

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)

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

OMB No. 1545-0047

**2018**

Open to Public Inspection

**A** For the 2018 calendar year, or tax year beginning **JUL 1, 2018** and ending **JUN 30, 2019**

<b>B</b> Check if applicable:  Address change Name change Initial return Final return/terminated Amended return Application pending	<b>C</b> Name of organization <b>SHARE OUR STRENGTH</b>		<b>D</b> Employer identification number <b>52-1367538</b>	
	Doing business as		<b>E</b> Telephone number <b>(202) 393-2925</b>	
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	<b>G</b> Gross receipts \$ <b>85,928,719.</b>	
	<b>1030 15TH STREET, NW</b>	<b>1100W</b>	<b>H(a)</b> Is this a group return for subordinates? ..... Yes <input checked="" type="checkbox"/> No	
City or town, state or province, country, and ZIP or foreign postal code <b>WASHINGTON, DC 20005</b>		<b>H(b)</b> Are all subordinates included? Yes No		
<b>F</b> Name and address of principal officer: <b>WILLIAM H. SHORE</b> <b>SAME AS C ABOVE</b>		If "No," attach a list. (see instructions)		
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) or 527		<b>H(c)</b> Group exemption number ▶		
<b>J</b> Website: ▶ <b>WWW.SHAREOURSTRENGTH.ORG</b>		<b>L</b> Year of formation: <b>1984</b> <b>M</b> State of legal domicile: <b>DC</b>		
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation Trust Association Other ▶				

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>TO END HUNGER AND POVERTY IN THE UNITED STATES AND ABROAD, WITH A PRIORITY ON ENDING CHILDHOOD HUNGER</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>18</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>17</b>
	<b>5</b> Total number of individuals employed in calendar year 2018 (Part V, line 2a)	<b>5</b>	<b>340</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>3000</b>
	<b>7 a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, line 38	<b>7b</b>	<b>0.</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>68,847,785.</b>	<b>78,465,005.</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>176,640.</b>	<b>182,685.</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>290,305.</b>	<b>279,057.</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>-2,900,948.</b>	<b>-3,923,391.</b>
		<b>66,413,782.</b>	<b>75,003,356.</b>
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>10,924,850.</b>	<b>12,122,373.</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	<b>0.</b>	<b>0.</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>24,025,124.</b>	<b>26,101,309.</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	<b>1,263,482.</b>	<b>2,341,718.</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>15,245,453.</b>		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>21,385,507.</b>	<b>24,837,255.</b>
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>57,598,963.</b>	<b>65,402,655.</b>	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>8,814,819.</b>	<b>9,600,701.</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>21</b> Total liabilities (Part X, line 26)	<b>42,073,384.</b>	<b>54,496,283.</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>10,663,406.</b>	<b>13,235,151.</b>
	<b>31,409,978.</b>	<b>41,261,132.</b>	

**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.

<b>Sign Here</b>	Signature of officer		Date		
	<b>JESSICA SHERRY, SENIOR VP, CFO</b> Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed	PTIN
	<b>AARON M. FOX</b>		<b>03/30/20</b>	<input type="checkbox"/>	<b>P01365820</b>
	Firm's name ▶ <b>MARCUM, LLP</b>	Firm's EIN ▶ <b>11-1986323</b>			
	Firm's address ▶ <b>1899 L STREET, NW, SUITE 850</b> <b>WASHINGTON, DC 20036</b>			Phone no. <b>(202) 227-4000</b>	

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 \$ 34,816,114. including grants of \$ 11,531,739. ) (Revenue \$ ) NO KID HUNGRY CAMPAIGN:

SINCE LAUNCHING THE NO KID HUNGRY CAMPAIGN TEN YEARS AGO, SHARE OUR STRENGTH HAS CONNECTED KIDS IN NEED WITH MORE THAN 1 BILLION MEALS, AND IN DOING SO, WE'VE HELPED DECREASE CHILDHOOD HUNGER IN OUR COUNTRY BY ONE-THIRD. WE WORK WITH SCHOOLS, ELECTED OFFICIALS, AND COMMUNITY GROUPS TO LAUNCH AND GROW EFFECTIVE, SUSTAINABLE PROGRAMS THAT WILL FEED HUNGRY KIDS TODAY AND WELL INTO THE FUTURE.

THANKS TO OUR START-UP FUNDING AND HANDS-ON GUIDANCE, SCHOOLS ARE REACHING MORE KIDS IN NEED BY MAKING BREAKFAST PART OF THE SCHOOL DAY. IN FISCAL YEAR 2019 ALONE, WE HELPED 134,000 KIDS GET THE HEALTHY

4b (Code: ) (Expenses \$ 10,221,053. including grants of \$ 590,634. ) (Revenue \$ 26,085. ) COOKING MATTERS CAMPAIGN:

FOR MORE THAN 25 YEARS, SHARE OUR STRENGTH'S COOKING MATTERS CAMPAIGN HAS DELIVERED QUALITY FOOD SKILLS AND NUTRITION EDUCATION TO LOW-INCOME FAMILIES TO HELP THEM PROVIDE THEIR KIDS WITH HEALTHY, AFFORDABLE MEALS AT HOME. PARTICIPANTS LEARN TO SHOP SMARTER, USE NUTRITION INFORMATION ON PRODUCTS, AND COOK DELICIOUS MEALS ON A TIGHT BUDGET. WE ACCOMPLISH THIS WORK BY 1) LEVERAGING OUR NATIONWIDE NETWORK OF PARTNERS THAT DIRECTLY EDUCATE FAMILIES USING OUR COOKING MATTERS IN-PERSON CURRICULA AND RESOURCES, 2) MAKING OUR CONTENT WIDELY AVAILABLE TO PARENTS AND CAREGIVERS ONLINE AND THROUGH TECHNOLOGY TOOLS THAT ALLOW THEM TO LEARN AT A PACE AND TIME THAT IS CONVENIENT FOR THEM, AND 3) INCREASING THE

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 45,037,167.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question number, Yes, No. Rows 22-38 covering various organizational requirements.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes 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... 18; 1b Enter the number of voting members included... 17; 2 Did any officer, director, trustee, or key employee have a family relationship... X; 3 Did the organization delegate control over management duties... X; 4 Did the organization make any significant changes to its governing documents... 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 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website Another's website [X] Upon request Other (explain 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, DIRECTOR	40.00	X		X				416,308.	0.	50,297.
(2) SID ABRAMS DIRECTOR	2.00	X						0.	0.	0.
(3) JIM BERRIEN DIRECTOR	1.00	X						0.	0.	0.
(4) JUDYANN BIGBY DIRECTOR	1.00	X						0.	0.	0.
(5) NEIL BRAUN DIRECTOR	2.00	X						0.	0.	0.
(6) JONI DOOLIN DIRECTOR	1.00	X						0.	0.	0.
(7) WALLY DOOLIN DIRECTOR	3.00	X						0.	0.	0.
(8) NOAH GLASS DIRECTOR	1.00	X						0.	0.	0.
(9) MICHAEL GORDON DIRECTOR	1.00	X						0.	0.	0.
(10) BOB GREENSTEIN DIRECTOR	1.00	X						0.	0.	0.
(11) ROZ MALLET DIRECTOR	2.00	X						0.	0.	0.
(12) MIKE MCCURRY DIRECTOR	1.00	X						0.	0.	0.
(13) DANNY MEYER DIRECTOR	1.00	X						0.	0.	0.
(14) MARY SUE MILLIKEN DIRECTOR	1.00	X						0.	0.	0.
(15) DONNA MOREA DIRECTOR	2.00	X						0.	0.	0.
(16) JEANNE NEWMAN DIRECTOR	1.00	X						0.	0.	0.
(17) MARK RODRIGUEZ 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) STEVE ROMANIELLO DIRECTOR	2.00	X					0.	0.	0.	
(19) DEBBIE SHORE CO-FOUNDER	40.00			X			237,321.	0.	15,638.	
(20) THOMAS NELSON PRESIDENT & CEO, SECRETARY	40.00			X			438,737.	0.	36,210.	
(21) JESSICA SHERRY SENIOR VP, CHIEF FINANCIAL OFFICER	40.00			X			183,215.	0.	16,055.	
(22) PETER KAYE- CHIEF REVENUE & MARKETING- UNTIL 05/2019	40.00			X			315,220.	0.	33,257.	
(23) CHARLES SCOFIELD EXECUTIVE VICE PRESIDENT	40.00			X			277,256.	0.	29,327.	
(24) LISA DAVIS- SENIOR VP, NO KID HUNGRY PROGRAM	40.00			X			229,737.	0.	28,224.	
(25) DIANA HOVEY- SENIOR VP, DINE FOR NO KID HUNGRY	40.00			X			226,553.	0.	23,384.	
(26) CLAY DUNN- SENIOR VP, CHIEF COMM. OFFICER	40.00			X			220,748.	0.	23,150.	
<b>1b Sub-total</b>							2,545,095.	0.	255,542.	
<b>c Total from continuation sheets to Part VII, Section A</b>							1,620,240.	0.	175,094.	
<b>d Total (add lines 1b and 1c)</b>							4,165,335.	0.	430,636.	

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 **54**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	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? If "Yes," complete Schedule J for such individual	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? If "Yes," complete Schedule J for such person	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
CONCORD LITHO GROUP/CONCORD DIRECT 92 OLD TURNPIKE ROAD, CONCORD, NH 03301	DIRECT MAIL & DIGITAL/ONLINE FUND	861,631.
SHOWTIME ON THE PIERS, LLC 711 12TH AVENUE, NEW YORK, NY 10019	NEW YORK CITY WINE AND FOOD FESTIVAL -	762,500.
CORNUCOPIA INC. DBA BOND EVENTS, 7510 HAMILTON SPRING ROAD, BETHESDA, MD 20817	EVENT MGMT & PRODUCTION SERVICES	644,953.
APPCO GROUP US INC., 315 WEST 36TH STREET, 10TH FLOOR, NEW YORK, NY 10018	FACE-TO-FACE FUNDRAISING	481,584.
RTI INTERNATIONAL P.O. BOX 900002, RALEIGH, NC 27675	EXTERNAL PROGRAM EVAL. CONSULTING	435,555.

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 **50**

SEE PART VII, SECTION A CONTINUATION SHEETS





**Part VIII Statement of Revenue**

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns	<b>1a</b>					
	<b>b</b> Membership dues	<b>1b</b>					
	<b>c</b> Fundraising events	<b>1c</b>	5,565,200.				
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>	5,084,462.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	67815343.				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$		1,224,424.				
	<b>h Total.</b> Add lines 1a-1f		78465005.				
<b>Program Service Revenue</b>	<b>2 a</b> EXHIBITOR FEES	<b>Business Code</b> 900099	156,600.			156,600.	
	<b>b</b> CLASS FEES	900099	25,410.	25,410.			
	<b>c</b> HONORARIA	900099	675.	675.			
	<b>d</b>						
	<b>e</b>						
	<b>f</b> All other program service revenue						
	<b>g Total.</b> Add lines 2a-2f		182,685.				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)		265,689.			265,689.	
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties		1,797.			1,797.	
	<b>6 a</b> Gross rents	(i) Real	285,699.				
		(ii) Personal	0.				
		<b>c</b> Rental income or (loss)	285,699.				
	<b>d</b> Net rental income or (loss)		285,699.			285,699.	
	<b>7 a</b> Gross amount from sales of assets other than inventory	(i) Securities	3822157.				
		(ii) Other					
		<b>b</b> Less: cost or other basis and sales expenses	3808789.				
		<b>c</b> Gain or (loss)	13,368.				
	<b>d</b> Net gain or (loss)		13,368.			13,368.	
	<b>8 a</b> Gross income from fundraising events (not including \$ 5,565,200. of contributions reported on line 1c). See Part IV, line 18	<b>a</b>	3577157.				
		<b>b</b> Less: direct expenses	7077928.				
<b>c</b> Net income or (loss) from fundraising events			-3500771.			-3500771.	
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19	<b>a</b>	154,585.					
	<b>b</b> Less: direct expenses	38,646.					
	<b>c</b> Net income or (loss) from gaming activities		115,939.			115,939.	
<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>a</b>						
	<b>b</b> Less: cost of goods sold						
	<b>c</b> Net income or (loss) from sales of inventory						
<b>Miscellaneous Revenue</b>		<b>Business Code</b>					
<b>11 a</b> INTERCOMPANY REVENUE		900099	42,491.			42,491.	
	<b>b</b> REFUNDS	900099	12,769.			12,769.	
	<b>c</b> OTHER EVENT REV.	900099	6,165.			6,165.	
	<b>d</b> All other revenue	900099	-887,480.			-887,480.	
	<b>e Total.</b> Add lines 11a-11d			-826,055.			
<b>12 Total revenue.</b> See instructions			75003356.	26,085.	0.	-3487734.	

**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
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	12,015,373.	12,015,373.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	107,000.	107,000.		
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	4,050,030.	2,120,860.	863,371.	1,065,799.
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	17,908,978.	11,596,238.	1,690,826.	4,621,914.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	571,634.	379,976.	46,115.	145,543.
<b>9</b> Other employee benefits	2,056,302.	1,327,795.	204,818.	523,689.
<b>10</b> Payroll taxes	1,514,365.	965,212.	168,133.	381,020.
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management				
<b>b</b> Legal	25,502.	952.	24,550.	
<b>c</b> Accounting	62,600.		62,600.	
<b>d</b> Lobbying	330,850.	330,850.		
<b>e</b> Professional fundraising services. See Part IV, line 17	2,341,718.			2,341,718.
<b>f</b> Investment management fees	41,426.		41,426.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	5,676,406.	5,084,575.	591,831.	
<b>12</b> Advertising and promotion	3,552,517.	2,163,794.	100,962.	1,287,761.
<b>13</b> Office expenses	1,027,917.	565,884.	97,926.	364,107.
<b>14</b> Information technology	1,853,831.	1,181,253.	180,436.	492,142.
<b>15</b> Royalties				
<b>16</b> Occupancy	2,420,737.	1,536,338.	227,109.	657,290.
<b>17</b> Travel	1,875,254.	1,292,602.	115,223.	467,429.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	5,897,596.	3,013,411.	125,751.	2,758,434.
<b>20</b> Interest				
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	432,442.	312,992.	48,689.	70,761.
<b>23</b> Insurance	248,792.	153,368.	27,578.	67,846.
<b>24</b> 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.)				
<b>a</b> COOKING MATTERS PROGRAM	888,694.	888,694.		
<b>b</b> FEES AND LICENSES	508,762.		508,762.	
<b>c</b> BAD DEBT	300.		300.	
<b>d</b> UBI TAXES	-6,371.		-6,371.	
<b>e</b> All other expenses				
<b>25</b> Total functional expenses. Add lines 1 through 24e	65,402,655.	45,037,167.	5,120,035.	15,245,453.
<b>26</b> 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)	5,884,969.	2,608,546.	107,730.	3,168,693.

**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
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing	6,484,346.	<b>1</b>	6,629,181.
	<b>2</b> Savings and temporary cash investments	7,164,927.	<b>2</b>	5,244,425.
	<b>3</b> Pledges and grants receivable, net	17,319,637.	<b>3</b>	18,807,986.
	<b>4</b> Accounts receivable, net	356,575.	<b>4</b>	433,084.
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		<b>5</b>	
	<b>6</b> 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		<b>6</b>	
	<b>7</b> Notes and loans receivable, net	203,238.	<b>7</b>	209,238.
	<b>8</b> Inventories for sale or use	11,042.	<b>8</b>	95,358.
	<b>9</b> Prepaid expenses and deferred charges	2,118,986.	<b>9</b>	2,059,127.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b> 4,308,212.		
	<b>b</b> Less: accumulated depreciation	<b>10b</b> 2,744,982.	<b>10c</b>	
	<b>11</b> Investments - publicly traded securities	5,656,249.	<b>11</b>	19,450,797.
	<b>12</b> Investments - other securities. See Part IV, line 11	863,088.	<b>12</b>	-30,535.
	<b>13</b> Investments - program-related. See Part IV, line 11		<b>13</b>	
	<b>14</b> Intangible assets		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11	34,642.	<b>15</b>	34,392.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34)	42,073,384.	<b>16</b>	54,496,283.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses	4,929,846.	<b>17</b>	6,344,960.
	<b>18</b> Grants payable	1,583,309.	<b>18</b>	2,976,425.
	<b>19</b> Deferred revenue	832,464.	<b>19</b>	906,485.
	<b>20</b> Tax-exempt bond liabilities		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D		<b>21</b>	
	<b>22</b> 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		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties		<b>24</b>	
	<b>25</b> 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	3,317,787.	<b>25</b>	3,007,281.
	<b>26 Total liabilities.</b> Add lines 17 through 25	10,663,406.	<b>26</b>	13,235,151.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets	7,697,966.	<b>27</b>	19,514,209.
	<b>28</b> Temporarily restricted net assets	23,712,012.	<b>28</b>	21,746,923.
	<b>29</b> Permanently restricted net assets		<b>29</b>	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds		<b>32</b>	
<b>33</b> Total net assets or fund balances	31,409,978.	<b>33</b>	41,261,132.	
<b>34</b> Total liabilities and net assets/fund balances	42,073,384.	<b>34</b>	54,496,283.	

**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	75,003,356.
2	Total expenses (must equal Part IX, column (A), line 25)	2	65,402,655.
3	Revenue less expenses. Subtract line 2 from line 1	3	9,600,701.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	31,409,978.
5	Net unrealized gains (losses) on investments	5	250,453.
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	41,261,132.

**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 (2018)

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2018**

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).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9  An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations .....
- g Provide the following information about the supported organization(s).

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

**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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	51227491.	53054370.	60290994.	68847785.	78465005.	311885645
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	51227491.	53054370.	60290994.	68847785.	78465005.	311885645
<b>5</b> 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) .....						24033077.
<b>6 Public support.</b> Subtract line 5 from line 4.						287852568

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>7</b> Amounts from line 4 .....	51227491.	53054370.	60290994.	68847785.	78465005.	311885645
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	190,092.	275,225.	321,619.	439,686.	526,185.	1752807.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	559,456.	797.	6,000.	29,781.	54,799.	650,833.
<b>11 Total support.</b> Add lines 7 through 10						314289285
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	14,760,198.
<b>13 First five years.</b> 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 <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	91.59 %
<b>15</b> Public support percentage from 2017 Schedule A, Part II, line 14 .....	<b>15</b>	89.14 %
<b>16a 33 1/3% support test - 2018.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....	▶ <input checked="" type="checkbox"/>	
<b>b 33 1/3% support test - 2017.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization .....	▶ <input type="checkbox"/>	
<b>17a 10% -facts-and-circumstances test - 2018.</b> 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 <b>stop here.</b> 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>b 10% -facts-and-circumstances test - 2017.</b> 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 <b>stop here.</b> 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>18 Private foundation.</b> 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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> 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 .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</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 .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (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**

<b>15</b> Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2017 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2017 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2018.** 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 - 2017.** 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
<b>1</b> 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>		
<b>2</b> 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>		
<b>3a</b> 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>b</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>		
<b>c</b> 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>		
<b>4a</b> 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>b</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>		
<b>c</b> 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>		
<b>5a</b> 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>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>8</b> 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>		
<b>9a</b> 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>b</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>		
<b>c</b> 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>		
<b>10a</b> 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>b</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
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> 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>b</b> A family member of a person described in (a) above?		
<b>c</b> 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
<b>1</b> 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>		
<b>2</b> 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
<b>1</b> 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
<b>1</b> 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?		
<b>2</b> 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>		
<b>3</b> 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**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
<b>2</b> Activities Test. Answer (a) and (b) below.		
<b>a</b> 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>b</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>		
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.		
<b>a</b> 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>b</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.

<b>Section A - Adjusted Net Income</b>		(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	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

<b>Section B - Minimum Asset Amount</b>		(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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):		
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	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

<b>Section C - Distributable Amount</b>			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	<b>Distributable Amount.</b> 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
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions.	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	
<b>9</b> Distributable amount for 2018 from Section C, line 6	
<b>10</b> Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
<b>1</b> Distributable amount for 2018 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2018 (reasonable cause required- explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2018			
<b>a</b> From 2013			
<b>b</b> From 2014			
<b>c</b> From 2015			
<b>d</b> From 2016			
<b>e</b> From 2017			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2018 distributable amount			
<b>i</b> Carryover from 2013 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2018 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2018 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>6</b> Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>7 Excess distributions carryover to 2019.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2014			
<b>b</b> Excess from 2015			
<b>c</b> Excess from 2016			
<b>d</b> Excess from 2017			
<b>e</b> Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

**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:**

**MISCELLANEOUS**

2014 AMOUNT: \$ 252,916.

2015 AMOUNT: \$ -5,703.

2016 AMOUNT: \$ 0.

2017 AMOUNT: \$ 3,781.

2018 AMOUNT: \$ 0.

**BOOK/PRODUCT SALES**

2014 AMOUNT: \$ 2,406.

2015 AMOUNT: \$ 0.

2016 AMOUNT: \$ 0.

2017 AMOUNT: \$ 0.

2018 AMOUNT: \$ 6,143.

**OTHER EVENT REVENUE**

2014 AMOUNT: \$ 298,134.

2015 AMOUNT: \$ 0.

2016 AMOUNT: \$ 0.

2017 AMOUNT: \$ 0.

2018 AMOUNT: \$ 6,165.

**INTERCOMPANY REVENUE**

2014 AMOUNT: \$ 6,000.

2015 AMOUNT: \$ 6,500.

2016 AMOUNT: \$ 6,000.

2017 AMOUNT: \$ 26,000.

**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.)

2018 AMOUNT: \$ 42,491.

Multiple horizontal lines for supplemental information.

**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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2018**

Name of the organization

Employer identification number

**SHARE OUR STRENGTH**

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 (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... ▶ \$ \_\_\_\_\_

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization  <b>SHARE OUR STRENGTH</b>	Employer identification number  <b>52-1367538</b>
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**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>	 <hr/> <hr/> <hr/>	\$ <u>5,870,594.</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>4,025,000.</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>2,710,051.</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>2,352,132.</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>1,875,070.</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>1,810,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



Name of organization  <b>SHARE OUR STRENGTH</b>	Employer identification number  <b>52-1367538</b>
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**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<hr/> <hr/> <hr/>	\$ <u>1,681,507.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<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  <b>SHARE OUR STRENGTH</b>	Employer identification number  <b>52-1367538</b>
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**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

**2018**

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](http://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 <b>SHARE OUR STRENGTH</b>	Employer identification number <b>52-1367538</b>
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**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) 2018

**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.

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b>	Total lobbying expenditures to influence public opinion (grass roots lobbying)	93,989.													
<b>b</b>	Total lobbying expenditures to influence a legislative body (direct lobbying)	690,082.													
<b>c</b>	Total lobbying expenditures (add lines 1a and 1b)	784,071.													
<b>d</b>	Other exempt purpose expenditures	62,276,866.													
<b>e</b>	Total exempt purpose expenditures (add lines 1c and 1d)	63,060,937.													
<b>f</b>	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000.													
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>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.														
<b>g</b>	Grassroots nontaxable amount (enter 25% of line 1f)	250,000.													
<b>h</b>	Subtract line 1g from line 1a. If zero or less, enter -0-	0.													
<b>i</b>	Subtract line 1f from line 1c. If zero or less, enter -0-	0.													
<b>j</b>	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.)

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
<b>2a</b> Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000.
<b>c</b> Total lobbying expenditures	677,800.	556,274.	664,141.	784,071.	2,682,286.
<b>d</b> Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.
<b>f</b> Grassroots lobbying expenditures	177,625.	112,058.	106,852.	93,989.	490,524.

Schedule C (Form 990 or 990-EZ) 2018

**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
<b>1</b> 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:			
<b>a</b> Volunteers? .....			
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..			
<b>c</b> Media advertisements? .....			
<b>d</b> Mailings to members, legislators, or the public? .....			
<b>e</b> Publications, or published or broadcast statements? .....			
<b>f</b> Grants to other organizations for lobbying purposes? .....			
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body? .....			
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .....			
<b>i</b> Other activities? .....			
<b>j</b> Total. Add lines 1c through 1i .....			
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? .....			
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912 .....			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .....			
<b>d</b> 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
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members? .....	<b>1</b>	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less? .....	<b>2</b>	
<b>3</b> Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? .....	<b>3</b>	

**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."**

<b>1</b> Dues, assessments and similar amounts from members .....	<b>1</b>	
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
<b>a</b> Current year .....	<b>2a</b>	
<b>b</b> Carryover from last year .....	<b>2b</b>	
<b>c</b> Total .....	<b>2c</b>	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .....	<b>3</b>	
<b>4</b> 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? .....	<b>4</b>	
<b>5</b> Taxable amount of lobbying and political expenditures (see instructions) .....	<b>5</b>	

**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.

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**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](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2018**  
**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.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....		
2 Aggregate value of contributions to (during year) .....		
3 Aggregate value of grants from (during year) .....		
4 Aggregate value at end of year .....		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).  
 Preservation of land for public use (e.g., recreation or education)       Preservation of a historically important land area  
 Protection of natural habitat       Preservation of a certified historic structure  
 Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register .....	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**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.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 .....

(ii) Assets included in Form 990, Part X .....

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1 .....

b Assets included in Form 990, Part X .....

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2018

**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		2,447,109.	1,182,307.	1,264,802.
d Equipment				
e Other		1,861,103.	1,562,675.	298,428.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				1,563,230.



**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)		
<b>Total.</b> (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)		
<b>Total.</b> (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)	
<b>Total.</b> (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	2,984,332.
(4) SECURITY DEPOSIT	22,949.
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	3,007,281.

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.

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	138,893,568.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	250,453.
<b>b</b>	Donated services and use of facilities	<b>2b</b>	56,564,611.
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	7,116,574.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	63,931,638.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	74,961,930.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	41,426.
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	41,426.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	<b>5</b>	75,003,356.

**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.

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	129,042,414.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	56,564,611.
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	7,116,574.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	63,681,185.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	65,361,229.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	41,426.
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	41,426.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	<b>5</b>	65,402,655.

**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 PERFORMED AN EVALUATION OF UNCERTAINTY IN TAX POSITIONS FOR THE YEAR ENDED JUNE 30, 2019, AND DETERMINED THAT THERE ARE NO MATTERS THAT WOULD REQUIRE RECOGNITION IN THE CONSOLIDATED FINANCIAL STATEMENTS OR THAT MAY HAVE AN EFFECT ON ITS TAX-EXEMPT STATUS.

**PART XI, LINE 2D - OTHER ADJUSTMENTS:**

SPECIAL EVENT EXPENSES	7,077,928.
GAMING EVENT EXPENSES	38,646.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	7,116,574.

**PART XII, LINE 2D - OTHER ADJUSTMENTS:**

**Part XIII** Supplemental Information *(continued)*

SPECIAL EVENT EXPENSES 7,077,928.

GAMING EVENT EXPENSES 38,646.

TOTAL TO SCHEDULE D, PART XII, LINE 2D 7,116,574.

Multiple horizontal lines for supplemental information.







**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

**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)**

**Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No. 1545-0047

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.

**2018**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

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, CONCORD LITHO GROUP/CONCORD DIRECT - 92 OLD TURNPIKE	SPECIAL EVENT FUNDRAISING & MANAGEMENT/PRODUCTION		X	1,805,300.	311,084.	1,494,216.
STOTT DEVELOPMENT SOLUTIONS GROUP - 4516 WOODDALE AVENUE, TYPE A DEVELOPMENT, LLC (ALLISON PALLESTRINI) - 4540	DIRECT MAIL & DIGITAL/ONLINE FUNDRAISING		X	1,231,753.	173,550.	1,058,203.
ASCENTA GROUP INC. (FORMERLY APPCO GROUP US INC.) - 315 SEA CHANGE STRATEGIES - 7409 BIRCH AVENUE, TAKOMA PARK, MD	FUNDRAISING TEAM DESIGN, STRATEGY & PLANNING;		X	1,000,000.	220,500.	779,500.
BROCK DEVELOPMENT, LLC (MELANIE BROCK) - 502 CANYON	SPECIAL EVENT FUNDRAISING & MANAGEMENT/PRODUCTION		X	939,783.	123,125.	816,658.
JUDY WALKER GROUP (JUDY WALKER) - 30251 GOLDEN	FACE-TO-FACE FUNDRAISING		X	469,000.	834,955.	-365,955.
SKY ADVISORY GROUP (LINDSAY RACHELEFSKY) - 11693 SAN FACE TO FACE OUTREACH, INC. - 18062 IRVINE BOULEVARD, SUITE	DIGITAL/ONLINE FUNDRAISING CONSULTING		X	349,352.	102,000.	247,352.
	STRATEGY & FUNDRAISING		X	342,020.	60,000.	282,020.
	SPECIAL EVENT FUNDRAISING & MANAGEMENT/PRODUCTION		X	237,575.	69,500.	168,075.
	STRATEGY & FUNDRAISING		X	115,000.	72,000.	43,000.
	FACE-TO-FACE FUNDRAISING		X	66,000.	166,475.	-100,475.
<b>Total</b>				<b>6,555,783.</b>	<b>2,133,189.</b>	<b>4,422,594.</b>

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	9,142,357.		9,142,357.
	2	Less: Contributions	5,565,200.		5,565,200.
	3	Gross income (line 1 minus line 2)	3,577,157.		3,577,157.
Direct Expenses	4	Cash prizes	0.		
	5	Noncash prizes	0.		
	6	Rent/facility costs	1,732,221.		1,732,221.
	7	Food and beverages	772,573.		772,573.
	8	Entertainment	50,329.		50,329.
	9	Other direct expenses	4,522,805.		4,522,805.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			
11	Net income summary. Subtract line 10 from line 3, column (d)				-3,500,771.

**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			
	5	Other direct expenses			38,646.
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)				38,646.
8	Net gaming income summary. Subtract line 7 from line 1, column (d)				115,939.

**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, ME, MN, MO, NC, 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	<b>13a</b>	%
b An outside facility	<b>13b</b>	%
- 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: CONCORD LITHO GROUP/CONCORD DIRECT

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

(II) ACTIVITY: DIRECT MAIL & DIGITAL/ONLINE FUNDRAISING CONSULTING

Part IV Supplemental Information (continued)

(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: TYPE A DEVELOPMENT, LLC (ALLISON PALLESTRINI)

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

(I) NAME OF FUNDRAISER: ASCENTA GROUP INC. (FORMERLY APPCO GROUP US INC.)

(I) ADDRESS OF FUNDRAISER:

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

(I) NAME OF FUNDRAISER: SEA CHANGE STRATEGIES

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

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

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

(I) NAME OF FUNDRAISER: JUDY WALKER GROUP (JUDY WALKER)

(I) ADDRESS OF FUNDRAISER:

30251 GOLDEN LANTERN, SUITE E313, LAGUNA NIGUEL, CA 92677

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

(I) ADDRESS OF FUNDRAISER:

11693 SAN VICENTE BLVD, #173, LOS ANGELES, CA 90049

(I) NAME OF FUNDRAISER: FACE TO FACE OUTREACH, INC.

(I) ADDRESS OF FUNDRAISER:

**Part IV** Supplemental Information (continued)

18062 IRVINE BOULEVARD, SUITE 304, TUSTIN, CA 92780

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

CA, CT, DC, FL, GA, IL, MA, ME, MN, MO, NC, NY, PA, TN, TX, WA

**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](http://www.irs.gov/Form990) for the latest information.**

OMB No. 1545-0047

**2018**

**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.

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
UNITED WAY OF KING COUNTY 720 SECOND AVENUE SEATTLE, WA 98104	91-0565555	501(C)(3)	543,112.	0.			NO KID HUNGRY SOCIAL INNOVATION FUND SUBGRANTEE; SCHOOL BREAKFAST PROGRAM SUPPORT
FOOD BANK FOR NEW YORK CITY 39 BROADWAY, 10TH FLOOR NEW YORK, NY 10006	13-3179546	501(C)(3)	470,736.	0.			CHILDHOOD HUNGER PROGRAMS
BAYLOR UNIVERSITY - TEXAS HUNGER INITIATIVE - ONE BEAR PLACE, #97320 - WACO, TX 76798	74-1159753	501(C)(3)	411,449.	0.			NO KID HUNGRY SOCIAL INNOVATION FUND SUBGRANTEE
MONTANA DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES - 1400 BROADWAY - HELENA, MT 59620	81-0302402	N/A	389,250.	0.			NO KID HUNGRY STATE PARTNER GRANT
ARKANSAS HUNGER RELIEF ALLIANCE 1400 WEST MARKHAM STREET, SUITE 304 LITTLE ROCK, AR 72201	30-0254995	501(C)(3)	346,430.	0.			NO KID HUNGRY STATE PARTNER GRANT; COOKING MATTERS PROGRAM SUPPORT
ATLANTA COMMUNITY FOOD BANK 732 JOSEPH E. LOWERY BLVD, NW ATLANTA, GA 30318	58-1376648	501(C)(3)	247,155.	0.			CHILDHOOD HUNGER PROGRAMS

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ..... ▶ **361.**

**3** Enter total number of other organizations listed in the line 1 table ..... ▶ **6.**

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

Schedule I (Form 990) (2018)

**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
SECOND HARVEST HEARTLAND 1140 GERVAIS AVENUE SAINT PAUL, MN 55109	23-7417654	501(C)(3)	243,954.	0.			NO KID HUNGRY STATE PARTNER GRANT; CHILDHOOD HUNGER PROGRAMS
UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL - CENTER FOR HEALTH PROMOTION AND DI - 1700 MARTIN LUTHER KING JR. BLVD - CHAPEL	56-6001393	501(C)(3)	173,500.	0.			NO KID HUNGRY STATE PARTNER GRANT
HUNGER SOLUTIONS NEW YORK 14 COMPUTER DRIVE EAST ALBANY, NY 12205	22-2954760	501(C)(3)	158,441.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT; CHILDHOOD HUNGER PROGRAMS
PROJECT BREAD 145 BORDER STREET EAST BOSTON, MA 02128	04-2931195	501(C)(3)	155,000.	0.			NO KID HUNGRY STATE PARTNER GRANT; CHILDHOOD HUNGER PROGRAMS
GREATER CHICAGO FOOD DEPOSITORY 4100 WEST ANN LURIE PLACE CHICAGO, IL 60632	36-2971864	501(C)(3)	152,470.	0.			NO KID HUNGRY STATE PARTNER GRANT; CHILDHOOD HUNGER PROGRAMS
FAMILY LEAGUE OF BALTIMORE CITY 2305 N. CHARLES STREET, SUITE 200 BALTIMORE, MD 21218	52-1734848	501(C)(3)	152,300.	0.			NO KID HUNGRY STATE PARTNER GRANT; AFTERSCHOOL MEALS PROGRAM SUPPORT
HUNGER TASK FORCE, INC. 201 S HAWLEY COURT MILWAUKEE, WI 53214	39-1345847	501(C)(3)	145,894.	0.			NO KID HUNGRY SOCIAL INNOVATION FUND SUBGRANTEE
FLORIDA IMPACT 300 WEST PENSACOLA STREET TALLAHASSEE, FL 32301	59-2859151	501(C)(3)	129,586.	0.			NO KID HUNGRY SOCIAL INNOVATION FUND SUBGRANTEE; CHILDHOOD HUNGER PROGRAMS
NATIONAL ASSOCIATION OF ELEMENTARY SCHOOL PRINCIPALS - 1615 DUKE STREET - ALEXANDRIA, VA 22314	52-0885532	501(C)(6)	114,000.	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
OAKLAND UNIFIED SCHOOL DISTRICT 900 HIGH STREET OAKLAND, CA 94601	94-6000385	N/A	106,818.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
MICHIGAN DEPARTMENT OF EDUCATION P.O. BOX 30008 LANSING, MI 48909	38-6000134	N/A	102,000.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
BOSTON PUBLIC SCHOOLS 2300 WASHINGTON STREET ROXBURY, MA 02119	04-6001380	N/A	100,000.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
MARY'S MEALS USA 75 ORCHARD STREET BLOOMFIELD, NJ 07003	33-1215331	501(C)(3)	100,000.	0.			INTERNATIONAL AID
FAIRFAX COUNTY PUBLIC SCHOOLS 8115 GATEHOUSE ROAD FALLS CHURCH, VA 22042	12-3456789	N/A	94,500.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT; AFTERSCHOOL MEALS PROGRAM SUPPORT; SUMMER MEALS PROGRAM
NOBLE NETWORK OF CHARTER SCHOOLS 1 N. STATE STREET CHICAGO, IL 60602	36-4241970	N/A	94,174.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
WASHINGTON UNIFIED SCHOOL DISTRICT 1100 CLARENDON STREET WEST SACRAMENTO, CA 95691	68-0343642	N/A	91,700.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT; SUMMER MEALS PROGRAM SUPPORT
CALIFORNIA FOOD POLICY ADVOCATES 1970 BROADWAY, SUITE 760 OAKLAND, CA 94612	94-3163142	501(C)(3)	91,263.	0.			NO KID HUNGRY STATE PARTNER GRANT
THE GREATER BOSTON FOOD BANK 70 SOUTH BAY AVENUE BOSTON, MA 02118	04-2717782	501(C)(3)	85,000.	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
THREE SQUARE 4190 N. PECOS ROAD LAS VEGAS, NV 89115	30-0396918	501(C)(3)	81,344.	0.			NO KID HUNGRY SOCIAL INNOVATION FUND SUBGRANTEE
ELGIN AREA SCHOOL DISTRICT U-46 355 E. CHICAGO STREET ELGIN, IL 60120	36-6004736	N/A	79,950.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT; SUMMER MEALS PROGRAM SUPPORT
FEEDING THE GULF COAST 5248 MOBILE SOUTH STREET THEODORE, AL 36582	63-0821997	501(C)(3)	76,000.	0.			NO KID HUNGRY STATE PARTNER GRANT; DISASTER/EMERGENCY RELIEF
CHICAGO INTERNATIONAL CHARTER SCHOOL - 11 E. ADAMS, SUITE 600 - CHICAGO, IL 60603	36-4141583	N/A	70,466.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
NEBRASKA APPLESEED 941 O STREET, SUITE 920 LINCOLN, NE 68508	47-0798343	501(C)(3)	70,000.	0.			NO KID HUNGRY STATE PARTNER GRANT
NATOMAS UNIFIED SCHOOL DISTRICT 1931 ARENA BLVD SACRAMENTO, CA 95834	94-6003346	N/A	70,000.	0.			SUMMER MEALS PROGRAM SUPPORT
KENTUCKY ASSOCIATION OF FOOD BANKS P.O. BOX 1824 BEREA, KY 40303	61-1398656	501(C)(3)	66,815.	0.			NO KID HUNGRY STATE PARTNER GRANT
THE YOUNG CENTER FOR IMMIGRANT CHILDREN'S RIGHTS - 2245 SOUTH MICHIGAN AVENUE, SUITE 301 - CHICAGO, IL 60616	26-1839249	501(C)(3)	66,000.	0.			CHILDHOOD HUNGER PROGRAMS
CATHOLIC CHARITIES OF THE RIO GRANDE VALLEY - 700 N. VIRGEN DE SAN JUAN BLVD - SAN JUAN, TX 78589	68-0599307	501(C)(3)	65,900.	0.			CHILDHOOD HUNGER PROGRAMS; SUMMER MEALS 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
HEALTHMPOWERS, INC. 250 SCIENTIFIC DRIVE, SUITE 500 NORCROSS, GA 30307	58-2524601	501(C)(3)	65,000.	0.			NO KID HUNGRY STATE PARTNER GRANT
CRAVEN COUNTY SCHOOL DISTRICT 3600 TRENT ROAD NEW BERN, NC 28562	56-1286861	N/A	62,000.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT; DISASTER/EMERGENCY RELIEF
CHILDREN'S HUNGER ALLIANCE 1105 SCHROCK ROAD, SUITE 505 COLUMBUS, OH 43229	23-7303509	501(C)(3)	60,000.	0.			NO KID HUNGRY STATE PARTNER GRANT
SAN FRANCISCO UNIFIED SCHOOL DISTRICT - 555 FRANKLIN STREET - SAN FRANCISCO, CA 94102	94-6000416	N/A	57,479.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
EL RANCHO USD FOOD SERVICES 9333 LOCH LOMOND DRIVE PICO RIVERA, CA 90660	95-2162543	N/A	56,996.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
LOWCOUNTRY FOOD BANK 2864 AZALEA DRIVE CHARLESTON, SC 29405	57-0751835	501(C)(3)	56,000.	0.			NO KID HUNGRY STATE PARTNER GRANT; DISASTER/EMERGENCY RELIEF
SOUTH TEXAS PRO BONO ASYLUM REPRESENTATION PROJECT - 202 S. 1ST STREET, SUITE 300 - HARLINGEN, TX 78550	36-6110299	501(C)(3)	55,000.	0.			CHILDHOOD HUNGER PROGRAMS
MORENO VALLEY USD 13135 NASON STREET MORENO VALLEY, CA 92555	52-1770792	N/A	55,000.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
ARLINGTON FOOD ASSISTANCE CENTER 2708 S. NELSON STREET ARLINGTON, VA 22206	54-1473207	501(C)(3)	51,445.	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
CLEVELAND METRO SCHOOL DISTRICT 1111 SUPERIOR AVENUE E, SUITE 1800 CLEVELAND, OH 44114	34-6000662	N/A	51,300.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
WESTMINSTER PUBLIC SCHOOLS 2401 WEST 80TH AVENUE DENVER, CO 80221	84-1088489	N/A	50,013.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
ASSOCIATION OF ARIZONA FOOD BANKS 340 E CORONADO ROAD, SUITE 400 PHOENIX, AZ 85004	86-0507679	501(C)(3)	50,000.	0.			NO KID HUNGRY STATE PARTNER GRANT
GREATER PITTSBURGH COMMUNITY FOOD BANK - 1 N LINDEN STREET - DUQUESNE, PA 15110-1067	25-1420599	501(C)(3)	50,000.	0.			NO KID HUNGRY STATE PARTNER GRANT
GLEANERS COMMUNITY FOOD BANK OF SOUTHEASTERN MICHIGAN - 2131 BEAUFAIT - DETROIT, MI 48207	38-2156255	501(C)(3)	49,333.	0.			COOKING MATTERS PROGRAM SUPPORT
CAPITAL AREA FOOD BANK 4900 PUERTO RICO AVENUE, NE WASHINGTON, DC 20017	52-1167581	501(C)(3)	45,000.	0.			SUMMER MEALS PROGRAM SUPPORT
EASTSIDE UNION SCHOOL DISTRICT 3126 EAST AVENUE I LANCASTER, CA 93535	95-6001044	N/A	44,814.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
BELLEVILLE BOARD OF EDUCATION 20 PASSAIC AVENUE BELLEVILLE, NJ 07109	22-6001646	N/A	44,000.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
CAPISTRANO UNIFIED SCHOOL DISTRICT 25601 CAMINO DEL AVION SAN JUAN CAPISTRANO, CA 92675	95-2321055	N/A	41,990.	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
UNIDOS DUAL LANGUAGE SCHOOL 4475 HENDRIX DRIVE FOREST PARK, GA 30297	58-6000212	N/A	40,000.	0.			CHILDHOOD HUNGER PROGRAMS
BIBB COUNTY SCHOOL DISTRICT 1646 UPPER RIVER ROAD MACON, GA 31211	58-6000191	N/A	40,000.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
SECOND HARVEST FOOD BANK OF NORTHEAST TENNESSEE - 1020 JERICHO DRIVE - KINGSPOINT, TN 37663	62-1303822	501(C)(3)	40,000.	0.			NO KID HUNGRY STATE PARTNER GRANT
EL RIO COMMUNITY HEALTH CENTER 839 W. CONGRESS STREET TUCSON, AZ 85745	86-0816675	501(C)(3)	40,000.	0.			COOKING MATTERS PROGRAM SUPPORT
ELK GROVE UNIFIED SCHOOL DISTRICT ELK GROVE-FLORIN ROAD ELK GROVE, CA 95624	94-6002501	N/A	40,000.	0.			SUMMER MEALS PROGRAM SUPPORT
PARADISE UNIFIED SCHOOL DISTRICT 6696 CLARK ROAD PARADISE, CA 95969	94-6003686	N/A	40,000.	0.			SUMMER MEALS PROGRAM SUPPORT
PARTNERS FOR A HUNGER-FREE OREGON 712 SE HAWTHORNE BLVD, #202 PORTLAND, OR 97214	20-4970868	501(C)(3)	40,000.	0.			NO KID HUNGRY STATE PARTNER GRANT
18 REASONS 3150 18TH STREET, #315 SAN FRANCISCO, CA 94110	45-3059509	501(C)(3)	39,021.	0.			CHILDHOOD HUNGER PROGRAMS
CADDO PUBLIC PARISH SCHOOLS 6514 WEST CANAL BLVD SHREVEPORT, LA 71108	72-6000224	N/A	37,790.	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
CITY OF BOSTON 1 CITY HALL SQUARE BOSTON, MA 02201	04-6001380	N/A	37,500.	0.			CHILDHOOD HUNGER PROGRAMS
DOUGLAS COUNTY SCHOOL SYSTEM 2520 EAST COUNTY LINE ROAD LITHIA SPRINGS, GA 30122	58-6000232	N/A	36,600.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
IDAHO STATE DEPARTMENT OF EDUCATION - 650 STATE ST, 2ND FLOOR - BOISE, ID 83702	82-6000095	N/A	36,000.	0.			NO KID HUNGRY STATE PARTNER GRANT
NEW HAMPSHIRE CATHOLIC CHARITIES D/B/A NEW HAMPSHIRE FOOD BANK - 700 EAST INDUSTRIAL PARK DRIVE - MANCHESTER, NH 03109	02-0222163	501(C)(3)	35,557.	0.			CHILDHOOD HUNGER PROGRAMS
CICERO SCHOOL DISTRICT 99 5110 W. 24TH STREET CICERO, IL 60804	36-6004320	N/A	35,213.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
LITTLE ROCK SCHOOL DISTRICT 1501 JONES STREET LITTLE ROCK, AR 72202	71-6014717	N/A	35,000.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
412 FOOD RESCUE 6022 BROAD STREET PITTSBURGH, PA 15206	47-3476140	501(C)(3)	34,334.	0.			COOKING MATTERS PROGRAM SUPPORT
PROVIDENCE MILWAUKIE FOUNDATION 10150 SE 32ND AVENUE MILWAUKIE, OR 97222	94-3079515	501(C)(3)	34,333.	0.			COOKING MATTERS PROGRAM SUPPORT
FOOD RESEARCH AND ACTION CENTER 1200 18TH STREET, NW, SUITE 400 WASHINGTON, DC 20036	23-7200739	501(C)(3)	33,500.	0.			SUMMER MEALS PROGRAM SUPPORT

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PANAMA-BUENA VISTA UNION SCHOOL DISTRICT - 4100 ALUM AVENUE - BAKERSFIELD, CA 93309	95-6000412	N/A	33,036.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
LEGAL SERVICES ADVOCACY PROJECT 2324 UNIVERSITY AVENUE WEST, SUITE SAINT PAUL, MN 55114	41-1412710	501(C)(3)	32,189.	0.			CHILDHOOD HUNGER PROGRAMS
SCHOOL NUTRITION FOUNDATION 120 WATERFRONT STREET, SUITE 300 NATIONAL HARBOR, MD 20745	84-6039412	501(C)(3)	31,566.	0.			CHILDHOOD HUNGER PROGRAMS
LAREDO INDEPENDENT SCHOOL DISTRICT 1818 ARKANSAS AVENUE LAREDO, TX 78043	74-6001580	N/A	30,960.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
EL MONTE CITY SCHOOL DISTRICT 11317 E. MCGIRK ROAD EL MONTE, CA 91732	95-6001074	N/A	30,600.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
COMMUNITY FOOD ADVOCATES 110 WALL STREET NEW YORK, NY 10005	27-1764219	501(C)(3)	30,000.	0.			CHILDHOOD HUNGER PROGRAMS
SCHOOL CITY OF HAMMOND 5825 BLAINE AVENUE HAMMOND, IN 46320	35-6002450	N/A	30,000.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
HAYS CONSOLIDATED INDEPENDENT SCHOOL DISTRICT - 2331 HIGH ROAD - UHLAND, TX 78640	74-1587518	N/A	30,000.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
HEAVEN'S WINDOWS 2820 VIA ORANGE WAY, STE. W SPRING VALLEY, CA 91978	45-3973982	501(C)(3)	30,000.	0.			SUMMER MEALS PROGRAM SUPPORT

Schedule I (Form 990)

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SECOND HARVEST FOOD BANK OF ORANGE COUNTY - 8014 MARINE WAY - IRVINE, CA 92618	32-0362611	501(C)(3)	30,000.	0.			CHILDHOOD HUNGER PROGRAMS
LOS ANGELES REGIONAL FOOD BANK 1734 EAST 41ST STREET LOS ANGELES, CA 90058-1502	95-3135649	501(C)(3)	30,000.	0.			CHILDHOOD HUNGER PROGRAMS
COMMUNITY ACTION PARTNERSHIP OF ORANGE COUNTY - 11870 MONARCH STREET - GARDEN GROVE, CA 92841-2311	95-2452787	501(C)(3)	30,000.	0.			CHILDHOOD HUNGER PROGRAMS
DETROIT PUBLIC SCHOOLS COMMUNITY DISTRICT - 20000 EVERGREEN ROAD - DETROIT, MI 48219	38-6019629	N/A	29,744.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
SOUTH CAROLINA DEPARTMENT OF EDUCATION - 1429 SENATE STREET - COLUMBIA, SC 29201	57-6000286	N/A	29,000.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
REDLANDS UNIFIED SCHOOL DISTRICT 840 E. CITRUS AVENUE REDLANDS, CA 92374	95-2254572	N/A	29,000.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
LAWNDALE ELEMENTARY SCHOOL DISTRICT - 4520 W. 168TH STREET - LAWNDALE, CA 90260	95-6001837	N/A	28,850.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
AMETHOD PUBLIC SCHOOLS 4215 FOOTHILL BLVD. OAKLAND, CA 94601	94-3185735	N/A	28,600.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
RIALTO UNIFIED SCHOOL DISTRICT 975 N. MERIDIAN AVENUE RIALTO, CA 92376	33-0506526	N/A	28,288.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT

Schedule I (Form 990)

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JONES COUNTY PUBLIC SCHOOLS 320 W JONES STREET TRENTON, NC 28585	56-6001056	N/A	28,000.	0.			CHILDHOOD HUNGER PROGRAMS
CAPTAIN PLANET FOUNDATION, INC. 133 LUCKIE STREET ATLANTA, GA 30303	58-1959421	501(C)(3)	27,980.	0.			CHILDHOOD HUNGER PROGRAMS
GOOD SHEPHERD FOOD BANK 3121 HOTEL ROAD AUBURN, ME 04211	22-2986809	501(C)(3)	27,500.	0.			COOKING MATTERS PROGRAM SUPPORT
UNIVERSITY OF MINNESOTA EXTENSION 200 OAK STREET SE, SUITE 450 MINNEAPOLIS, MN 55445-2010	41-6007513	N/A	26,824.	0.			CHILDHOOD HUNGER PROGRAMS
PAMLICO COUNTY SCHOOLS 507 ANDERSON DRIVE BAYBORO, NC 28515	56-6001092	N/A	25,161.	0.			DISASTER/EMERGENCY RELIEF
HUNGER FREE AMERICA 50 BROAD STREET, SUITE 1103 NEW YORK, NY 10004	13-3471350	501(C)(3)	25,000.	0.			CHILDHOOD HUNGER PROGRAMS
YEMEN AID P.O. BOX 238 YONKERS, NY 10704	81-4112042	501(C)(3)	25,000.	0.			INTERNATIONAL AID
FAMILY NUTRITION OF THE TRIAD, LLC 1513 FRANKLIN STREET, SUITE 133D CHAPEL HILL, NC 27514	81-0696382	501(C)(3)	25,000.	0.			COOKING MATTERS PROGRAM SUPPORT
SUMTER SCHOOL DISTRICT 2000 OSWEGO ROAD SUMTER, SC 29153	36-4682689	N/A	25,000.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT

Schedule I (Form 990)



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FLORIDA ASSOCIATION OF DISTRICT SCHOOL SUPERINTENDENTS - 208 SOUTH MONROE STREET - TALLAHASSEE, FL 32301	23-7017835	501(C)(6)	25,000.	0.			CHILDHOOD HUNGER PROGRAMS
INDY HUNGER NETWORK 3737 WALDEMERE AVENUE INDIANAPOLIS, IN 46241	45-4833492	501(C)(3)	25,000.	0.			COOKING MATTERS PROGRAM SUPPORT
YOUNG MEN'S CHRISTIAN ASSOCIATION OF GREATER GRAND RAPIDS - 475 LAKE MICHIGAN DRIVE NW - GRAND RAPIDS, MI 49504	38-1358058	501(C)(3)	25,000.	0.			COOKING MATTERS PROGRAM SUPPORT
PURE HANDS 7340 HIGHWAY 78, SUITE 270 SACHSE, TX 75048	45-4810098	501(C)(3)	25,000.	0.			CHILDHOOD HUNGER PROGRAMS
BUCKNER CHILDREN AND FAMILY SERVICES - 39614 MILE 7 ROAD, SUITE 3 - PENITAS, TX 78576	75-2571395	501(C)(3)	25,000.	0.			CHILDHOOD HUNGER PROGRAMS
TEXAS ACCESS TO JUSTICE FOUNDATION P.O. BOX 12886 AUSTIN, TX 78711	74-2354575	501(C)(3)	25,000.	0.			DISASTER/EMERGENCY RELIEF
PANHANDLE HEALTH DISTRICT 8500 N. ATLAS ROAD HAYDEN, ID 83835	82-0537262	GOV'T	25,000.	0.			COOKING MATTERS PROGRAM SUPPORT
CATHOLIC COMMUNITY SERVICES OF NORTHERN UTAH - 2504 F AVENUE - OGDEN, UT 84401	87-0212450	501(C)(3)	25,000.	0.			CHILDHOOD HUNGER PROGRAMS
SAVE THE CHILDREN FEDERATION, INC. 501 KINGS HIGHWAY EAST, SUITE 400 FAIRFIELD, CT 06825	06-0726487	501(C)(3)	25,000.	0.			INTERNATIONAL AID

Schedule I (Form 990)

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THE UNIVERSITY OF AKRON 302 BUCHEL COMMON AKRON, OH 44325	34-6002924	N/A	24,600.	0.			COOKING MATTERS PROGRAM SUPPORT
DARLINGTON COUNTY SCHOOL DISTRICT 216 NORTH DARLINGTON AVENUE LAMAR, SC 29069	57-6003890	N/A	23,990.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
GREATER CLARK COUNTY SCHOOLS 1600 BRIGMAN AVENUE JEFFERSONVILLE, IN 47130	35-1151414	N/A	23,960.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
ST. MARY'S COUNTY PUBLIC SCHOOLS 22790 MAPLE ROAD LEXINGTON PARK, MD 20653	52-6001013	N/A	23,000.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
FORT SMITH PUBLIC SCHOOLS 3205 JENNY LIND FORT SMITH, AR 72902-1948	71-6020978	N/A	22,850.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
AMERICAN RED CROSS OF MASSACHUSETTS - 1033 MASSACHUSETTS AVENUE - BOSTON, MA 02118	53-0196605	501(C)(3)	22,825.	0.			CHILDHOOD HUNGER PROGRAMS
HAWTHORNE SCHOOL DISTRICT 12044 S. EUCALYPTUS AVENUE HAWTHORNE, CA 90250	95-6001545	N/A	22,792.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
CALIFORNIA ASSOCIATION OF FOOD BANKS - 1624 FRANKLIN STREET, SUITE 722 - OAKLAND, CA 94612	68-0392816	501(C)(3)	22,763.	0.			DISASTER/EMERGENCY RELIEF
COMMUNITY HEALTH NETWORK OF CONNECTICUT FOUNDATION - 11 FAIRFIELD BLVD - WALLINGFORD, CT 06492	20-0395748	501(C)(3)	22,171.	0.			CHILDHOOD HUNGER PROGRAMS

Schedule I (Form 990)

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BEDFORD COUNTY PUBLIC SCHOOLS 1095 GOLDEN EAGLE DRIVE MONETA, VA 24121	54-6001143	N/A	22,095.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
ONE HEALTH OHIO 726 WICK AVENUE YOUNGSTOWN, OH 44505	34-1609341	501(C)(3)	22,055.	0.			COOKING MATTERS PROGRAM SUPPORT
COPIAGUE UNION FREE SCHOOL DISTRICT - 100 DEAUVILLE BLVD. - COPIAGUE, NY 11726	11-6000450	N/A	22,000.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
INNER CITY EDUCATION FOUNDATION PUBLIC SCHOOLS - 5311 S. CRENSHAW BLVD. - LOS ANGELES, CA 90043	95-4548521	N/A	21,451.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
MEDSTAR GEORGETOWN UNIVERSITY HOSPITAL - 4200 WISCONSIN AVENUE, NW, SUITE 200 - WASHINGTON, DC 20016	52-2218584	501(C)(3)	21,203.	0.			COOKING MATTERS PROGRAM SUPPORT
OREGON FOOD BANK 7900 NE 33RD DRIVE PORTLAND, OR 97211-1918	93-0785786	501(C)(3)	21,000.	0.			COOKING MATTERS PROGRAM SUPPORT
DEDHAM PUBLIC SCHOOLS 70 WHITING AVENUE DEDHAM, MA 02026	04-6001128	N/A	20,500.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
CHESAPEAKE PUBLIC SCHOOLS 1016 GREENBRIER PKWY. CHESAPEAKE, VA 23320	54-0972327	N/A	20,300.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
COMAL INDEPENDENT SCHOOL DISTRICT 1510 IH 35 N NEW BRAUNFELS, TX 78130	74-6001777	N/A	20,200.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT

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WORLD CENTRAL KITCHEN, INC. 1875 CONNECTICUT AVENUE, NW, 10TH F WASHINGTON, DC 20009	27-3521132	501(C)(3)	20,000.	0.			DISASTER/EMERGENCY RELIEF
ALLIANCE TO END HUNGER 425 3RD STREET, SW, SUITE 1200 WASHINGTON, DC 20024	20-2803848	501(C)(3)	20,000.	0.			CHILDHOOD HUNGER PROGRAMS
COLUMBIA COUNTY SCHOOL DISTRICT 1095 FURYS FERRY ROAD EVANS, GA 30809	58-6000217	N/A	20,000.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
NAKODAH AANIIIIH ECONOMIC DEVELOPMENT CORPORATION - 189 CHIPPEWA AVENUE - HARLEM, MT 59526	47-1275202	501(C)(3)	20,000.	0.			CHILDHOOD HUNGER PROGRAMS
LIBERAL SCHOOLS USD 480 1611 W. 2ND STREET LIBERAL, KS 67901	48-0697752	N/A	20,000.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
FEEDING TEXAS 1524 SOUTH IH-35, SUITE 342 AUSTIN, TX 78704	74-2762542	501(C)(3)	20,000.	0.			DISASTER/EMERGENCY RELIEF
PUEBLO SCHOOL DISTRICT NO. 60 1902 MONTEZUMA ROAD PUEBLO, CO 81003	84-6001882	N/A	20,000.	0.			CHILDHOOD HUNGER PROGRAMS
HAWAII APPLESEED CENTER FOR LAW & ECONOMIC JUSTICE - 119 MERCHANT STREET, SUITE 605A - HONOLULU, HI 96813	76-0748976	501(C)(3)	20,000.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
TENNESSEE JUSTICE CENTER 211 UNION STREET, SUITE 916 NASHVILLE, TN 37201-1568	62-1630417	501(C)(3)	20,000.	0.			NO KID HUNGRY STATE PARTNER GRANT

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SPOTSYLVANIA COUNTY SCHOOL DISTRICT - 6929 N ROXBURY MILL ROAD - SPOTSYLVANIA, VA 22551	54-6001624	N/A	19,833.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
IDAHO HUNGER RELIEF TASK FORCE 963 S. ORCHARD BOISE, ID 83705	81-3084559	501(C)(3)	19,760.	0.			COOKING MATTERS PROGRAM SUPPORT
LA PROMISE FUND 202 W. 1ST STREET LOS ANGELES, CA 90012	20-4562686	N/A	19,694.	0.			CHILDHOOD HUNGER PROGRAMS
END HUNGER CONNECTICUT!, INC. 65 HUNGERFORD STREET HARTFORD, CT 06106	06-1545835	501(C)(3)	19,004.	0.			CHILDHOOD HUNGER PROGRAMS
UNIVERSITY OF WISCONSIN-MADISON RESEARCH & SPONSORED PROGRAMS MADISON, WI 53715-1218	39-6006492	N/A	19,000.	0.			COOKING MATTERS PROGRAM SUPPORT
OUR HOUSE, INC. 173 BOULEVARD NORTHEAST ATLANTA, GA 30312	58-1743333	501(C)(3)	18,653.	0.			CHILDHOOD HUNGER PROGRAMS
GATHER 210 WEST ROAD, SUITE 3 PORTSMOUTH, NH 03801	02-0226943	501(C)(3)	18,510.	0.			CHILDHOOD HUNGER PROGRAMS
ST. MARY PARISH SCHOOL BOARD 474 HIGHWAY 317 CENTERVILLE, LA 70522	72-6001284	N/A	18,500.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
GATEWAY COMMUNITY ACTION PARTNERSHIP - 139 N. IOWA AVENUE - ATLANTIC CITY, NJ 08401	22-1942357	501(C)(3)	18,370.	0.			COOKING MATTERS PROGRAM SUPPORT

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THE FAMILY & COMMUNITY TRUST 114 B EAST HIGH STREET JEFFERSON CITY, MO 65101	49-9686506	501(C)(3)	18,151.	0.			CHILDHOOD HUNGER PROGRAMS
FOODCORPS 1140 SE 7TH AVENUE, SUITE 110 PORTLAND, OR 97214	27-3990987	501(C)(3)	18,005.	0.			CHILDHOOD HUNGER PROGRAMS
HUDSON SCHOOL DISTRICT 1400 CARMICHAEL ROAD HUDSON, WI 54016	39-6002665	N/A	18,000.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
BASTROP ISD 151 VOSS PKWY. CEDAR CREEK, TX 78612	74-6000230	N/A	17,800.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
PACIFIC CLINICS 800 SANTA ANITA AVENUE ARCADIA, CA 91006	95-1644034	501(C)(3)	17,756.	0.			COOKING MATTERS PROGRAM SUPPORT
HENRICO COUNTY PUBLIC SCHOOLS 3820 NINE MILE ROAD HENRICO, VA 23223	54-6001344	N/A	17,642.	0.			AFTERSCHOOL MEALS PROGRAM SUPPORT
HEALTHY WEST CHICAGO 108 SHERMAN STREET WEST CHICAGO, IL 60185	27-1726852	501(C)(3)	17,500.	0.			COOKING MATTERS PROGRAM SUPPORT
SECOND HARVEST FOOD BANK OF GREATER NEW ORLEANS AND ACADIANA - 700 EDWARDS AVENUE - NEW ORLEANS, LA 70123	72-0956468	501(C)(3)	17,200.	0.			AFTERSCHOOL MEALS PROGRAM SUPPORT
ALABAMA FOOD BANK ASSOCIATION P.O. BOX 18607 HUNTSVILLE, AL 35804	27-1591801	501(C)(3)	16,677.	0.			SUMMER MEALS PROGRAM SUPPORT

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UNION CITY PUBLIC SCHOOLS 1500 NEW YORK AVENUE UNION CITY, NJ 07087	22-6002355	N/A	16,556.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
BILLINGS PUBLIC SCHOOLS 3700 MADISON AVENUE BILLINGS, MT 59101	81-6001088	N/A	16,500.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
FOUNTAIN LAKE SCHOOLS 4207 PARK AVENUE HOT SPRINGS, AR 71901	71-0475989	N/A	16,500.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
KENNEWICK SCHOOL DISTRICT 4TH AVENUE KENNEWICK, WA 99336	91-6001557	N/A	16,500.	0.			CHILDHOOD HUNGER PROGRAMS
BALTIMORE CO PUBLIC SCHOOL DISTRICT - 9610 PULASKI PARK DRIVE - BALTIMORE, MD 21220	52-1819200	N/A	16,367.	0.			AFTERSCHOOL MEALS PROGRAM SUPPORT
MOUNTAIN VIEW ELEMENTARY SCHOOL DISTRICT - 11111 THIENES AVENUE - EL MONTE, CA 91732	95-6002140	N/A	16,265.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
CHAPEL HILL-CARRBORO CITY SCHOOLS 606 N. ESTES DRIVE CHAPEL HILL, NC 27516	56-6001004	N/A	16,000.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
AMERICA'S SECOND HARVEST OF THE BIG BEND, INC. - 4016 NORTHWEST PASSAGE - TALLAHASSEE, FL 32303-7817	59-2610345	501(C)(3)	16,000.	0.			DISASTER/EMERGENCY RELIEF
ORANGE COUNTY DEPARTMENT OF EDUCATION - 200 KALMUS DRIVE - COSTA MESA, CA 92626	95-6000943	N/A	15,500.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT

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WILSON AREA SCHOOL DISTRICT 2400 FIRMSTONE STREET EASTON, PA 18042	23-1729126	N/A	15,100.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
DURHAM PUBLIC SCHOOLS 3218 ROSE OF SHARON ROAD DURHAM, NC 27712	56-6001021	N/A	15,100.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
CATHOLIC CHARITIES FOOD BANK OF THE SOUTHERN TIER - 388 UPPER OAKWOOD AVENUE - ELMIRA, NY 14903	20-8808059	501(C)(3)	15,050.	0.			CHILDHOOD HUNGER PROGRAMS
CITY HARVEST, INC. 6 EAST 32ND STREET, 5TH FLOOR NEW YORK, NY 10016	13-3170676	501(C)(3)	15,000.	0.			CHILDHOOD HUNGER PROGRAMS
PEEKSKILL CITY SCHOOL DISTRICT 612 DEPEW ST. PEEKSKILL, NY 10566	13-6007163	N/A	15,000.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
PRINCE WILLIAM COUNTY COMMUNITY FOUNDATION, INC. - P.O. BOX 5148 - WOODBRIDGE, VA 22194	82-4105362	501(C)(3)	15,000.	0.			SUMMER MEALS PROGRAM SUPPORT
RICHMOND FOOD JUSTICE ALLIANCE 2213 Q STREET RICHMOND, VA 23223	82-0947893	501(C)(3)	15,000.	0.			CHILDHOOD HUNGER PROGRAMS
BOYS & GIRLS CLUBS OF THE VIRGINIA PENINSULA - 11825 ROCK LANDING DRIVE - NEWPORT NEWS, VA 23606	54-0538202	501(C)(3)	15,000.	0.			SUMMER MEALS PROGRAM SUPPORT
BUCHANAN COUNTY PUBLIC SCHOOLS 27382 RIVERSIDE DR GRUNDY, VA 24614	56-6001174	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
FLORIDA SCHOOL BOARDS ASSOCIATION 203 SOUTH MONROE STREET TALLAHASSEE, FL 32301	59-1229569	501(C)(6)	15,000.	0.			CHILDHOOD HUNGER PROGRAMS
LOCAL MATTERS 633 PARSONS AVE COLUMBUS, OH 43206	06-1819644	501(C)(3)	15,000.	0.			COOKING MATTERS PROGRAM SUPPORT
GROVEPORT MADISON SCHOOL DISTRICT 5474 SEDALIA DR. COLUMBUS, OH 43232	31-6006900	N/A	15,000.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
ASHTABULA AREA CITY SCHOOLS 2308 WADE AVE. ASHTABULA, OH 44004	34-6005875	N/A	15,000.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
EUCLID CITY SCHOOLS 711 E. 222ND ST. EUCLID, OH 44123	34-6000963	N/A	15,000.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
GALLIA COUNTY LOCAL SCHOOLS 8779 STATE ROUTE 160 BIDWELL, OH 45614	51-1433336	N/A	15,000.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
NORTH DAKOTA DEPARTMENT OF PUBLIC INSTRUCTION - 600 EAST BOULEVARD AVENUE, DEPT. 201 - BISMARCK, ND 58505	45-0309764	N/A	15,000.	0.			CHILDHOOD HUNGER PROGRAMS
HOUSTON FOOD BANK 535 PORTWALL STREET HOUSTON, TX 77029	74-2181456	501(C)(3)	15,000.	0.			CHILDHOOD HUNGER PROGRAMS
GREELEY-EVANS WELD COUNTY SCHOOL DISTRICT 6 - 2401 35TH AVE. - GREELEY, CO 80634	98-0334500	N/A	15,000.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT

Schedule I (Form 990)

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UTAH FOOD BANK 3150 SOUTH 900 WEST SALT LAKE CITY, UT 84119	87-0212453	501(C)(3)	15,000.	0.			CHILDHOOD HUNGER PROGRAMS
BUTTE COUNTY OFFICE OF EDUCATION 1859 BIRD ST. OROVILLE, CA 95965	94-6002433	GOV'T	15,000.	0.			SUMMER MEALS PROGRAM SUPPORT
GLEN ROSE SCHOOL DISTRICT 14334 HWY 67 MALVERN, AR 72104	71-6038512	N/A	14,975.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
WHITTIER UNION HIGH SCHOOL DISTRICT - 9401 S. PAINTER AVE - WHITTIER, CA 90605	95-6003511	N/A	14,610.	0.			SUMMER MEALS PROGRAM SUPPORT
COBB COUNTY SCHOOL DISTRICT 3155 JILES ROAD KENNESAW, GA 30144	58-6000214	N/A	14,574.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
FARM HANDS - NOURISH THE FLATHEAD P.O. BOX 4404 WHITEFISH, MT 59937	27-2056363	501(C)(3)	14,100.	0.			SUMMER MEALS PROGRAM SUPPORT
GEORGIA BUDGET AND POLICY INSTITUTE - 50 HURT PLAZA, SE, SUITE 720 - ATLANTA, GA 30303	55-0860376	501(C)(3)	13,990.	0.			CHILDHOOD HUNGER PROGRAMS
PROJECT OPEN HAND 181 ARMOUR DRIVE, N.E. ATLANTA, GA 30324	58-1816778	501(C)(3)	13,990.	0.			CHILDHOOD HUNGER PROGRAMS
GEORGIA CITIZENS' COALITION ON HUNGER - 9 GAMMON AVE - ATLANTA, GA 30315-2711	23-7422289	501(C)(3)	13,990.	0.			CHILDHOOD HUNGER PROGRAMS

Schedule I (Form 990)

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MADISON COUNTY PUBLIC HEALTH 306 LAFAYETTE STREET, SUITE B LONDON, OH 43140	31-6400075	N/A	13,887.	0.			COOKING MATTERS PROGRAM SUPPORT
DEKALB SCHOOL DISTRICT 428 1121 SCHOOL ST. DEKALB, IL 60115	36-6008504	N/A	13,800.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
DOOLY COUNTY BOARD OF EDUCATION 11949 HIGHWAY 41 PINEHURST, GA 31070	58-6000230	N/A	13,619.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
COUNCIL OF THE GREAT CITY SCHOOLS 1331 PENNSYLVANIA AVENUE, NW, SUITE WASHINGTON, DC 20004	36-2481232	501(C)(3)	13,500.	0.			CHILDHOOD HUNGER PROGRAMS
MSD PIKE TOWNSHIP 6450 RODEBAUGH RD. INDIANAPOLIS, IN 46268	35-6006872	N/A	13,500.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
SOUTHFIELD PUBLIC SCHOOLS 24675 LAHSER RD. SOUTHFIELD, MI 48033	38-6003094	N/A	13,475.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
BEAVER AREA SCHOOL DISTRICT GYPSY GLEN RD. BEAVER, PA 15009	25-6004166	N/A	12,900.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
OKLAHOMA CITY PUBLIC SCHOOLS 2901 NW 23RD OKLAHOMA CITY, OK 73107	73-6021175	N/A	12,900.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
SOUTHERN NH SERVICES/ROCKINGHAM COMMUNITY ACTION - 40 PINE STREET - MANCHESTER, NH 03103	02-0268285	501(C)(3)	12,612.	0.			CHILDHOOD HUNGER PROGRAMS

Schedule I (Form 990)

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CHICKASAW NATION 520 E. ARLINGTON, BOX 1548 ADA, OK 74821-1548	73-1374986	501(C)(3)	12,612.	0.			SUMMER MEALS PROGRAM SUPPORT
GREATER MINNEAPOLIS COUNCIL OF CHURCHES/MINNESOTA FOODSHARE - 1100 E LAKE STREET - MINNEAPOLIS, MN 55407	41-0693933	501(C)(3)	12,518.	0.			CHILDHOOD HUNGER PROGRAMS
LOUDOUN CO PUBLIC SCHOOL DISTRICT 400 W LAUREL AVENUE STERLING, VA 20164	54-6001395	N/A	12,500.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
RUSSELL COUNTY PUBLIC SCHOOLS 53 GEORGE BEN WHITED DR. LEBANON, VA 24266	54-6001591	N/A	12,500.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
COMMUNITY ACTION PARTNERSHIP OF STRAFFORD COUNTY - 577 CENTRAL AVE - DOVER, NH 03820	02-0268636	501(C)(3)	12,431.	0.			CHILDHOOD HUNGER PROGRAMS
ALVORD UNIFIED SCHOOL DISTRICT 10435 BRANIGAN WAY RIVERSIDE, CA 92505	91-1794390	N/A	12,400.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
HELENA SCHOOL DISTRICT 1 1023 E BROADWAY ST HELENA, MT 59601	81-6000557	N/A	12,200.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
MUSKEGON PUBLIC SCHOOLS 80 W. SOUTHERN AVE. MUSKEGON, MI 49441	38-6002960	N/A	12,000.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
POLK COUNTY PUBLIC SCHOOLS 1915 SOUTH FLORAL AVE BARTOW, FL 33830	59-6000807	N/A	11,900.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT

Schedule I (Form 990)

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FOODSHARE, INC. 450 WOODLAND AVENUE BLOOMFIELD, CT 06002	22-2474771	501(C)(3)	11,614.	0.			CHILDHOOD HUNGER PROGRAMS
SPARTANBURG SCHOOL DISTRICT 1 1420 COMPTON BRIDGE ROAD INMAN, SC 29349	57-0687554	N/A	11,441.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
PINAL COUNTY PUBLIC HEALTH SERVICES DISTRICT - P.O. BOX 2945 - FLORENCE, AZ 85132	86-6000556	N/A	11,400.	0.			COOKING MATTERS PROGRAM SUPPORT
CANDLER COUNTY SCHOOL DISTRICT 34905 GA HIGHWAY 129 SOUTH METTER, GA 30439	58-6000202	N/A	11,329.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
FOOD FINDERS FOOD BANK 1204 GREENBUSH ST LAFAYETTE, IN 47904	31-1020198	501(C)(3)	11,120.	0.			SUMMER MEALS PROGRAM SUPPORT
COLLETON COUNTY SCHOOL DISTRICT 213 NORTH JEFFERIES BOULEVARD WALTERBORO, SC 29488	57-6000338	N/A	11,000.	0.			CHILDHOOD HUNGER PROGRAMS
FEEDING AMERICA TAMPA BAY 4702 TRANSPORT DRIVE TAMPA, FL 33605	59-2116576	501(C)(3)	11,000.	0.			CHILDHOOD HUNGER PROGRAMS
WARRENSVILLE HEIGHTS CITY SCHOOL DISTRICT - 24301 EMERY RD. - WARRENSVILLE, OH 44128	34-6002991	N/A	11,000.	0.			CHILDHOOD HUNGER PROGRAMS
MCALLEN INDEPENDENT SCHOOL DISTRICT - 2000 NORTH 23RD STREET - MCALLEN, TX 78501	74-6001658	N/A	11,000.	0.			CHILDHOOD HUNGER PROGRAMS

Schedule I (Form 990)

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BOYS & GIRLS CLUB OF GREATER WESTFIELD - 28 WEST SILVER STREET - WESTFIELD, MA 01086	04-2464259	501(C)(3)	11,000.	0.			SUMMER MEALS PROGRAM SUPPORT
FALL MOUNTAIN REGIONAL SCHOOL DISTRICT - 122 NH ROUTE 12A UNIT #5 - LANGDON, NH 03602	02-0269789	N/A	11,000.	0.			SUMMER MEALS PROGRAM SUPPORT
WINDHAM NORTHEAST SUPERVISORY UNION - 25 CHERRY STREET - BELLOWS FALLS, VT 05101	03-0223665	501(C)(6)	11,000.	0.			SUMMER MEALS PROGRAM SUPPORT
GREAT FALLS PUBLIC SCHOOLS 3800 1ST AVENUE SOUTH GREAT FALLS, MT 59401	81-6000120	N/A	10,954.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
DANVILLE PUBLIC SCHOOLS 701 BROAD ST DANVILLE, VA 24541	54-6001248	N/A	10,900.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
FOOTPRINTS FOOD PANTRY P.O. BOX 246,37 OLD POST ROAD KITTERY, ME 03904	22-3149937	501(C)(3)	10,888.	0.			CHILDHOOD HUNGER PROGRAMS
ADAMS 12 FIVE STAR SCHOOLS 9351 N. WASHINGTON STREET THORNTON, CO 80229	84-6000822	N/A	10,770.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
LARRY JOE HARLESS COMMUNITY CENTER 202 LARRY JOE HARLESS DRIVE GILBERT, WV 25621	55-0749741	501(C)(3)	10,600.	0.			SUMMER MEALS PROGRAM SUPPORT
UNITED WAY OF CENTRAL IOWA 1111 NINTH STREET, SUITE 100 DES MOINES, IA 50314	42-0680425	501(C)(3)	10,080.	0.			CHILDHOOD HUNGER PROGRAMS

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CARTERET BOARD OF EDUCATION 300 CARTERET AVE. CARTERET, NJ 07008	22-6001708	N/A	10,022.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
ALLEGHENY COUNTY HEALTH DEPARTMENT WIC PROGRAM - 542 FOURTH AVE - PITTSBURGH, PA 15219	25-6001017	N/A	10,000.	0.			CHILDHOOD HUNGER PROGRAMS
FAMILY HEALTH COUNCIL CENTRAL PA, INC. - 3461 MARKET STREET - CAMP HILL, PA 17011	23-7289815	501(C)(3)	10,000.	0.			CHILDHOOD HUNGER PROGRAMS
DREXEL UNIVERSITY 600 MARKET STREET, 7TH FLOOR PHILADELPHIA, PA 19104	23-1352630	N/A	10,000.	0.			CHILDHOOD HUNGER PROGRAMS
DELAWARE DEPARTMENT OF EDUCATION 401 FEDERAL ST SUITE 2 DOVER, DE 19901	51-6000279	N/A	10,000.	0.			CHILDHOOD HUNGER PROGRAMS
BREAD FOR THE CITY 1525 SEVENTH STREET, NW WASHINGTON, DC 20001	52-1138207	N/A	10,000.	0.			DISASTER/EMERGENCY RELIEF
COUNCIL OF CHIEF STATE SCHOOL OFFICERS - ONE MASSACHUSETTS AVENUE, NW, SUITE 700 - WASHINGTON, DC 20001	53-0198090	501(C)(3)	10,000.	0.			CHILDHOOD HUNGER PROGRAMS
CONGRESSIONAL HISPANIC CAUCASUS INSTITUTE, INC. - 1128 16TH STREET, NW - WASHINGTON, DC 20036	52-1114225	501(C)(3)	10,000.	0.			CHILDHOOD HUNGER PROGRAMS
MANNA FOOD CENTER 9311 GAITHER ROAD GAITHERSBURG, MD 20877	52-1289203	501(C)(3)	10,000.	0.			DISASTER/EMERGENCY RELIEF

Schedule I (Form 990)

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NATIONAL SCHOOL BOARDS ASSOCIATION 1680 DUKE ST. FL2 ALEXANDRIA, VA 22314	36-2210015	501(C)(6)	10,000.	0.			CHILDHOOD HUNGER PROGRAMS
SOUTHAMPTON CO SCHOOL DISTRICT 23350 SOUTHAMPTON PKWY. COURTLAND, VA 23837	54-6001620	N/A	10,000.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
NORTH CAROLINA OFFICE OF THE GOVERNOR - 20301 MAIL SERVICE CENTER - RALEIGH, NC 27699	56-1310675	N/A	10,000.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
RICHLAND COUNTY SCHOOL DISTRICT ONE - 3455 PINEBELT ROAD - COLUMBIA, SC 29204	57-6000243	N/A	10,000.	0.			CHILDHOOD HUNGER PROGRAMS
THE UNIVERSITY OF TENNESSEE FOUNDATION, INC. - 1525 UNIVERSITY AVENUE - KNOXVILLE, TN 37921	62-1844686	501(C)(3)	10,000.	0.			CHILDHOOD HUNGER PROGRAMS
PAULDING EXEMPTED VILLAGE SCHOOLS 309 N. 1ST ST. OAKWOOD, OH 45873	34-6401044	N/A	10,000.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
PONTIAC ACADEMY FOR EXCELLENCE DISTRICT - 196 CESAR E CHAVEZ AVE. - PONTIAC, MI 48342	38-3325411	N/A	10,000.	0.			CHILDHOOD HUNGER PROGRAMS
MADISON METROPOLITAN SCHOOL DISTRICT - 702 PFLAUM ROAD - MADISON, WI 53716	39-6003202	N/A	10,000.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
HOPKINS PUBLIC SCHOOLS 10700 CEDAR LAKE RD MINNETONKA, MN 55305	41-6008248	N/A	10,000.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT

Schedule I (Form 990)



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ONE SPIRIT P.O. BOX 3209 RAPID CITY, SD 57709	26-3592983	501(C)(3)	10,000.	0.			DISASTER/EMERGENCY RELIEF
BALL CHATHAM SCHOOL DISTRICT 1015 NEW CITY RD. CHATHAM, IL 62629	37-6004598	N/A	10,000.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
FOOD BANK OF NORTHWEST LOUISIANA 2307 TEXAS AVENUE SHREVEPORT, LA 71103	72-1328890	501(C)(3)	10,000.	0.			SUMMER MEALS PROGRAM SUPPORT
HITCHCOCK ISD 6629 FM 2004 HITCHCOCK, TX 77563	74-6001099	PUBLIC SCHOOL	10,000.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
TRIANGLE COMMUNITY OUTREACH 3505 PROCTER STREET, #43 PORT ARTHUR, TX 77642	76-0034306	501(C)(3)	10,000.	0.			SUMMER MEALS PROGRAM SUPPORT
FOOD BANK OF THE RIO GRANDE VALLEY, INC. - 724 N. CAGE BLVD. - PHARR, TX 78577	74-2421560	501(C)(3)	10,000.	0.			DISASTER/EMERGENCY RELIEF
CLARK COUNTY SCHOOL DISTRICT 1698 PATRICK LN. HENDERSON, NV 89014	88-6000030	N/A	10,000.	0.			CHILDHOOD HUNGER PROGRAMS
UNIVERSITY OF CALIFORNIA, RIVERSIDE FOUNDATION - 1136 HINDERAKER HALL - RIVERSIDE, CA 92521	23-7433570	N/A	10,000.	0.			CHILDHOOD HUNGER PROGRAMS
KERN HIGH SCHOOL DISTRICT 900 VARSITY RD. ARVIN, CA 93203	15-6352900	N/A	10,000.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT

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LODI UNIFIED SCHOOL DISTRICT 945 S. HAM LN. LODI, CA 95242	94-1054700	N/A	10,000.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
COMMUNITY ACTION AGENCY OF BUTTE COUNTY, INC. - P.O. BOX 6369 - CHICO, CA 95927	94-1640546	501(C)(3)	10,000.	0.			DISASTER/EMERGENCY RELIEF
DIGNITY HEALTH CONNECTED LIVING 200 MERCY OAKS DR. REDDING, CA 96003	23-7115371	501(C)(3)	10,000.	0.			DISASTER/EMERGENCY RELIEF
HAWAII CHILD NUTRITION PROGRAMS 650 IWILEI, SUITE 270 HONOLULU, HI 96817	99-0266482	GOV'T	10,000.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
COMMON THREADS FARM 810 HALLECK ST BELLINGHAM, WA 98225	20-5163417	501(C)(3)	10,000.	0.			CHILDHOOD HUNGER PROGRAMS
SPRINGFIELD PUBLIC SCHOOLS 75 CADWELL DRIVE SPRINGFIELD, MA 01104	04-6001415	N/A	10,000.	0.			SUMMER MEALS PROGRAM SUPPORT
SWANSEA PUBLIC SCHOOLS 70 SCHOOL ST. SWANSEA, MA 02777	04-6001319	N/A	10,000.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
WINDSOR SCHOOLS 127 STATE STREET WINDSOR, VT 05089	03-6000776	N/A	10,000.	0.			SUMMER MEALS PROGRAM SUPPORT
MERIDEN PUBLIC SCHOOLS 22 LIBERTY STREET MERIDEN, CT 06450	06-6001893	N/A	10,000.	0.			CHILDHOOD HUNGER PROGRAMS

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MARY'S CENTER FOR MATERNAL AND CHILD CARE, INC. - 2333 ONTARIO ROAD NW - WASHINGTON, DC 20009-2627	52-1594116	501(C)(3)	10,000.	0.			CHILDHOOD HUNGER PROGRAMS
FOOD BANK OF CENTRAL & EASTERN NORTH CAROLINA - 3808 TARHEEL DRIVE - RALEIGH, NC 27609-7521	56-1283426	501(C)(3)	10,000.	0.			DISASTER/EMERGENCY RELIEF
KANSAS STATE DEPARTMENT OF EDUCATION - LONDON STATE OFFICE BUILDING, 900 SW JACKSON, SUITE 307 - TOPEKA, KS 66612-1212	48-6029925	N/A	10,000.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
FOOD LIFELINE 1702 NE 150TH ST SHORELINE, WA 98155-7226	91-1090450	501(C)(3)	10,000.	0.			CHILDHOOD HUNGER PROGRAMS
PUBLIC HEALTH MADISON DANE COUNTY WIC - 2300 S PARK ST SUITE 2010 - MADISON, WI 53713	39-6005507	501(C)(3)	9,980.	0.			CHILDHOOD HUNGER PROGRAMS
BAY CITY ACADEMY DISTRICT 5055 COREY RD. MANCERONA, MI 49659	27-4829550	N/A	9,765.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
BOZEMAN SCHOOL DISTRICT #7 3525 S 3RD RD BOZEMAN, MT 59715	81-6000413	N/A	9,714.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
WEST ORANGE PUBLIC SCHOOLS 298 MAIN ST. W. ORANGE, NJ 07052	22-6002398	N/A	9,547.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
GREENSVILLE CO SCHOOL DISTRICT 206 SLAGLES LAKE RD EMPORIA, VA 23847	54-6001326	N/A	9,500.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT

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JACKSON COUNTY SCHOOLS 391 EAST JEFFERSON HOSCHTON, GA 30548	58-6000266	N/A	9,100.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
PARCHMENT SCHOOL DISTRICT 307 NORTH RIVERVIEW DR. KALAMAZOO, MI 49004	38-6001939	N/A	9,100.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
NORTHWEST LOCAL SCHOOL DISTRICT 3173 SPRINGDALE RD. CINCINNATI, OH 45251	31-6000769	N/A	9,000.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
EL DORADO PUBLIC SCHOOLS 601 MARTIN LUTHER KING JR BOULEVARD EL DORADO, AR 71730	71-6020730	N/A	9,000.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
PHARR-SAN JUAN-ALAMO ISD 500 E. SAM HOUSTON PHARR, TX 78577	74-6001876	N/A	9,000.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
BAKERSFIELD CITY SCHOOL DISTRICT 535 EAST CASA LOMA DR. BAKERSFIELD, CA 93307	95-6000671	N/A	8,875.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
SOUTH TEXAS JUVENILE DIABETES ASSOCIATION - 313 WEST NOLANA AVE - MCALLEN, TX 78504	45-3645389	501(C)(3)	8,832.	0.			SUMMER MEALS PROGRAM SUPPORT
LIVINGSTON PARISH PUBLIC SCHOOLS 1000 NORTH RANGE AVE. DENHAM SPRINGS, LA 70726	72-0882480	N/A	8,748.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
MSD LAFAYETTE 611 S. 21ST ST. LAFAYETTE, IN 47905	35-6002558	N/A	8,660.	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
VALLEY VIEW SCHOOL DISTRICT 1 COLUMBUS DR. ARCHBALD, PA 18403	23-1710489	N/A	8,656.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
FREELAND COMMUNITY SCHOOL DISTRICT 8250 WEBSTER ST. FREELAND, MI 48623	14-6589874	N/A	8,640.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
LARAMIE COUNTY SCHOOL DISTRICT NO 2 503 ELM ST. PINE BLUFFS, WY 82082	83-0212564	N/A	8,553.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
FONDA-FULTONVILLE CENTRAL SCHOOL DISTRICT - 112 OLD JOHNSTOWN RD. - FONDA, NY 12068	14-6009591	N/A	8,500.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
UNION AREA SCHOOL DISTRICT 500 S. SCOTLAND LN. NEW CASTLE, PA 16101	25-6003255	N/A	8,500.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
EDINA PUBLIC SCHOOLS 4725 SOUTH VIEW LANE EDINA, MN 55424	41-6001406	N/A	8,400.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
DUPAGE HIGH SCHOOL DISTRICT 88 213 N. LOMBARD AVE. ADDISON, IL 60101	36-6004527	N/A	8,300.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
NH HUNGER SOLUTIONS 18 LOUDON RD, P.O. BOX #3477 CONCORD, NH 03302	22-2936618	501(C)(3)	8,267.	0.			SUMMER MEALS PROGRAM SUPPORT
GRIFFIN-SPALDING COUNTY SCHOOLS 251 BIRDIE RD. GRIFFIN, GA 30223	58-6003006	N/A	8,130.	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.)

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EDENTON-CHOWAN SCHOOLS 600 WOODARD ST. EDENTON, NC 27932	56-0889236	N/A	8,013.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
HARFORD COUNTY PUBLIC SCHOOLS 101 INDUSTRY LANE FOREST HILL, MD 21050	52-6000955	N/A	8,000.	0.			AFTERSCHOOL MEALS PROGRAM SUPPORT
WASHINGTON COUNTY PUBLIC SCHOOLS 31437 HILLMAN HIGHWAY GLADE SPRING, VA 24340	54-6001671	N/A	8,000.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
JACKSON COUNTY BOE 141 ALABAMA HWY 71 SECTION, AL 35771	63-6000941	N/A	8,000.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
FAIRBORN CITY SCHOOLS 200 LINCOLN DR. FAIRBORN, OH 45324	31-6000731	N/A	8,000.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
SAYDEL COMMUNITY SCHOOL DISTRICT 5740 NE 14TH STREET DES MOINES, IA 50313	42-6017814	N/A	8,000.	0.			SUMMER MEALS PROGRAM SUPPORT
BENTON SCHOOL DISTRICT 1124 HOOVER STREET BENTON, AR 72015	71-6020486	N/A	8,000.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
ST. VINCENT DE PAUL 1901 62ND STREET, SUITE 3906 BALTIMORE, MD 21237	27-3146614	501(C)(3)	7,942.	0.			AFTERSCHOOL MEALS PROGRAM SUPPORT
FRESH FOOD FACTOR 4152 CANAL STREET NEW ORLEANS, LA 70119	72-0709750	501(C)(3)	7,800.	0.			SUMMER MEALS 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
CENTER FOR TRANSFORMATIVE ACTION - THE YOUTH FARM PROJECT - 119 ANABEL TAYLOR HALL - ITHACA, NY 14853	16-0990318	501(C)(3)	7,550.	0.			CHILDHOOD HUNGER PROGRAMS
GOOCHLAND CO SCHOOL DISTRICT 1552 SHEPPARD TOWN RD CROZIER, VA 23039	54-6001316	N/A	7,500.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
CLAY COUNTY DISTRICT SCHOOLS 466 MADISON AVENUE ORANGE PARK, FL 32065	59-6000552	N/A	7,500.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
TEXAS ELEMENTARY PRINCIPALS AND SUPERVISORS ASSOCIATION - 01 E 10TH STREET - AUSTIN, TX 78701	74-1588351	501(C)(6)	7,500.	0.			CHILDHOOD HUNGER PROGRAMS
MISSION SPARK (ON BEHALF OF THE COLORADO MATERNAL MENTAL HEALTH COLLABORATIVE) - P.O. BOX 202466 - DENVER, CO 80220	45-3048867	501(C)(3)	7,500.	0.			CHILDHOOD HUNGER PROGRAMS
SOUTH WHITTIER SCHOOL DISTRICT 13243 EAST LOS NIETOS RD. WHITTIER, CA 90605	95-6002991	N/A	7,500.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
WOODBIDGE TOWNSHIP SCHOOL DISTRICT - 80 N. PENNSYLVANIA AVE. - EDISON, NJ 08817	22-6002417	N/A	7,420.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
MONTGOMERY CO PUBLIC SCHOOLS 8401 TURKEY THICKET DRIVE GAITHERSBURG, MD 20879	52-6000989	N/A	7,400.	0.			AFTERSCHOOL MEALS PROGRAM SUPPORT
CITY SQUARE 1610 S MALCOLM X BLVD, SUITE 250 DALLAS, TX 75226	75-2332948	501(C)(3)	7,338.	0.			SUMMER MEALS 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
FRANKLIN REDEVELOPMENT AND HOUSING AUTHORITY - 100 EAST 4TH AVENUE - FRANKLIN, VA 23851	54-0791816	N/A	7,300.	0.			SUMMER MEALS PROGRAM SUPPORT
SHELBY EASTERN SCHOOLS 306 S. EAST ST. WALDRON, IN 46182	00-1924036	N/A	7,300.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
PLUM BOROUGH SCHOOL DISTRICT 313 HOLIDAY PARK DR. PLUM, PA 15239	25-6002550	N/A	7,294.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
NAVAJO WOMEN, INFANTS AND CHILDREN NUTRITION PROGRAM - P.O. DRAWER 1390 - WINDOW ROCK, AZ 86515	00-9001702	501(C)(3)	7,250.	0.			CHILDHOOD HUNGER PROGRAMS
AIRPORT COMMUNITY SCHOOLS 11330 GRAFTON RD. CARLETON, MI 48117	38-6002772	N/A	7,224.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
ST TAMMANY PARISH SCHOOL BOARD 900 RUE VERAND SLIDELL, LA 70458	72-6001305	N/A	7,150.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
CORNELL COOPERATIVE EXTENSION - TOMPKINS COUNTY - 615 WILLOW AVE - ITHACA, NY 14850-3555	16-6072897	N/A	7,106.	0.			CHILDHOOD HUNGER PROGRAMS
DEKALB ACADEMY OF TECHNOLOGY & ENVIRONMENT CHARTER SCHOOLS, INC. - 1492 KELTON DRIVE - STONE MOUNTAIN, GA 30083	42-1657331	N/A	7,000.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
RICHMOND COUNTY SCHOOL SYSTEM 345 42ND ST. BLDG. 43400 AUGUSTA, GA 30905	58-6000310	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
THOMASVILLE CITY SCHOOLS 750 GATES DRIVE THOMASVILLE, AL 36784	63-0454371	N/A	7,000.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
DARE TO CARE 5803 FERN VALLEY ROAD LOUISVILLE, KY 40228	23-7345952	501(C)(3)	7,000.	0.			SUMMER MEALS PROGRAM SUPPORT
FAYETTEVILLE PUBLIC SCHOOLS 1000 W. BULLDOG BLVD FAYETTEVILLE, AR 72701	71-6021514	N/A	7,000.	0.			SUMMER MEALS PROGRAM SUPPORT
TWIN RIVERS UNIFIED SCHOOL DISTRICT - 5000 MCCLOUD DR. - SACRAMENTO, CA 95842	30-0475870	N/A	7,000.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
DOVER CITY SCHOOLS 520 N. WALNUT ST. DOVER, OH 44622	34-6000867	N/A	6,969.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
ROSELAND SCHOOL DISTRICT 950 SEBASTOPOL ROAD SANTA ROSA, CA 95407	36-4766964	N/A	6,750.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
KYRENE SCHOOL DISTRICT 1050 EAST CARVER RD. TEMPE, AZ 85284	86-6000494	N/A	6,729.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
HOPEWELL AREA SD 3000 KANE RD. ALIQUIPPA, PA 15001	25-6004168	N/A	6,600.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
PRAIRIE FAMILY CENTER 372 14TH STREET BURLINGTON, CO 80807	84-1355666	501(C)(3)	6,543.	0.			SUMMER MEALS 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
CALVERT COUNTY FAMILY NETWORK 30 DUKE STREET PRINCE FREDERICK, MD 20678	52-6002810	501(C)(3)	6,500.	0.			SUMMER MEALS PROGRAM SUPPORT
ZEELAND PUBLIC SCHOOLS 320 EAST MAIN AVE. ZEELAND, MI 49464	38-6003307	N/A	6,500.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
COLUMBIA FALLS SCHOOL DISTRICT #6 440 4TH AVENUE WEST COLUMBIA FALLS, MT 59912	81-6000371	N/A	6,425.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
GASTON COUNTY SCHOOLS 525 ED WILSON RD. BESSEMER CITY, NC 28016	56-6001032	N/A	6,400.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
BLOOM-VERNON LOCAL SCHOOLS 10529 MAIN ST. SOUTH WEBSTER, OH 45682	31-6400315	N/A	6,350.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
THAMES VALLEY COUNCIL FOR COMMUNITY ACTION, INC. - 1 SYLVANDALE RD - JEWETT CITY, CT 06351	06-0806128	501(C)(3)	6,333.	0.			CHILDHOOD HUNGER PROGRAMS
OAK PARK SCHOOL DISTRICT 22180 PARKLAWN 13900 GRANZON OAK PARK, MI 48237	38-6003091	N/A	6,300.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
BOSSIER PARISH SCHOOLS 4312 SHED RD. BOSSIER CITY, LA 71111	72-6000185	N/A	6,272.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
MARYLAND ASSOCIATION OF ELEMENTARY SCHOOL PRINCIPALS, INC. - 229 E MAIN STREET, SUITE H - WESTMINSTER, MD 21157	52-0982092	501(C)(3)	6,000.	0.			CHILDHOOD HUNGER PROGRAMS

Schedule I (Form 990)

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(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
PORTSMOUTH PUBLIC SCHOOLS 34 GRAND ST. PORTSMOUTH, VA 23701	54-6001517	N/A	6,000.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
FEEDING NORTHEAST FLORIDA 1116 EDGEWOOD AVE. N. UNITS D/E JACKSONVILLE, FL 32254	46-5014769	501(C)(3)	6,000.	0.			DISASTER/EMERGENCY RELIEF
FEEDING SOUTH FLORIDA, INC. 2501 SW 32 TERRACE PEMBROKE PARK, FL 33023	59-2097520	501(C)(3)	6,000.	0.			CHILDHOOD HUNGER PROGRAMS
NORTHWOOD LOCAL SCHOOLS 700 LEMOYNE ROAD NORTHWOOD, OH 43619	34-6401165	N/A	6,000.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
ASBURY PARK BOARD OF EDUCATION 910 4TH AVENUE ASBURY PARK, NJ 07712	21-6000111	N/A	6,000.	0.			AFTERSCHOOL MEALS PROGRAM SUPPORT
JOSEPH CITY UNIFIED SCHOOL DISTRICT - 4620 EAST 2ND NORTH - JOSEPH CITY, AZ 86032	86-0226372	N/A	5,950.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
COLUMBIA LOCAL SCHOOLS 13646 WEST RIVER RD. COLUMBIA STATION, OH 44028	34-6000742	N/A	5,800.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
MASON COUNTY CENTRAL SCHOOLS 300 WEST BROADWAY AVE SCOTTVILLE, MI 49454	38-6002616	N/A	5,800.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
SECOND HARVEST FOOD BANK OF METROLINA - 500 B SPRATT ST - CHARLOTTE, NC 28206	56-1352593	501(C)(3)	5,670.	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.)

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ESPIRITU SCHOOLS 4848 S 2ND ST PHOENIX, AZ 85040	86-0778361	N/A	5,620.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
EDUCATION COMMISSION OF THE STATES 700 BROADWAY, SUITE 810 DENVER, CO 80203	31-0722194	501(C)(3)	5,600.	0.			CHILDHOOD HUNGER PROGRAMS
BEAUFORT COUNTY SCHOOL DISTRICT 2900 MINK POINT BOULEVARD BEAUFORT, SC 29902	57-6000310	N/A	5,500.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
COLLIERVILLE SCHOOLS 1101 N. BYHALIA ROAD COLLIERVILLE, TN 38017	46-4455011	N/A	5,500.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
ELYRIA CITY SCHOOLS 601 MIDDLE AVENUE ELYRIA, OH 44035	34-6000937	N/A	5,500.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
BLUE RIVER VALLEY SCHOOL CORPORATION - 4713 N. VIKING TRAIL - NEW CASTLE, IN 47362	35-1090397	N/A	5,500.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
SOUTH HENRY SCHOOL CORPORATION 6972 SOUTH STATE ROAD 103 STRAUGHN, IN 47387	35-1077632	N/A	5,500.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
IMAGINE SCHOOLS 1290 WEST VAH KI INN ROAD COOLIDGE, AZ 85228	20-4926729	N/A	5,500.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
BLUE RIDGE UNIFIED SCHOOL DISTRICT 3050 PORTER MOUNTAIN ROAD PINETOP, AZ 85929	86-6000542	N/A	5,500.	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.)

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PRESCOTT VALLEY SCHOOL DISTRICT 9500 E. LORNA LANE PRESCOTT VALLEY, AZ 86314	20-4595288	N/A	5,500.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
ST. MICHAEL INDIAN SCHOOL P.O. BOX 650 SAINT MICHAELS, AZ 86511	86-0101517	N/A	5,500.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
BENSON PUBLIC SCHOOLS 777 1400 MONTANA AVENUE BENSON, MN 56215-1246	41-6004181	N/A	5,500.	0.			SUMMER MEALS PROGRAM SUPPORT
TALBOT CO SCHOOL DISTRICT P.O. BOX 1029 EASTON, MD 21601	52-6001031	N/A	5,478.	0.			SUMMER MEALS PROGRAM SUPPORT
FOOD BANK OF SOUTH JERSEY 1501 JOHN TIPTON BLVD PENNSAUKEN, NJ 08110	22-2623089	501(C)(3)	5,471.	0.			SUMMER MEALS PROGRAM SUPPORT
SEACOAST EAT LOCAL 2 WASHINGTON ST DOVER, NH 03820	45-2547575	501(C)(3)	5,444.	0.			CHILDHOOD HUNGER PROGRAMS
END 68 HOURS OF HUNGER P.O. BOX 676 SOMERSWORTH, NH 03878	45-0998251	501(C)(3)	5,444.	0.			CHILDHOOD HUNGER PROGRAMS
ST. PAUL PUBLIC SCHOOLS 1930 COMO AVE. ST. PAUL, MN 55108	41-0901311	N/A	5,400.	0.			SUMMER MEALS PROGRAM SUPPORT
ANACONDA FAMILY RESOURCE CENTER: BOYS AND GIRLS CLUB OF DEER LODGE COUNTY. - 118 E. 7TH, SUITE 1B - ANACONDA, MT 59711	81-0453993	501(C)(3)	5,400.	0.			SUMMER MEALS 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
BROCKTON PUBLIC SCHOOLS 105 KEITH AVE. BROCKTON, MA 02301	04-6001382	N/A	5,394.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
WOODLAWN SCHOOL DISTRICT 6760 HWY 63 RISON, AR 71665	71-6021273	N/A	5,300.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
SAYREVILLE SCHOOL DISTRICT 800 WASHINGTON ROAD PARLIN, NJ 08859	22-6002289	N/A	5,300.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
LENNOX SCHOOL DISTRICT 10319 FIRMONA AVENUE LENNOX, CA 90304	95-6001848	N/A	5,250.	0.			SUMMER MEALS PROGRAM SUPPORT
BUTTE SCHOOL DISTRICT #1 2600 GRAND AVENUE BUTTE, MT 59701	81-6000956	N/A	5,130.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
LEADERSHIP PREPARATORY ACADEMY DISTRICT - 6400 WOODROW ROAD - LITHONIA, GA 30058	51-0654315	N/A	5,100.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
SOUTH DAKOTA DEPARTMENT OF HEALTH WIC PROGRAM - 600 EAST CAPITAL - PIERRE, SD 57501	46-6000364	N/A	5,100.	0.			CHILDHOOD HUNGER PROGRAMS
BRIGHT LOCAL SCHOOL DISTRICT 6100 FAIR RIDGE ROAD HILLSBORO, OH 45133	51-0962340	N/A	5,100.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
KENSTON LOCAL SCHOOL DISTRICT 9500 BAINBRIDGE ROAD CHAGRIN FALLS, OH 44023	34-6000175	N/A	5,074.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT

Schedule I (Form 990)



**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: FAIRFAX COUNTY PUBLIC SCHOOLS

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

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2018**

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](http://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
<b>1b</b>	X	
<b>2</b>	X	
<b>4a</b>		X
<b>4b</b>	X	
<b>4c</b>		X
<b>5a</b>	X	
<b>5b</b>		X
<b>6a</b>	X	
<b>6b</b>		X
<b>7</b>		X
<b>8</b>		X
<b>9</b>		

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

Schedule J (Form 990) 2018

**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, DIRECTOR	(i)	333,505.	46,803.	36,000.	12,220.	38,077.	466,605.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) DEBBIE SHORE CO-FOUNDER	(i)	208,071.	29,250.	0.	3,169.	12,469.	252,959.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) THOMAS NELSON PRESIDENT & CEO, SECRETARY	(i)	331,370.	43,217.	64,150.	31,577.	4,633.	474,947.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) JESSICA SHERRY SENIOR VP, CHIEF FINANCIAL OFFICER	(i)	171,635.	11,580.	0.	9,250.	6,805.	199,270.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) PETER KAYE- CHIEF REVENUE & MARKETING- UNTIL 05/2019	(i)	275,264.	39,956.	0.	13,180.	20,077.	348,477.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) CHARLES SCOFIELD EXECUTIVE VICE PRESIDENT	(i)	242,566.	34,690.	0.	9,250.	20,077.	306,583.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) LISA DAVIS- SENIOR VP, NO KID HUNGRY PROGRAM	(i)	201,629.	28,108.	0.	9,250.	18,974.	257,961.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) DIANA HOVEY- SENIOR VP, DINE FOR NO KID HUNGRY	(i)	198,393.	28,160.	0.	9,230.	14,154.	249,937.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) CLAY DUNN- SENIOR VP, CHIEF COMM. OFFICER	(i)	193,679.	27,069.	0.	9,250.	13,900.	243,898.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) JILL DAVIS- SENIOR VP, CORPORATE PARTNERSHIPS	(i)	193,371.	27,003.	0.	9,250.	7,006.	236,630.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) SERENA WILLIAMS- SENIOR VP, CHIEF PEOPLE OFFICER	(i)	189,410.	27,069.	0.	9,250.	18,945.	244,674.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) AMY ZGANJAR SENIOR VP, DEVELOPMENT	(i)	185,121.	25,642.	0.	4,651.	2,275.	217,689.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) RICHARD KOSTRO- SENIOR VP, CHIEF INFORMATION OFFICER	(i)	176,752.	26,127.	0.	5,550.	20,052.	228,481.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(14) ELLIOTT GASKINS MANAGING DIRECTOR, DEVELOPMENT	(i)	159,352.	8,500.	0.	4,180.	16,533.	188,565.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(15) JENNIFER DIRKSEN CHEF RELATIONS DIRECTOR	(i)	148,700.	4,500.	0.	9,250.	2,225.	164,675.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(16) DIANE CLIFFORD- MANAGING DIRECTOR, INTEGRATED FUNDRAISING	(i)	147,130.	6,000.	0.	5,570.	19,715.	178,415.	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) STACY ROTH- MANAGING DIRECTOR, ORGANIZATIONAL PLANNING	(i)	139,295.	8,500.	0.	9,231.	6,713.	163,739.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(18) ANDREA HOEFLING DIRECTOR, DEVELOPMENT	(i)	145,768.	2,000.	0.	6,112.	18,586.	172,466.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(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 2017, 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 & CEO, RECEIVED A CONTRIBUTION OF 58,931 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

**2018**

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](http://www.irs.gov/Form990) for instructions and 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	19	435,845.	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	73	788,579.	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) 2018

**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, 2019.

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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2018**

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:

IN 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:

BREAKFASTS THEY NEED TO REACH THEIR FULL POTENTIAL IN THE CLASSROOM AND  
BEYOND AND THAT FIGURE BUILDS ON THE MORE THAN 3 MILLION KIDS WE'VE  
CONNECTED WITH BREAKFAST SINCE OUR LAUNCH. WE'RE ALSO SUCCESSFULLY  
ADVOCATING FOR BREAKTHROUGH POLICY CHANGES TO FEED MORE CHILDREN. IN  
NEW YORK CITY, WE WORKED WITH MAYOR DE BLASIO AND THE CITY COUNCIL TO  
RESTORE \$6 MILLION TO THE CITY'S BUDGET TO FEED MORE KIDS A NUTRITIOUS  
BREAKFAST. OUR TOTAL ADVOCACY WINS LAST YEAR WILL HELP UNLOCK HEALTHY  
MEALS FOR UP TO 885,000 MORE KIDS IN NEED, FROM CALIFORNIA TO MARYLAND  
AND EVERYWHERE IN BETWEEN. AND, WE'RE PIONEERING NEW WAYS TO REACH  
VULNERABLE CHILDREN WITH THE CRITICAL MEALS THEY NEED AFTER SCHOOL AND  
OVER THE SUMMER FROM MAJOR CITIES TO ISOLATED RURAL CORNERS OF THE  
COUNTRY. OUR FIRST-OF-ITS-KIND TEXTING LINE CONNECTED NEARLY 350,000  
FAMILIES COAST TO COAST WITH THEIR NEAREST SUMMER MEALS SITE, WHERE  
KIDS EAT FREE. IN FISCAL YEAR 2019, WE GRANTED MORE THAN \$11 MILLION TO  
SCHOOLS AND COMMUNITY GROUPS TO SERVE MORE KIDS BREAKFAST, AFTERSCHOOL,  
AND SUMMER MEALS.



Name of the organization <b>SHARE OUR STRENGTH</b>	Employer identification number <b>52-1367538</b>
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**NO MATTER THE TIME OF DAY, OR TIME OF YEAR, WE'RE THERE FOR HUNGRY KIDS AND WE WON'T STOP UNTIL THE DAY WHEN TRULY NO CHILD GOES HUNGRY.**

**FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:  
OPPORTUNITIES PARENTS AND CAREGIVERS HAVE TO ACCESS FOOD SKILLS AND NUTRITION EDUCATION WITHIN SYSTEMS THEY ARE ALREADY ACCESSING (I.E., HEALTHCARE).**

**IN FISCAL YEAR 2019, WE KICKED OFF BOTH A PILOT OF A NEW FORMAT OF OUR IN-PERSON, HANDS-ON FOOD SKILLS EDUCATION AND AN EVALUATION OF OUR DIGITAL EDUCATION. WE'RE LEARNING HOW WE CAN INCREASE THE REACH AND EFFECTIVENESS OF OUR IN-PERSON PROGRAMMING BY PROVIDING SHORTER, STANDALONE EDUCATION EXPERIENCES THAT DIRECTLY ADDRESS KEY BARRIERS PARENTS AND CAREGIVERS FACE WHEN TRYING TO PROVIDE HEALTHIER FOODS FOR THEIR YOUNG CHILDREN. SIMULTANEOUSLY, THROUGH THE DIGITAL EDUCATION EVALUATION, WE'RE EXPLORING WAYS TO BETTER REACH THIS AUDIENCE DIGITALLY AND UNDERSTAND WHAT LEVEL OF ENGAGEMENT WITH DIGITAL CONTENT IS NEEDED TO DRIVE REAL CHANGE IN BEHAVIORS, ATTITUDES AND CONFIDENCE.**

**SINCE COOKING MATTERS STARTED IN 1993, WE'VE REACHED MORE THAN 850,000 FAMILIES THROUGH IN-PERSON AND DIGITALLY-DELIVERED FOOD SKILLS AND NUTRITION EDUCATION. IN FISCAL YEAR 2019, BOTH THROUGH OUR TEAM ON THE GROUND AND MORE THAN 150 PARTNERS, WE REACHED OVER 138,100 PARTICIPANTS WITH IN-PERSON AND DIGITAL CONTENT. AND THROUGH OUR PROGRAM EVALUATION, WE KNOW THAT 60% OF ALL ADULT PARTICIPANTS REPORT THAT THEY INTEND TO LET KIDS HELP PLAN, PREPARE, AND SERVE THEMSELVES DURING MEALS; OVER 60% OF ALL ADULT PARTICIPANTS INTEND TO COMPARE PRICES, READ INGREDIENT LISTS, AND COMPARE FOOD LABELS TO MAKE HEALTHY CHOICES WHEN SHOPPING;**

Name of the organization SHARE OUR STRENGTH	Employer identification number 52-1367538
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AND MORE THAN 25% OF PARENTS ACCESSING THE SPECIAL SUPPLEMENTAL NUTRITION PROGRAM FOR WOMEN, INFANTS AND CHILDREN (WIC) REPORT THE ABILITY TO IDENTIFY WIC FOODS AT THE GROCERY STORE AND MAXIMIZE THEIR WIC BENEFITS TOWARD THE PURCHASE OF FRUITS AND VEGETABLES.

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 MEMBER OF THE BOARD OF DIRECTORS AS SOON AS THE PERSON BECOMES 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.

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

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 UNITED STATES MAIL.

Name of the organization <b>SHARE OUR STRENGTH</b>	Employer identification number <b>52-1367538</b>
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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 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 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.

Name of the organization

SHARE OUR STRENGTH

Employer identification number

52-1367538

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.

Multiple horizontal lines for text entry.

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2018**

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) 2018

**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	-1,202,827.	2,352,884.	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
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity .....	X	
<b>b</b> Gift, grant, or capital contribution to related organization(s) .....		X
<b>c</b> Gift, grant, or capital contribution from related organization(s) .....		X
<b>d</b> Loans or loan guarantees to or for related organization(s) .....		X
<b>e</b> Loans or loan guarantees by related organization(s) .....		X
<b>f</b> Dividends from related organization(s) .....		X
<b>g</b> Sale of assets to related organization(s) .....		X
<b>h</b> Purchase of assets from related organization(s) .....		X
<b>i</b> Exchange of assets with related organization(s) .....		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....		X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....		X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....	X	
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....	X	
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....		X
<b>o</b> Sharing of paid employees with related organization(s) .....		X
<b>p</b> Reimbursement paid to related organization(s) for expenses .....		X
<b>q</b> Reimbursement paid by related organization(s) for expenses .....	X	
<b>r</b> Other transfer of cash or property to related organization(s) .....		X
<b>s</b> 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.	L	42,492.	CASH
(2) COMMUNITY WEALTH PARTNERS, INC.	M	345,920.	CASH
(3) COMMUNITY WEALTH PARTNERS, INC.	Q	373,635.	CASH
(4) COMMUNITY WEALTH PARTNERS, INC.	A	6,000.	CASH
(5)			
(6)			





**Part VII** Supplemental Information.

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

Multiple horizontal lines for providing supplemental information.