, STRATEGY & PLANNING;		X	386,600.	210,000.	176,600.
APPCO GROUP USA - 315 W 36TH STREET, 10TH FLOOR, NEW YORK, DONOR VOICE, LLC - 11710	DIRECT MAIL FUNDRAISING CONSULTING		X	335,770.	72,000.	263,770.
PLAZA AMERICA DRIVE, SUITE	STRATEGY & FUNDRAISING		X	319,350.	65,000.	254,350.
	STRATEGY & FUNDRAISING		X	282,500.	55,000.	227,500.
	STRATEGY & FUNDRAISING		X	125,000.	52,500.	72,500.
	FACE-TO-FACE FUNDRAISING		X	13,380.	152,315.	-138,935.
	DONOR STEWARDSHIP ACTIVITIES		X	0.	77,700.	-77,700.
Total				4,424,634.	1,242,610.	3,182,024.

- 3 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.
- AL, AK, AZ, AR, CA, CO, CT, DE, DC, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WI, WY

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		NYCWFF (event type)	(event type)	NONE (total number)	
Revenue	1	Gross receipts	8,262,294.		8,262,294.
	2	Less: Contributions	4,812,411.		4,812,411.
	3	Gross income (line 1 minus line 2)	3,449,883.		3,449,883.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs	1,225,715.		1,225,715.
	7	Food and beverages	816,010.		816,010.
	8	Entertainment	52,755.		52,755.
	9	Other direct expenses	4,515,112.		4,515,112.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			6,609,592.
11	Net income summary. Subtract line 10 from line 3, column (d)			-3,159,709.	

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		1	Gross revenue		
Direct Expenses	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			27,331.
5	Other direct expenses				
6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No	
7	Direct expense summary. Add lines 2 through 5 in column (d)				27,331.
8	Net gaming income summary. Subtract line 7 from line 1, column (d)				81,991.

SEE PART IV FOR FULL LIST OF STATES

9 Enter the state(s) in which the organization conducts gaming activities: CA, CT, DC, FL, GA, IL, MA, MN, MO, NC, NH, NY

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

b If "No," explain: _____

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

b If "Yes," explain: _____

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

a The organization's facility	13a	%
b An outside facility	13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____
- c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

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

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

SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:

(I) NAME OF FUNDRAISER: AGENCY 21 CONSULTING

(I) ADDRESS OF FUNDRAISER:

1428 BRICKELL AVENUE, SUITE 303, MIAMI, FL 33131

(I) NAME OF FUNDRAISER: TYPE A DEVELOPMENT, LLC (ALLISON PALLESTRINI)

(I) ADDRESS OF FUNDRAISER: 4540 HUNTING HOUND LANE, MARIETTA, GA 30062

Part IV Supplemental Information (continued)

(I) NAME OF FUNDRAISER: SEA CHANGE STRATEGIES

(I) ADDRESS OF FUNDRAISER: 7409 BIRCH AVENUE, TAKOMA PARK, MD 20912

(I) NAME OF FUNDRAISER: STOTT DEVELOPMENT SOLUTIONS GROUP

(I) ADDRESS OF FUNDRAISER: 4516 WOODDALE AVENUE, EDINA, MN 55424

(II) ACTIVITY: FUNDRAISING TEAM DESIGN, STRATEGY & PLANNING; FUNDRAISING

(I) NAME OF FUNDRAISER: CONCORD DIRECT

(I) ADDRESS OF FUNDRAISER: 92 OLD TURNPIKE ROAD, CONCORD, NH 03301

(I) NAME OF FUNDRAISER: SKY ADVISORY GROUP (LINDSAY RACHELEFSKY)

(I) ADDRESS OF FUNDRAISER:

11693 SAN VICENTE BOULEVARD, SUITE 173, LOS ANGELES, CA 90049

(I) NAME OF FUNDRAISER: BROCK DEVELOPMENT, LLC (MELANIE BROCK)

(I) ADDRESS OF FUNDRAISER: 502 CANYON GATE DRIVE, MISSOULA, MT 59803

(I) NAME OF FUNDRAISER: BOWIE CONSULTING, LLC (MICHAEL DOER)

(I) ADDRESS OF FUNDRAISER: 6513 KENSINGTON AVENUE, RICHMOND, VA 23226

(I) NAME OF FUNDRAISER: APPCO GROUP USA

(I) ADDRESS OF FUNDRAISER:

315 W 36TH STREET, 10TH FLOOR, NEW YORK, NY 10018

(I) NAME OF FUNDRAISER: DONOR VOICE, LLC

(I) ADDRESS OF FUNDRAISER:

11710 PLAZA AMERICA DRIVE, SUITE 2000, RESTON, VA 20190

Part IV Supplemental Information *(continued)*

SCHEDULE G, PART III, LINE 9, LIST OF STATES WITH GAMING ACTIVITIES:

CA, CT, DC, FL, GA, IL, MA, MN, MO, NC, NH, NY, PA, TX

Multiple horizontal lines for supplemental information.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2017

**Open to Public
Inspection**

Name of the organization **SHARE OUR STRENGTH** Employer identification number **52-1367538**

Part I General Information on Grants and Assistance

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ARKANSAS HUNGER RELIEF ALLIANCE 1400 WEST MARKHAM STREET, SUITE 304 LITTLE ROCK, AR 72201	30-0254995	501(C)(3)	510,000.	0.			NO KID HUNGRY STATE PARTNER GRANT
FOOD BANK FOR NEW YORK CITY 39 BROADWAY, 10TH FLOOR NEW YORK, NY 10006	13-3179546	501(C)(3)	432,541.	0.			CHILDHOOD HUNGER PROGRAMS
UNITED WAY OF KING COUNTY 720 2ND AVENUE SEATTLE, DC 98104	91-0565555	501(C)(3)	431,480.	0.			NO KID HUNGRY SOCIAL INNOVATION FUND SUBGRANTEE; CHILDHOOD HUNGER PROGRAMS
BAYLOR UNIVERSITY ONE BEAR PLACE, SUITE 97060 WACO, TX 76798-7060	74-1159753	501(C)(3)	384,683.	0.			NO KID HUNGRY SOCIAL INNOVATION FUND SUBGRANTEE
MONTANA DEPT. OF PUBLIC HEALTH AND HUMAN SERVICES - 2401 COLONIAL DRIVE, 3RD FLOOR - HELENA, MT 59604-4210	81-0302402	N/A	305,000.	0.			NO KID HUNGRY STATE PARTNER GRANT
JOHN HOPKINS CENTER FOR AMERICAN INDIAN HEALTH - 415 N. WASHINGTON STREET, 4TH FLOOR - BALTIMORE, MD 21231	52-0595110	N/A	300,000.	0.			CHILDHOOD HUNGER PROGRAMS

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **▶ 289.**

3 Enter total number of other organizations listed in the line 1 table **▶ 2.**

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

Schedule I (Form 990) (2017)

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ATLANTA COMMUNITY FOOD BANK 732 JOSEPH E. LOWERY BOULEVARD ATLANTA, GA 30318	58-1376648	501(C)(3)	285,225.	0.			CHILDHOOD HUNGER PROGRAMS
FLORIDA IMPACT 1331 EAST LAFAYETTE STREET, SUITE A TALLAHASSEE, FL 32301	59-2859151	501(C)(3)	236,462.	0.			NO KID HUNGRY SOCIAL INNOVATION FUND SUBGRANTEE; CHILDHOOD HUNGER PROGRAMS
HUNGER TASK FORCE, INC. 201 S. HAWLEY COURT MILWAUKEE, WI 53214-1966	39-1345847	501(C)(3)	203,575.	0.			NO KID HUNGRY SOCIAL INNOVATION FUND SUBGRANTEE
UNITED WAY FOR SOUTHEAST MICHIGAN 660 WOODWARD AVENUE, SUITE 300 DETROIT, MI 48226-1899	20-3099071	501(C)(3)	203,054.	0.			NO KID HUNGRY SOCIAL INNOVATION FUND SUBGRANTEE
GREATER CHICAGO FOOD DEPOSITORY 4100 WEST ANN LURIE PLACE CHICAGO, IL 60632	36-2971864	501(C)(3)	198,000.	0.			NO KID HUNGRY STATE PARTNER GRANT; CHILDHOOD HUNGER PROGRAMS
UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL - 104 AIRPORT DRIVE, SUITE 2200 - CHAPEL HILL, NC 27599-1350	56-6001393	501(C)(3)	170,118.	0.			NO KID HUNGRY STATE PARTNER GRANT
OAKLAND UNIFIED SCHOOL DISTRICT 1000 BROADWAY, SUITE 680 OAKLAND, CA 94607	94-6000385	N/A	169,481.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
THREE SQUARE FOOD BANK 4190 N. PECOS ROAD LAS VEGAS, NV 89115-0187	30-0396918	501(C)(3)	156,260.	0.			NO KID HUNGRY SOCIAL INNOVATION FUND SUBGRANTEE
SECOND HARVEST HEARTLAND FOOD BANK 1140 GERVAIS AVENUE ST. PAUL, MN 55109-2020	23-7417654	501(C)(3)	136,589.	0.			NO KID HUNGRY STATE PARTNER GRANT; CHILDHOOD HUNGER PROGRAMS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MARY'S MEALS USA 75 ORCHARD STREET BLOOMFIELD, NJ 07003	33-1215331	501(C)(3)	135,000.	0.			INTERNATIONAL AID
FOODCORPS 1140 SOUTHEAST 7TH AVENUE, SUITE 11 PORTLAND, OR 97214	27-3990987	501(C)(3)	121,918.	0.			NO KID HUNGRY STATE PARTNER GRANT; CHILDHOOD HUNGER PROGRAMS
HUNGER SOLUTIONS NEW YORK 14 COMPUTER DRIVE EAST ALBANY, NY 12205	22-2954760	501(C)(3)	114,782.	0.			NO KID HUNGRY STATE PARTNER GRANT; CHILDHOOD HUNGER PROGRAMS
HOUSTON FOOD BANK 535 PORTWALL HOUSTON, TX 77029	74-2181456	501(C)(3)	100,000.	0.			DISASTER/EMERGENCY RELIEF
TEXAS ACCESS TO JUSTICE FOUNDATION P.O. BOX 12886 AUSTIN, TX 78711-2886	74-2354575	501(C)(3)	100,000.	0.			DISASTER/EMERGENCY RELIEF
CALIFORNIA FOOD POLICY ADVOCATES 438 14TH STREET, SUITE 1220 OAKLAND, CA 94612	94-3163142	501(C)(3)	95,386.	0.			CHILDHOOD HUNGER PROGRAMS
PASADENA INDEPENDENT SCHOOL DISTRICT - 11825 TEANECK DRIVE - HOUSTON, TX 77089	74-6001850	N/A	92,422.	0.			DISASTER/EMERGENCY RELIEF; SCHOOL BREAKFAST PROGRAM SUPPORT
RIALTO UNIFIED SCHOOL DISTRICT NUTRITION SERVICES - 2140 WEST BUENA VISTA DRIVE - RIALTO, CA 92377	33-0506526	N/A	80,190.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
NATIONAL NETWORK OF STATE TEACHERS OF THE YEAR, PROJECT OF THE VENTURE FUND - 1201 CONNECTICUT AVENUE, SUITE 300, NW -	20-5806345	501(C)(3)	76,750.	0.			CHILDHOOD HUNGER PROGRAMS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FAMILY LEAGUE OF BALTIMORE CITY 2305 N. CHARLES STREET, SUITE 200 BALTIMORE, MD 21218	52-1734848	501(C)(3)	76,500.	0.			AFTERSCHOOL MEALS PROGRAM SUPPORT, SUMMER MEALS PROGRAM SUPPORT, NO KID HUNGRY STATE PARTNER
URBAN SCHOOL ALLIANCE 44-36 VERNON BOULEVARD, ROOM 411 LONG ISLAND CITY, NY 11101	46-5754490	501(C)(3)	75,000.	0.			CHILDHOOD HUNGER PROGRAMS
FAIRFAX COUNTY PUBLIC SCHOOL DISTRICT - 8115 GATEHOUSE ROAD - FALLS CHURCH, VA 22042	54-0805373	N/A	63,500.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT; SUMMER MEALS PROGRAM SUPPORT
18 REASONS 3150 18TH STREET, BOX 315 SAN FRANCISCO, CA 94110	45-3059509	501(C)(3)	59,995.	0.			DISASTER/EMERGENCY RELIEF; COOKING MATTERS PROGRAMMING; CHILDHOOD HUNGER PROGRAMS
ALEXANDRIA CITY PUBLIC SCHOOL DISTRICT - 3330 KING STREET - ALEXANDRIA, VA 22302	54-6001106	N/A	59,570.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT; AFTERSCHOOL MEALS PROGRAM SUPPORT; SUMMER MEALS PROGRAM
FEEDING THE GULF COAST 1501 34TH STREET GULFPORT, MS 39501	63-0821997	501(C)(3)	58,366.	0.			NO KID HUNGRY STATE PARTNER GRANT
FEEDING FLORIDA 1489 MARKET STREET TALLAHASSEE, FL 32312	65-0467165	501(C)(3)	56,000.	0.			DISASTER/EMERGENCY RELIEF; CHILDHOOD HUNGER PROGRAMS
KENTUCKY ASSOCIATION OF FOOD BANKS P.O. BOX 1824 BEREA, KY 40403	61-1398656	501(C)(3)	55,648.	0.			NO KID HUNGRY STATE PARTNER GRANT
KIDS MEALS, INC. 330 GARDEN OAKS BLVD HOUSTON, TX 77018	76-0330447	501(C)(3)	55,000.	0.			DISASTER/EMERGENCY RELIEF

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TRIANGLE COMMUNITY OUTREACH 3505 PROCTER STREET PORT ARTHUR, TX 77642	76-0034306	501(C)(3)	55,000.	0.			DISASTER/EMERGENCY RELIEF
SECOND HARVEST FOOD BANK OF NORTHEAST TENNESSEE - 127 DILLON COURT - GRAY, TN 37615-3555	62-1303822	501(C)(3)	52,000.	0.			NO KID HUNGRY STATE PARTNER GRANT; CHILDHOOD HUNGER PROGRAMS
SAN FRANCISCO UNIFIED SCHOOL DISTRICT - 460 ARGUELLO BOULEVARD - SAN FRANCISCO, CA 94118	94-6000416	N/A	50,050.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
ASSOCIATION OF ARIZONA FOOD BANKS 2100 NORTH CENTRAL AVENUE, SUITE 23 PHOENIX, AZ 85004	86-0507679	501(C)(3)	50,000.	0.			NO KID HUNGRY STATE PARTNER GRANT
BALTIMORE CITY PUBLIC SCHOOLS 200 E. NORTH AVENUE BALTIMORE, MD 21202	52-2064235	N/A	50,000.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
GREATER PITTSBURGH COMMUNITY FOOD BANK - 1 NORTH LINDEN STREET - DUQUESNE, PA 15110	25-1420599	501(C)(3)	50,000.	0.			NO KID HUNGRY STATE PARTNER GRANT
HAWAII CHILD NUTRITION PROGRAMS 650 IWILEI, SUITE 270 HONOLULU, HI 96817	99-0266482	N/A	50,000.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
HUNGER FREE AMERICA 16 BEAVER STREET, 3RD FL, SUITE 152 NEW YORK, NY 10004-2314	13-3471350	501(C)(3)	50,000.	0.			CHILDHOOD HUNGER PROGRAMS, SUMMER MEAL PROGRAM SUPPORT
HUNGER FREE HEARTLAND 6001 DODGE STREET, ROOM 126E OMAHA, NE 68182	47-0637701	501(C)(3)	50,000.	0.			CHILDHOOD HUNGER PROGRAMS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KANSAS STATE DEPARTMENT OF EDUCATION - LONDON STATE OFFICE BLDG - 900 SW JACKSON, SUITE 307 - TOPEKA, KS 66612-1212	48-6029925	N/A	50,000.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
MICHIGAN DEPARTMENT OF EDUCATION P.O. BOX 30106 LANSING, MI 48909	38-6000134	N/A	50,000.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
NORTH CAROLINA OFFICE OF THE GOVERNOR - 20301 MAIL SERVICE CENTER - RALEIGH, NC 27699-0301	56-1310675	N/A	50,000.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
SAN ANTONIO FOOD BANK 5200 ENRIQUE M. BARRERA PARKWAY SAN ANTONIO, TX 78227	74-2122979	501(C)(3)	50,000.	0.			CHILDHOOD HUNGER PROGRAMS
SOUTH CAROLINA DEPARTMENT OF EDUCATION - OFFICE OF FINANCE, 1429 SENATE STREET - COLUMBIA, SC 29201	57-6000286	N/A	50,000.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
PROJECT OPEN HAND 181 ARMOUR DRIVE, N.E. ATLANTA, GA 30324	58-1816778	501(C)(3)	46,164.	0.			CHILDHOOD HUNGER PROGRAMS
WORLD CENTRAL KITCHEN, INC. P.O. BOX 392289 PITTSBURGH, PA 15251	27-3521132	501(C)(3)	45,000.	0.			DISASTER/EMERGENCY RELIEF
BOSTON PUBLIC SCHOOLS 2300 WASHINGTON STREET ROXBURY, MA 02119	04-6001380	N/A	44,621.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
CHILDREN'S HUNGER ALLIANCE 370 SOUTH FIFTH STREET COLUMBUS, OH 43215-5408	23-7303509	501(C)(3)	43,662.	0.			NO KID HUNGRY STATE PARTNER GRANT, CHILDHOOD HUNGER PROGRAMS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FOOD RESEARCH & ACTION CENTER 1200 18TH STREET, NW, SUITE 400 WASHINGTON, DC 20036	23-7200739	501(C)(3)	43,500.	0.			SUMMER MEALS PROGRAM SUPPORT; CHILDHOOD HUNGER PROGRAMS
PARTNERS FOR A HUNGER FREE OREGON 712 SE HAWTHORNE BLVD, SUITE 202 PORTLAND, OR 97214	20-4970868	501(C)(3)	43,000.	0.			NO KID HUNGRY STATE PARTNER GRANT; CHILDHOOD HUNGER PROGRAMS
LOWCOUNTRY FOOD BANK 2864 AZALEA DRIVE NORTH CHARLESTON, SC 29405	57-0751835	501(C)(3)	40,000.	0.			NO KID HUNGRY STATE PARTNER GRANT
SHELDON ISD 11411 C.E. KING PARKWAY HOUSTON, TX 77044	74-6002290	N/A	39,756.	0.			DISASTER/EMERGENCY RELIEF
LYNCHBURG CITY SCHOOL DISTRICT P.O. BOX 2497 LYNCHBURG, VA 24505	54-1385200	N/A	38,000.	0.			AFTERSCHOOL MEALS PROGRAM SUPPORT; SUMMER MEALS PROGRAM SUPPORT
TWIN RIVERS UNIFIED SCHOOL DISTRICT - 5816 PIONEER WAY - SACRAMENTO, CA 95841	30-0475870	N/A	37,500.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
EAST BATON ROUGE PARISH SD 3000 N. SHERWOOD FOREST DRIVE BATON ROUGE, LA 70814	72-6000353	N/A	36,438.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
TENNESSEE JUSTICE CENTER 211 SEVEN AVENUE NORTH, SUITE 100 NASHVILLE, TN 37219	62-1630417	501(C)(3)	36,000.	0.			NO KID HUNGRY STATE PARTNER GRANT
PORT ARTHUR ISD 4801 9TH AVENUE PORT ARTHUR, TX 77642	74-6001903	N/A	35,000.	0.			DISASTER/EMERGENCY RELIEF

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE FAMILY AND COMMUNITY TRUST 114B E. HIGH STREET, SUITE 202 JEFFERSON CITY, MO 65101	49-9686506	501(C)(3)	33,347.	0.			CHILDHOOD HUNGER PROGRAMS
CAPTAIN PLANET FOUNDATION 133 LUCKIE STREET, NW, 2ND FLOOR ATLANTA, GA 30303	58-1959421	501(C)(3)	32,329.	0.			CHILDHOOD HUNGER PROGRAMS
LAFAYETTE PARISH SCHOOL SYSTEM 113 CHAPLIN DRIVE LAFAYETTE, LA 70508	72-6000625	N/A	32,000.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
CORONA NORCO UNIFIED SCHOOL DISTRICT - 1700 TEMESCAL AVENUE - NORCO, CA 92860	30-0366587	N/A	30,552.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
BEAUMONT INDEPENDENT SCHOOL DISTRICT - 4315 CONCORD ROAD - BEAUMONT, TX 77703	74-6000317	N/A	30,550.	0.			DISASTER/EMERGENCY RELIEF
HALIFAX CO. PUBLIC SCHOOLS P.O. BOX 1849 HALIFAX, VA 24558	54-6001335	N/A	30,050.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT; AFTERSCHOOL MEALS PROGRAM SUPPORT; SUMMER MEALS PROGRAM
BLESSINGS IN A BACKPACK P.O. BOX 950291 LOUISVILLE, KY 40295	26-1964620	501(C)(3)	30,000.	0.			CHILDHOOD HUNGER PROGRAMS
COMMUNITY ACTION PARTNERSHIP OF ORANGE COUNTY - 11870 MONARCH STREET - GARDEN GROVE, CA 92841-3902	95-2452787	501(C)(3)	30,000.	0.			CHILDHOOD HUNGER PROGRAMS
GLEANERS COMMUNITY FOOD BANK OF SOUTHEASTERN MICHIGAN - 2131 BEAUFIT STREET - DETROIT, MI 48207	38-2156255	501(C)(3)	30,000.	0.			COOKING MATTERS PROGRAMMING

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LOUISA COUNTY PUBLIC SCHOOLS 953 DAVIS HIGHWAY MINERAL, VA 23117	54-6001399	N/A	30,000.	0.			SUMMER MEALS PROGRAM SUPPORT
PROJECT BREAD/WALK FOR HUNGER 145 BORDER STREET EAST BOSTON, MA 02128-1903	04-2931195	501(C)(3)	30,000.	0.			CHILDHOOD HUNGER PROGRAMS
SAVE THE CHILDREN FEDERATION, INC. 501 KINGS HIGHWAY EAST, SUITE 400 FAIRFIELD, CT 06825	06-0726487	501(C)(3)	30,000.	0.			INTERNATIONAL AID
SECOND HARVEST FOOD BANK OF ORANGE COUNTY - 8014 MARINE WAY - IRVINE, CA 92618	32-0362611	501(C)(3)	30,000.	0.			CHILDHOOD HUNGER PROGRAMS
SOUTHEAST TEXAS FOOD BANK P.O. BOX 21012 BEAUMONT, TX 77720	76-0338721	501(C)(3)	30,000.	0.			DISASTER/EMERGENCY RELIEF
COUNCIL OF CHIEF STATE SCHOOL OFFICERS - ONE MASSACHUSETTS AVENUE, NW, SUITE 700 - WASHINGTON, DC 20001	53-0198090	501(C)(3)	29,566.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
RUSSELLVILLE SCHOOL DISTRICT 2000 W. PARKWAY DRIVE RUSSELLVILLE, AR 72802	71-6020690	N/A	29,530.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
MOUNT ROGERS HEALTH DISTRICT 201 FRANCIS MARION LANE MARION, VA 24354	54-6001775	N/A	28,500.	0.			COOKING MATTERS PROGRAMMING
BALTIMORE CO. PUBLIC SCHOOL DISTRICT - 6901 N. CHARLES STREET - TOWSON, MD 21204	52-1819200	N/A	25,820.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LEGAL SERVICES ADVOCACY PROJECT 2324 UNIVERSITY AVENUE WEST, SUITE SAINT PAUL, MN 55114	41-1412710	501(C)(3)	25,560.	0.			CHILDHOOD HUNGER PROGRAMS
ARLINGTON FOOD ASSISTANCE CENTER P.O. BOX 6261 ARLINGTON, VA 22206	54-1473207	501(C)(3)	25,103.	0.			CHILDHOOD HUNGER PROGRAMS
CATHOLIC COMMUNITY SERVICES OF NORTHERN UTAH - 2504 F. AVENUE - OGDEN, UT 84401	87-0212450	501(C)(3)	25,000.	0.			CHILDHOOD HUNGER PROGRAMS
FOODLINK 936 EXCHANGE STREET ROCHESTER, NY 14608	22-2428304	501(C)(3)	25,000.	0.			COOKING MATTERS PROGRAMMING
GOOD SHEPHERD FOOD BANK P.O. BOX 1807 AUBURN, ME 04211	22-2988609	501(C)(3)	25,000.	0.			COOKING MATTERS PROGRAMMING
PROVIDENCE MILWAUKIE FOUNDATION 10150 SE 32ND AVENUE MILWAUKIE, OR 97222	94-3079515	501(C)(3)	25,000.	0.			COOKING MATTERS PROGRAMMING
VISITING NURSE ASSOCIATION 12565 WEST CENTER ROAD, SUITE 100 OMAHA, NE 68144	47-0690286	501(C)(3)	25,000.	0.			COOKING MATTERS PROGRAMMING
THE NORTH EAST INDEPENDENT SCHOOL DISTRICT - 1400 JACKSON KELLER - SAN ANTONIO, TX 78213	74-6015301	N/A	23,712.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
LOUDOUN COUNTY PUBLIC SCHOOL DIST 25450 RIDING CENTER DRIVE SOUTH RIDING, VA 20152	54-6001395	N/A	23,100.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NATIONAL ASSOCIATION OF ELEMENTARY SCHOOL PRINCIPALS - 1615 DUKE STREET - ALEXANDRIA, VA 22314	52-0885532	N/A	23,000.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
REDLANDS UNIFIED SCHOOL DISTRICT 501 E PENNSYLVANIA AVENUE REDLANDS, CA 92374	95-2254572	N/A	22,800.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
RICHLAND COUNTY SCHOOL DISTRICT ONE - 2600 WHEAT STREET - COLUMBIA, SC 29205	57-6000243	N/A	22,345.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
MISSOULA FOOD BANK 219 S. THIRD STREET WEST MISSOULA, MT 59801	81-0414143	501(C)(3)	22,035.	0.			SUMMER MEALS PROGRAM SUPPORT; AFTERSCHOOL MEALS PROGRAM SUPPORT
412 FOOD RESCUE 6022 BROAD STREET PITTSBURGH, PA 15206	47-3476140	501(C)(3)	22,000.	0.			COOKING MATTERS PROGRAMMING
PAGE COUNTY PUBLIC SCHOOLS 735 W. MAIN STREET LURAY, VA 22835	54-6001493	N/A	21,621.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT; SUMMER MEALS PROGRAM SUPPORT
OUR HOUSE, INC. 173 BOULEVARD, NE ATLANTA, GA 30312	58-1743333	501(C)(3)	21,553.	0.			CHILDHOOD HUNGER PROGRAMS
UNIVERSITY OF MINNESOTA EXTENSION 1420 ECKLES AVENUE SAINT PAUL, MN 55108	41-6042488	501(C)(3)	21,300.	0.			CHILDHOOD HUNGER PROGRAMS
AURORA PROJECT, INC. 1035 NORTH SUPERIOR STREET TOLEDO, OH 43604-1960	34-1517827	501(C)(3)	21,058.	0.			CHILDHOOD HUNGER PROGRAMS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LA PROMISE FUND 4920 S. WESTERN AVENUE LOS ANGELES, CA 90062	20-4562686	N/A	20,686.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
LITTLE ROCK SCHOOL DISTRICT 13420 DAVID O. DODD ROAD LITTLE ROCK, AR 72210	71-6014717	N/A	20,255.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
TOLEDO DAY NURSERY 2211 JEFFERSON AVENUE TOLEDO, OH 43604	34-4465880	501(C)(3)	20,142.	0.			CHILDHOOD HUNGER PROGRAMS
BOX ELDER SCHOOL DISTRICT 120 WEST 500 SOUTH TREMONTON, UT 84337	87-6000480	N/A	20,000.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
BUENA VISTA CITY PUBLIC SCHOOL DISTRICT - 2329 CHESTNUT AVENUE A - BUENA VISTA, VA 24416	54-6001180	N/A	20,000.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT; SUMMER MEALS PROGRAM SUPPORT
EL MONTE CITY SCHOOLS 3540 LEXINGTON AVENUE EL MONTE, CA 91731	95-6001074	N/A	20,000.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
LOS ANGELES REGIONAL FOODBANK 1734 EAST 41ST STREET LOS ANGELES, CA 90058-1502	95-3135649	501(C)(3)	20,000.	0.			CHILDHOOD HUNGER PROGRAMS
SANTA BARBARA UNIFIED SCHOOL DISTRICT - 721 E. COTA STREET - SANTA BARBARA, CA 93103	30-0690985	N/A	20,000.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
DECATUR SCHOOL DISTRICT 61 101 W. CERRO GORDO STREET DECATUR, IL 62523	37-6003703	N/A	19,861.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KALISPELL PUBLIC SCHOOLS 233 1ST AVENUE E KALISPELL, MT 59901	81-6000366	N/A	19,750.	0.			SUMMER MEALS PROGRAM SUPPORT
SALEM CITY SCHOOLS 616 SOUTH COLLEGE AVENUE SALEM, VA 24153	54-1147223	N/A	19,360.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
STAUNTON CITY SCHOOLS 1200 N. COALTER STREET STAUNTON, VA 24401	54-0720688	N/A	18,586.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT; SUMMER MEALS PROGRAM SUPPORT
CINCINNATI PUBLIC SCHOOLS 1350 W. NORTH BEND ROAD CINCINNATI, OH 45224	31-6000758	N/A	18,300.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
HEARTLAND HEALTH CENTERS 3048 N. WILTON AVENUE, 2ND FLOOR CHICAGO, IL 60657	36-3843377	501(C)(3)	18,000.	0.			COOKING MATTERS PROGRAMMING
MARION SCHOOL DISTRICT 235 MILITARY ROAD MARION, AR 72364	71-6020624	N/A	18,000.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
NASHVILLE SCHOOL DISTRICT 1301 MT. PLEASANT DRIVE NASHVILLE, AR 71852	71-6021298	N/A	17,899.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT; SUMMER MEALS PROGRAM SUPPORT
LARRY JOE HARLESS COMMUNITY CENTER 202 LARRY JOE HARLESS DRIVE GILBERT, WV 25621	55-0749741	501(C)(3)	17,615.	0.			SUMMER MEALS PROGRAM SUPPORT
BROWNSBURG COMMUNITY SCHOOL CORPORATION - 340 STADIUM DRIVE - BROWNSBURG, IN 46112	00-1894978	N/A	17,525.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GREATER CLARK COUNTY SCHOOLS FIRST PIRATE PLACE CHARLESTOWN, IN 47111	35-1151414	N/A	16,550.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
GEORGIA BUDGET & POLICY INSTITUTE 100 EDGEWOOD AVENUE, SUITE 950 ATLANTA, GA 30303-3066	55-0860376	501(C)(3)	16,164.	0.			CHILDHOOD HUNGER PROGRAMS
GEORGIA CITIZENS COALITION ON HUNGER - 9 GAMMON AVENUE, SW - ATLANTA, GA 30315-2711	23-7422289	501(C)(3)	16,164.	0.			CHILDHOOD HUNGER PROGRAMS
HOWARD COUNTY PUBLIC SCHOOL DISTRICT - FOOD AND NUTRITION SERVICE OFFICE, 10910 ROUTE 108 - ELLICOTT CITY, MD 21042	52-6000968	N/A	16,050.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
BOYS & GIRLS CLUB OF RICHLAND COUNTY - P.O. BOX 416 - SIDNEY, MT 59270	11-3694698	501(C)(3)	15,850.	0.			SUMMER MEALS PROGRAM SUPPORT
ALL FAITHS FOOD BANK, INC. 8171 BLAIKIE COURT SARASOTA, FL 34240	65-0115814	501(C)(3)	15,000.	0.			COOKING MATTERS PROGRAMMING
BREAD FOR THE CITY 1525 7TH STREET, NW WASHINGTON, DC 20001	52-1138207	501(C)(3)	15,000.	0.			CHILDHOOD HUNGER PROGRAMS
CITY HARVEST 575 EIGHTH AVENUE, 4TH FLOOR NEW YORK, NY 10018	13-3170676	501(C)(3)	15,000.	0.			CHILDHOOD HUNGER PROGRAMS
DEDHAM PUBLIC SCHOOLS 143 NEEDHAM STREET DEDHAM, MA 02026	04-6001128	N/A	15,000.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FLORENCE TOWNSHIP SCHOOL DISTRICT 1330 HORNBERGER AVENUE ROEBLING, NJ 08554	21-6000187	N/A	15,000.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
HEALTH EDUCATION COUNCIL 3950 INDUSTRIAL BOULEVARD, SUITE 60 WEST SACRAMENTO, CA 95691	68-0249296	501(C)(3)	15,000.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
HEALTH PROMOTION COUNCIL OF SOUTHEASTERN PENNSYLVANIA, INC. - 1500 MARKET STR CENTER SQ EAST, 14TH FLOOR - PHILADELPHIA, PA	23-2182113	501(C)(3)	15,000.	0.			COOKING MATTERS PROGRAMMING
HUNGER FREE OKLAHOMA, A FUND OF THE TULSA COMMUNITY FOUNDATION - 907 S DETROIT AVENUE, SUITE 600 - TULSA, OK 74120	73-1554474	501(C)(3)	15,000.	0.			SUMMER MEALS PROGRAM SUPPORT
JACKSON COUNTY SCHOOLS 1660 WINDER HIGHWAY JEFFERSON, GA 30549	58-6000266	N/A	15,000.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
MORENO VALLEY USD NUTRITION SERVICES - 21790 EUCALYPTUS AVENUE - MORENO VALLEY, CA 92553	52-1770792	N/A	15,000.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
NATIONAL CONFERENCE OF STATE LEGISLATURES - 444 N. CAPITOL STREET, NW, SUITE 515 - WASHINGTON, DC 20001	74-2232576	501(C)(3)	15,000.	0.			CHILDHOOD HUNGER PROGRAMS
OREGON FOOD BANK 7900 NE 33RD DRIVE PORTLAND, OR 97211	93-0785786	501(C)(3)	15,000.	0.			COOKING MATTERS PROGRAMMING
SOUTH BAY UNION SCHOOL DISTRICT 2001 RIMBEY STREET SAN DIEGO, CA 92154	95-6002975	N/A	15,000.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THORNTON TOWNSHIP HIGH SCHOOL DISTRICT 205 - 465 E. 170TH STREET - SOUTH HOLLAND, IL 60473	36-6004396	N/A	15,000.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
TUCSON UNIFIED SCHOOL DISTRICT 10520 E. CAMINO QUINCE TUCSON, AZ 85748	86-6000551	N/A	15,000.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
UTAH FOOD BANK 3150 SOUTH 900 WEST SALT LAKE CITY, UT 84119	87-0212453	501(C)(3)	15,000.	0.			CHILDHOOD HUNGER PROGRAMS
WYTHE COUNTY SCHOOL BOARD FIRST MAROON WAY WYTHEVILLE, VA 24382	54-6001693	N/A	15,000.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
AVONDALE ELEMENTARY SCHOOL DISTRICT 44 - 540 E. LA PASADA - GOODYEAR, AZ 85338	86-6000500	N/A	14,608.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
SKOKIE/MORTON GROVE SCHOOL DISTRICT 69 - 5100 MADISON STREET - SKOKIE, IL 60077	36-6004287	N/A	14,500.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
WASHOE COUNTY SCHOOL DISTRICT 2450 CANNAN STREET RENO, NV 89512	88-6000919	N/A	14,500.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
SECOND HARVEST FOOD BANK OF METROLINA - 500 B SPRATT STREET - CHARLOTTE, NC 28206-2913	56-1352593	501(C)(3)	14,301.	0.			CHILDHOOD HUNGER PROGRAMS
JEFFERSON COUNTY PUBLIC SCHOOLS 3332 NEWBURG ROAD LOUISVILLE, KY 40218	61-6001316	N/A	14,300.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THOMASVILLE CITY SCHOOLS 750 GATES DRIVE THOMASVILLE, AL 36784	63-0454371	N/A	14,000.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
HARVESTERS - THE COMMUNITY FOOD NETWORK - 3801 TOPPING AVENUE - KANSAS CITY, MO 64129	43-1208665	501(C)(3)	13,984.	0.			AFTERSCHOOL MEALS PROGRAM SUPPORT
UPLAND UNIFIED SCHOOL DISTRICT 444 E. 11TH STREET UPLAND, CA 91786	33-0209386	N/A	13,800.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
COMMUNITY ACTION PARTNERSHIP OF STRAFFORD COUNTY - P.O. BOX 160 - DOVER, NH 03821-0160	02-0268636	501(C)(3)	13,756.	0.			CHILDHOOD HUNGER PROGRAMS
SOUTHERN NEW HAMPSHIRE SERVICES 40 PINE STREET MANCHESTER, NH 03103	02-0268285	501(C)(3)	13,756.	0.			CHILDHOOD HUNGER PROGRAMS
TOLEDO BOTANICAL GARDEN 5403 ELMER DRIVE TOLEDO, OH 43615-2803	34-1350559	501(C)(3)	13,733.	0.			CHILDHOOD HUNGER PROGRAMS
PARKROSE SCHOOL DISTRICT 11400 NE SACRAMENTO STREET PORTLAND, OR 97220	93-6000833	N/A	13,200.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
ALABAMA FOOD BANK ASSOCIATION P.O. BOX 18607 HUNTSVILLE, AL 35804	27-1591801	501(C)(3)	13,000.	0.			SUMMER MEALS PROGRAM SUPPORT
MSD PIKE TOWNSHIP 6450 RODEBAUGH ROAD INDIANAPOLIS, IN 46268	35-6006872	N/A	13,000.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PLAINFIELD COMMUNITY SCHOOL CORP ONE RED PRIDE DRIVE PLAINFIELD, IN 46168	35-1073669	N/A	12,690.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
LEBANON SPECIAL SCHOOL DISTRICT 1213 LEEVILLE PIKE LEBANON, TN 37090	62-6000335	N/A	12,600.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
CAPITAL AREA FOOD BANK 6833 HILL PARK DRIVE LORTON, VA 22079	52-1167581	501(C)(3)	12,500.	0.			CHILDHOOD HUNGER PROGRAMS
FEEDING AMERICA SOUTHWEST VIRGINIA 21452 GRAVEL LAKE ROAD ABINGDON, VA 24212	54-1939556	501(C)(3)	12,500.	0.			AFTERSCHOOL MEALS PROGRAM SUPPORT; SUMMER MEALS PROGRAM SUPPORT
DETROIT PUBLIC SCHOOLS COMMUNITY DISTRICT - 1500 SCOTTEN STREET - DETROIT, MI 48209	38-6019629	N/A	12,000.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
FOOD BANK OF SOUTH JERSEY 1501 JOHN TIPTON BOULEVARD PENNSAUKEN, NJ 08110-2303	22-2623089	501(C)(3)	12,000.	0.			SUMMER MEALS PROGRAM SUPPORT
IDAHO HUNGER RELIEF TASK FORCE 125 E. 50TH STREET GARDEN CITY, ID 83714	81-3084559	501(C)(3)	12,000.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
OSU EXTENSION - COLUMBUS 1480 W. LANE AVENUE, SUITE 210 COLUMBUS, OH 43221	31-1145986	N/A	12,000.	0.			COOKING MATTERS PROGRAMMING
BLOOMINGTON PUBLIC SCHOOLS DISTRICT #87 - 602 W. JACKSON STREET - BLOOMINGTON, IL 61701	37-6004024	N/A	11,539.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HAMPTON CITY SCHOOL DISTRICT FIRST FRANKLIN STREET, FLOOR 2 HAMPTON, VA 23669	54-6001338	N/A	11,303.	0.			AFTERSCHOOL MEALS PROGRAM SUPPORT; SCHOOL BREAKFAST PROGRAM SUPPORT
HELENA SCHOOL DISTRICT #1 1300 BILLINGS AVENUE HELENA, MT 59601	81-6005570	N/A	11,000.	0.			SUMMER MEALS PROGRAM SUPPORT; SCHOOL BREAKFAST PROGRAM SUPPORT
NEWPORT NEWS PUBLIC SCHOOLS 561 MCLAWHORNE DRIVE NEWPORT NEWS, VA 23601	54-1398784	N/A	10,869.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
FREDERICK CO PUBLIC SCH DIST 191 S EAST STREET FREDERICK, MD 21701	52-6000941	N/A	10,800.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT; SUMMER MEALS PROGRAM SUPPORT
BENTONVILLE PUBLIC SCHOOL DISTRICT #6 - 5303 SW BRIGHT ROAD - BENTONVILLE, AR 72712	71-6020503	N/A	10,500.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
GRAND RAPIDS PUBLIC SCHOOL DISTRICT - 1800 TREMONT BLVD, NW - GRAND RAPIDS, MI 49504	38-6002019	N/A	10,500.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT; CHILDHOOD HUNGER PROGRAMS
GWINNETT COUNTY PUBLIC SCHOOLS 6155 ATLANTIC BOULEVARD NORCROSS, GA 30071	58-6000254	N/A	10,424.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
BIGFORK PUBLIC SCHOOL DISTRICT #38 600 COMMERCE STREET BIGFORK, MT 59911	81-6000557	N/A	10,371.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
52ND STREET ELEMENTARY 816 W. 51ST STREET LOS ANGELES, CA 90037	47-3476140	N/A	10,000.	0.			CHILDHOOD HUNGER PROGRAMS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CARROLLTON EXEMPTED VILLAGE SCHOOLS - 3117 AURORA ROAD, NE - CARROLLTON, OH 44615	34-6000522	N/A	10,000.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
CHICAGO PSD-NETWORK OII 42 W MADISON STREET CHICAGO, IL 60602	36-6005821	N/A	10,000.	0.			SUMMER MEALS PROGRAM SUPPORT
COUNCIL BLUFFS COMMUNITY SCHOOL DISTRICT - 801 SOUTH 16TH STREET - COUNCIL BLUFFS, IA 51501	42-6001281	N/A	10,000.	0.			SUMMER MEALS PROGRAM SUPPORT
EBLEN CHARITIES 50 WESTGATE PARKWAY ASHEVILLE, NC 28806	56-1758077	501(C)(3)	10,000.	0.			SUMMER MEALS PROGRAM SUPPORT
ERIE FAMILY HEALTH CENTER, INC. 1701 WEST SUPERIOR, 3RD FLOOR CHICAGO, IL 60622	36-3088628	501(C)(3)	10,000.	0.			COOKING MATTERS PROGRAMMING
FOOD BANK OF IOWA / OPPORTUNITY 2220 E. 17TH STREET DES MOINES, IA 50316	42-1177880	501(C)(3)	10,000.	0.			SUMMER MEALS PROGRAM SUPPORT
FORT SMITH PUBLIC SCHOOLS 2301 NORTH B STREET FORT SMITH, AR 72901	71-6020978	N/A	10,000.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
HALE COUNTY BOARD OF EDUCATION 537 ALABAMA AVENUE MOUNDVILLE, AL 35474	63-6000912	N/A	10,000.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
HALE EMPOWERMENT AND REVITALIZATION ORGANIZATION - P.O. BOX 318 - GREENSBORO, AL 36744	63-1124351	501(C)(3)	10,000.	0.			COOKING MATTERS PROGRAMMING

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HARRISONBURG CITY SCHOOL DISTRICT 1 COURT SQUARE HARRISONBURG, VA 22801	54-0885804	N/A	10,000.	0.			SUMMER MEALS PROGRAM SUPPORT
IMPACT HOUSTON CHURCH OF CHRIST 1704 WEBER STREET HOUSTON, TX 77007	76-0223834	501(C)(3)	10,000.	0.			DISASTER/EMERGENCY RELIEF
MARY'S CENTER MATERNAL AND CHILD CARE - 2333 ONTARIO ROAD, NW - WASHINGTON, DC 20009	52-1594116	501(C)(3)	10,000.	0.			CHILDHOOD HUNGER PROGRAMS
NATIONAL EDUCATION ASSOCIATION FOUNDATION - 1201 16TH STREET, NW, SUITE 416 - WASHINGTON, DC 20036	53-0115260	501(C)(3)	10,000.	0.			CHILDHOOD HUNGER PROGRAMS
NORTHERN ILLINOIS FOOD BANK 2500 CARLYLE AVENUE BELLEVILLE, IL 62221	36-3203648	501(C)(3)	10,000.	0.			SUMMER MEALS PROGRAM SUPPORT
PULASKI CO SCHOOL DISTRICT 202 N. WASHINGTON AVENUE PULASKI, VA 24301	54-6001542	N/A	10,000.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT; SUMMER MEALS PROGRAM SUPPORT; AFTERSCHOOL MEALS PROGRAM
WARREN COUNTY PUBLIC SCHOOLS 522 HERITAGE DRIVE FRONT ROYAL, VA 22630	54-6001663	N/A	10,000.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
WYOMING DEPARTMENT OF EDUCATION 2300 CAPITOL AVENUE CHEYENNE, WY 82001	83-0208667	N/A	10,000.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
GREATER MINNEAPOLIS COUNCIL OF CHURCHES - 1001 E. LAKE STREET - MINNEAPOLIS, MN 55407-1616	41-0693933	501(C)(3)	9,940.	0.			CHILDHOOD HUNGER PROGRAMS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOUTH SAINT PAUL PUBLIC SCHOOLS 5TH AVENUE SOUTH SOUTH SAINT PAUL, MN 55075	41-6000790	N/A	9,900.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT; AFTERSCHOOL MEALS PROGRAM SUPPORT
FAUQUIER COUNTY PUBLIC SCHOOLS 11138 MARSH ROAD BEALETON, VA 22712	54-6001276	N/A	9,790.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
SOMERS LAKESIDE SCHOOL DISTRICT 29 315 SCHOOL ADDITION ROAD SOMERS, MT 59932	81-6000388	N/A	9,777.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
LAKE HAMILTON SCHOOL DISTRICT 120 WOLF STREET PERCY, AR 71964	71-0475990	N/A	9,750.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
NEW HAMPSHIRE FOOD BANK 62 WEST BROOK STREET MANCHESTER, NH 03101	02-0222163	501(C)(3)	9,727.	0.			CHILDHOOD HUNGER PROGRAMS
DICKENSON COUNTY SCHOOL DISTRICT P.O. BOX 1127 309 VOLUNTEER AVENUE CLINTWOOD, VA 24228	54-6000125	N/A	9,527.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
CECIL COUNTY PUBLIC SCHOOLS 910 N. EAST ROAD NORTH EAST, MD 21901	52-6000923	N/A	9,500.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
MINNEAPOLIS PUBLIC SCHOOLS 1250 W. BROADWAY AVENUE MINNEAPOLIS, MN 55411	41-0851980	N/A	9,500.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT; SUMMER MEALS PROGRAM SUPPORT
LYONS ELEM SCHOOL DIST 103 4100 JOLIET AVENUE LYONS, IL 60534	36-6004324	N/A	9,350.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RUTHERFORD COUNTY SCHOOLS 201 DAVIDS WAY LA VERGNE, TN 37086	62-6000820	N/A	9,200.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
TOLEDO NORTHWESTERN OHIO FOOD BANK 24 EAST WOODRUFF AVENUE TOLEDO, OH 43604-5263	34-1441016	501(C)(3)	9,156.	0.			CHILDHOOD HUNGER PROGRAMS
LITTLETON PUBLIC SCHOOLS 5776 S. CROCKER STREET LITTLETON, CO 80120	84-6000862	N/A	9,000.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
MSD WARREN 975 N. POST ROAD INDIANAPOLIS, IN 46219	35-6006000	N/A	9,000.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT, AFTERSCHOOL MEALS PROGRAM SUPPORT
PIKEVILLE INDEPENDENT SCHOOLS 120 CHAMPIONSHIP DRIVE PIKEVILLE, KY 41501	61-6001430	N/A	9,000.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
NH HUNGER SOLUTIONS 18 LOUDON ROAD, SUITE 3477 CONCORD, NH 03302	22-2936618	501(C)(3)	8,959.	0.			CHILDHOOD HUNGER PROGRAMS, SUMMER MEAL PROGRAM SUPPORT
RICHMOND COUNTY SCHOOL SYSTEM 1002 PATRIOTS WAY AUGUSTA, GA 30907	58-6000310	N/A	8,957.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
MONTGOMERY COUNTY PUBLIC SCHOOLS 16644 CRABBS BRANCH WAY ROCKVILLE, MD 20855	52-6000989	N/A	8,800.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
COMMUNITY CULINARY SCHOOL OF CHARLOTTE - 2401- A DISTRIBUTION STREET - CHARLOTTE, NC 28203-5025	56-2051086	501(C)(3)	8,580.	0.			CHILDHOOD HUNGER PROGRAMS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LAUREL SCHOOL DISTRICT 725 WASHINGTON AVENUE LAUREL, MT 59044	81-6001091	N/A	8,551.	0.			SUMMER MEALS PROGRAM SUPPORT; SCHOOL BREAKFAST PROGRAM SUPPORT
BUTTE SCHOOL DISTRICT #1 401 S. WYOMING STREET BUTTE, MT 59701	81-6000956	N/A	8,545.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
UTAHNS AGAINST HUNGER 455 EAST 400 SOUTH, SUITE 407 SALT LAKE CITY, UT 84111	87-0343164	501(C)(3)	8,500.	0.			NO KID HUNGRY STATE PARTNER GRANT
CATHOLIC CHARITIES FOOD BANK OF THE SOUTHERN TIER - 388 UPPER OAKWOOD AVENUE - ELMIRA, NY 14903	20-8808059	501(C)(3)	8,130.	0.			CHILDHOOD HUNGER PROGRAMS
CENTER FOR TRANSFORMATIVE ACTION, THE YOUTH FARM PROJECT - 1013 W. STATE STREET - ITHACA, NY 14850	16-0990318	501(C)(3)	8,130.	0.			CHILDHOOD HUNGER PROGRAMS
FOOTPRINTS FOOD PANTRY P.O. BOX 246 KITTELY, ME 03904-0246	22-3149937	501(C)(3)	8,092.	0.			CHILDHOOD HUNGER PROGRAMS
FEEDING SOUTH DAKOTA 4701 N. WESTPORT AVENUE SIOUX FALLS, SD 57107	36-3293534	501(C)(3)	8,000.	0.			CHILDHOOD HUNGER PROGRAMS
HARRISBURG CMTY UNIT SD 3 40 S. MAIN STREET HARRISBURG, IL 62946	37-6053448	N/A	8,000.	0.			SUMMER MEALS PROGRAM SUPPORT
LIVEWELL COLORADO 1490 LAFAYETTE STREET, SUITE 404 DENVER, CO 80218	26-2464764	501(C)(3)	8,000.	0.			CHILDHOOD HUNGER PROGRAMS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF FLORIDA BOARD OF TRUSTEES - 219 GRINTER HALL, P.O. BOX 115500 - GAINESVILLE, FL 32611-5500	59-6002052	501(C)(3)	8,000.	0.			COOKING MATTERS PROGRAMMING
VIRGINIA PENINSULA FOODBANK 2401 ALUMINUM AVENUE HAMPTON, VA 23661	54-1422298	501(C)(3)	8,000.	0.			SUMMER MEALS PROGRAM SUPPORT
WATSON CHAPEL SCHOOL DISTRICT 4000 CAMDEN ROAD PINE BLUFF, AR 71603	71-6025843	N/A	8,000.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
WEST GEAUGA LOCAL SCHOOL DISTRICT 8611 CEDAR ROAD CHESTERLAND, OH 44026	34-6000595	N/A	8,000.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
WOLF POINT SCHOOL DISTRICT 710 4TH AVENUE NORTH WOLF POINT, MT 59201	81-6000891	N/A	7,970.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
HOUSING AUTHORITY OF JEFFERSON PARRISH - 1718 BETTY STREET - MARRERO, LA 70072	72-6015472	N/A	7,911.	0.			SUMMER MEALS PROGRAM SUPPORT
ROME CITY SCHOOLS BOARD OF EDUCATION - 8 SOUTH ELM STREET - ROME, GA 30165	58-0871809	N/A	7,850.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
GUSTINE UNIFIED SCHOOL DISTRICT 1500 MEREDITH AVENUE GUSTINE, CA 95322	77-0572125	N/A	7,800.	0.			AFTERSCHOOL MEALS PROGRAM SUPPORT
CORNELL COOPERATIVE EXTENSION IN TOMPKINS - 250 BURNS ROAD - ITHACA, NY 14850	16-6072897	501(C)(3)	7,652.	0.			CHILDHOOD HUNGER PROGRAMS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ACADEMY FOR COLLEGE PREPARATION AND CAREER EXPLORATION/DISTR - 911 FLATBUSH AVENUE - BROOKLYN, NY 11226	69-0210637	N/A	7,500.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
ADAMS 12 FIVE STAR SCHOOLS 1500 E. 128TH AVENUE THORNTON, CO 80241	84-6000822	N/A	7,500.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
AUSTIN INDEPENDENT SCHOOL DISTRICT 10100 S. MARY MOORE SEARIGHT DRIVE AUSTIN, TX 78748	74-6000064	N/A	7,500.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
BOYS & GIRLS CLUB OF GREATER WESTFIELD - 28 WEST SILVER STREET, P.O. BOX 128 - WESTFIELD, MA 01086	04-2464259	501(C)(3)	7,500.	0.			SUMMER MEALS PROGRAM SUPPORT
BOYS & GIRLS CLUBS OF GREATER CINCINNATI - 600 DALTON AVENUE - CINCINNATI, OH 45203	31-0536965	501(C)(3)	7,500.	0.			CHILDHOOD HUNGER PROGRAMS
CARTERET BOARD OF EDUCATION 199 WASHINGTON AVENUE CARTERET, NJ 07008	22-6001708	N/A	7,500.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
CRETE-MONEE SCHOOL DISTRICT 201U 435 NORTH STREET CRETE, IL 60417	36-6005687	N/A	7,500.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
FOOD FINDERS FOOD BANK 50 OLYMPIA COURT LAFAYETTE, IN 47909	31-1020198	501(C)(3)	7,500.	0.			SUMMER MEALS PROGRAM SUPPORT
INSTITUTO HEALTH SCIENCES CAREER ACADEMY SCHOOL DISTRICT - 2520 S. WESTERN AVENUE - CHICAGO, IL 60608	27-1488618	N/A	7,500.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KENT SCHOOL DISTRICT 11010 SE 232ND STREET KENT, WA 98031	91-6001646	N/A	7,500.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
MILWAUKEE COLLEGIATE ACADEMY SCHOOL DISTRICT - 4030 N. 29TH STREET - MILWAUKEE, WI 53216	30-0322248	N/A	7,500.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
ORANGE COUNTY PUBLIC SCHOOLS 701 W. LIVINGSTON STREET ORLANDO, FL 32805	59-6000771	N/A	7,500.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
PATTERSON JOINT UNIFIED SCHOOL DISTRICT - 200 NORTH 7TH STREET - PATTERSON, CA 95363	94-6002388	N/A	7,500.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
REDWOOD EMPIRE FOOD BANK 3990 BRICKAWAY BOULEVARD SANTA ROSA, CA 95403	68-0121855	501(C)(3)	7,500.	0.			DISASTER/EMERGENCY RELIEF; CHILDHOOD HUNGER PROGRAMS
SAVANNAH CHATHAM COUNTY PUBLIC SCHOOL SYSTEM - 1909 CYNTHIA STREET - SAVANNAH, GA 31415	58-6000206	N/A	7,500.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
SHAKOPEE PUBLIC SCHOOLS - EAGLE CREEK ELEMENTARY - 6855 WOODWARD AVENUE - SHAKOPEE, MN 55379	41-6003781	N/A	7,500.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
SPARTANBURG SCHOOL DISTRICT 1 10 WEST MILLER STREET INMAN, SC 29349	57-0687554	N/A	7,500.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
THE GRAHAM SCHOOL 3950 INDIANOLA AVENUE COLUMBUS, OH 43214	31-1713840	N/A	7,500.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YES CHARTER ACADEMY 9841 TEXAS HILL ROAD OREGON HOUSE, CA 95962	42-1742420	N/A	7,500.	0.			SUMMER MEALS PROGRAM SUPPORT
CARLISLE AREA SCHOOL DISTRICT 623 W. PENN STREET CARLISLE, PA 17013	23-9005321	N/A	7,488.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
DEMOCRACY PREP CONGRESS HEIGHTS PCS DISTRICT - 3100 MARTIN LUTHER KING JR. AVENUE, SE - WASHINGTON, DC 20032	46-3584994	N/A	7,485.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
TRENTON PUBLIC SCHOOL DISTRICT 301 GLADSTONE AVENUE TRENTON, NJ 08629	02-1052100	N/A	7,400.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
SPOTSYLVANIA SCHOOL DISTRICT 8020 RIVER STONE DRIVE FREDERICKSBURG, VA 22407	54-6001624	N/A	7,350.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
PITTSBURGH PUBLIC SCHOOL DISTRICT 1550 BREINING STREET PITTSBURGH, PA 15226	25-1157808	N/A	7,285.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
GALENA PARK ISD 14705 WOODFOREST BOULEVARD HOUSTON, TX 77015	74-6000895	N/A	7,272.	0.			DISASTER/EMERGENCY RELIEF
WOODHAVEN-BROWNSTOWN SCHOOL DISTRICT - 24787 VAN HORN ROAD - BROWNSTOWN, MI 48134	38-1872437	N/A	7,250.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
PATHFINDER CHARTER SCHOOL FOUNDATION - 3535 W. DUNLAP - PHOENIX, AZ 85051	20-4926729	N/A	7,130.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KENNEWICK SCHOOL DISTRICT #17 500 SOUTH DAYTON STREET KENNEWICK, WA 99336	91-6001557	N/A	7,050.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
THORNTON FRACTNL TWP HSD 215 1605 WENTWORTH AVENUE CALUMET CITY, IL 60409	36-6004406	N/A	7,050.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
EDISON TOWNSHIP SCHOOL DISTRICT 50 BLOSSOM STREET EDISON, NJ 08817	54-2067893	N/A	7,000.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
MADISON METROPOLITAN SCHOOL DISTRICT - 4711 PFLAUM ROAD - MADISON, WI 53718	39-6003202	N/A	7,000.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
POLAND LOCAL SCHOOLS 3199 DOBBINS ROAD POLAND, OH 44514	64-6002233	N/A	7,000.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
PROSPECT HEIGHTS DISTRICT 23 700 N. SCHOENBECK ROAD PROSPECT HEIGHTS, IL 60070	36-6000016	N/A	7,000.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
SHAWNEE MISSION SCHOOL DISTRICT 10917 W. 67TH STREET SHAWNEE, KS 66203	48-0764907	N/A	7,000.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
SOUTHERN LOCAL SCHOOLS (MEIGS COUNTY) - 920 ELM STREET - RACINE, OH 45771	31-6400984	N/A	7,000.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
VALLEY VIEW SCHOOL DISTRICT 801 N. NORMANTOWN ROAD ROMEDEVILLE, IL 60446	36-2740550	N/A	7,000.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CLEVELAND METRO SCHOOL DISTRICT 1111 SUPERIOR AVENUE E, SUITE 1800 CLEVELAND, OH 44114	34-6000662	N/A	6,900.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
ELGIN SCHOOL DISTRICT U-46 949 VAN STREET ELGIN, IL 60123	36-6004736	N/A	6,800.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
GILES CO SCHOOL DISTRICT 1 GREEN WAVE LANE NARROWS, IN 24124	54-6001307	N/A	6,650.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT, SUMMER MEALS PROGRAM SUPPORT
HAZLETON AREA SCHOOL DISTRICT 15 KELAYRES ROAD MCADOO, PA 18237	23-1667968	N/A	6,650.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
AT THE CORE 4903 E PEONE PINES DRIVE MEAD, WA 99201	46-2937061	501(C)(3)	6,500.	0.			CHILDHOOD HUNGER PROGRAMS
SECOND HARVEST FOOD BANK OF THE INLAND NORTHWEST - 1234 EAST FRONT AVENUE - SPOKANE, WA 99202	23-7173826	501(C)(3)	6,500.	0.			CHILDHOOD HUNGER PROGRAMS
WARRENSVILLE HEIGHTS CITY SCHOOL DISTRICT - 24301 EMERY ROAD - WARRENSVILLE, OH 44128	34-6002991	N/A	6,500.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
COMMUNITY HEALTH NETWORK OF CT FOUNDATION - 4 FAIRFIELD BOULEVARD - WALLINGFORD, CT 06492	20-0395748	501(C)(3)	6,352.	0.			CHILDHOOD HUNGER PROGRAMS
NEW HAVEN PUBLIC SCHOOLS 480 SHERMAN PARKWAY NEW HAVEN, CT 06511	06-6001876	N/A	6,265.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BEDFORD COUNTY PUBLIC SCHOOLS 1 CAVALIER CIRCLE FOREST, VA 24551	54-6001143	N/A	6,200.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
BUCHANAN COUNTY PUBLIC SCHOOLS 1300 GOLDEN WAVE DRIVE GRUNDY, VA 24614	56-6001174	N/A	6,000.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
CARDINAL LOCAL SCHOOLS 16175 ALMEDA DRIVE MIDDLEFIELD, OH 44062	34-6004291	N/A	6,000.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
FOOD BANK OF NORTH CENTRAL ARKANSAS - 14215 HIGHWAY 5 SOUTH - NORFOLK, AR 72658	58-1881897	501(C)(3)	6,000.	0.			SUMMER MEALS PROGRAM SUPPORT; AFTERSCHOOL MEALS PROGRAM SUPPORT
INDY HUNGER NETWORK 1121 SOUTHEASTERN AVENUE INDIANA, IN 46202	45-4833492	501(C)(3)	6,000.	0.			COOKING MATTERS PROGRAMMING
MONTICELLO SCHOOL DISTRICT 1037 SCOGIN DRIVE MONTICELLO, AR 71655	71-6020606	N/A	6,000.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
SCRANTON SCHOOL DISTRICT 355 MAPLE STREET SCRANTON, PA 18503	23-1354443	N/A	6,000.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
ROSEMOUNT-APPLE VALLEY-EAGAN PUBLIC SCHOOLS/DISTRICT 196 - 14100 COUNTY ROAD 11 - BURNSVILLE, MN 55337	41-6007792	N/A	6,000.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
CYPRESS-FAIRBANKS ISD 7939 JACKRABBIT ROAD HOUSTON, TX 77095	74-6000654	N/A	5,750.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ROCKBRIDGE COUNTY SCHOOL DISTRICT 2893 COLLIERSTOWN ROAD LEXINGTON, VA 24450	54-6001580	N/A	5,750.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
COMSTOCK PUBLIC SCHOOLS 6171 EAST MN AVENUE KALAMAZOO, MI 49048	38-6001926	N/A	5,728.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
BURBANK DISTRICT 111 7644 S. CENTRAL BURBANK, IL 60459	36-6004332	N/A	5,500.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
CATHOLIC CHARITIES OF THE ARCHDIOCESE OF CHICAGO - 721 N. LASALLE STREET - CHICAGO, IL 60654	36-2170821	501(C)(3)	5,500.	0.			SUMMER MEALS PROGRAM SUPPORT
DANVILLE CONSOLIDATED SCHOOL DISTRICT 118 - 202 E. FAIRCHILD STREET - DANVILLE, IL 61832	37-6004781	N/A	5,500.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
EAST AURORA SCHOOL DISTRICT 131 954 E. BENTON STREET AURORA, IL 60505	36-6004752	N/A	5,500.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
LANCASTER CO SCHOOL DISTRICT P.O. BOX 2000 KILMARNOCK, VA 22482	54-6001383	N/A	5,500.	0.			AFTERSCHOOL MEALS PROGRAM SUPPORT
OHIO ASSOCIATION FOOD BANKS 101 E. TOWN STREET COLUMBUS, OH 43215	34-1677838	501(C)(3)	5,493.	0.			CHILDHOOD HUNGER PROGRAMS
END HUNGER CONNECTICUT 65 HUNGERFORD STREET HARTFORD, CT 06106	06-1545835	501(C)(3)	5,444.	0.			CHILDHOOD HUNGER PROGRAMS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TALBOT COUNTY SCHOOL DISTRICT P.O. BOX 1029 EASTON, MD 21601	52-6001031	N/A	5,350.	0.			AFTERSCHOOL MEALS PROGRAM SUPPORT, SUMMER MEALS PROGRAM SUPPORT
BROCKTON PUBLIC SCHOOLS 700 BELMONT STREET BROCKTON, MA 02301	04-6001382	N/A	5,325.	0.			AFTERSCHOOL MEALS PROGRAM SUPPORT
FRANKLIN CO SCHOOL DISTRICT 375 MIDDLE SCHOOL ROAD ROCKY MOUNT, VA 24151	54-6001288	N/A	5,250.	0.			AFTERSCHOOL MEALS PROGRAM SUPPORT
WAUKEGAN COMMUNITY UNIFIED SCHOOL DISTRICT 60 - 520 HELMHOLZ AVENUE - WAUKEGAN, IL 60085	36-2703832	N/A	5,150.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
BUCKINGHAM COUNTY PUBLIC SCHOOLS 1184 HIGH SCHOOL ROAD BUCKINGHAM, VA 23921	54-6001178	N/A	5,120.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
COLUMBUS PUBLIC SCHOOLS 433 N. THIRD STREET COLUMBUS, MT 59019	81-6000963	N/A	5,120.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT

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

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

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

PART I, LINE 2:

ORGANIZATIONS INSIDE THE UNITED STATES MUST MEET CERTAIN CRITERIA IN ORDER TO BE FUNDED BY SHARE OUR STRENGTH. FOR EXAMPLE, ALL ORGANIZATIONS MUST PROVIDE THEIR EMPLOYER IDENTIFICATION NUMBER (EIN) SO THAT TAX EXEMPTION CAN BE CONFIRMED EITHER VIA GUIDESTAR OR IRS TAX EXEMPT ORGANIZATION SEARCH (TEOS). ADDITIONALLY, ORGANIZATIONS PROVIDE CERTAIN ORGANIZATIONAL, PROGRAMMATIC AND FINANCIAL INFORMATION SO THAT SHARE OUR STRENGTH CAN CONFIRM THAT THE CHARITABLE USE OF GRANT FUNDS ALIGNS WITH ITS MISSION.

Part IV Supplemental Information

SHARE OUR STRENGTH USES A COMBINATION OF STRATEGIES TO ENSURE THAT OUR GRANTEE ORGANIZATIONS ARE IN COMPLIANCE WITH OUR GRANT AWARD GUIDELINES. THESE STRATEGIES INCLUDE QUARTERLY, SEMI-ANNUAL AND/OR ANNUAL REPORTING OF PROGRESS AGAINST GOALS, SITE VISITS TO GRANTEE ORGANIZATIONS TO MONITOR ACTIVITIES BEING FUNDED, REVERSE SITE VISITS WHERE GRANTEES VISIT OUR OFFICES TO SHARE INFORMATION ABOUT THEIR PROJECTS, PROGRESS AND IMPACT, AND TELEPHONE CALLS TO DISCUSS FUNDED PROJECTS. REPORTS ARE STORED ELECTRONICALLY USING AN ONLINE GRANTS MANAGEMENT SYSTEM.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: FAMILY LEAGUE OF BALTIMORE CITY

(H) PURPOSE OF GRANT OR ASSISTANCE: AFTERSCHOOL MEALS PROGRAM SUPPORT, SUMMER MEALS PROGRAM SUPPORT, NO KID HUNGRY STATE PARTNER GRANT

NAME OF ORGANIZATION OR GOVERNMENT:

ALEXANDRIA CITY PUBLIC SCHOOL DISTRICT

(H) PURPOSE OF GRANT OR ASSISTANCE: SCHOOL BREAKFAST PROGRAM SUPPORT; AFTERSCHOOL MEALS PROGRAM SUPPORT; SUMMER MEALS PROGRAM SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT: HALIFAX CO. PUBLIC SCHOOLS

(H) PURPOSE OF GRANT OR ASSISTANCE: SCHOOL BREAKFAST PROGRAM SUPPORT; AFTERSCHOOL MEALS PROGRAM SUPPORT; SUMMER MEALS PROGRAM SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT: PULASKI CO SCHOOL DISTRICT

(H) PURPOSE OF GRANT OR ASSISTANCE: SCHOOL BREAKFAST PROGRAM SUPPORT; SUMMER MEALS PROGRAM SUPPORT; AFTERSCHOOL MEALS PROGRAM SUPPORT

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2017

Open to Public Inspection

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

Department of the Treasury
Internal Revenue Service

Name of the organization

SHARE OUR STRENGTH

Employer identification number

52-1367538

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|---|
| <input type="checkbox"/> First-class or charter travel | <input checked="" type="checkbox"/> Housing allowance or residence for personal use |
| <input checked="" type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as, maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

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

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

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

Schedule J (Form 990) 2017

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) WILLIAM H. SHORE FOUNDER, EXECUTIVE CHAIRMAN	(i)	318,134.	24,794.	36,000.	5,449.	37,267.	421,644.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) DEBBIE SHORE CO-FOUNDER	(i)	203,417.	16,268.	0.	3,092.	11,969.	234,746.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) THOMAS NELSON PRESIDENT & CEO, SECRETARY	(i)	321,063.	24,231.	68,989.	29,582.	4,215.	448,080.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) JESSICA SHERRY SENIOR VP, CHIEF FINANCIAL OFFICER	(i)	139,703.	15,000.	0.	6,227.	6,497.	167,427.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) PETER KAYE CHIEF REVENUE & MARKETING	(i)	268,123.	22,276.	0.	12,158.	19,267.	321,824.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) CHARLES SCOFIELD EXECUTIVE VICE PRESIDENT	(i)	235,930.	25,129.	0.	1,622.	19,267.	281,948.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) DIANA HOVEY SENIOR VP, DINE OUT, NO KID HUNGRY	(i)	193,671.	15,549.	0.	7,752.	13,565.	230,537.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) LISA DAVIS SENIOR VP, NO KID HUNGRY PROGRAM	(i)	189,906.	22,000.	0.	2,925.	18,311.	233,142.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) CLAY DUNN SENIOR VP, CHIEF COMM. OFFICER	(i)	186,273.	14,702.	0.	6,055.	13,278.	220,308.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) DUKE STOREN SENIOR VP RELAT. & PROG. - UNTIL 01/2018	(i)	185,096.	14,527.	0.	5,885.	18,019.	223,527.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) JILL DAVIS SENIOR VP, CORPORATE PARTN.	(i)	182,671.	14,026.	0.	7,066.	6,611.	210,374.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) SERENA WILLIAMS SENIOR VP, CHIEF PEOPLE OFFICER	(i)	179,685.	14,026.	0.	6,749.	18,311.	218,771.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) AMY ZGANJAR SENIOR VP, DEVELOPMENT	(i)	172,319.	13,026.	0.	4,273.	2,139.	191,757.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(14) ELLIOTT GARKINS MANAGING DIRECTOR OF DEVELOPMENT	(i)	157,155.	0.	0.	1,523.	12,575.	171,253.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(15) JENNIFER DIRKSEN CHEF RELATIONS DIRECTOR	(i)	148,971.	3,000.	0.	2,009.	2,139.	156,119.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(16) DIANE CLIFFORD DIRECTOR, INTEGRATED FUNDRAISING	(i)	148,184.	2,000.	0.	4,382.	16,252.	170,818.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(17) ANDREA HOEFLING DIRECTOR OF DEVELOPMENT	(i)	145,068.	2,500.	0.	5,585.	14,233.	167,386.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(18) TAMRA MCCRAW DIRECTOR, CORPORATE PARTNERSHIPS	(i)	142,039.	5,000.	0.	5,270.	10,316.	162,625.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

PART I, LINE 1A:

BEGINNING IN JANUARY 2018, A HOUSING ALLOWANCE OF \$3,000 PER MONTH IS PROVIDED TO WILLIAM H. SHORE, FOUNDER, EXECUTIVE CHAIRMAN, AND BOARD DIRECTOR.

PART I, LINE 4B:

THOMAS NELSON, PRESIDENT, RECEIVED A CONTRIBUTION OF \$57,000 TO HIS 457(F) RETIREMENT PLAN.

PART I, LINE 5:

STAFF ARE ELIGIBLE FOR PERCENTAGE BONUSES BASED ON SEVERAL METRICS SUCH AS UNRESTRICTED REVENUE GROWTH, ADDITIONS TO NET ASSETS, AS WELL AS PROGRAM-RELATED TARGETS.

PART I, LINE 6:

STAFF ARE ELIGIBLE FOR PERCENTAGE BONUSES BASED ON SEVERAL METRICS SUCH AS UNRESTRICTED REVENUE GROWTH, ADDITIONS TO NET ASSETS, AS WELL AS PROGRAM-RELATED TARGETS.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2017

Open To Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for the latest information.

Name of the organization **SHARE OUR STRENGTH** Employer identification number **52-1367538**

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	28	423,671.	FMV
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory	X	55	735,750.	FMV
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ()				
26 Other ()				
27 Other ()				
28 Other ()				

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

- 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? **X**
- b If "Yes," describe the arrangement in Part II.
- 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? **X**
- 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? **X**
- b If "Yes," describe in Part II.
- 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

	Yes	No
30a		X
31	X	
32a		X

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2017

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

SCHEDULE M, PART I, COLUMN (B):

THE TOTAL REPRESENTED IN PART I, COLUMN (B) REPRESENTS THE NUMBER OF CONTRIBUTIONS THAT WERE RECEIVED FOR THE YEAR ENDED JUNE 30, 2018.

Multiple horizontal lines for supplemental information.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2017

Open to Public
Inspection

Name of the organization

SHARE OUR STRENGTH

Employer identification number

52-1367538

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

AMERICA.

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

CAMPAIGNS, LIKE NO KID HUNGRY, WHICH WILL END CHILDHOOD HUNGER IN THE
UNITED STATES, AND COOKING MATTERS, WHICH INSPIRES FAMILIES TO MAKE
HEALTHY, AFFORDABLE FOOD CHOICES.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

YEAR, WE'RE THERE FOR KIDS WITHOUT ENOUGH FOOD AT HOME.

FORM 990, PART VI, SECTION A, LINE 2:

WALLY DOOLIN, BOARD DIRECTOR, IS MARRIED TO JONI DOOLIN, WHO IS ALSO A
BOARD DIRECTOR. WILLIAM H. SHORE, FOUNDER, EXECUTIVE CHAIRMAN AND BOARD
DIRECTOR, IS THE BROTHER OF DEBBIE SHORE, CO-FOUNDER.

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

THE DRAFT FEDERAL FORM 990 IS REVIEWED IN DETAIL AND APPROVED BY THE AUDIT
COMMITTEE AND DISTRIBUTED TO THE FULL BOARD OF DIRECTORS BEFORE FILING.

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

SHARE OUR STRENGTH HAS A CONFLICT OF INTEREST POLICY THAT APPLIES TO
OFFICERS, DIRECTORS AND EMPLOYEES. THE POLICY REQUIRES THAT ALL
TRANSACTIONS THAT MAY PRESENT AN ACTUAL OR APPEARANCE OF A CONFLICT OF
INTEREST BE DISCLOSED TO THE PRESIDENT & CEO, THE CHIEF FINANCIAL OFFICER,
OR THE APPROPRIATE BOARD OF DIRECTORS MEMBER AS SOON AS THE PERSON BECOMES

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

Schedule O (Form 990 or 990-EZ) (2017)

732211 09-07-17

Name of the organization SHARE OUR STRENGTH	Employer identification number 52-1367538
--	--

AWARE OF THE CONFLICT. PERSONS WHO MAY HAVE A CONFLICT OF INTEREST ARE PROHIBITED FROM TAKING ACTION WITH RESPECT TO ANY DECISION REGARDING THE TRANSACTION OR MATTER. THE CONFLICT OF INTEREST POLICY IS INCLUDED IN THE EMPLOYEE HANDBOOK. FURTHER, EACH MEMBER OF THE BOARD OF DIRECTORS AND THE EXECUTIVE TEAM COMPLETES AND SIGNS A CONFLICT OF INTEREST DISCLOSURE FORM EVERY YEAR, ACKNOWLEDGING THAT THE RECIPIENT HAS READ AND REVIEWED AND IS IN COMPLIANCE WITH THE POLICY.

FORM 990, PART VI, SECTION B, LINE 15:

THE PROCESS FOR DETERMINING THE COMPENSATION OF THE ORGANIZATION'S TOP EXECUTIVE, OFFICERS AND KEY EMPLOYEES IS REVIEWED AND APPROVED BY A COMPENSATION COMMITTEE, WHICH IS COMPRISED SOLELY OF INDEPENDENT DIRECTORS. USING AN OUTSIDE CONSULTANT, THE COMPENSATION COMMITTEE CONDUCTS AN IN-DEPTH MARKET SURVEY EVERY THREE YEARS TO PRODUCE COMPARABILITY DATA, WITH THE MOST RECENT STUDY IN APRIL 2017. THE COMPENSATION COMMITTEE, IN ADDITION TO THE ORGANIZATION'S PRESIDENT & CEO, CHIEF FINANCIAL OFFICER AND CHIEF PEOPLE OFFICER, ALSO REVIEWS MARKET DATA ANNUALLY FOR CHANGES IN THE MARKETPLACE AND SPECIFIC JOB FUNCTIONS. THE COMPENSATION COMMITTEE RECOMMENDS THE COMPENSATION OF THE EXECUTIVE CHAIRMAN TO THE FULL BOARD OF DIRECTORS FOR APPROVAL. THE BOARD'S DECISION IS SUBSTANTIATED IN THE MINUTES. THE COMPENSATION COMMITTEE ALSO REVIEWS AND APPROVES THE COMPENSATION RECOMMENDATIONS FOR THE NEXT FOUR HIGHEST COMPENSATED OFFICERS AND KEY EMPLOYEES AND IS INFORMED OF THE COMPENSATION DETERMINATIONS FOR REMAINING OFFICERS, KEY EMPLOYEES AND/OR MEMBERS OF THE EXECUTIVE TEAM OF THE ORGANIZATION. ALL OF THESE COMPENSATION DETERMINATIONS ARE DEVELOPED USING THE SAME MARKET DATA USED TO EVALUATE THE EXECUTIVE CHAIRMAN.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

Name of the organization SHARE OUR STRENGTH	Employer identification number 52-1367538
---	---

AL, AK, AZ, AR, CA, CO, CT, FL, GA, HI, IL, KS, KY, ME, MD, MA, MI, MN, MS, MO, NH, NJ, NY, NC, ND
OH, OK, OR, PA, RI, SC, TN, UT, VA, WA, WV, WI

FORM 990, PART VI, SECTION C, LINE 19:

SHARE OUR STRENGTH MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST
POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC VIA EMAIL OR US
MAIL.

FORM 990, PART IX

SHARE OUR STRENGTH IS A CO-BENEFICIARY ALONG WITH THE FOOD BANK FOR NEW
YORK CITY OF THE NET PROCEEDS RAISED BY THE NEW YORK CITY WINE & FOOD
FESTIVAL (NYCWFF). THIS IS A FOUR DAY EVENT HELD IN OCTOBER EACH YEAR
AND IS DIRECTED BY SOUTHERN GLAZER'S WINE AND SPIRITS, LLC. SHARE OUR
STRENGTH'S ROLE IS TO PROVIDE CONTRACT REVIEW, FINANCIAL REPORTING AND
ACCOUNTING SUPPORT. THE ORGANIZATION CONSOLIDATES THE FESTIVAL'S ENTIRE
FINANCIALS WITHIN SHARE OUR STRENGTH. THE PRESENTATION OF SHARE OUR
STRENGTH'S FUNCTIONAL EXPENSE ALLOCATION AND BUSINESS MODEL IS MOST
ACCURATELY REFLECTED WITH NYCWFF COSTS EXCLUDED.

FORM 990, PART IX, LINE 26

SHARE OUR STRENGTH IS COMMITTED TO EFFICIENCY AND TRANSPARENCY. IN
APPLYING THE ACCOUNTING STANDARDS FROM THE FINANCIAL ACCOUNTING
STANDARDS BOARD (FASB) AND THE INTERNAL REVENUE SERVICE (IRS) RELATED
TO JOINT COSTS OF INFORMATIONAL MATERIALS AND ACTIVITIES THAT INCLUDE A
FUNDRAISING APPEAL, SHARE OUR STRENGTH IDENTIFIED ACTIVITIES AS
PROGRAM, MANAGEMENT AND GENERAL, AND FUNDRAISING IN THE FOLLOWING
CATEGORIES: A) EDUCATION AND AWARENESS ABOUT HUNGER AND FOOD INSECURITY
AND B) VOLUNTEER RECRUITMENT, MOBILIZATION AND MANAGEMENT. TASTE OF THE

Name of the organization

SHARE OUR STRENGTH

Employer identification number

52-1367538

NATION, NO KID HUNGRY DINNERS, CHEFS CYCLE, AND THE LIKE AS WELL AS
 DIRECT MAIL/EMAIL COMMUNICATIONS ARE PLATFORMS OR VEHICLES USED TO
 ACCOMPLISH ONE OR MORE OF THE GOALS DEFINED ABOVE (EDUCATION AND
 AWARENESS, VOLUNTEERS). AS SUCH, THE ACTIVITIES PERFORMED FOR EACH
 PLATFORM OR VEHICLE MAY BE PROGRAM SPECIFIC, FUNDRAISING, MANAGEMENT
 AND GENERAL, OR JOINT (I.E., A COMBINATION OF FUNDRAISING AND PROGRAM).
 THESE EFFORTS HELP ADVANCE OUR MISSION TO END HUNGER AND POVERTY IN THE
 U.S. AND ABROAD. AS A NONPROFIT ORGANIZATION THAT IS EXEMPT FROM
 FEDERAL TAXATION, WE ENSURE OUR DONORS' MONEY IS SPENT AS EFFICIENTLY
 AND EFFECTIVELY AS POSSIBLE.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.

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

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization **SHARE OUR STRENGTH** Employer identification number **52-1367538**

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
SHARE OUR STRENGTH ENTERPRISES, LLC - 51-0597759, 1730 M STREET, NW, SUITE 700, WASHINGTON, DC 20036	NON-OPERATING HOLDING COMPANY	DELAWARE			SHARE OUR STRENGTH
SHARE OUR STRENGTH HOLDINGS, LLC 1730 M STREET, NW, SUITE 700 WASHINGTON, DC 20036	NON-OPERATING HOLDING COMPANY	DELAWARE			SHARE OUR STRENGTH

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No

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

Schedule R (Form 990) 2017

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
COMMUNITY WEALTH PARTNERS, INC. - 52-2025260 1825 K STREET, NW, SUITE 1000 WASHINGTON, DC 20006	CONSULTING	DC	SHARE OUR STRENGTH	C CORP	0.	2,177,689.	100%	X	

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	X	
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)	X	
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)	X	
m Performance of services or membership or fundraising solicitations by related organization(s)	X	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)		X
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses	X	
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) COMMUNITY WEALTH PARTNERS, INC.	A	3,238.	CASH
(2) COMMUNITY WEALTH PARTNERS, INC.	D	200,000.	CASH
(3) COMMUNITY WEALTH PARTNERS, INC.	M	309,778.	CASH
(4) COMMUNITY WEALTH PARTNERS, INC.	Q	362,285.	CASH
(5)			
(6)			

Part VI **Unrelated Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners sec. 501(c)(3) orgs.?		(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropor- tionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

COPY

Part VII Supplemental Information.

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

Multiple horizontal lines for supplemental information.