

Form **990**

# Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No. 1545-0047

# 2012

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements.

### A For the 2012 calendar year, or tax year beginning and ending

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>SHARE OUR STRENGTH, INC.</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>39,884,360.</b>
	<b>1730 M STREET, NW</b>	<b>700</b>	
City, town, or post office, state, and ZIP code <b>WASHINGTON, DC 20036</b>		<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>F</b> Name and address of principal officer: <b>WILLIAM H. SHORE</b> <b>SAME AS C ABOVE</b>		<b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)	

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

**J** Website: **WWW.STRENGTH.ORG** **H(c)** Group exemption number

**K** Form of organization:  Corporation  Trust  Association  Other **L** Year of formation: **1984** **M** State of legal domicile: **DC**

### 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 U.S. AND ABROAD BY HELPING COMBAT THE ROOT CAUSES OF 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>21</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) <b>4</b> <b>20</b>
	<b>5</b> Total number of individuals employed in calendar year 2012 (Part V, line 2a) <b>5</b> <b>219</b>
	<b>6</b> Total number of volunteers (estimate if necessary) <b>6</b> <b>5500</b>
	<b>7a</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 34 <b>7b</b> <b>0.</b>	

	Prior Year	Current Year
<b>8</b> Contributions and grants (Part VIII, line 1h) <b>8</b>	<b>34,396,797.</b>	<b>36,819,268.</b>
<b>9</b> Program service revenue (Part VIII, line 2g) <b>9</b>	<b>3,164,595.</b>	<b>2,023,376.</b>
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) <b>10</b>	<b>3,443.</b>	<b>1,508.</b>
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) <b>11</b>	<b>554,020.</b>	<b>422,324.</b>
<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) <b>12</b>	<b>38,118,855.</b>	<b>39,266,476.</b>
<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3) <b>13</b>	<b>7,116,725.</b>	<b>8,863,250.</b>
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) <b>14</b>	<b>0.</b>	<b>0.</b>
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) <b>15</b>	<b>11,530,445.</b>	<b>14,266,836.</b>
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) <b>16a</b>	<b>167,357.</b>	<b>286,841.</b>
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) <b>16b</b>	<b>15,729,095.</b>	
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) <b>17</b>	<b>14,411,941.</b>	<b>17,347,793.</b>
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) <b>18</b>	<b>33,226,468.</b>	<b>40,764,720.</b>
<b>19</b> Revenue less expenses. Subtract line 18 from line 12 <b>19</b>	<b>4,892,387.</b>	<b>-1,498,244.</b>

	Beginning of Current Year	End of Year
<b>20</b> Total assets (Part X, line 16) <b>20</b>	<b>16,133,786.</b>	<b>16,049,287.</b>
<b>21</b> Total liabilities (Part X, line 26) <b>21</b>	<b>3,208,259.</b>	<b>3,871,381.</b>
<b>22</b> Net assets or fund balances. Subtract line 21 from line 20 <b>22</b>	<b>12,925,527.</b>	<b>12,177,906.</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>10/23/13</b>
	<b>JOHN GREEN, CFO</b> Type or print name and title	

<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>FRANK H. SMITH</b>	Preparer's signature 	Date <b>10/23/13</b>	Check if self-employed <input type="checkbox"/>	PTIN <b>P00639053</b>
	Firm's name <b>RAFFA, P.C.</b>	Firm's EIN <b>52-1511275</b>	Firm's address <b>1899 L STREET, NW, SUITE 900 WASHINGTON, DC 20036</b>		
					Phone no. <b>(202) 822-5000</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 to any question in this Part III [X]

1 Briefly describe the organization's mission: ENSURING ALL CHILDREN IN THIS COUNTRY HAVE THE ESSENTIAL HEALTHY FOOD THEY NEED EVERY DAY IS CRITICAL TO PRODUCE HEALTHY, EDUCATED CHILDREN, WHICH IN TURN IS NECESSARY FOR A STRONGER, MORE PRODUCTIVE NATION. SHARE OUR STRENGTH'S MISSION IS TO END CHILDHOOD HUNGER IN THE UNITED

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 \$ 11,789,477. including grants of \$ 2,485,724. ) (Revenue \$ 2,023,376. ) THE NO KID HUNGRY CAMPAIGN IS ENDING CHILDHOOD HUNGER BY CONNECTING CHILDREN WITH HEALTHY FOOD WHERE THEY LEARN AND PLAY. THE CAMPAIGN DOES THIS IN PART BY INCREASING CHILD PARTICIPATION IN EXISTING, EFFECTIVE FEDERAL NUTRITION PROGRAMS LIKE SCHOOL BREAKFAST AND SUMMER MEALS. THIS WORK IS ACCOMPLISHED THROUGH THE NO KID HUNGRY NETWORK, MADE UP OF PRIVATE CITIZENS, PUBLIC OFFICIALS, NONPROFITS, BUSINESS LEADERS AND OTHERS PROVIDING INNOVATIVE HUNGER SOLUTIONS IN THEIR COMMUNITIES. THESE PUBLIC-PRIVATE PARTNERSHIPS WORK TOGETHER TO IDENTIFY AND ELIMINATE THE BARRIERS THAT MAY PREVENT CHILDREN FROM ACCESSING EXISTING FOOD AND NUTRITION RESOURCES. THE NO KID HUNGRY CAMPAIGN ALSO ENGAGES THE PUBLIC TO MAKE ENDING CHILDHOOD HUNGER A NATIONAL PRIORITY, WORKING TO SHINE THE SPOTLIGHT ON THE CRISIS AND MOBILIZE A POWERFUL

4b (Code: ) (Expenses \$ 8,019,072. including grants of \$ 5,289,157. ) (Revenue \$ ) SHARE OUR STRENGTH'S NO KID HUNGRY CAMPAIGN IS ENDING CHILDHOOD HUNGER IN THIS NATION BY ENSURING ALL CHILDREN GET THE HEALTHY FOOD THEY NEED, EVERY DAY. IN 2012, SHARE OUR STRENGTH DISTRIBUTED 850 GRANTS TO MORE THAN 750 ORGANIZATIONS AND PROVIDED NUTRITION EDUCATION TO LOW INCOME FAMILIES. THROUGH THESE GRANTS SUPPORTING THE NO KID HUNGRY CAMPAIGN, WE ARE ENDING CHILDHOOD HUNGER BY CONNECTING KIDS IN NEED WITH NUTRITIOUS FOOD AND TEACHING THEIR FAMILIES HOW TO COOK HEALTHY, AFFORDABLE MEALS. AS A RESULT CHILDREN IN NEED ARE ABLE TO ACCESS HEALTHY FOOD WHERE THEY LIVE, LEARN AND PLAY.

4c (Code: ) (Expenses \$ 3,912,743. including grants of \$ 1,088,369. ) (Revenue \$ ) THE NO KID HUNGRY CAMPAIGN IS ALSO ENDING CHILDHOOD HUNGER BY CONNECTING CHILDREN WITH HEALTHY FOOD WHERE THEY LIVE. THROUGH ITS COOKING MATTERS PROGRAM, THE NO KID HUNGRY CAMPAIGN EQUIPS LOW-INCOME FAMILIES WITH SKILLS TO STRETCH THEIR FOOD BUDGETS SO THEIR KIDS GET HEALTHY MEALS AT HOME. COOKING MATTERS AT THE STORE IS AN INTERACTIVE GROCERY STORE TOUR THAT EMPOWERS LOW-INCOME FAMILIES WITH THE SKILLS TO STRETCH THEIR FOOD DOLLARS AND MAKE HEALTHY MEALS. COOKING MATTERS ALSO OFFERS 6-WEEK COOKING COURSES AT 1,300 SITES IN 33 STATES, WHERE PARTICIPANTS LEARN HOW TO COOK HEALTHY, AFFORDABLE, AND DELICIOUS MEALS FOR THEIR FAMILIES. SINCE 2011, 225,000 FAMILIES LEARNED COOKING AND SHOPPING SKILLS THROUGH COURSES, TOURS AND OTHER COOKING MATTERS RESOURCES.

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

4e Total program service expenses 23,721,292.



**Part IV Checklist of Required Schedules**

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

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>21</b> Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....	X	
<b>22</b> Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....		X
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .....	X	
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i> .....		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
<b>25a</b> <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>26</b> Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i> .....		X
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> .....		X
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....	X	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....	X	
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....	X	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....	X	
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....	X	
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> .....		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? .....	X	

**Note.** All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

Table with columns for question number, description, and Yes/No boxes. Includes questions 1a through 14b regarding IRS filings and tax compliance.

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 to any question in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include questions about voting members (1a, 1b), family/business relationships (2), management delegation (3), document changes (4), asset diversion (5), members/stockholders (6, 7a, 7b), and meeting documentation (8a, 8b).

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 questions about local chapters (10a, 10b), Form 990 distribution (11a, 11b), conflict of interest policy (12a, 12b, 12c), whistleblower policy (13), document retention (14), compensation review (15a, 15b), joint ventures (16a, 16b), and public access to documents.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed AL, AK, AZ, AR, CA, CO, CT, FL, GA, HI, IL, KS
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [X] 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, physical address, and telephone number of the person who possesses the books and records of the organization: EILEEN FOX - (202) 478-6512 1730 M STREET, NW, #700, WASHINGTON, DC 20036

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

Check if Schedule O contains a response to any question 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) SID ABRAMS DIRECTOR	2.00	X					0.	0.	0.	
(2) JIM BAREUTHER DIRECTOR	2.00	X					0.	0.	0.	
(3) CHARLES BERNSTEIN DIRECTOR EMERITUS	2.00	X					0.	0.	0.	
(4) JIM BERRIEN DIRECTOR	2.00	X					0.	0.	0.	
(5) NEIL BRAUN DIRECTOR	3.00	X					0.	0.	0.	
(6) KATHY BUSHKIN CALVIN DIRECTOR	2.00	X					0.	0.	0.	
(7) JONI DOOLIN DIRECTOR	2.00	X					0.	0.	0.	
(8) WALLY DOOLIN DIRECTOR	2.00	X					0.	0.	0.	
(9) PETER GOLD DIRECTOR	2.00	X					0.	0.	0.	
(10) MARIA GOMEZ DIRECTOR	2.00	X					0.	0.	0.	
(11) MICHAEL GORDON DIRECTOR	3.00	X					0.	0.	0.	
(12) BOB GREENSTEIN DIRECTOR	2.00	X					0.	0.	0.	
(13) WILL KANTERES DIRECTOR	2.00	X					0.	0.	0.	
(14) ROZ MALLET DIRECTOR	3.00	X					0.	0.	0.	
(15) MIKE MCMURRY DIRECTOR	2.00	X					0.	0.	0.	
(16) DANNY MEYER DIRECTOR	2.00	X					0.	0.	0.	
(17) MARY SUE MILLIKEN DIRECTOR	2.00	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) DONNA S. MOREA DIRECTOR	2.00	X					0.	0.	0.	
(19) MARK RODRIGUEZ DIRECTOR	2.00	X					0.	0.	0.	
(20) SCOTT SCHOEN DIRECTOR	2.00	X					0.	0.	0.	
(21) WILLIAM H. SHORE FOUNDER & CEO	40.00	X	X				263,094.	0.	17,820.	
(22) DEBBIE SHORE CO-FOUNDER	40.00		X				192,889.	0.	11,694.	
(23) THOMAS NELSON PRESIDENT & COO	40.00		X				256,250.	0.	81,939.	
(24) JOHN GREEN CFO	40.00		X				219,438.	0.	13,906.	
(25) JOSH WACHS CHIEF STRATEGY OFFICER	40.00			X			209,847.	0.	13,566.	
(26) CHARLES SCOFIELD CHIEF DEVELOPMENT OFFICER	40.00			X			197,301.	0.	14,964.	
<b>1b Sub-total</b>							1,338,819.	0.	153,889.	
<b>c Total from continuation sheets to Part VII, Section A</b>							680,270.	0.	15,875.	
<b>d Total (add lines 1b and 1c)</b>							2,019,089.	0.	169,764.	

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 **11**

	Yes	No
3 Did the organization list any <b>former</b> 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
DONORDIGITAL 2550 NINTH STREET, BERKELY, CA 94710	CONSULTING & MANAGEMENT	551,872.
CALAGAZ DIGITAL PRINTING 3001 MILL STREET, MOBILE, AL 36607	PRINTING & DESIGN	482,716.
MAL WARWICK ASSOCIATES 2550 NINTH STREET, BERKELY, CA 94710	CONSULTING	346,226.
AGENCY 21, 1428 BRICKELL AVENUE, SUITE 303, MIAMI, FL 33131	FUNDRAISING	286,841.
SAFORIAN 9408 GRANT AVENUE, MANNASSAS, VA 20110	WEB DESIGN & DEVELOPMENT	226,509.

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 **15**

SEE PART VII, SECTION A CONTINUATION SHEETS



**Part VII**

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) DAVE SLATER COMMUNICATIONS DIRECTOR	40.00					X		138,010.	0.	8,574.
(28) ANNE SHERIDAN MARYLAND DIRECTOR-NKH	40.00					X		122,466.	0.	2,315.
(29) JENNIFER DIRKSEN NATIONAL DIRECTOR	40.00					X		126,508.	0.	0.
(30) NANCY WITHBROE SENIOR DIRECTOR-DEVELOPMENT	40.00					X		145,866.	0.	2,725.
(31) LAURA GOODMAN SENIOR DIRECTOR-CORP PARTNERSHIP	40.00					X		147,420.	0.	2,261.
<b>Total to Part VII, Section A, line 1c</b>								<b>680,270.</b>		<b>15,875.</b>

**Part VIII Statement of Revenue**

Check if Schedule O contains a response to any question 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, 513, or 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> 2,211,668.				
	<b>d</b> Related organizations	<b>1d</b>				
	<b>e</b> Government grants (contributions)	<b>1e</b> 987,426.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b> 33620174.				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$	1,227,472.				
	<b>h Total.</b> Add lines 1a-1f	▶ 36819268.				
<b>Program Service Revenue</b>	<b>2 a</b> AUCTION REVENUE	Business Code 900099	1,516,273.	1,516,273.		
	<b>b</b> BAKE SALES	900099	507,103.	507,103.		
	<b>c</b>					
	<b>d</b>					
	<b>e</b>					
	<b>f</b> All other program service revenue					
	<b>g Total.</b> Add lines 2a-2f	▶ 2,023,376.				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)	▶	1,317.		1,317.	
	<b>4</b> Income from investment of tax-exempt bond proceeds	▶				
	<b>5</b> Royalties	▶	525.		525.	
	<b>6 a</b> Gross rents	(i) Real				
		(ii) Personal				
		<b>b</b> Less: rental expenses				
		<b>c</b> Rental income or (loss)				
	<b>d</b> Net rental income or (loss)	▶				
	<b>7 a</b> Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
		<b>b</b> Less: cost or other basis and sales expenses				
		<b>c</b> Gain or (loss)				
	<b>d</b> Net gain or (loss)	▶	191.		191.	
	<b>8 a</b> Gross income from fundraising events (not including \$ 2,211,668. of contributions reported on line 1c). See Part IV, line 18	<b>a</b>				
		<b>b</b> Less: direct expenses				
<b>c</b> Net income or (loss) from fundraising events		▶	-486,736.		-486,736.	
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19	<b>a</b>					
	<b>b</b> Less: direct expenses					
	<b>c</b> Net income or (loss) from gaming activities	▶	18,997.		18,997.	
<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> MISCELLANEOUS REVENUE	900099	553,147.		553,147.		
	<b>b</b> REFUNDS	900099	187,179.	187,179.		
	<b>c</b> EXHIBITOR FEES	900099	74,540.	74,540.		
	<b>d</b> All other revenue	900099	74,672.	74,672.		
	<b>e Total.</b> Add lines 11a-11d	▶	889,538.			
<b>12 Total revenue.</b> See instructions.	▶	39266476.	2,023,376.	0.	423,832.	

**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 to any question in this Part IX

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 governments and organizations in the United States. See Part IV, line 21	8,863,250.	8,863,250.		
<b>2</b> Grants and other assistance to individuals in the United States. See Part IV, line 22				
<b>3</b> Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	1,492,708.	605,008.	545,123.	342,577.
<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	11,024,181.	6,630,644.	192,293.	4,201,244.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	79,954.	23,001.	42,212.	14,741.
<b>9</b> Other employee benefits	824,576.	473,499.	97,257.	253,820.
<b>10</b> Payroll taxes	845,417.	489,148.	42,370.	313,899.
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management				
<b>b</b> Legal	45,846.	44,716.		1,130.
<b>c</b> Accounting	85,209.	85,209.		
<b>d</b> Lobbying	22,940.		22,940.	
<b>e</b> Professional fundraising services. See Part IV, line 17	286,841.			286,841.
<b>f</b> Investment management fees	230.		230.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	2,891,079.	1,942,354.	13,044.	935,681.
<b>12</b> Advertising and promotion	1,077,549.	1,013,552.	800.	63,197.
<b>13</b> Office expenses	1,604,750.	873,528.	68,025.	663,197.
<b>14</b> Information technology				
<b>15</b> Royalties				
<b>16</b> Occupancy	1,064,985.	571,124.	54,105.	439,756.
<b>17</b> Travel	1,449,483.	530,773.	186,862.	731,848.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	8,020,443.	1,291,076.	6,682.	6,722,685.
<b>20</b> Interest				
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	175,553.	102,726.	9,426.	63,401.
<b>23</b> Insurance	182,749.	108,450.	9,954.	64,345.
<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> FEES AND LICENSES	706,977.	73,234.	3,010.	630,733.
<b>b</b> BANK DEBT	20,000.		20,000.	
<b>c</b> *** SEE SCHEDULE O FOR MORE DETAIL ON EXPENSE ALLOCATION ***				
<b>d</b>				
<b>e</b> All other expenses				
<b>25</b> Total functional expenses. Add lines 1 through 24e	40,764,720.	23,721,292.	1,314,333.	15,729,095.
<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"/> if following SOP 98-2 (ASC 958-720)	7,267,973.	1,386,920.	0.	5,881,053.



**Part X Balance Sheet**

Check if Schedule O contains a response to any question in this Part X

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	6,245,066.	<b>1</b>	3,493,271.
	<b>2</b> Savings and temporary cash investments .....	196,876.	<b>2</b>	266,468.
	<b>3</b> Pledges and grants receivable, net .....	5,250,095.	<b>3</b>	10,276,810.
	<b>4</b> Accounts receivable, net .....	2,726,455.	<b>4</b>	38,947.
	<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 .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....	3,833.	<b>8</b>	5,406.
	<b>9</b> Prepaid expenses and deferred charges .....	379,535.	<b>9</b>	434,899.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 857,253.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 304,163.	<b>10c</b>	553,090.
	<b>11</b> Investments - publicly traded securities .....	18,750.	<b>11</b>	93,750.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	839,091.	<b>12</b>	819,714.
	<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 .....	51,870.	<b>15</b>	66,932.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	16,133,786.	<b>16</b>	16,049,287.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	2,138,016.	<b>17</b>	2,614,341.
	<b>18</b> Grants payable .....	429,873.	<b>18</b>	747,787.
	<b>19</b> Deferred revenue .....	640,370.	<b>19</b>	392,827.
	<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 .....	0.	<b>25</b>	116,426.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	3,208,259.	<b>26</b>	3,871,381.
<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 .....	1,909,114.	<b>27</b>	2,413,590.
	<b>28</b> Temporarily restricted net assets .....	11,016,413.	<b>28</b>	9,764,316.
	<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 .....	12,925,527.	<b>33</b>	12,177,906.	
<b>34</b> Total liabilities and net assets/fund balances .....	16,133,786.	<b>34</b>	16,049,287.	

Form 990 (2012)

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	39,266,476.
2	Total expenses (must equal Part IX, column (A), line 25)	2	40,764,720.
3	Revenue less expenses. Subtract line 2 from line 1	3	-1,498,244.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	12,925,527.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	770,000.
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-19,377.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	12,177,906.

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response to any question in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	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: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2c	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.	X	
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? _____	X	
3b	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 _____	X	

Form 990 (2012)

**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. ▶ See separate instructions.

OMB No. 1545-0047

**2012**

Open to Public Inspection

Name of the organization **SHARE OUR STRENGTH, INC.** 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 11, 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.)
- 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 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.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11  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 that describes the type of supporting organization and complete lines 11e through 11h.
  - a  Type I
  - b  Type II
  - c  Type III - Functionally integrated
  - d  Type III - Non-functionally integrated
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? <b>11g(i)</b>		
(ii) A family member of a person described in (i) above? <b>11g(ii)</b>		
(iii) A 35% controlled entity of a person described in (i) or (ii) above? <b>11g(iii)</b>		
- h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
<b>Total</b>									

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule A (Form 990 or 990-EZ) 2012



**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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	8440550.	6754640.	18724674.	33626797.	36819268.	104365929
<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 .....	8440550.	6754640.	18724674.	33626797.	36819268.	104365929
<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) .....						3913776.
<b>6 Public support.</b> Subtract line 5 from line 4.						100452153

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>7</b> Amounts from line 4 .....	8440550.	6754640.	18724674.	33626797.	36819268.	104365929
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....	11,908.	102.		1,377.	1,842.	15,229.
<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 IV.) .....	731,206.	246,619.	872,930.	902,162.	702,550.	3455467.
<b>11 Total support.</b> Add lines 7 through 10						107836625
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12 32,630,393.	
<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 2012 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	93.15 %
<b>15</b> Public support percentage from 2011 Schedule A, Part II, line 14 .....	<b>15</b>	88.48 %
<b>16a 33 1/3% support test - 2012.</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 - 2011.</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 - 2012.</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 IV 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 - 2011.</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 IV 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 9 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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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 IV.) .....						
<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 2012 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2011 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2011 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2012.** 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 - 2011.** 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** **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

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

**OTHER**

2008 AMOUNT: \$ 409,683.

2009 AMOUNT: \$ 190,054.

2010 AMOUNT: \$ 757,772.

2011 AMOUNT: \$ 902,162.

2012 AMOUNT: \$ 553,338.

**AUCTION REVENUE**

2008 AMOUNT: \$ 321,523.

2009 AMOUNT: \$ 56,565.

2010 AMOUNT: \$ 115,158.

**CLASS FEES**

2012 AMOUNT: \$ 67,610.

**EXHIBITOR FEES**

2012 AMOUNT: \$ 74,540.

**BOOK/PRODUCT SALES**

2012 AMOUNT: \$ 7,062.



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.

OMB No. 1545-0047

2012

Name of the organization

SHARE OUR STRENGTH, INC.

Employer identification number

52-1367538

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

[X] 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, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

[X] For a section 501(c)(3) organization 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) and received from any one contributor, during the year, a contribution 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 a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

[ ] For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to 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. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year ... \$

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not 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 Part I, line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

Name of organization <b>SHARE OUR STRENGTH, INC.</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>3,214,057.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>2</u>	<hr/> <hr/> <hr/>	\$ <u>1,582,602.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>3</u>	<hr/> <hr/> <hr/>	\$ <u>767,427.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>4</u>	<hr/> <hr/> <hr/>	\$ <u>750,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>5</u>	<hr/> <hr/> <hr/>	\$ <u>800,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>6</u>	<hr/> <hr/> <hr/>	\$ <u>742,328.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization  <b>SHARE OUR STRENGTH, INC.</b>	Employer identification number  <b>52-1367538</b>
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**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, INC.</b>	Employer identification number <b>52-1367538</b>
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**Part III** *Exclusively* religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once.) ▶ \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

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

**SCHEDULE C**  
**(Form 990 or 990-EZ)**

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

For Organizations Exempt From Income Tax Under section 501(c) and section 527

**2012**

Department of the Treasury  
Internal Revenue Service

▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**

**Open to Public Inspection**

▶ **See separate instructions.**

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

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

Name of organization <b>SHARE OUR STRENGTH, INC.</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 expenditures ..... ▶ \$ \_\_\_\_\_
- 3 Volunteer hours ..... \_\_\_\_\_

**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) 2012  
LHA

232041  
01-07-13



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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b>	Total lobbying expenditures to influence public opinion (grass roots lobbying)	150,002.													
<b>b</b>	Total lobbying expenditures to influence a legislative body (direct lobbying)	102,570.													
<b>c</b>	Total lobbying expenditures (add lines 1a and 1b)	252,572.													
<b>d</b>	Other exempt purpose expenditures	40,484,987.													
<b>e</b>	Total exempt purpose expenditures (add lines 1c and 1d)	40,737,559.													
<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 instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) Total
<b>2a</b> Lobbying nontaxable amount	627,753.	1,000,000.	1,000,000.	1,000,000.	3,627,753.
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					5,441,630.
<b>c</b> Total lobbying expenditures	9,604.	7,311.	6,950.	252,572.	276,437.
<b>d</b> Grassroots nontaxable amount	156,938.	250,000.	250,000.	250,000.	906,938.
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					1,360,407.
<b>f</b> Grassroots lobbying expenditures			6,950.	150,002.	156,952.

Schedule C (Form 990 or 990-EZ) 2012

**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)).**

For each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

	(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 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**

Complete this part to 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, line 2; 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," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**  
▶ **Attach to Form 990. ▶ See separate instructions.**

OMB No. 1545-0047

**2012**

**Open to Public Inspection**

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

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....		
2 Aggregate contributions to (during year) .....		
3 Aggregate 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" to 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 an 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 8/17/06, 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? .....

Yes  No

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

7 Amount of expenses incurred in monitoring, inspecting, 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)? .....

Yes  No

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" to 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) Revenues included in 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 Revenues included in Form 990, Part VIII, line 1 .....

▶ \$ \_\_\_\_\_

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

▶ \$ \_\_\_\_\_

**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" to 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:

- c Beginning balance
- d Additions during the year
- e Distributions during the year
- f Ending balance

	Amount
<b>1c</b>	
<b>1d</b>	
<b>1e</b>	
<b>1f</b>	

2a Did the organization include an amount on Form 990, Part X, line 21?  Yes  No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

**Part V Endowment Funds.** Complete if the organization answered "Yes" to 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 in 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:

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.** 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		273,876.	139,240.	134,636.
d Equipment				
e Other		583,377.	164,923.	418,454.

**Total.** Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)  553,090.

**Part VII Investments - Other Securities.** 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	819,714.	END-OF-YEAR MARKET VALUE
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	819,714.	

**Part VIII Investments - Program Related.** See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

**Part IX Other Assets.** See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

**Part X Other Liabilities.** See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DEFERRED RENT AND LEASE INCENTIVES	116,426.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	116,426.

2. FIN 48 (ASC 740) Footnote. 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



<b>Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return</b>			
<b>1</b>	Total revenue, gains, and other support per audited financial statements		<b>1</b> 66,816,894.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
	<b>a</b> Net unrealized gains on investments	<b>2a</b>	
	<b>b</b> Donated services and use of facilities	<b>2b</b> 26,949,750.	
	<b>c</b> Recoveries of prior year grants	<b>2c</b>	
	<b>d</b> Other (Describe in Part XIII.)	<b>2d</b> 600,668.	
	<b>e</b> Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	27,550,418.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	39,266,476.
<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>	
	<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>	0.
<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>	39,266,476.

<b>Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return</b>			
<b>1</b>	Total expenses and losses per audited financial statements		<b>1</b> 68,315,138.
<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> 26,949,750.	
	<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> 600,668.	
	<b>e</b> Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	27,550,418.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	40,764,720.
<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>	
	<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>	0.
<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>	40,764,720.

**Part XIII Supplemental Information**

Complete this part to 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: IN ACCORDANCE WITH FINANCIAL ACCOUNTING STANDARDS**

**BOARD ACCOUNTING STANDARDS CODIFICATION TOPIC 740, INCOME TAXES, SOS HAS EVALUATED ITS INCOME TAX POSITIONS FOR THE YEAR ENDED DECEMBER 31, 2012, AND HAS DETERMINED THAT IT HAS NO MATERIAL UNCERTAIN TAX POSITIONS. ACCORDINGLY, SOS HAS NOT RECOGNIZED ANY LIABILITY FOR UNRECOGNIZED INCOME TAX.**

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

**Part XIII** Supplemental Information (continued)

SPECIAL EVENT EXPENSES 581,671.

GAMING EVENT EXPENSES 18,997.

TOTAL TO SCHEDULE D, PART XI, LINE 2D 600,668.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSES 581,671.

GAMING EVENT EXPENSES 18,997.

TOTAL TO SCHEDULE D, PART XII, LINE 2D 600,668.

Multiple horizontal lines for additional entries.

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

**Supplemental Information Regarding  
Fundraising or Gaming Activities**

OMB No. 1545-0047

**2012**

**Open To Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

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

**Part I Fundraising Activities.** Complete if the organization answered "Yes" to 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 ten 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 - 1428 BRICKELL AVENUE, SUITE 303, MIAMI, FL	SPONSORSHIP FEE		X	1,801,749.	285,511.	1,516,238.
ARIA COMMUNICATIONS - 717 WEST ST. GERMAIN STREET, ST.	SOLICIT DONATIONS		X	1,875.	6,161.	-4,286.
<b>Total</b>				1,803,624.	291,672.	1,511,952.

**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.  
NY

**Part II Fundraising Events.** Complete if the organization answered "Yes" to 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))
		NO KID HUNGRY DINNE (event type)	AUTMNN HARVEST (event type)	5 (total number)	
Revenue	1	1,761,088.	295,540.	249,975.	2,306,603.
	2	1,688,048.	288,840.	234,780.	2,211,668.
	3	73,040.	6,700.	15,195.	94,935.
Direct Expenses	4				
	5				
	6	164,084.		12,402.	176,486.
	7	104,082.	4,772.	11,113.	119,967.
	8			1,000.	1,000.
	9	168,800.	29,335.	86,083.	284,218.
	10	Direct expense summary. Add lines 4 through 9 in column (d) ▶			
11	Net income summary. Combine line 3, column (d), and line 10 ▶				-486,736.

**Part III Gaming.** Complete if the organization answered "Yes" to 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			37,994.
Direct Expenses	2			18,997.	18,997.
	3				
	4				
	5				
	6	<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) ▶				( 18,997 )
8	Net gaming income summary. Combine line 1, column d, and line 7 ▶				18,997.

9 Enter the state(s) in which the organization operates gaming activities: CA, CT, DE, ME, MD, MA, NV, NH, OH, OR, PA, VT

a Is the organization licensed to operate 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 operate 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 operated in:
 

<b>13a</b>		%
<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.** Complete this part to 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 complete this part to provide any additional information (see instructions).

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

(I) NAME OF FUNDRAISER: AGENCY 21

(I) ADDRESS OF FUNDRAISER:

1428 BRICKELL AVENUE, SUITE 303, MIAMI, FL 33131

(I) NAME OF FUNDRAISER: ARIA COMMUNICATIONS

(I) ADDRESS OF FUNDRAISER:

717 WEST ST. GERMAIN STREET, ST. CLOUD, MN 56303

**COPY**



**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" to Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.**

OMB No. 1545-0047

**2012**

**Open to Public  
Inspection**

Name of the organization **SHARE OUR STRENGTH, INC.** 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 Governments and Organizations in the United States.** Complete if the organization answered "Yes" to 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 non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ACADEMY OF NUTRITION AND DIETETICS FOUNDATION - 120 SOUTH RIVERSIDE PLAZA, SUITE 200 - CHICAGO, IL 60606	36-0724760	N/A	17,500.	0.			CMS GRANT
ARKANSAS CHILDREN'S HOSPITAL #1 CHILDREN'S WAY, SLOT 669 LITTLE ROCK, AR 72202	71-0236857	N/A	5,000.	0.			CMS GRANT
ARKANSAS DEPARTMENT OF HUMAN SERVICES - P.O. BOX 1437, SLOT 155 - LITTLE ROCK, AR 72203	71-0847443	N/A	23,500.	0.			COOKING MATTERS FOR CHILDCARE PROFESSIONALS GRANT
CENTER FOR POPULAR RESEARCH 840 55TH STREET OAKLAND, CA 94608	41-2099500	N/A	30,000.	0.			COOKING MATTERS CAPACITY BUILDING GRANT
CITY HARVEST 575 EIGHTH AVENUE, 4TH FLOOR NEW YORK, NY 10018	13-3170676	501(C)(3)	48,000.	0.			COOKING MATTERS CAPACITY BUILDING GRANT
COMMUNITY HEALTH NETWORK OF CT FOUNDATION - 11 FAIRFIELD BOULEVARD - WALLINGFORD, CT 06492	20-0395748	501(C)(3)	42,500.	0.			COOKING MATTERS EXPANSION GRANT

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **▶ 233.**

**3** Enter total number of other organizations listed in the line 1 table **▶ 4.**

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

Schedule I (Form 990) (2012)

**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
DARE TO CARE FOOD BANK 5803 FERN VALLEY ROAD LOUISVILLE, KY 40228	23-7345952	501(C)(3)	35,000.	0.			COOKING MATTERS EXPANSION GRANT
DAYSRING BEHAVIORAL HEALTH 602 NORTH WALTON ROAD BENTONVILLE, AR 72712	43-1608916	501(C)(3)	5,000.	0.			CMS GRANT
DEPARTMENT OF PUBLIC HEALTH 111 NORTH SANDERS STREET, SUITE 301 HELENA, MT 59601	81-0302402	N/A	5,000.	0.			CMS GRANT
EBENEZER MEDICAL OUTREACH 1448 10TH AVENUE HUNTINGTON, WV 25701	55-0745033	501(C)(3)	30,000.	0.			COOKING MATTERS EXPANSION GRANT
FAMILIES & YOUTH, INC. 1320 SOUTH SOLANO LAS CRUCES, NM 88001	85-0275762	501(C)(3)	8,100.	0.			COOKING MATTERS FOR CHILDCARE PROFESSIONALS GRANT
FAMILY LEAGUE OF BALTIMORE CITY 2305 N CHARLES STREET, SUITE 200 BALTIMORE, MD 21218	52-1734848	501(C)(3)	10,000.	0.			CMS GRANT
FLIPANY (FLORIDA INTRODUCES PHYSICAL ACTIVITY AND NUTRITION TO YOUTH) - 6600 W. COMMERCIAL BOULEVARD - LAUDERHILL, FL 33319	87-0743538	501(C)(3)	22,500.	0.			COOKING MATTERS CAPACITY BUILDING GRANT
FOOD BANK OF NORTH CENTRAL ARKANSAS - 14215 HWY 5 SOUTH - NORFORK, AR 72658	58-1881897	501(C)(3)	5,000.	0.			CMS GRANT
FOOD BANK OF SOUTH JERSEY 1501 JOHN TIPTON BOULEVARD PENNSAUKEN, NJ 08110	22-2623089	501(C)(3)	49,000.	0.			COOKING MATTERS CAPACITY BUILDING GRANT

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
FOODLINK, INC. 1999 MT. READ BOULEVARD ROCHESTER, NY 14615	22-2428304	501(C)(3)	72,500.	0.			COOKING MATTERS CAPACITY BUILDING GRANT
GLENER'S COMMUNITY FOOD BANK 2131 BEAUFIT STREET DETROIT, MI 48207	38-2156255	501(C)(3)	40,000.	0.			COOKING MATTERS CAPACITY BUILDING GRANT
GOOD SHEPHERD FOOD BANK P.O. BOX 1807 AUBURN, ME 04211	22-2986809	501(C)(3)	82,968.	0.			COOKING MATTERS CAPACITY BUILDING GRANT
IDAHO FOOD BANK 3562 S. TK AVENUE BOISE, ID 83705	82-0425400	501(C)(3)	35,000.	0.			COOKING MATTERS EXPANSION GRANT
INTER-FAITH FOOD SHUTTLE 1001 BLAIR DRIVE RALEIGH, NC 27603	56-1753180	501(C)(3)	13,000.	0.			COOKING MATTERS CAPACITY BUILDING GRANT
LOCAL MATTERS 731 E BROAD STREET, 3RD FLOOR COLUMBUS, OH 43205	06-1819644	501(C)(3)	30,000.	0.			COOKING MATTERS EXPANSION GRANT
LOWCOUNTRY FOOD BANK 2864 AZALEA DRIVE CHARLESTON, SC 29405	57-0751835	501(C)(3)	60,000.	0.			COOKING MATTERS EXPANSION GRANT
MARSHALL UNIVERSITY RESEARCH CORPORATION - 1600 MEDICAL CENTER DRIVE, SUITE 1400 - HUNTINGTON, WV 25701	55-0683361	N/A	10,000.	0.			CMS GRANT
NATIONAL HEAD START ASSOCIATION 1651 PRINCE STREET ALEXANDRIA, VA 22314	52-1282065	N/A	8,500.	0.			CMS GRANT

**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
NORTH TEXAS FOOD BANK 4500 S. COCKRELL HILL ROAD DALLAS, TX 75236	75-1785357	501(C)(3)	14,605.	0.			COOKING MATTERS CAPACITY BUILDING GRANT
OPERATION FOOD SEARCH 6282 OLIVE BOULEVARD ST. LOUIS, MO 63130	43-1241854	501(C)(3)	31,000.	0.			COOKING MATTERS CAPACITY BUILDING GRANT
OREGON FOOD BANK P.O. BOX 55370 PORTLAND, OR 97238	93-0785786	501(C)(3)	33,585.	0.			COOKING MATTERS CAPACITY BUILDING GRANT
SECOND HARVEST FOOD BANK OF LEHIGH VALLEY - 2045 HARVEST WAY - ALLENTOWN, PA 18104	23-1669589	501(C)(3)	18,750.	0.			COOKING MATTERS EXPANSION GRANT
SECOND HARVEST FOOD BANK OF NEW ORLEANS & ACADIANA - 700 EDWARDS AVENUE - NEW ORLEANS, LA 70123	72-0956468	501(C)(3)	7,500.	0.			COOKING MATTERS EXPANSION GRANT
SOLID GROUND 1501 NORTH 45TH STREET SEATTLE, WA 98103	23-7421892	501(C)(3)	20,000.	0.			COOKING MATTERS CAPACITY BUILDING GRANT
THE QUEENS GALLEY 254 WASHINGTON AVENUE KINGSTON, NY 12401	90-0160019	501(C)(3)	15,000.	0.			COOKING MATTERS CAPACITY BUILDING GRANT
THREE SQUARES 3150 18TH STREET SAN FRANCISCO, CA 94110	45-3059509	501(C)(3)	84,453.	0.			COOKING MATTERS CAPACITY BUILDING GRANT
UNIVERSITY OF MINNESOTA EXTENSION 1420 ECKLES AVENUE ST. PAUL, MN 55108	41-6042488	N/A	22,111.	0.			COOKING MATTERS CAPACITY BUILDING GRANT

Schedule I (Form 990)

<b>Part II</b> Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
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VIRGINIA COOPERATIVE EXTENSION 510 SOUTH HENRY STREET ALEXANDRIA, VA 22314	54-6001805	N/A	67,938.	0.			COOKING MATTERS CAPACITY BUILDING GRANT
VISITING NURSE ASSOCIATION 12565 WEST CENTER ROAD, SUITE 100 OMAHA, NE 68144	47-0690286	N/A	27,000.	0.			COOKING MATTERS CAPACITY BUILDING GRANT
ACCESS 2651 SAULINO COURT DEARBORN, MI 48120	23-7444497	501(C)(3)	8,000.	0.			SUMMER MEALS PROGRAM SUPPORT
ACHIEVEMENT CENTERS FOR CHILDREN AND FAMILIES - 555 NORTHWEST 4TH STREET - DELRAY BEACH, FL 33444	59-1264435	501(C)(3)	5,000.	0.			CACFP AFTERSCHOOL MEALS PROGRAM SUPPORT
AMERICA'S SECOND HARVEST OF COASTAL GEORGIA - 2501 E. PRESIDENT STREET - SAVANNAH, GA 31404	58-1442013	501(C)(3)	8,850.	0.			SUMMER MEALS PROGRAM SUPPORT
ANACONDA FAMILY RESOURCE CENTER, BOYS & GIRLS CLUB OF DEER LODGE COUNTY. - 118 E. 7TH, SUITE 1B - ANACONDA, MT 59711	81-0453993	501(C)(3)	5,000.	0.			CACFP AFTERSCHOOL MEALS PROGRAM SUPPORT
ANNE ARUNDEL COUNTY PUBLIC SCHOOLS 2666 RIVA ROAD ANNAPOLIS, MD 21401		N/A	17,152.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
ARCHDIOCESE OF CHICAGO 5150 N. NORTHWEST HIGHWAY CHICAGO, IL 60630	36-2701312	N/A	5,859.	0.			SUMMER MEALS PROGRAM SUPPORT
ARKANSAS HUNGER RELIEF ALLIANCE, INC. - 1400 WEST MARKHAM STREET, SUITE 304 - LITTLE ROCK, AR 72201	30-0254995	501(C)(3)	422,169.	0.			NO KID HUNGRY STATE-CITY GRANTS



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ASSOCIATION OF ARIZONA FOOD BANKS 2100 NORTH CENTRAL AVENUE SUITE 230 PHOENIX, AZ 85004	86-0507679	501(C)(3)	7,909.	0.			TASTE OF THE NATION 2012
ATLANTA COMMUNITY FOOD BANK 732 JOSEPH E. LOWERY BOULEVARD ATLANTA, GA 30318	58-1376648	501(C)(3)	345,112.	0.			TASTE OF THE NATION 2012
AURORA PROJECT, INC. 1035 N SUPERIOR STREET TOLEDO, OH 43604	34-1517827	501(C)(3)	25,576.	0.			TASTE OF THE NATION 2012
BALTIMORE CITY PUBLIC SCHOOLS 200 E NORTH AVENUE BALTIMORE, MD 21202		N/A	134,995.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
BALTIMORE COMMUNITY FOUNDATION 2 EAST READ STREET, 9TH FLOOR BALTIMORE, MD 21202	23-7180620	501(C)(3)	50,000.	0.			SCHOOL BREAKFAST PROGRAM EXPANSION RESEARCH
BALTIMORE COUNTY PUBLIC SCHOOLS 1946 R GREENSPRING DRIVE TIMONIUM, MD 21093		N/A	149,834.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
BALTIMORE SAFE AND SOUND CAMPAIGN (MARYLAND OUT OF SCHOOL TIME NETWORK) - 2 EAST READ STREET, THIRD FLOOR - BALTIMORE, MD 21202	52-2147148	501(C)(3)	53,800.	0.			CACFP AFTERSCHOOL MEALS PROGRAM SUPPORT
BATESVILLE SCHOOL DISTRICT 955 WATER STREET BATESVILLE, AR 72501		N/A	8,000.	0.			SUMMER MEALS PROGRAM SUPPORT
BATTLE CREEK PUBLIC SCHOOLS 3 VAN BURENT STREET, W BATTLE CREEK, MI 49017		N/A	5,000.	0.			SUMMER MEALS PROGRAM SUPPORT

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BAY AREA FOOD BANK, INC. 5248 MOBILE SOUTH STREET THEODORE, AL 36582	63-0821997	501(C)(3)	40,000.	0.			NO KID HUNGRY ALLIES CLASS OF 2012
BERTIE COUNTY SCHOOLS P.O. BOX 10 WINDSOR, NC 27983		N/A	6,898.	0.			SUMMER MEALS PROGRAM SUPPORT
BIG LAKE SCHOOL DISTRICT 501 MINNESOTA AVENUE BIG LAKE, MN 55309		N/A	5,000.	0.			SUMMER MEALS PROGRAM SUPPORT
BIRMINGHAM REGIONAL EMPOWERMENT AND DEVELOPMENT CENTER - P.O. BOX 310665 - BIRMINGHAM, AL 35231	32-0013151	501(C)(3)	5,000.	0.			SUMMER MEALS PROGRAM SUPPORT
BISMARCK SCHOOL DISTRICT 11636 HIGHWAY 84 BISMARCK, AR 71929		N/A	5,000.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
BOYS & GIRLS CLUB OF MANCHESTER 555 UNION STREET MANCHESTER, NH 03104	02-0226033	501(C)(3)	6,000.	0.			SUMMER MEALS PROGRAM SUPPORT
BOYS & GIRLS CLUB OF OSHKOSH, INC. P.O. BOX 411 OSHKOSH, WI 54903	39-6120658	501(C)(3)	7,000.	0.			SUMMER MEALS PROGRAM SUPPORT
BOYS & GIRLS CLUB OF THE NORTHERN CHEYENNE NATION - 101 CHEYENNE AVENUE - LAME DEER, MT 59043	36-3945776	501(C)(3)	5,000.	0.			CACFP AFTERSCHOOL MEALS PROGRAM SUPPORT
BOYS & GIRLS CLUBS OF BUFFALO, INC. - 282 BABCOCK STREET - BUFFALO, NY 14210	16-0849516	501(C)(3)	5,000.	0.			SUMMER MEALS PROGRAM SUPPORT

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BOYS & GIRLS CLUBS OF METROPOLITAN PHOENIX - 2645 N 24TH STREET - PHOENIX, AZ 85008	86-0107639	501(C)(3)	5,000.	0.			SUMMER MEALS PROGRAM SUPPORT
BOYS & GIRLS CLUBS OF NORTH ALABAMA - 203 EAST SIDE SQUARE - HUNTSVILLE, AL 35801	63-0360026	501(C)(3)	5,000.	0.			SUMMER MEALS PROGRAM SUPPORT
BOYS & GIRLS CLUBS OF THE CSRA 206 MILLEDGE ROAD AUGUSTA, GA 30904	58-0610382	501(C)(3)	10,990.	0.			SUMMER MEALS PROGRAM SUPPORT
BROWARD MEALS ON WHEELS 451 N. ST RD 7 PLANTATION, FL 33317	59-2450043	501(C)(3)	7,192.	0.			TASTE OF THE NATION 2012
CABOT SCHOOL DISTRICT 602 NO LINCOLN CABOT, AR 72023		N/A	6,000.	0.			SUMMER MEALS PROGRAM SUPPORT
CALIFORNIA ASSOCIATION OF FOOD BANKS - 1624 FRANKLIN STREET, SUITE 722 - OAKLAND, CA 94612	68-0392816	501(C)(3)	19,555.	0.			TASTE OF THE NATION 2012
CALIFORNIA FOOD POLICY ADVOCATES 436 14TH STREET OAKLAND, CA 94612	94-3163142	501(C)(3)	243,055.	0.			NO KID HUNGRY STATE-CITY GRANTS
CAPITAL AREA FOOD BANK 4900 PUERTO RICO AVENUE, SE WASHINGTON, DC 20017	52-1167581	501(C)(3)	28,480.	0.			SUMMER MEALS PROGRAM SUPPORT
CATHOLIC CHARITIES FOOD BANK OF THE SOUTHERN TIER - 388 UPPER OAKWOOD AVENUE - ELMIRA, NY 14903	20-8808059	501(C)(3)	12,000.	0.			TASTE OF THE NATION 2012

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CATHOLIC CHARITIES OF CENTRAL FLORIDA - 1819 N SEMORAN BOULEVARD - ORLANDO, FL 23807	59-1214353	501(C)(3)	10,000.	0.			SUMMER MEALS PROGRAM SUPPORT
CATHOLIC CHARITIES OF SOUTHERN NEVADA - 1501 LAS VEGAS BOULEVARD, NORTH - LAS VEGAS, NV 89101	88-0059425	501(C)(3)	13,259.	0.			TASTE OF THE NATION 2012
CCA 168 DAVENPORT AVENUE NEW HAVEN, CT 06519	60-0841885	501(C)(3)	11,240.	0.			TASTE OF THE NATION 2012
CEDAR VALLEY FOOD BANK 106 E. 11TH STREET WATERLOO, IA 50704	42-1169648	501(C)(3)	5,000.	0.			SUMMER MEALS PROGRAM SUPPORT
CENTER FOR PUBLIC POLICY PRIORITIES - 7020 EASY WIND DRIVE - AUSTIN, TX 78752	74-2898197	501(C)(3)	14,219.	0.			TASTE OF THE NATION 2012
CENTRAL CITY PARTNERSHIP 2020 JACKSON AVENUE, 2ND FLOOR NEW ORLEANS, LA 70115	26-3529788	501(C)(3)	5,000.	0.			SUMMER MEALS PROGRAM SUPPORT
CENTRAL VIRGINIA FOOD BANK 1415 RHOADMILLER STREET RICHMOND, VA 23220	54-1150923	501(C)(3)	25,000.	0.			CACFP AFTERSCHOOL MEALS PROGRAM SUPPORT
CHARLES COUNTY PUBLIC SCHOOLS 5980 RADIO STATION ROAD LA PLATA, MD 20646		N/A	11,000.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
CHILDREN OF SHELTERS 2269 CHESTNUT STREET, BOX 439 SAN FRANCISCO, CA 94123	94-3192608	501(C)(3)	11,484.	0.			TASTE OF THE NATION 2012

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CHILDREN'S ALLIANCE 718 6TH AVENUE, SOUTH SEATTLE, WA 98104	91-0982879	501(C)(3)	126,250.	0.			NO KID HUNGRY STATE-CITY GRANTS
CHILDREN'S ALLIANCE OF NEW HAMPSHIRE, INC. - 2 DELTA DRIVE - CONCORD, NH 03301	22-2936618	501(C)(3)	31,820.	0.			NO KID HUNGRY ALLIES CLASS OF 2012, TASTE OF THE NATION 2012
CHILDREN'S HUNGER ALLIANCE 370 SOUTH FIFTH STREET COLUMBUS, OH 43215	23-7303509	501(C)(3)	9,448.	0.			TASTE OF THE NATION 2012
CHRIST FOR THE WORLD 4510 TOWSON AVENUE FORT SMITH, AR 72902	62-1692390	501(C)(3)	5,800.	0.			SUMMER MEALS PROGRAM SUPPORT
CIVITAN FOUNDATION, INC. 3509 E SHEA BOULEVARD, SUITE 117 PHOENIX, AZ 85028	23-7036797	501(C)(3)	5,000.	0.			SUMMER MEALS PROGRAM SUPPORT
CLAYMONT COMMUNITY CENTER 3301 GREEN STREET CLAYMONT, DE 19703	51-0164850	501(C)(3)	9,648.	0.			TASTE OF THE NATION 2012
CLEVELAND FOODBANK, INC. 15500 SOUTH WATERLOO ROAD CLEVELAND, OH 44110	34-1292848	501(C)(3)	10,000.	0.			SUMMER MEALS PROGRAM SUPPORT
COALITION FOR THE HOMELESS OF CENTRAL FLORIDA, INC. - 639 WEST CENTRAL BOULEVARD - ORLANDO, FL 32801	59-2814255	501(C)(3)	52,059.	0.			TASTE OF THE NATION 2012
COLFAX COMMUNITY NETWORK 1585 KINGSTON STREET AURORA, CO 80010	84-1487426	501(C)(3)	6,467.	0.			SUMMER MEALS PROGRAM SUPPORT

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COLORADO SPRINGS, SCHOOL DISTRICT 5260 GEIGER BOULEVARD COLORADO SPRINGS, CO 80915		N/A	5,251.	0.			SUMMER MEALS PROGRAM SUPPORT
COLUMBIA MONTOUR TAPESTRY OF HEALTH - 1257 COLUMBIA BOULEVARD - BLOOMSBURG, PA 17815	23-7289815	501(C)(3)	5,000.	0.			SUMMER MEALS PROGRAM SUPPORT
COMMUNITY ACTION PARTNERSHIP OF KERN - 300 19TH STREET - BAKERSFIELD, CA 93301	95-2402760	501(C)(3)	5,500.	0.			SUMMER MEALS PROGRAM SUPPORT
COMMUNITY ACTION PARTNERSHIP OF ORANGE COUNTY - 11870 MONARCH STREET - GARDEN GROVE, CA 92841	95-2452787	501(C)(3)	22,934.	0.			TASTE OF THE NATION 2012
COMMUNITY ACTION PARTNERSHIP OF STRAFFORD COUNTY - P.O. BOX 160 - DOVER, NH 03821	02-0268636	501(C)(3)	19,206.	0.			TASTE OF THE NATION 2012
COMMUNITY CULINARY SCHOOL OF CHARLOTTE - 2401-A DISTRIBUTION STREET - CHARLOTTE, NC 28203	56-2051086	501(C)(3)	23,503.	0.			TASTE OF THE NATION 2012
COMMUNITY FOODBANK OF NEW JERSEY 31 EVANS TERMINAL ROAD HILLSIDE, NJ 07205	22-2423882	501(C)(3)	5,000.	0.			HURRICANE SANDY-EMERGENCY RELIEF
COMMUNITY PARTNERS WITH YOUTH 1900 7TH STREET, NW NEW BRIGHTON, MN 55112	41-1952012	501(C)(3)	5,000.	0.			SUMMER MEALS PROGRAM SUPPORT
CONNECTICUT FOOD BANK, INC. P.O. BOX 8686 NEW HAVEN, CT 06531	06-1063025	501(C)(3)	11,240.	0.			TASTE OF THE NATION 2012

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CORNELL COOP EXTENSION DUTCHESS COUNTY - 2715 RT 44 FARM AND HOME CENTER, SUITE 1 - MILLBROOK, NY 12545	14-6036882	501(C)(3)	7,500.	0.			SUMMER MEALS PROGRAM SUPPORT
CULTIVATING COMMUNITY P.O. BOX 3792 PORTLAND, ME 04104	04-3607322	501(C)(3)	14,645.	0.			TASTE OF THE NATION 2012
D.C. HUNGER SOLUTIONS 1875 CONNECTICUT AVENUE, NW, SUITE WASHINGTON, DC 20009	23-7200739	501(C)(3)	74,350.	0.			SUMMER MEALS PROGRAM SUPPORT, TASTE OF THE NATION 2012
DES MOINES AREA FOOD BANK P.O. BOX 98788 DES MOINES, WA 98198	91-1183154	501(C)(3)	5,000.	0.			SUMMER MEALS PROGRAM SUPPORT
DURHAM PUBLIC SCHOOLS P.O. BOX 30002 DURHAM, NC 27702		N/A	5,000.	0.			SUMMER MEALS PROGRAM SUPPORT
EARTHEN VESSELS OUTREACH 250 SOUTH PACIFIC AVENUE PITTSBURGH, PA 15224	42-1631628	501(C)(3)	8,000.	0.			SUMMER MEALS PROGRAM SUPPORT
EAST BOSTON YMCA 215 BREMEN STREET BOSTON, MA 02128	04-2103551	501(C)(3)	7,500.	0.			SUMMER MEALS PROGRAM SUPPORT
END HUNGER CONNECTICUT!, INC. 65 HUNGERFORD STREET HARTFORD, CT 06106	06-1545835	501(C)(3)	233,579.	0.			NO KID HUNGRY STATE-CITY GRANTS
FAMILIA CENTER 711 E. CLIFF DRIVE SANTA CRUZ, CA 95060	77-0071589	501(C)(3)	6,000.	0.			SUMMER MEALS PROGRAM SUPPORT

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FAMILY LEAGUE OF BALTIMORE CITY 2305 N CHARLES STREET, SUITE 200 BALTIMORE, MD 21218	52-1734848	501(C)(3)	20,000.	0.			SUMMER MEALS PROGRAM SUPPORT
FEEDING AMERICA SOUTHWEST VIRGINIA 1025 ELECTRIC ROAD SALEM, VA 24153	54-1939556	501(C)(3)	30,000.	0.			SUMMER MEALS PROGRAM SUPPORT
FEEDING SOUTH FLORIDA, INC. 2501 SW 32 TERRACE PEMBROKE PARK, FL 33023	59-2097520	501(C)(3)	21,448.	0.			TASTE OF THE NATION 2012
FLORENCE FULLER CHILD DEVELOPMENT CENTER - 200 NE 14TH STREET - BOCA RATON, FL 33432	59-1312245	501(C)(3)	7,827.	0.			TASTE OF THE NATION 2012
FLORIDA IMPACT 1331 EAST LAFAYETTE STREET, SUITE A TALLAHASSEE, FL 32301	59-2859151	501(C)(3)	348,055.	0.			NO KID HUNGRY STATE-CITY GRANTS
FOOD BANK FOR NEW YORK CITY, FOOD FOR SURVIVAL - 39 BROADWAY, 10TH FLOOR - NEW YORK, NY 10006	13-3179546	501(C)(3)	536,000.	0.			TASTE OF THE NATION 2012
FOOD BANK OF DELAWARE 14 GARFIELD WAY NEWARK, DE 19713	51-2508984	501(C)(3)	20,472.	0.			SUMMER MEALS PROGRAM SUPPORT, TASTE OF THE NATION 2012
FOOD BANK OF NORTHERN NEVADA, INC. 550 ITALY DRIVE MCCARRAN, NV 89434	94-2924979	501(C)(3)	5,000.	0.			SUMMER MEALS PROGRAM SUPPORT
FOOD BANK OF SOUTH JERSEY 1501 JOHN TIPTON BOULEVARD PENNSAUKEN, NJ 08110	22-2623089	501(C)(3)	7,000.	0.			SUMMER MEALS PROGRAM SUPPORT, TASTE OF THE NATION 2012

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FOOD BANK OF THE ROCKIES 10700 E. 45TH AVENUE DENVER, CO 80239	84-0772672	501(C)(3)	12,080.	0.			SUMMER MEALS PROGRAM SUPPORT
FOOD RUNNERS 2579 WASHINGTON STREET SAN FRANCISCO, CA 94115	94-3129692	501(C)(3)	11,484.	0.			TASTE OF THE NATION 2012
FOODBANK OF SANTA BARBARA COUNTY 4554 HOLLISTER AVENUE SANTA BARBARA, CA 93110	77-0169214	501(C)(3)	33,243.	0.			TASTE OF THE NATION 2012
FOODSHARE, INC. 450 WOODLAND AVENUE BLOOMFIELD, CT 06002	22-2474771	501(C)(3)	16,280.	0.			TASTE OF THE NATION 2012
FOOTPRINTS FOOD PANTRY INC. P.O. BOX 246 KITTELY, ME 03904	22-3149937	501(C)(3)	13,557.	0.			TASTE OF THE NATION 2012
FORT WAYNE COMMUNITY SCHOOLS 1200 S CLINTON STREET FORT WAYNE, IN 46802		N/A	5,000.	0.			SUMMER MEALS PROGRAM SUPPORT
GADSDEN I.S.D. / SNP 1325 W. WASHINGTON STREET ANTHONY, NM 88021		N/A	5,000.	0.			SUMMER MEALS PROGRAM SUPPORT
GALLUP MCKINLEY PUBLIC SCHOOLS P.O. BOX 1318 GALLUP, NM 87305		N/A	5,000.	0.			SUMMER MEALS PROGRAM SUPPORT
GENESIS SHELTER, INC. 173 BOULEVARD NE ATLANTA, GA 30312	58-1934891	501(C)(3)	42,757.	0.			TASTE OF THE NATION 2012

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GEORGIA BUDGET AND POLICY INSTITUTE - 100 EDGEWOOD AVENUE, SUITE 950 - ATLANTA, GA 30303	55-0860376	501(C)(3)	18,325.	0.			TASTE OF THE NATION 2012
GEORGIA CITIZENS' COALITION ON HUNGER - 9 GAMMON AVENUE - ATLANTA, GA 30315	23-7422289	501(C)(3)	24,433.	0.			TASTE OF THE NATION 2012
GEORGIA FOOD BANK ASSOCIATION 732 JOSEPH LOWERY BOULEVARD, NW ATLANTA, GA 30318	58-2374577	501(C)(3)	111,638.	0.			NO KID HUNGRY STATE-CITY GRANTS
GLASSBORO CHILD DEVELOPMENT CENTERS - 31 S MAIN STREET - GLASSBORO, NJ 08028	22-1910475	501(C)(3)	5,000.	0.			SUMMER MEALS PROGRAM SUPPORT
GLEANERS FOOD BANK OF INDIANA, INC. - 3737 WALDEMERE AVENUE - INDIANAPOLIS, IN 46241	35-1483868	501(C)(3)	5,000.	0.			SUMMER MEALS PROGRAM SUPPORT
GOOD HOPE SOCIAL SERVICES 710 E CEDAR STREET AUGUSTA, GA 30901	58-2240767	501(C)(3)	5,332.	0.			TASTE OF THE NATION 2012
GPAN 925 MAIN STREET STONE MOUNTAIN, GA 30083	58-2404240	501(C)(3)	24,852.	0.			SUMMER MEALS PROGRAM SUPPORT
GRAVETTE SCHOOL DISTRICT 609 BIRMINGHAM S E GRAVETTE, AR 72736		N/A	8,000.	0.			SUMMER MEALS PROGRAM SUPPORT
GREATER CHICAGO FOOD DEPOSITORY 4100 WEST ANN LURIE PLACE CHICAGO, IL 60632	36-2971864	501(C)(3)	151,900.	0.			NO KID HUNGRY STATE-CITY GRANTS

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GREATER MINNEAPOLIS COUNCIL OF CHURCHES/MINNESOTA FOODSHARE - 1001 E LAKE STREET - MINNEAPOLIS, MN 55407	41-0693933	501(C)(3)	7,001.	0.			TASTE OF THE NATION 2012
GREATER PHILADELPHIA COALITION AGAINST HUNGER - 1725 FAIRMOUNT AVENUE, #102 - PHILADELPHIA, PA 19130	26-2727680	501(C)(3)	36,004.	0.			NO KID HUNGRY ALLIES CLASS OF 2012
HARRISBURG SCHOOL DISTRICT 207 WEST ESTES HARRISBURG, AR 72432		N/A	5,000.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
HARTFORD FOOD SYSTEM, INC. 86 PARK STREET, 2ND FLOOR HARTFORD, CT 06106	06-0991880	501(C)(3)	16,280.	0.			TASTE OF THE NATION 2012
HARTFORD SCHOOL DISTRICT 153 MARKET STREET HARTFORD, CT 06103	99-0220699	N/A	6,250.	0.			CACFP AFTERSCHOOL MEALS PROGRAM SUPPORT
HAWAII FOODBANK 2611 KILIHAI STREET HONOLULU, HI 96819	99-0220699	501(C)(3)	17,561.	0.			TASTE OF THE NATION 2012
HELENA SCHOOL DISTRICT #1 55 SOUTH RODNEY HELENA, MT 59601		N/A	5,000.	0.			CACFP AFTERSCHOOL MEALS PROGRAM SUPPORT
HORTON'S KIDS 110 MARYLAND AVENUE, NE, SUITE 207 WASHINGTON, DC 20002	52-1755403	501(C)(3)	5,000.	0.			SUMMER MEALS PROGRAM SUPPORT
HOUSTON FOOD BANK 535 PORTWALL HOUSTON, TX 77029	74-2181456	501(C)(3)	48,377.	0.			TASTE OF THE NATION 2012

Schedule I (Form 990)

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HUNGER FREE COLORADO 2222 S ALBION STREET, SUITE 360 DENVER, CO 80222	68-0551464	501(C)(3)	711,729.	0.			NO KID HUNGRY STATE-CITY GRANTS
HUNGER FREE HEARTLAND 10525 J STREET OMAHA, NE 68127	47-0637701	501(C)(3)	25,000.	0.			NO KID HUNGRY ALLIES CLASS OF 2012
HUNGER SOLUTIONS NEW YORK, INC. 14 COMPUTER DRIVE EAST ALBANY, NY 12205	22-2954760	501(C)(3)	24,000.	0.			SUMMER MEALS PROGRAM SUPPORT, TASTE OF THE NATION 2012
HUNGER TASK FORCE, INC. 201 S HAWLEY COURT MILWAUKEE, WI 53214	39-1345847	501(C)(3)	9,500.	0.			SUMMER MEALS PROGRAM SUPPORT
ILLINOIS COALITION FOR COMMUNITY SERVICES - 510 APPLE ORCHARD ROAD, SUITE 100 - SPRINGFIELD, IL 62703	37-1203458	501(C)(3)	5,000.	0.			SUMMER MEALS PROGRAM SUPPORT
ILLINOIS HUNGER COALITION 205 W MONROE STREET, # 310 CHICAGO, IL 60606	37-1251831	501(C)(3)	26,500.	0.			SUMMER MEALS PROGRAM SUPPORT, TASTE OF THE NATION 2012
INDIANAPOLIS PARK FOUNDATION 615 N ALABAMA INDIANAPOLIS, IN 46204	35-1860468	501(C)(3)	11,000.	0.			SUMMER MEALS PROGRAM SUPPORT
INDY HUNGER NETWORK 9080 DEWBERRY COURT INDIANAPOLIS, IN 46260	45-4833492	501(C)(3)	8,000.	0.			SUMMER MEALS PROGRAM SUPPORT
JEFFERSON COUNTY SCHOOL DISTRICT NO. R-1 - P.O. BOX 4001 - GOLDEN, CO 80401		N/A	6,000.	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.)

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JEWISH FEDERATION OF CENTRAL MASSACHUSETTS DBA RACHEL'S TABLE - 633 SALISBURY STREET - WORCESTER, MA 01609	04-2104363	501(C)(3)	11,435.	0.			TASTE OF THE NATION 2012
JOHNSTON MEMORIAL YMCA 3025 NORTH DAVIDSON STREET CHARLOTTE, NC 28205	56-1045299	501(C)(3)	5,000.	0.			SUMMER MEALS PROGRAM SUPPORT
JUST FOOD 1155 AVENUE OF THE AMERICAS, THIRD NEW YORK, NY 10036	06-1555759	501(C)(3)	8,500.	0.			TASTE OF THE NATION 2012
KALAMAZOO PUBLIC SCHOOL DISTRICT 1220 HOWARD STREET KALAMAZOO, MI 49008		N/A	5,000.	0.			SUMMER MEALS PROGRAM SUPPORT
KOKUA HAWAII FOUNDATION'S 'AINA IN SCHOOLS PROGRAM - P.O. BOX 866 - HALEIWA, HI 96712	20-0315475	501(C)(3)	17,561.	0.			TASTE OF THE NATION 2012
LAMAR SCHOOL DISTRICT 301 ELBERTA STREET LAMAR, AR 72846		N/A	7,000.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
LEADERSHIP DEVELOPEMENT INSTITUTE D.B.A CMECCA SCHOOL - 15455 SOUTH PARK - SOUTH HOLLAND, IL 60473	36-3806807	501(C)(3)	9,225.	0.			SUMMER MEALS PROGRAM SUPPORT
LEGAL SERVICES ADVOCACY PROJECT 2324 UNIVERSITY AVENUE WEST, SUITE SAINT PAUL, MN 55114	41-1412710	501(C)(3)	17,502.	0.			TASTE OF THE NATION 2012
LOAVES AND FISHES 1917 LOGAN AVENUE SOUTH, SUITE 23 MINNEAPOLIS, MN 55403	41-1421522	501(C)(3)	8,000.	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.)

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LONG BEACH UNIFIED 1515 HUGHES WAY LONG BEACH, CA 90810		N/A	5,000.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
LOS ANGELES REGIONAL FOOD BANK 1734 EAST 41ST STREET LOS ANGELES, CA 90058	95-3135649	501(C)(3)	30,000.	0.			TASTE OF THE NATION 2012
LOS ANGELES UNIFIED 333 SOUTH BEADRY AVENUE LOS ANGELES, CA 90017		N/A	12,528.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
MARSH ROAD BOYS AND GIRLS CLUB 940 MARSH ROAD CHARLOTTE, NC 28209	58-0660607	501(C)(3)	5,000.	0.			SUMMER MEALS PROGRAM SUPPORT
MARY'S CENTER FOR MATERNAL AND CHILD CARE - 2333 ONTARIO ROAD, NW - WASHINGTON, DC 20009	52-1594116	501(C)(3)	13,425.	0.			TASTE OF THE NATION 2012
MID COAST HUNGER PREVENTION PROGRAM - 84A UNION STREET - BRUNSWICK, ME 04011	01-0492643	501(C)(3)	5,000.	0.			SUMMER MEALS PROGRAM SUPPORT
MINISTRY OF CARING INC. 506 NORTH CHURCH STREET WILMINGTON, DE 19801	51-0209843	501(C)(3)	14,472.	0.			TASTE OF THE NATION 2012
MISSION SAN JUAN CAPISTRANO (FATHER SERRA'S FOOD PANTRY) - 31611 CAMINO CAPISTRANO - SAN JUAN CAPISTRANO, CA 92675	95-1904079	N/A	11,467.	0.			TASTE OF THE NATION 2012
MISSION: READINESS 1212 NEW YORK AVENUE, NW, SUITE 300 WASHINGTON, DC 20005	13-3840271	501(C)(3)	10,000.	0.			OUTREACH AND EDUCATION AROUND SCHOOL BREAKFAST

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
MONTANA DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES - P.O. BOX 4210 111 SANDERS - HELENA, MT 59604		N/A	109,213.	0.			NO KID HUNGRY STATE-CITY GRANTS
MONTGOMERY COUNTY PUBLIC SCHOOLS 850 HUNGERFORD DRIVE ROCKVILLE, MD 20850		N/A	92,506.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
NC SERVES 3701 LAKE BOONE TRAIL #201 RALEIGH, NC 27607		N/A	28,819.	0.			NO KID HUNGRY STATE-CITY GRANTS
NEW GREATER TRUE LIGHT SUMMER FOOD PROGRAM - 5401 WEST CHICAGO AVENUE - CHICAGO, IL 60651	20-1306784	501(C)(3)	5,093.	0.			SUMMER MEALS PROGRAM SUPPORT
NEW HAMPSHIRE CATHOLIC CHARITIES D/B/A NEW HAMPSHIRE FOOD BANK - 700 EAST INDUSTRIAL PARK DRIVE - MANCHESTER, NH 03109	02-0222163	501(C)(3)	49,885.	0.			SUMMER MEALS PROGRAM SUPPORT, TASTE OF THE NATION 2012
NEW HEIGHTS SUMMER CAMP INC. 505 E KENOSHA BROKEN ARROW, OK 74014	45-4474171	N/A	5,000.	0.			SUMMER MEALS PROGRAM SUPPORT
NEW MEXICO COLLABORATION TO END HUNGER - 3301 MENAUL BOULEVARD NE, #2 - ALBUQUERQUE, NM 87107	85-0295444	501(C)(3)	100,546.	0.			NO KID HUNGRY STATE-CITY GRANTS
NEW MT. CALVARY MB CHURCH 1850 W. MARQUETTE ROAD CHICAGO, IL 60636	36-3247134	501(C)(3)	9,625.	0.			SUMMER MEALS PROGRAM SUPPORT
NEWINGTON SCHOOL DISTRICT 131 CEDAR STREET NEWINGTON, CT 06111		N/A	6,000.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT

**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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NH FARM TO SCHOOL UNH FOUNDATION DURHAM, NH 03824	02-0437506	501(C)(3)	20,014.	0.			TASTE OF THE NATION 2012
NORTH TEXAS FOOD BANK 4500 S. COCKRELL HILL ROAD DALLAS, TX 75236	75-1785357	501(C)(3)	27,116.	0.			TASTE OF THE NATION 2012
NORTHERN TIER CENTER FOR HEALTH 44 MAIN STREET, SUITE 200 RICHFORD, VT 05476	03-0215982	501(C)(3)	5,000.	0.			SUMMER MEALS PROGRAM SUPPORT
NYC COALITION AGAINST HUNGER 16 BEAVER STREET, 3RD FLOOR NEW YORK, NY 10004	13-3471350	501(C)(3)	66,000.	0.			NO KID HUNGRY CITY-STATE GRANT, TASTE OF THE NATION 2012
OF ONE ACCORD INC. P.O. BOX 207 ROGERSVILLE, TN 37857	62-1391365	501(C)(3)	7,000.	0.			SUMMER MEALS PROGRAM SUPPORT
OHIO ASSOCIATION OF FOODBANKS 51 N HIGH STREET, SUITE 761 COLUMBUS, OH 43215	34-1677838	501(C)(3)	36,672.	0.			NO KID HUNGRY ALLIES CLASS OF 2012, TASTE OF THE NATION 2012
OPERATION FOOD SEARCH 6282 OLIVE BOULEVARD ST. LOUIS, MO 63130	43-1241854	501(C)(3)	25,000.	0.			NO KID HUNGRY ALLIES CLASS OF 2012
PARTNERS FOR A HUNGER-FREE OREGON 712 SE HAWTHORNE BOULEVARD, #202 PORTLAND, OR 97214	20-4970868	501(C)(3)	41,321.	0.			NO KID HUNGRY ALLIES CLASS OF 2012, TASTE OF THE NATION 2012
PENASCO PUBLIC SCHOOLS P.O. BOX 520 PENASCO, NM 87553		N/A	5,000.	0.			SUMMER MEALS PROGRAM SUPPORT

Schedule I (Form 990)

<b>Part II</b> 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
PHILABUNDANCE 3616 S GALLOWAY STREET PHILADELPHIA, PA 19148	23-2290505	501(C)(3)	6,004.	0.			TASTE OF THE NATION 2012
PLYMOUTH SCHOOL DISTRICT 77 EAST MAIN STREET TERRYVILLE, CT 06786		N/A	6,667.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
PREBLE STREET P.O. BOX 1459 PORTLAND, ME 04104	01-0418917	501(C)(3)	44,527.	0.			NO KID HUNGRY ALLIES CLASS OF 2012, TASTE OF THE NATION 2012
PRINCE GEORGE'S COUNTY PUBLIC SCHOOLS - 14201 SCHOOL LANE - UPPER MARLBORO, MD 20772		N/A	18,341.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
PROJECT BREAD - THE WALK FOR HUNGER - 145 BORDER STREET - EAST BOSTON, MA 02128	04-2931195	501(C)(3)	30,000.	0.			NO KID HUNGRY ALLIES CLASS OF 2012, TASTE OF THE NATION 2012
PROP - EAST END KID'S KATERING 2338 CONGRESS STREET PORTLAND, ME 04102	01-0274725	501(C)(3)	21,968.	0.			TASTE OF THE NATION 2012
PUBLIC POLICY CENTER OF MISSISSIPPI - P.O. BOX 55649 - JACKSON, MS 39296	64-0946476	501(C)(3)	25,000.	0.			NO KID HUNGRY ALLIES CLASS OF 2012
PURPLE ASPARAGUS 2545 W. DIVERSEY, SUITE 203 CHICAGO, IL 60647	20-3000012	501(C)(3)	5,000.	0.			TASTE OF THE NATION 2012
RECOVERY SCHOOL DISTRICT-LDE 1641 POLAND AVENUE NEW ORLEANS, LA 70117		N/A	12,560.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT

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RHODE ISLAND COMMUNITY FOOD BANK ASSOCIATION - 200 NIANTIC AVENUE - PROVIDENCE, RI 02907	05-0395601	501(C)(3)	5,000.	0.			SUMMER MEALS PROGRAM SUPPORT
SEACOAST FAMILY FOOD PANTRY 7 JUNKINS AVENUE PORTSMOUTH, NH 03801	02-0226943	501(C)(3)	7,344.	0.			TASTE OF THE NATION 2012
SECOND HARVEST FOOD BANK OF CENTRAL FLORIDA, INC. - 2008 BRENGLE AVENUE - ORLANDO, FL 32808	59-2142315	501(C)(3)	52,059.	0.			TASTE OF THE NATION 2012
SECOND HARVEST FOOD BANK OF GREATER NEW ORLEANS AND ACADIANA - 700 EDWARDS AVENUE - NEW ORLEANS, LA 70123	72-0956468	501(C)(3)	5,000.	0.			SUMMER MEALS PROGRAM SUPPORT
SECOND HARVEST FOOD BANK OF METROLINA - 500 B SPRATT STREET - CHARLOTTE, NC 28206	56-1352593	501(C)(3)	39,171.	0.			TASTE OF THE NATION 2012
SECOND HARVEST FOOD BANK OF MIDDLE TENNESSEE - 331 GREAT CIRCLE ROAD - NASHVILLE, TN 37228	62-1049447	501(C)(3)	15,000.	0.			SUMMER MEALS PROGRAM SUPPORT
SECOND HARVEST FOOD BANK OF NORTHEAST TENNESSEE - 127 DILLON COURT - GRAY, TN 37615	62-1303822	501(C)(3)	6,000.	0.			SUMMER MEALS PROGRAM SUPPORT
SECOND HARVEST FOOD BANK OF ORANGE COUNTY - 8014 MARINE WAY - IRVINE, CA 92618	32-0362611	501(C)(3)	27,934.	0.			TASTE OF THE NATION 2012
SECOND HARVEST HEARTLAND 1140 GERVAIS AVENUE SAINT PAUL, MN 55109	23-7417654	501(C)(3)	22,502.	0.			SUMMER MEALS PROGRAM SUPPORT, TASTE OF THE NATION 2012

Schedule I (Form 990)



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SHACK BROWN FOUNDATION 2610 GEORGE NICK CONNER STREET NEW ORLEANS, LA 70119		N/A	5,000.	0.			SUMMER MEALS PROGRAM SUPPORT
SOCIETY OF ST. VINCENT DE PAUL 5120 SE MILWAUKIE AVENUE PORTLAND, OR 97202	93-0456525	501(C)(3)	6,792.	0.			TASTE OF THE NATION 2012
SOUTHSIDE SCHOOL DISTRICT 70 SCOTT DRIVE BATESVILLE, AR 72501		N/A	6,446.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
ST. JOSEPH CENTER 204 HAMPTON DRIE VENICE, CA 90291	95-3874381	501(C)(3)	20,000.	0.			TASTE OF THE NATION 2012
ST. LEO FOOD CONNECTION 710 SOUTH 13TH STREET TACOMA, WA 98405	91-0622353	501(C)(3)	5,000.	0.			SUMMER MEALS PROGRAM SUPPORT
ST. MARY'S FOOD BANK ALLIANCE 2831 N. 31ST AVENUE PHOENIX, AZ 85009	23-7353532	501(C)(3)	6,151.	0.			TASTE OF THE NATION 2012
TEXAS HUNGER INITIATIVE ONE BEAR PLACE #97320 WACO, TX 76798	74-1159753	501(C)(3)	117,683.	0.			NO KID HUNGRY STATE-CITY GRANTS
THE FOOD TRUST 1617 J. F. KENNEDY BOULEVARD, SUITE PHILADELPHIA, PA 19103	23-2678383	501(C)(3)	19,892.	0.			SUMMER MEALS PROGRAM SUPPORT, TASTE OF THE NATION 2012
THE GREATER BOSTON FOOD BANK 70 SOUTH BAY AVENUE BOSTON, MA 02118	04-2717782	501(C)(3)	6,713.	0.			TASTE OF THE NATION 2012

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THE SALVATION ARMY - 304 ROBERTS STREET FARGO, ND 58102	41-0698597	501(C)(3)	5,000.	0.			SUMMER MEALS PROGRAM SUPPORT
THREE SQUARE (AKA THREE SQUARE FOOD BANK) - 4190 N PECOS ROAD - LAS VEGAS, NV 89115	30-0396918	501(C)(3)	44,889.	0.			NO KID HUNGRY ALLIES CLASS OF 2012, TASTE OF THE NATION 2012
TOLEDO BOTANICAL GARDEN 5403 ELMER DRIVE TOLEDO, OH 43615	34-1350559	501(C)(3)	16,680.	0.			TASTE OF THE NATION 2012
TOLEDO DAY NURSERY 2211 JEFFERSON AVENUE TOLEDO, OH 43604	34-4465880	501(C)(3)	24,464.	0.			TASTE OF THE NATION 2012
TOLEDO NORTHWESTERN OHIO FOOD BANK 24 EAST WOODRUFF AVENUE TOLEDO, OH 43604	34-1441016	501(C)(3)	11,120.	0.			TASTE OF THE NATION 2012
UM COMMUNITY OUTREACH PROGRAM OF ROANOKE - 305 MOUNTAIN AVENUE, SW - ROANOKE, VA 24016	01-0583325	501(C)(3)	5,000.	0.			SUMMER MEALS PROGRAM SUPPORT
UNITED WAY FOR SOUTHEASTERN MICHIGAN - 660 WOODWARD AVENUE - DETROIT, MI 48226	20-3099071	501(C)(3)	139,125.	0.			NO KID HUNGRY STATE-CITY GRANTS
UNITY SHOPPE, INC. 1219 STATE STREET SANTA BARBARA, CA 93101	77-0391064	501(C)(3)	5,000.	0.			FOOD ASSISTANCE PROGRAM SUPPORT
UNIVERSITY OF MINNESOTA EXTENSION 436 COFFEY HALL, 1420 ECKLES AVENUE ST. PAUL, MN 55108	41-6042488	501(C)(3)	14,001.	0.			TASTE OF THE NATION 2012

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**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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UNIVERSITY OF NEVADA, RENO (UNR FOUNDATION) - 8050 PARADISE ROAD, SUITE 100 - LAS VEGAS, NV 89123	94-2781749	501(C)(3)	13,259.	0.			TASTE OF THE NATION 2012
UTAH FOOD BANK 3150 SOUTH 900 WEST SALT LAKE CITY, UT 84119	87-0212453	501(C)(3)	10,000.	0.			SUMMER MEALS PROGRAM SUPPORT
VIENNA HSD 133 601 N 1ST STREET VIENNA, IL 62995		N/A	5,000.	0.			SUMMER MEALS PROGRAM SUPPORT
VILONIA SCHOOL DISTRICT P.O. BOX 160 VILONIA, AR 72173		N/A	9,139.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
WATERTOWN SCHOOL DISTRICT 10 DEFOREST STEET WATERTOWN, CT 06795		N/A	6,667.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
WELLNESS IN THE SCHOOLS P.O. BOX 250832 NEW YORK, NY 10025	25-1919494	501(C)(3)	5,000.	0.			GENERAL PROGRAM SUPPORT
WHOLE AGAIN INTERNATIONAL 727 EZZARD CHARLES DRIVE CINCINNATI, OH 45203	04-3810137	501(C)(3)	5,000.	0.			SUMMER MEALS PROGRAM SUPPORT
WILKINSON CENTER P.O. BOX 720248 DALLAS, TX 75372	75-2712117	501(C)(3)	10,846.	0.			TASTE OF THE NATION 2012
WINGS FOR KIDS P.O. BOX 491749, 2385 GODBY ROAD ATLANTA, GA 30349	57-1055054	501(C)(3)	7,342.	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.)

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WOMEN & CHILDREN'S FREE RESTAURANT 1620 N. MONROE SPOKANE, WA 99205	91-0626153	501(C)(3)	9,640.	0.			SUMMER MEALS PROGRAM SUPPORT
WORCESTER COUNTY FOOD BANK, INC. 474 BOSTON TURNPIKE SHREWSBURY, MA 01545	04-3071457	501(C)(3)	13,818.	0.			TASTE OF THE NATION 2012
WV DEPARTMENT OF EDUCATION 1900 KANAWHA BOULEVARD CHARLESTON, WV 25305	55-6000768	N/A	5,000.	0.			SUMMER MEALS PROGRAM SUPPORT
YMCA OF GREATER CHARLESTON 61 CANNON STREET CHARLESTON, SC 29403	57-0518147	501(C)(3)	5,000.	0.			SUMMER MEALS PROGRAM SUPPORT
YMCA OF METRO CHICAGO, BUEHLER YMCA - 1400 W. NORTHWEST HIGHWAY - PALATINE, IL 60067	36-2179782	501(C)(3)	5,000.	0.			SUMMER MEALS PROGRAM SUPPORT
YOUNG MEN OLYMPIAN JUNIOR BENEVOLENT ASSOCIATION - 2101 S. LIBERTY STREET - NEW ORLEANS, LA 70113	72-1332355	501(C)(3)	5,000.	0.			SUMMER MEALS PROGRAM SUPPORT

**Part III** **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to 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 non-cash assistance

**Part IV** **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

SCHEDULE I, PART I, LINE 2: ORGANIZATIONS MUST MEET CERTAIN CRITERIA IN ORDER TO BE FUNDED BY SHARE OUR STRENGTH. FOR EXAMPLE, ALL ORGANIZATIONS MUST PROVIDE US WITH A COPY OF THEIR NONPROFIT/501(C)(3) DETERMINATION LETTER, A COPY OF THEIR MOST RECENT AUDITED STATEMENT IF THEY HAVE ONE, THEIR EMPLOYER IDENTIFICATION NUMBER AND OTHER ORGANIZATIONAL INFORMATION, AS WELL AS PROGRAMMATIC AND FINANCIAL INFORMATION. ADDITIONALLY, CERTAIN DATA PROVIDED BY APPLICANTS IS VERIFIED WITH THE INTERNAL REVENUE SERVICE (IRS) THROUGH OUR ONLINE GRANTS APPLICATION SYSTEM.

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 SEMI-ANNUAL AND/OR ANNUAL REPORTING OF PROGRESS AGAINST GOALS, SITE VISITS TO GRANTEE ORGANIZATIONS TO MONITOR ACTIVITIES BEING FUNDED THROUGH OUR ORGANIZATIONS, 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.

Blank lined area for supplemental information.



**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

**2012**

Open to Public Inspection

Name of the organization

SHARE OUR STRENGTH, INC.

Employer identification number

52-1367538

**Part I Questions Regarding Compensation**

	Yes	No
<p><b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <p> <input type="checkbox"/> First-class or charter travel                      <input type="checkbox"/> Housing allowance or residence for personal use  <input 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 (e.g., maid, chauffeur, chef) </p>		
<p><b>b</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 .....</p>	<b>1b</b>	
<p><b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? .....</p>	<b>2</b>	
<p><b>3</b> 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.</p> <p> <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 </p>		
<p><b>4</b> During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p>		
<p><b>a</b> Receive a severance payment or change-of-control payment? .....</p>	<b>4a</b>	X
<p><b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan? .....</p>	<b>4b</b>	X
<p><b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement? .....</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	<b>4c</b>	X
<p><b>Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.</b></p>		
<p><b>5</b> For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p>		
<p><b>a</b> The organization? .....</p>	<b>5a</b>	X
<p><b>b</b> Any related organization? .....</p> <p>If "Yes" to line 5a or 5b, describe in Part III.</p>	<b>5b</b>	X
<p><b>6</b> For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p>		
<p><b>a</b> The organization? .....</p>	<b>6a</b>	X
<p><b>b</b> Any related organization? .....</p> <p>If "Yes" to line 6a or 6b, describe in Part III.</p>	<b>6b</b>	X
<p><b>7</b> For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III .....</p>	<b>7</b>	X
<p><b>8</b> Were any amounts reported in 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 .....</p>	<b>8</b>	X
<p><b>9</b> If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....</p>	<b>9</b>	

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

Schedule J (Form 990) 2012

**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 in 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 are not 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 reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) WILLIAM H. SHORE FOUNDER & CEO	(i)	238,786.	24,308.	0.	4,254.	13,566.	280,914.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) DEBBIE SHORE CO-FOUNDER	(i)	176,583.	16,306.	0.	3,103.	8,591.	204,583.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) THOMAS NELSON PRESIDENT & COO	(i)	250,000.	6,250.	0.	75,000.	6,939.	338,189.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) JOHN GREEN CFO	(i)	202,503.	16,935.	0.	340.	13,566.	233,344.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) JOSH WACHS CHIEF STRATEGY OFFICER	(i)	190,347.	19,500.	0.	0.	13,566.	223,413.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) CHARLES SCOFIELD CHIEF DEVELOPMENT OFFICER	(i)	179,301.	18,000.	0.	1,398.	13,566.	212,265.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**Part III** Supplemental Information

Complete this part to 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, LINES 4A-B: THOMAS NELSON, PRESIDENT & COO, RECEIVED A CONTRIBUTION OF \$75,000 TO HIS 457(F) RETIREMENT PLAN.

DAVE SLATER, WHO SERVED AS COMMUNICATIONS DIRECTOR, RECEIVED A SEVERANCE PAYMENT OF \$37,156.

PART I, LINE 6: STAFF ARE ELIGIBLE FOR PERCENTAGE BONUSES BASED ON THE NET EARNINGS OF THE ORGANIZATION.

**SCHEDULE M  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Noncash Contributions**

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**  
▶ **Attach to Form 990.**

OMB No. 1545-0047

**2012**

**Open to Public Inspection**

Name of the organization: **SHARE OUR STRENGTH, INC.** 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				
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	340	1,227,472.	
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 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?  
b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?  
b If "Yes," describe in Part II.

33 If the organization did not 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

**COPY**

**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.

OMB No. 1545-0047

**2012**

Open to Public  
Inspection

Name of the organization

SHARE OUR STRENGTH, INC.

Employer identification number  
52-1367538

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

STATES BY MOBILIZING PRIVATE CITIZENS, PUBLIC OFFICIALS, NONPROFITS,  
BUSINESS LEADERS AND OTHERS PROVIDING INNOVATIVE HUNGER SOLUTIONS IN  
THEIR COMMUNITIES. BY CONNECTING KIDS IN NEED WITH NUTRITIOUS FOOD AND  
TEACHING THEIR FAMILIES HOW TO COOK HEALTHY, AFFORDABLE MEALS, SHARE  
OUR STRENGTH'S NO KID HUNGRY CAMPAIGN SURROUNDS CHILDREN WITH HEALTHY  
FOOD WHERE THEY LIVE, LEARN AND PLAY.

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

MOVEMENT OF INDIVIDUALS AND ADVOCATES COMMITTED TO THE BOLD ACTIONS AND  
POLICY CHANGES NEEDED TO ACHIEVE OUR GOALS. SINCE 2011, THE CAMPAIGN  
HAS SUCCESSFULLY HELPED BRING MORE THAN 34 MILLION ADDITIONAL MEALS TO  
KIDS WHO NEED THEM.

FORM 990, PART VI, SECTION A, LINE 2: WALLY DOOLIN, DIRECTOR IS MARRIED  
TO JONI DOOLIN, DIRECTOR. WILLIAM H. SHORE, FOUNDER & CEO AND BOARD OF  
DIRECTOR'S MEMBER IS THE BROTHER OF DEBBIE SHORE, CO-FOUNDER.

FORM 990, PART VI, SECTION B, LINE 11: THE FEDERAL FORM 990 WILL BE  
REVIEWED IN DETAIL BY THE CHAIRMAN OF THE AUDIT COMMITTEE AND DISTRIBUTED  
TO THE FULL BOARD OF DIRECTORS FOR THEIR INFORMATION.

FORM 990, PART VI, SECTION B, LINE 12C: WE REGULARLY MONITOR ANY CONFLICTS  
OF INTEREST AND NONE HAVE BEEN BROUGHT TO OUR ATTENTION. THE HUMAN RESOURCE  
DEPARTMENT ENCOURAGES STAFF TO BRING ANY SITUATIONS TO THEIR ATTENTION AND  
MAKE PROMPT AND FULL DISCLOSURE IN WRITING ANY POTENTIAL SITUATIONS THAT

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

Schedule O (Form 990 or 990-EZ) (2012)

232211  
01-04-13

Name of the organization

SHARE OUR STRENGTH, INC.

Employer identification number

52-1367538

MAY INVOLVE A CONFLICT OF INTEREST. THE POLICY IS INCLUDED IN OUR EMPLOYEE HANDBOOK AND WHISTLEBLOWER POLICY. EACH MEMBER OF THE BOARD OF DIRECTORS ALSO SIGNS SHARE OUR STRENGTH'S CONFLICT OF INTEREST POLICY.

FORM 990, PART VI, SECTION B, LINE 15: A COMPENSATION COMMITTEE COMPRISED OF INDEPENDENT DIRECTORS REVIEWS MARKET DATA ANNUALLY, FOR CHANGES IN THE MARKETPLACE AND SPECIFIC JOB FUNCTIONS AND RECOMMENDS THE FOUNDER AND CHIEF EXECUTIVE OFFICER COMPENSATION TO THE FULL BOARD OF DIRECTORS FOR APPROVAL IN EXECUTIVE SESSION WITHOUT THE FOUNDER/CEO PRESENT. IN-DEPTH MARKET SURVEYS ARE EXECUTED EVERY THREE YEARS USING AN OUTSIDE CONSULTANT, MOST RECENTLY IN EARLY 2012. FURTHER, THE PRESIDENT AND CFO SPEAK WITH THE INDEPENDENT COMPENSATION CONSULTANT EVERY YEAR TO GET UPDATES ON ANY SIGNIFICANT COMPENSATION TREND CHANGES. THE PRESIDENT AND CFO DETERMINE COMPENSATION FOR THE OTHER OFFICERS IN CONSULTATION WITH THE COMPENSATION COMMITTEE, USING THE SAME MARKET DATA DEVELOPED AND USED TO EVALUATE THE COMPENSATION FOR THE FOUNDER/CEO. THE EXCEPTION IS THE CO-FOUNDER, WHO IS RELATED TO THE FOUNDER/CEO. HER PAY IS DETERMINED DIRECTLY BY THE COMPENSATION COMMITTEE IN CONSULTATION WITH THE PRESIDENT AND CFO.

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

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

232212  
01-04-13

Name of the organization

SHARE OUR STRENGTH, INC.

Employer identification number

52-1367538

LOSS FROM SUBSIDIARY

-19,377.

## FORM 990, PART IX

SHARE OUR STRENGTH IS A CO-BENEFICIARY ALONG WITH THE FOOD BANK OF NEW YORK OF THE NET PROCEEDS RAISED BY THE NEW YORK CITY WINE & FOOD FESTIVAL (NYCWFF). THIS IS A THREE-DAY EVENT HELD IN OCTOBER EACH YEAR. 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, INC. AND ALLOCATES THE FESTIVAL'S TOTAL SPENDING WITHIN THE FUNCTIONAL EXPENSE ALLOCATION OF PROGRAM SERVICE, MANAGEMENT/G&A AND FUNDRAISING EXPENSES AS RECORDED IN PART IX OF THE FORM 990.

THE FOLLOWING IS SHARE OUR STRENGTH'S FUNCTIONAL EXPENSE ALLOCATION ON A PERCENTAGE OF TOTAL EXPENSES BASIS INCLUDING AND EXCLUDING THE IMPACT OF THE NEW YORK CITY WINE & FOOD FESTIVAL'S RESULTS:

## TOTAL FUNCTIONAL EXPENSES

PROGRAM SERVICES 58.2%

MGT., G&amp;A 3.2%

FUNDRAISING 38.6%

TOTAL 100.0%

## TOTAL FUNCTIONAL EXPENSES EXCLUDING NYCWFF

PROGRAM SERVICES 70.9%

MGT., G&amp;A 4.2%

FUNDRAISING 24.9%

TOTAL 100.0%

Name of the organization

SHARE OUR STRENGTH, INC.

Employer identification number

52-1367538

THE PRESENTATION OF SHARE OUR STRENGTH'S FUNCTIONAL EXPENSE ALLOCATION AND BUSINESS MODEL IS MOST ACCURATELY REFLECTED WITH NYCWFF COSTS EXCLUDED.



**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.**  
▶ **Attach to Form 990.** ▶ **See separate instructions.**

OMB No. 1545-0047

**2012  
Open to Public  
Inspection**

Name of the organization

**SHARE OUR STRENGTH, INC.**

**Employer identification number  
52-1367538**

**Part I Identification of Disregarded Entities** (Complete if the organization answered "Yes" to 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	0.	0.	SHARE OUR STRENGTH, INC.
SHARE OUR STRENGTH HOLDINGS, LLC 1730 M STREET, NW, SUITE 700 WASHINGTON, DC 20036	NON-OPERATING HOLDING COMPANY	DELAWARE	0.	0.	SHARE OUR STRENGTH, INC.

**Part II Identification of Related Tax-Exempt Organizations** (Complete if the organization answered "Yes" to 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) 2012

**Part III Identification of Related Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" to 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) Disproportion- ate 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" to 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 VENTURES, INC. - 52-2025260 1730 M STREET, NW, SUITE 700 WASHINGTON, DC 20036	CONSULTING	DC	SHARE OUR STRENGTH, INC.	C CORP	-34,277.	1,484,771.	100%	X	

**Part V Transactions With Related Organizations** (Complete if the organization answered "Yes" to 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?

- a** Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties or **(iv)** rent from a controlled entity .....
- b** Gift, grant, or capital contribution to related organization(s) .....
- c** Gift, grant, or capital contribution from related organization(s) .....
- d** Loans or loan guarantees to or for related organization(s) .....
- e** Loans or loan guarantees by related organization(s) .....
  
- f** Dividends from related organization(s) .....
- g** Sale of assets to related organization(s) .....
- h** Purchase of assets from related organization(s) .....
- i** Exchange of assets with related organization(s) .....
- j** Lease of facilities, equipment, or other assets to related organization(s) .....
  
- k** Lease of facilities, equipment, or other assets from related organization(s) .....
- l** Performance of services or membership or fundraising solicitations for related organization(s) .....
- m** Performance of services or membership or fundraising solicitations by related organization(s) .....
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....
- o** Sharing of paid employees with related organization(s) .....
  
- p** Reimbursement paid to related organization(s) for expenses .....
- q** Reimbursement paid by related organization(s) for expenses .....
  
- r** Other transfer of cash or property to related organization(s) .....
- s** Other transfer of cash or property from related organization(s) .....

	Yes	No
1a		X
1b		X
1c		X
1d		X
1e		X
1f		X
1g		X
1h		X
1i		X
1j		X
1k		X
1l	X	
1m		X
1n		X
1o		X
1p		X
1q	X	
1r		X
1s		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 other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) COMMUNITY WEALTH VENTURES, INC.	L	332,500.	FMV
(2)			
(3)			
(4)			
(5)			
(6)			

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

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

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

**Part VII** Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).

Lined area for supplemental information.

• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II and check this box  X

**Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1).

**Part II Additional (Not Automatic) 3-Month Extension of Time.** Only file the original (no copies needed).

Enter filer's identifying number, see instructions

Type or print  File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions <b>Share Our Strength, Inc.</b>	Employer identification number (EIN) or <b>52-1367538</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>1730 M Street, NW, No. 700</b>	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>Washington, DC 20036</b>	

Enter the Return code for the return that this application is for (file a separate application for each return) 01

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01		
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

**Eileen Fox**

• The books are in the care of  1730 M Street, NW, #700 - Washington, DC 20036  
 Telephone No.  (202) 478-6512 FAX No.

• If the organization does not have an office or place of business in the United States, check this box

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until November 15, 2013.

5 For calendar year 2012, or other tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_.

6 If the tax year entered in line 5 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

7 State in detail why you need the extension  
Additional time is needed to gather information necessary to file a complete and accurate return.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$	0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$	0.
c <b>Balance due.</b> Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$	0.

**Signature and Verification must be completed for Part II only.**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature  RHSA Title  CPA Date  8-12-13