

Department of the Treasury Internal Revenue Service

Form

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▶ Do not enter social security numbers on this form as it may be made public. ▶ Information about Form 990 and its instructions is at www.irs.gov/form990.



Α	For th	e 2015 calendar year, or tax year beginning $ { m JUL}1,2015$ and 0	ending J	UN 30, 2016				
В	Check if applicab	e: C Name of organization		D Employer identific	ation number			
Г	Addre	SHARE OUR STRENGTH, INC.						
	Name	52-13	2-1367538					
	Initial return	Doing business as Number and street (or P.0. box if mail is not delivered to street address)	Room/suite	E Telephone number				
	Final return	1030 15TH STREET, NW	1100W	(202)	393-2925			
	termir ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	61,996,133.			
	Amen	WASHINGTON, DC 20005		H(a) Is this a group ret				
	Applie tion pendi	F Name and address of principal officer: WIDLIAM III SIIONE		for subordinates?	? Yes 🗶 No			
		SAME AS C ABOVE		H(b) Are all subordinates ind				
		empt status: $X 501(c)(3) 501(c) () 4947(a)(1) c$	or 🛄 527	1	ist. (see instructions)			
-				H(c) Group exemption				
	-	f organization: X Corporation Trust Association Other ►	L Year	of formation: 1984 M	State of legal domicile: DC			
Pa	art I	Summary			ERTY IN THE			
S	1	Briefly describe the organization's mission or most significant activities: TO ENU.S. AND ABROAD BY HELPING COMBAT THE ROOM		GER AND POVI	TO			
Governance		Check this box \blacktriangleright if the organization discontinued its operations or disposed						
ver	2			1 1	20			
ဗီ		Number of independent voting members of the governing body (Part VI, line 1a)		19				
Š		Total number of individuals employed in calendar year 2015 (Part V, line 2a)		320				
Activities &		Total number of volunteers (estimate if necessary)		3219				
cti	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	3,815,273.			
4		Net unrelated business taxable income from Form 990-T, line 34						
				Prior Year	Current Year			
ē	8	Contributions and grants (Part VIII, line 1h)		51,227,491.	53,054,370.			
enu	9	Program service revenue (Part VIII, line 2g)		49,035.	58,935.			
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		241,318.	5,426,519.			
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-3,077,326.	-4,135,719.			
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .		48,440,518.	54,404,105.			
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		6,958,428.	7,936,589.			
	14	Benefits paid to or for members (Part IX, column (A), line 4)		17,949,177.	19,112,795.			
ses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		372,010.	665,836.			
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25)	58	572,010.	005,050.			
Ĕ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<u> </u>	17,334,486.	19,871,319.			
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		42,614,101.	47,586,539.			
		Revenue less expenses. Subtract line 18 from line 12		5,826,417.	6,817,566.			
OC OC				ginning of Current Year	End of Year			
Assets (Balanci	20	Total assets (Part X, line 16)		21,675,674.	27,107,002.			
t As:	21	Total liabilities (Part X, line 26)		11,003,091.	9,616,853.			
Net /		Net assets or fund balances. Subtract line 21 from line 20		10,672,583.	17,490,149.			
P								

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.

		-,	COPY	/						
532001 12-*	32001 12-16-15 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2015)									
May the I	RS discuss this return with the preparer shown abo	ve? (see instructions)	X Yes	No No						
	WASHINGTON, DC 2	0036	Phone no. (202) 822	-5000						
Use Only	Firm's address 1899 L STREET, N	W, SUITE 850								
Preparer	Firm's name 🕨 RAFFA, P.C.		Firm's EIN 🕨 52–151	1275						
Paid	FRANK H. SMITH	Frank H. Smith	04/04/17 self-employed P0063	9053						
	Print/Type preparer's name	Preparer's signature	Date Check PTIN							
THE C	Type or print name and title									
Here	JESSICA SHERRY, DIRECTO	OR OF FINANCE/CONTR	OLLER							
Sign	Signature of officer		Date							

*** ELECTRONICALLY FILED ON 04/04/2017 ***

	90 (2015) SHARE OUR STRENGTH, INC. 52-1367538 Page	2
Pa	III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	:
1	Briefly describe the organization's mission: SHARE OUR STRENGTH WAS FOUNDED WITH THE BELIEF THAT EVERYONE HAS A STRENGTH TO SHARE IN THE GLOBAL FIGHT AGAINST HUNGER AND POVERTY, AND	
	THAT IN THESE SHARED STRENGTHS LIE SUSTAINABLE SOLUTIONS. TODAY WE	
	FOCUS THESE STRENGTHS ON ENDING CHILDHOOD HUNGER IN AMERICA THROUGH	
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	0
•	f "Yes," describe these new services on Schedule O.	
3		D
	f "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 evenue, if any, for each program service reported.	
4a	Code:) (Expenses \$ 22,782,434 · including grants of \$ 7,267,072 ·) (Revenue \$	<u>,</u>
τu	NO KID HUNGRY ACCESS AND ADVOCACY:	- '
	SINCE THE NO KID HUNGRY CAMPAIGN'S LAUNCH, SHARE OUR STRENGTH HAS	
	CONNECTED KIDS STRUGGLING WITH HUNGER WITH MORE THAN 500 MILLION	
	ADDITIONAL MEALS AND 20% FEWER CHILDREN ARE NOW STRUGGLING WITH HUNGER.	_
	BY WORKING WITH OUR PARTNERS AND INVESTING IN PRACTICAL SOLUTIONS TO	—
	END HUNGER, WE ARE FEEDING MORE KIDS EVERY DAY, MAKING SURE THEY HAVE	
	THE FOOD THEY NEED TO LEARN AND GROW. SCHOOLS ARE MAKING BREAKFAST PART	
	OF THE SCHOOL DAY WITH THE HELP OF NO KID HUNGRY; WE'VE SUCCESSFULLY	_
	ADVOCATED FOR BREAKTHROUGH POLICY CHANGES TO FEED MORE CHILDREN; AND	_
	VE'RE FINDING NEW WAYS TO REACH KIDS WITH MEALS DURING THE SUMMER	_
	EVERYWHERE FROM MAJOR CITIES LIKE NEW YORK CITY AND TO THE RURAL	
	APPALACHIAN HILL COUNTRY. NO MATTER THE TIME OF DAY, OR TIME OF YEAR,	
4b	Code:) (Expenses \$ 8,736,354. including grants of \$ 669,517.) (Revenue \$ 58,935.)
	NO KID HUNGRY NUTRITION EDUCATION:	
	SHARE OUR STRENGTH BRINGS OVER 20 YEARS OF EXPERIENCE IN DELIVERING	
	QUALITY NUTRITION EDUCATION THROUGH COOKING MATTERS, A CAMPAIGN TO	
	EMPOWER LOW-INCOME FAMILIES WITH THE SKILLS TO STRETCH THEIR FOOD	
	BUDGETS SO THEIR CHILDREN GET HEALTHY MEALS AT HOME. COOKING MATTERS	
	SERVES FAMILIES AT MORE THAN 1,200 SITES ACROSS THE COUNTRY THROUGH HANDS-ON, SIX-WEEK COOKING COURSES; INTERACTIVE GROCERY STORE TOURS;	
	AND MOBILE, ONLINE AND EDUCATIONAL TOOLS. PARTICIPANTS LEARN TO SHOP	
	SMARTER, USE NUTRITION INFORMATION TO MAKE HEALTHIER CHOICES, AND COOK	—
	DELICIOUS, AFFORDABLE MEALS.	—
	Selectors, Altonombel Mendo.	
		—
4c	Code:) (Expenses \$ including grants of \$) (Revenue \$)
		- '
		_
		_
		_
4d	Other program services (Describe in Schedule O.)	
	Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ► 31,518,788.	
	Form 990 (201	15)

532002 12-16-15 SEE SCHEDULE O FOR CONTINUATION(S) 2015.05060 SHARE OUR STRENGTH, INC.COPY_1 Form 990 (2015)

SHARE OUR STRENGTH, INC.

Pa	rt 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)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
-	public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
Ū	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	-		
v	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		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? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	· ·		
U	-	8		x
9	Schedule D, Part III			
5	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
		9		x
10	If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	5		
10	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, IX, or X			
	as applicable.			
-	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
a		11a	х	
h	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	114		
5	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VI	11b		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			
v	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
Ь	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			
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
•	the organization's separate of consolidated infancial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
199	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
120		12a		x
Ь	Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year?	- <u>-</u> a		<u> </u>
5	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	120		x
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			<u> </u>
~	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			<u> </u>
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G. Part III	19	х	

Form **990** (2015)

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Form	aan	(2015)
	330	(2013)

SHARE OUR STRENGTH, INC.

Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			x
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		_ <u> </u>
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	OFh		x
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	25b		- 23
20	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
		26		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	20		
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
с	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i>			v
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations		х	
~	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	24	х	
250	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a	X	
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	554		
5	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		x
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note, All Form 990 filers are required to complete Schedule O	38	Х	

Form 990 (2015)

Part U Statements Regarding Other IRS Filings and Tax Compliance Check If Schedulo C contains a negones or note to any line in the Part V Image: Check If Schedulo C contains a negones or note to any line in the Part V 1a Enter the number of party services of the C I not applicable Image: Check II Schedulo C Contains a negones or note to any line in the Part V 2b Enter the number of encyleses reported or form W3, Transmittal of Wage and Tax Statements. Image: Check II Schedulo C Contains C II Schedulo C III Schedulo C II Schedulo C II Schedulo C II Schedulo C II	Form	990 (2015) SHARE OUR STRENGTH, INC.	52-1367	538	Р	age 5				
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 1a 33.2 1a 1a 33.2 1a 1a 33.2 1a 1a 33.2 1a	Pa	t V Statements Regarding Other IRS Filings and Tax Compliance								
1a Enter the number optication 1a 33.2 b Enter the number of forms W2G included in the its. Enter -0+ not applicable 1b 0 2 Enter the number of omtopicable is a factor opticable gammers 1c X 2 Enter the number of omployees reported on Form W3, Transmittal of Wage and Tax Statements, is a statements, its of the number of omployees reported on Form W3, Transmittal of Wage and Tax Statements, its of the number of omployees reported on Form W3, Transmittal of Wage and Tax Statements, its a magnetization has uncertable Dasses groups income of \$1,000 or more during the standard tab bases groups income of \$1,000 or more during the standard tab bases groups income of \$1,000 or more during the standard tab bases groups income of \$1,000 or more during the standard tab bases groups income of \$1,000 or more during the standard state than a state in the ange of the foreign country? 3a X b If *\s_s' is nat if field a form 900.1 for this year? If *\s_s' is the interaction at any time during the standard in the state inter in ange in a foreign country? 4a X b If *\s_s' is one optication that an interaction at any time during the standard incounts of the foreign country? 5a X 6 Do deny tabuse base part of the organization have an interaction at any time during the tax year? 5a X 6 Do deny tabuse base part of the organization have and the postoptication ane stanet the canange of the state an		Check if Schedule O contains a response or note to any line in this Part V								
b Enter the number of Forms W23 included in line 1a. Enter -01 roll applicable is is <t< th=""><th></th><th></th><th></th><th></th><th>Yes</th><th>No</th></t<>					Yes	No				
c Dd the organization comply with backup withholding rules for reportable payments to vendos and reportable gaming (gambling) winnings to prix winner? 1c X 2a Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax Statements. [2a] 32.00 3c X 2b If at least one is reported on line 2a, dit the organization file all required federal employment tax returns? 3a X 3b Dd the organization have multiple 2a, dit the organization have interest (n, or a signature or other autohoff yover, a financial account) are united to baness go sincenor of S1.00 or more during the sarger and the organization have no interest (n, or a signature or other autohoff yover, a financial account)? 4a X 5a Max the organization have interest (n, or a signature or other autohoff yover, a financial account)? 5a X 5a Max the organization have no interest (n, or a signature or other autohoff yover, a financial account)? 5a X 5a Max the organization have nanual gross receipts that any time during the tax year? 5a X 5a Max the organization have nanual gross receipts that any time during the tax year? 5a X 5a Max the organization have nanual gross receipts that an enormally greater than \$100,000, and did the organization solid any uncellabular solid accounts (FBAR). 5a X 5a Max the or	1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 332							
gambing winnings to prize winners? ic X 2a Enter the number of engroyses reported on Form W3, Transmittal of Wage and Tax Statements. ga 3200 b if at least one is reported on line 2a, did the organization file all required feelent employment tax returns? 2b X 3a Did the organization have unrelated business gross income of \$1.000 or more during the year? 3a X 3b Did the organization have unrelated business gross income of \$1.000 or more during the year? 3a X 3b Did the organization have unrelated business gross income of \$1.000 or more during the tax year? 3a X 4a Atary time during the calendar year, did the organization have an inferest in, or a signature or other atubroity over, a financial accounts (FBAR). 5a X 5e If 'Yes,' enter the name of the foreign country: >> 5a X 5b X 5a Unrows in the disa of 5b, did the organization ther foreign berows between transaction? 5c X 5a Unrows in the disa of 5b, did the organization foreign Bank and Financial accounts (FBAR). 5a X 5a Unrows in the disa of 5b, did the organization foreign Bank and Financial Accounts (FBAR). 5a X 5a Unrows in tax diductible forem	b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0							
2a There the number of employees reported on Form W-3, transmittal of Wage and Tax Statements. 2a 32.00 bit of the cale on the 2a, did the organization file all required federal employment tax returns? 2b X Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a X a Did the organization have undeled business greas income of S1 to 000 or more during the year? 3b X bit 17 ves, 'that if field a form 900-Trot this year? (I' No, 'to ine 2b, provide an explanation in Schedule O 3b X bit 17 ves, 'that if field a form 900-Trot this year? (I' No, 'to ine 2b, provide an explanation in Schedule O 3b X bit 17 ves, 'to the the name of the foreign country (such as a bank account, ecurities account, or other financial account)? 4a X bit 17 ves, 'to the 6a or 5b, dd the organization have an interest n, or a signature or other authority over, a financial Accounts (FBAP). 5a X bit 17 ves, 'to the 6a or 5b, dd the organization have an shear financial Accounts (FBAP). 5a X bit 17 ves, 'to the 6a or 5b, dd the organization have an organization avae manual gross receapis that an enormally greater than 3100,000, and dd the organization solicit any contributions and erating to groot for the value of the good so services provided to the payof? 7a X bit 17 ves, 'to the 6a organization havae or the value of the	с	Did the organization comply with backup withholding rules for reportable payments to vendors and r	eportable gaming							
tide for the calendary year anding with or within the year covered by this return		(gambling) winnings to prize winners?		1c	Х					
b If at least one is reported on line 12a, did the organization file at required to effic (see instructions) 2b X Nobe. If the sum of lines 1 and 2a is greater than 250, you may be required to effic (see instructions) 3a X b If "Yes," has it filed a Form 390.1 for this year? If "No' to line 30, provide an explanation in Schedule O 3a X b If "Yes," has it filed a Form 390.1 for this year? If "No' to line 30, provide an explanation or ther authority over, a 3a X b If "Yes," then the name of the foreign country (such as a bark account, securities account, or other financial account)? 4a X b If "Yes," there the name of the foreign 000000000000000000000000000000000000	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,								
Note. If the sum of lines 1 a and 2a is greater than 250, you may be required to e-file (see instructions) 3a X 3a Diff the organization have unrelated business greas income of \$1,000 more during the year? 3a X 44 Any time during the calendar year, (did the organization have an interest in, or a signature or other authority over, a financial account); a control country (such as bank account, a orbing country (such as bank account, a orbing country (such as bank account, a core in the foreign country; ▶ 4a X 5a Was the organization to fill or equirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a X 5a Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solid ary contributions far ware not tax eductable? 5c X 6b If "Yes, ' did the organization include with every solicitation and express statement that such contributions or gifts ware not tax deductable? 6a X 7 Organization statt may receive deductable contributions and party for groods and services provided to the pary? 7a X 7 Organization statt may contribution and party for gends and services provided? 7a X 7 Organization include with every solicitation and party for gends and services provided? 7a X 11 "Yes, ' did the organization include a contributi		filed for the calendar year ending with or within the year covered by this return 2a 32								
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a Did the sponsoring organization make any taxable distributions under section 4966? 9a b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter: 10a a Initiation fees and capital contributions included on Part VIII, line 12 10a b Gross receipts, included on Forn 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter: 10a a Gross income from members or shareholders 11a b Gross received from them.) 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a a Is the organization licensed to issue qualified health plans in more than one state? 13a Note. See the instructions for additional information the organization must report on Schedule O. 13b b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13a c Enter the amount of reserves on hand 13c 13a 14a Did the organization receive any payme	9			-						
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10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from ther sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves on hand organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13a Iab b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O										
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amounts due or received from them.) 11b 12b 12a 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 12a 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a 13a a Is the organization licensed to issue qualified health plans in more than one state? 13a 13a Note. See the instructions for additional information the organization must report on Schedule O. 13b 13a b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b 13b c Enter the amount of reserves on hand 13c 14a X 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i> 14b 14b	b									
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 12a 13a a Is the organization licensed to issue qualified health plans in more than one state? 13a 13a Note. See the instructions for additional information the organization must report on Schedule O. 13b 13a b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b 13b c Enter the amount of reserves on hand 13c 14a X 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b 14b			11b							
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a Is the organization licensed to issue qualified health plans in more than one state? 13a Note. See the instructions for additional information the organization must report on Schedule O. Image: Comparization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b Image: Comparization receives on hand 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b Image: Comparization in Schedule O	b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b							
Note. See the instructions for additional information the organization must report on Schedule O. Image: Description of the second state in	13	Section 501(c)(29) qualified nonprofit health insurance issuers.								
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b 13b c Enter the amount of reserves on hand 13c 14a 14a 14a X b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i> 14b 14b	а	Is the organization licensed to issue qualified health plans in more than one state?		13a						
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14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b 14b			13b							
14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b 14b	с	Enter the amount of reserves on hand	13c							
	14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		X				
	b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedu	le O	14b						

Form **990** (2015)

Form 990 ((2015))
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SHARE OUR STRENGTH, INC.

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

	Check if Schedule O contains a response or note to any line in this Part VI	<u></u>				_		
ec	tion A. Governing body and Management				Yes	Т		
10	Enter the number of voting members of the governing body at the end of the tax year	1a	2	0	165	+		
Ia	If there are material differences in voting rights among members of the governing body at the end of the tax year			-				
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.							
h		16	1	9				
	Enter the number of voting members included in line 1a, above, who are independent	-		4				
2								
~	officer, director, trustee, or key employee?			2	X	-		
3	Did the organization delegate control over management duties customarily performed by or under		-					
	of officers, directors, or trustees, or key employees to a management company or other person?					_		
	Did the organization make any significant changes to its governing documents since the prior Form					_		
	Did the organization become aware during the year of a significant diversion of the organization's a					_		
	Did the organization have members or stockholders?			6		_		
7a	5 , , , , , , , , , , , , , , , , , , ,							
	more members of the governing body?			7a		_		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members	stockh	olders, or					
	persons other than the governing body?			7b		_		
	Did the organization contemporaneously document the meetings held or written actions undertaken during the y					1		
а	The governing body?			8a	X			
b	Each committee with authority to act on behalf of the governing body?			8b	Х			
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re-	eached	at the					
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9				
ect	tion B. Policies (This Section B requests information about policies not required by the Internal	Revenu	e Code.)					
					Yes	í		
0a	Did the organization have local chapters, branches, or affiliates?			10a				
b	If "Yes," did the organization have written policies and procedures governing the activities of such	chapter	rs, affiliates,					
	and branches to ensure their operations are consistent with the organization's exempt purposes?							
1a	a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?							
	b Describe in Schedule O the process, if any, used by the organization to review this Form 990.							
				12a	X			
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ri			12b	X	-		
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If					-		
	in Schedule O how this was done			12c	x			
3	Did the organization have a written whistleblower policy?				X	-		
	Did the organization have a written document retention and destruction policy?				X	-		
	Did the process for determining compensation of the following persons include a review and appro			17				
5	persons, comparability data, and contemporaneous substantiation of the deliberation and decision	-	ldependent					
•				15a	x	1		
	The organization's CEO, Executive Director, or top management official				X	_		
b	Other officers or key employees of the organization			15b	- 23	_		
6-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).							
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrang			10				
	taxable entity during the year?			16a				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalu		•					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the org	anizatio	on's					
	exempt status with respect to such arrangements?	<u></u>		16b		_		
ec	tion C. Disclosure	<u></u>		.		_		
7	List the states with which a copy of this Form 990 is required to be filed \blacktriangleright AL , AK , AZ , AR ,					-		
8	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990	-T (Sec	tion 501(c)(3)s only) availat	ole			
	for public inspection. Indicate how you made these available. Check all that apply.							
	X Own website Another's website X Upon request Other (expla	in in Sc	hedule O)					
9	Describe in Schedule O whether (and if so, how) the organization made its governing documents, or	onflict	of interest policy, a	nd finar	ncial			
	statements available to the public during the tax year.							
 statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records: 								
.0	JESSICA SHERRY - (202) 393-2925							
.0						-		
.0	103015THSTREET, NW, #1100W, WASHINGTON, DC200312-16-15SEESCHEDULEOFORFULLLISTOFSTATES	05				-		

Part VII	Compensation of Officers, Dire	ctors, Trustees,	Key Employees,	Highest	Compensated
	Employees, and Independent C	ontractors			

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

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

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

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

 List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A)	(B)	(C)		(D)	(E)	(F)				
Name and Title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	box, unless person is both an officer and a director/trustee)		h an	compensation	compensation	amount of		
	week				from	from related	other			
	(list any	irecto						the	organizations	compensation
	hours for related	e or d	fee			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	organizations	rustee	l trus		ee	npen		(00-2/1099-101130)		and related
	below	Individual trustee or director	utiona	_	mploy	st col	5			organizations
	line)	Indivi	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former			0
(1) WILLIAM H. SHORE	40.00									
FOUNDER, CHAIRMAN & CEO		X		Х				267,363.	0.	39,205.
(2) SID ABRAMS	2.00									
DIRECTOR		X						0.	0.	0.
(3) JAMES L. BAREUTHER	1.00									
DIRECTOR		X						0.	0.	0.
(4) JIM BERRIEN	1.00									
DIRECTOR		Х						0.	0.	0.
(5) JUDYANN BIGBY	1.00									
DIRECTOR		Х						0.	0.	0.
(6) NEIL BRAUN	2.00									
DIRECTOR		Х						0.	0.	0.
(7) JONI DOOLIN	1.00									_
DIRECTOR		Х						0.	0.	0.
(8) WALLY DOOLIN	3.00									
DIRECTOR		X						0.	0.	0.
(9) MICHAEL GORDON	1.00									
DIRECTOR		X						0.	0.	0.
(10) BOB GREENSTEIN	1.00									•
DIRECTOR	1 00	X						0.	0.	0.
(11) ROZ MALLETT	1.00									0
DIRECTOR	1 00	X						0.	0.	0.
(12) MIKE MCCURRY	1.00							0.		0
DIRECTOR	1 00	X						0.	0.	0.
(13) DANNY MEYER	1.00	x						0.	0.	0.
DIRECTOR	1.00	<u>^</u>						0.	0.	0.
(14) MARY SUE MILLIKEN	1.00	x						0.	0.	0.
DIRECTOR (15) DONNA S. MOREA	2.00	^						0.	0.	0.
DIRECTOR	2.00	x						0.	0.	0.
(16) JEANNE NEWMAN	1.00							0.		0 •
DIRECTOR	1.00	x						0.	0.	0.
(17) KEN PELLETIER	1.00	<u> </u>			<u> </u>				<u>0.</u>	••
DIRECTOR		x						0.	0.	0.
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Part VII Section A. Officers, Directors, Trus	tees. Kev Em		ees.	. an	d Hi	iahe:	st C	Compensated Employee	s (continued)			Tage C
(A) (B) (C)					(D)	(E)		(F)			
Name and title	Average hours per week	box	not c , unle	Pos heck ss pe	itior more rson	than o is boti pr/trus	n an	Reportable	Reportable compensatior from related	٦	Estir amo	nated unt of her
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS		fron organ and r	nsation n the ization elated zations
(18) MARK RODRIGUEZ	2.00											
DIRECTOR		Х						0.		0.		0.
(19) STEVE ROMANIELLO	1.00											_
DIRECTOR		Х						0.		0.		0.
(20) SCOTT SCHOEN	1.00											•
DIRECTOR		X						0.		0.		0.
(21) DEBBIE SHORE	40.00							100 500			1 2	200
CO-FOUNDER	40.00			Х				199,539.		0.	13	,386.
(22) THOMAS NELSON	40.00			37				206 607			0.5	221
PRESIDENT & SECRETARY	40.00			Х				306,607.		0.	60	,331.
(23) JOHN GREEN CFO & COO	40.00			x				198,379.		0.	1 9	,097.
(24) CHARLES SCOFIELD	40.00			Δ				190,379.		••	10	,097.
CHIEF DEVELOPMENT OFFICER					x			216,459.		0.	17	,239.
(25) JOSH WACHS	40.00							210,1000		<u> </u>	± /	/2351
CHIEF STRATEGY OFFICER-UNTIL 09/2015					x			186,049.		0.	12	,911.
(26) LAURA GOODMAN - UNTIL 12/2015	40.00											
SR. DIRECTOR., CORPORATE PARTNERSHIP						x		172,846.		0.	17	,869.
1b Sub-total								1,547,242.		0.		,038.
c Total from continuation sheets to Part VI	I, Section A							644,625.		0.	57	,908.
d Total (add lines 1b and 1c)								2,191,867.		0.	261	,946.
2 Total number of individuals (including but n								received more than \$100	,000 of reportable	Э		
compensation from the organization												27
											Y	es No
3 Did the organization list any former officer,	director, or tru	ustee	e, ke	y er	nplo	oyee,	or	highest compensated er	nployee on			
line 1a? If "Yes," complete Schedule J for s											3	<u> </u>
4 For any individual listed on line 1a, is the su	-		-						-			7
and related organizations greater than \$150											4	<u>x</u>
5 Did any person listed on line 1a receive or a	-				-			-			-	v
rendered to the organization? If "Yes," com Section B. Independent Contractors	plete Schedul	e J f	or si	ıch	pers	son .					5	X
	managet ad in			t	ont	raata		that reactived mare than	*100.000 of com		ation fro	
1 Complete this table for your five highest co the organization. Report compensation for	-									pens	ation no	TTI
(A)	ine calendar y	ear	enui	ng v	VILLI	OF W		(B)			(C)	
Name and business	address							Description of se	ervices	С	ompens	ation
SHOWTIME ON THE PIERS, LI	LC							NYC WINE & FO	DOD			
711 12TH AVENUE, NEW YORE		001	19					FESTIVAL			768	,000.
CALAGAZ DIGITAL PRINTING COOKING MATTERS												
3001 MILL STREET, MOBILE, AL 36607 CURRICU. & MATERIALS 572,855.												
MAL WARWICK ASSOCIATES, INC., 2550 NINTH ONLINE/DIRECT MAIL												
						442	,892.					
TRUE NORTH, INC., 630 TH		1UI	Ξ,	12	2т1	H		ONLINE ADVER				
FLOOR, NEW YORK, NY 1001	1							AND ACQUISIT:	ION		435	,150.
BLACKBAUD												

P.O. BOX 930256, ATLANTA, GA 31193 WEB HOSTING SERVICES Total number of independent contractors (including but not limited to those listed above) who received more than 2 43 \$100,000 of compensation from the organization

SEE PART VII, SECTION A CONTINUATION SHEETS 532008 12-16-15

Form 990 (2015)

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Form 990 SHARE OUP									52-136	7538
Part VII Section A. Officers, Directors, Tru		nplo	oyee			ligh	est			
(A) Name and title	(B) Average hours	(c)		(C Pos all t	ition		hz)	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	per week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(27) DUKE STOREN SR. DIRECTOR, PARTNER IMPACT & ADVO.	40.00					x		171,288.	0.	21,186
(28) CLAY DUNN CHIEF COMMUNICATIONS OFFICER	40.00					x		164,743.	0.	15,028
(29) JILL DAVIS	40.00					X			0.	
SR. DIRECTOR, CORPORATE PARTNERSHIPS (30) JENNIFER JINKS	40.00							157,328.		6,929
SR. DIRECTOR, NKH CAMPAIGN						X		151,266.	0.	14,765
Total to Part VII, Section A, line 1c		<u></u>	<u></u>	<u></u>	<u></u>	<u></u>	<u></u>	644,625.		57,908

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		Check if Schedule O cont	ains a response	or note to any lir				<u></u>
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ts t	1 a	Federated campaigns	1a					
un.		Membership dues						
٥Ë				804,391.				
rAs		Fundraising events		004,351.				
ia Gi		Related organizations		856,311.				
Sin		Government grants (contribut	· · · · · · · · · · · · · · · · · · ·	050,511.				
eric	f	All other contributions, gifts, gran		2202660				
<u>i</u> E E E E		similar amounts not included abo		3393668.				
Contributions, Gifts, Grants and Other Similar Amounts	-	Noncash contributions included in lines		754,895.	50054050			
σõ	h	Total. Add lines 1a-1f			53054370.			
		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		Business Code				
ce		CLASS FEES		900099	58,685.	58,685.		
le ri	b	HONORARIUM		900099	250.	250.		
Program Service Revenue	с							
ran ?ev	d							
Log	е							
9		All other program service reve						
	g	Total. Add lines 2a-2f			58,935.			
	3	Investment income (including			10 525		5 751	1 701
		other similar amounts)			10,535.		5,751.	4,784.
	4	Income from investment of ta			17 07/			17 774
	5	Royalties			17,274.			17,274.
	_		(i) Real	(ii) Personal				
	6 a	Gross rents	247,410.					
	b	Less: rental expenses	0. 247,416.					
				<b>`</b>	247,416.			247,416.
		Net rental income or (loss)			247,410.			247,410.
	7 a	Gross amount from sales of assets other than inventory	(i) Securities 6291038.	(ii) Other				
	h	Less: cost or other basis	0291030.					
	U		875,054.					
	<u>د</u>	Gain or (loss)	5415984.					
	b b	Net gain or (loss)		<b>&gt;</b>	5,415,984.		3809522.	1606462.
		Gross income from fundraisin			- / /			
anu	0 4	including \$ 5,804,3						
Other Reve		contributions reported on line						
rВ		Part IV, line 18	,	2263869.				
the	b	Less: direct expenses		6701214.				
0		Net income or (loss) from fund		►	-4437345.			-4437345.
		Gross income from gaming ac	-					
		Part IV, line 19	а	63,085.				
	b	Less: direct expenses		15,760.				
	с	Net income or (loss) from gam	ning activities	🕨	47,325.			47,325.
	10 a	Gross sales of inventory, less	returns					
		and allowances	а					
		Less: cost of goods sold						
	С	Net income or (loss) from sale						
		Miscellaneous Revenu		Business Code 900099	1,872.			1 070
		MISCELLANEOUS R		900099	-12,261.			1,872. -12,261.
		EQUITY LOSS OF		500055	-14,401.			-14,201.
	с С	All other revenue						
		All other revenue		└ <b>──</b>	-10,389.			
	е 12	Total. Add lines 11a-11d Total revenue. See instructions.			54404105.	58 935	3815273.	-2524473
53200	9 12-16			····· 🚩	011011000		50152750	Form <b>990</b> (2015)
35200	- 12-10				1.0			

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SHARE OUR STRENGTH, INC.

Form 990 (2015) SHARE O

SHARE OUR STRENGTH, INC.

Sect	ion 501(c)(3) and 501(c)(4) organizations must com	plete all columns. All oth	ner organizations must co	mplete column (A).	
	Check if Schedule O contains a respor		this Part IX	(C)	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	7,906,589.	7,906,589.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	30,000.	30,000.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	1,494,539.	1,047,618.	223,057.	223,864
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	14,687,927.	9,040,695.	1,621,106.	4,026,126
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	213,213.	130,828.	22,274.	60,111
9	Other employee benefits	1,559,072.	971,796.	172,912.	414,364
10	Payroll taxes	1,158,044.	717,883.	132,712.	307,449
11	Fees for services (non-employees):				
а		50,000.	45,000.	5,000.	
	Legal	61,738.	2,736.	58,649.	353
	Accounting	84,933.	467.	84,466.	
	Lobbying	292,000.	292,000.		
	Professional fundraising services. See Part IV, line 17	665,836.			665,836
f	Investment management fees	10,416.		8,941.	1,475
g	Other. (If line 11g amount exceeds 10% of line 25,				
-	column (A) amount, list line 11g expenses on Sch O.)	4,573,849.	3,788,092.	268,322.	517,435
12	Advertising and promotion	770,319.	186,916.	35,755.	547,648
13	Office expenses	1,192,106.	812,492.	73,148.	306,466
14	Information technology	1,534,811.	1,062,461.	99,617.	372,733
15	Royalties				
16	Occupancy	2,182,717.		212,113.	643,628
17	Travel	1,220,240.	734,679.	49,481.	436,080
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	5,137,734.	3,015,172.	129,657.	1,992,905
20	Interest	342.	213.	39.	90
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	402,415.	268,415.	41,322.	92,678
23	Insurance	212,383.	132,804.	23,994.	55,585
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	UBI TAXES	1,623,816.		1,623,816.	
b	FEES AND LICENSES	424,713.	4,956.	157,525.	262,232
c	BAD DEBT	96,787.		96,787.	
d		•			
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	47,586,539.	31,518,788.	5,140,693.	10,927,058
<u> </u>	Joint costs. Complete this line only if the organization			- • *	

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reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

Check here K if following SOP 98-2 (ASC 958-720)

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1,007,027

2,273,623

1,266,596. Form **990** (2015)

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Form 990 (2015)
Part X Balance Sheet SHARE OUR STRENGTH, INC.

52-1367538 Page 11

Fa		balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing	923,709.	1	9,194,542.
	2	Savings and temporary cash investments	2,135,430.	2	1,916,783.
	3	Pledges and grants receivable, net	11,896,770.	3	10,714,063.
	4	Accounts receivable, net	541,556.	4	560,087.
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under			
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
ŝts		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
◄	8	Inventories for sale or use	8,869.	8	11,558.
	9	Prepaid expenses and deferred charges	1,437,688.	9	1,215,624.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 3,620,141.			
	b	Less: accumulated depreciation 10b 1,379,244.	2,602,723.	10c	2,240,897.
	11	Investments - publicly traded securities	131,115.	11	150,920.
	12	Investments - other securities. See Part IV, line 11	1,910,715.	12	1,023,898.
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	87,099.	15	78,630.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	21,675,674.	16	27,107,002.
	17	Accounts payable and accrued expenses	4,518,324.	17	3,666,464.
	18	Grants payable	791,596.	18	1,014,269.
	19	Deferred revenue	1,579,009.	19	1,000,849.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
es	22	Loans and other payables to current and former officers, directors, trustees,			
Liabilities		key employees, highest compensated employees, and disqualified persons.			
.iab		Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X of	4 114 100		
		Schedule D	4,114,162.	25	3,935,271.
	26	Total liabilities. Add lines 17 through 25	11,003,091.	26	9,616,853.
		Organizations that follow SFAS 117 (ASC 958), check here ► X and			
ces		complete lines 27 through 29, and lines 33 and 34.	-598,168.		2,944,280.
lan	27	Unrestricted net assets	11,270,751.	27	14,545,869.
Fund Balances	28	Temporarily restricted net assets	11,270,751.	28	14, 545, 809.
pur	29	Permanently restricted net assets		29	
ц		Organizations that do not follow SFAS 117 (ASC 958), check here			
Net Assets or	20	and complete lines 30 through 34.		20	
sei	30	Capital stock or trust principal, or current funds		30	
: As	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net	32	Retained earnings, endowment, accumulated income, or other funds	10,672,583.	32	17,490,149.
-	33 24	Total net assets or fund balances	21,675,674.	33 34	27,107,002.
	34	Total liabilities and net assets/fund balances	<u>21,013,014</u>	34	Form <b>990</b> (2015)
					Form <b>330</b> (2015)

Form **990** (2015)

12 2015.05060 share our strength, INC. COPY

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Form	m 990 (2015) SHARE OUR STRENGTH, INC.	52-2	1367538	Page <b>12</b>
Pa	art XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	54,404	1,105.
2	Total expenses (must equal Part IX, column (A), line 25)	2	47,586	5,539.
3	Revenue less expenses. Subtract line 2 from line 1	3		7,566.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	10,672	2,583.
5	Net unrealized gains (losses) on investments	5		
6	Donated services and use of facilities	6		
7	Investment expenses	7		
8	Prior period adjustments	8		
9	Other changes in net assets or fund balances (explain in Schedule O)	9		0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,			
	column (B))	10	17,490	),149.
Pa	art XII Financial Statements and Reporting			_
	Check if Schedule O contains a response or note to any line in this Part XII			<u> []  </u>
				Yes No
1	Accounting method used to prepare the Form 990: 🗌 Cash 🛛 🛣 Accrual 🔲 Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Sc	hedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or re	viewed on a		
	separate basis, consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?		2b	X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a s	eparate basis,		
	consolidated basis, or both:			
	Separate basis X Consolidated basis Both consolidated and separate basis			
С	: If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight	nt of the audit,		
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X
	If the organization changed either its oversight process or selection process during the tax year, explain			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in	-	it	
	Act and OMB Circular A-133?		3a	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			X
			Form	<b>290</b> (2015)

Form **990** (2015)



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(Form	990	or	990	-EZ
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# 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.

2015	-
Open to Public Inspection	

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Nam	e of the organization		· · ·			Employer ider	ntification number			
		RE OUR STRE					1367538			
Pa	rt I Reason for Public	Charity Status (	All organizations must co	omplete this part	.) See instruction	S.				
The	organization is not a private foun	dation because it is:	(For lines 1 through 11, o	check only one b	ox.)					
1	A church, convention of cl	nurches, or association	on of churches describe	d in <b>section 170</b>	(b)(1)(A)(i).					
2	A school described in <b>section 170(b)(1)(A)(ii).</b> (Attach Schedule E (Form 990 or 990 EZ).)									
3	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).									
4	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,									
	city, and state:	city, and state:								
5	An organization operated	for the benefit of a co	ollege or university owne	d or operated by	a governmental	unit described ir	n			
	section 170(b)(1)(A)(iv). (	Complete Part II.)								
6	A federal, state, or local go	overnment or governr	mental unit described in	section 170(b)(1	)(A)(v).					
7	X An organization that norm	ally receives a substa	antial part of its support i	from a governme	ntal unit or from t	he general publ	lic described in			
	section 170(b)(1)(A)(vi). (0	Complete Part II.)								
8	A community trust describ	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)						
9	An organization that norm	ally receives: (1) more	e than 33 1/3% of its sup	oport from contri	outions, member	ship fees, and g	ross receipts from			
	activities related to its exe	mpt functions - subje	ect to certain exceptions,	, and (2) no more	than 33 1/3% of	its support from	n gross investment			
	income and unrelated bus	iness taxable income	e (less section 511 tax) fr	om businesses a	cquired by the o	rganization after	r June 30, 1975.			
	See section 509(a)(2). (Co	omplete Part III.)								
10	An organization organized	and operated exclus	sively to test for public sa	afety. See <b>sectio</b>	n 509(a)(4).					
11	An organization organized	and operated exclus	sively for the benefit of, to	o perform the fur	nctions of, or to c	arry out the pur	poses of one or			
	more publicly supported o	rganizations describe	ed in <b>section 509(a)(1)</b> o	r section 509(a)	(2). See section	509(a)(3). Checl	k the box in			
	lines 11a through 11d that	describes the type of	of supporting organization	n and complete	lines 11e, 11f, an	d 11g.				
а	<b>Type I.</b> A supporting org	anization operated, s	supervised, or controlled	by its supported	l organization(s),	typically by givir	ng			
	the supported organizat	ion(s) the power to re	egularly appoint or elect	a majority of the	directors or truste	es of the suppo	orting			
	organization. <b>You must</b>	complete Part IV, Se	ections A and B.							
b	<b>Type II.</b> A supporting or	•			-					
	control or management			ame persons that	at control or mana	age the support	ed			
	organization(s). <b>You mu</b>									
с	Type III functionally int					Ily integrated wi	rith,			
	its supported organization									
d	Type III non-functional					-				
	that is not functionally in			•	-	d an attentivene	ess			
	requirement (see instruc	,	•							
е	Check this box if the org					II, Type III				
	functionally integrated, o									
	Enter the number of supported					····· L				
g	Provide the following informatic (i) Name of supported	on about the support (ii) EIN	ed organization(s). (iii) Type of organization	(iv) Is the organiza	tion (v) Amount o	fmonetary	(vi) Amount of			
	organization		(described on lines 1-9	listed in your	support		other support (see			
	J		above (see instructions))	governing docume	instruct		instructions)			
		+		Yes No	<u> </u>	<u> </u>				
		+				<u> </u>				
						<u> </u>				

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 532021 09-23-15

Schedule A (Form 990 or 990-EZ) 2015

Total



### Schedule A (Form 990 or 990-EZ) 2015 SHARE OUR STRENGTH, INC.

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 failed to qualify under Part III. If the organization failed to qualify under Part III.

fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	36169268.	44833246.	13854522.	51227491.	53054370.	199138897
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
•	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	36169268.	44833246.	13854522.	51227491.	53054370.	199138897
5	The portion of total contributions						
Ŭ	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)						18503143.
~							180635754
	Public support. Subtract line 5 from line 4.						H00033134
		() 0011	(1) 0010	( ) 0010	( 1) 004 (	( ) 0015	(0 T ) )
	ndar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total 199138897
	Amounts from line 4	50109200.	44033240.	13034322.	5122/491.	55054570.	199130097
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties	1 0 4 0	25 100	22 026	100 000	275 225	
	and income from similar sources $\dots$	1,842.	25,100.	23,026.	190,092.	275,225.	515,285.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	702,550.	375,035.	477,505.	559,456.	797.	
11	Total support. Add lines 7 through 10						201769525
12	Gross receipts from related activities	, etc. (see instructi	ons)			12 8	,356,034.
13	First five years. If the Form 990 is fo	r the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	
-	organization, check this box and sto	phere					
Sec	ction C. Computation of Pub	lic Support Pe	rcentage				
14	Public support percentage for 2015 (	line 6, column (f) d	ivided by line 11, o	olumn (f))		14	89.53 %
15	Public support percentage from 2014	4 Schedule A, Part	II, line 14			15	88.20 %
16a	33 1/3% support test - 2015. If the	organization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or r	nore, check this be	
	stop here. The organization qualifies	as a publicly supp	orted organization	۱			▶ <u>X</u>
b	33 1/3% support test - 2014. If the	organization did no	ot check a box on I	line 13 or 16a, and	l line 15 is 33 1/3%	6 or more, check t	his box
	and stop here. The organization qua	lifies as a publicly :	supported organiz	ation			<b>&gt;</b>
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"						
b	10% -facts-and-circumstances tes						
~	more, and if the organization meets t						
	organization meets the "facts-and-cir						
18	Private foundation. If the organization						
				a, 100, 17a, 01 171			or 990-E7) 2015

Schedule A (Form 990 or 990-EZ) 2015

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#### Schedule A (Form 990 or 990-EZ) 2015 SHARE OUR STRENGTH, INC. 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.)

Calendar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e	<b>e)</b> 2015	(f) Total
1 Gifts, grants, contributions, and							
membership fees received. (Do not							
include any "unusual grants.")							
2 Gross receipts from admissions, merchandise sold or services per- formed, 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 bus-							
iness under section 513							
4 Tax revenues levied for the organ-							
ization's benefit and either paid to or expended on its behalf							
5 The value of services or facilities							
furnished by a governmental unit to the organization without charge							
6 Total. Add lines 1 through 5							
<b>7a</b> Amounts included on lines 1, 2, and					1		
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							
c Add lines 7a and 7b							
8 Public support. (Subtract line 7c from line 6.)							
Section B. Total Support			•				
alendar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(6	e) 2015	(f) Total
9 Amounts from line 6						-	
<b>IOa</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							
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on							
2 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)							
13 Total support. (Add lines 9, 10c, 11, and 12.)							
I4 First five years. If the Form 990 is for t	the organization's	s first, second, thi	rd, fourth, or fifth ta	ax year as a sectio	n 501(	c)(3) organiz	zation,
check this box and stop here							
Section C. Computation of Public							
15 Public support percentage for 2015 (lir	ne 8, column (f) d	ivided by line 13,	column (f))		15		%
16 Public support percentage from 2014					16		%
Section D. Computation of Invest	tment Incom	e Percentage	1				
17 Investment income percentage for 201	5 (line 10c, colur	nn (f) divided by li	ne 13, column (f))		17		%
18 Investment income percentage from 20	<b>)14</b> Schedule A,	Part III, line 17			18		%
	organization did r	not check the box	on line 14, and line	e 15 is more than 3	33 1/39	%, and line 1	17 is not
19a 33 1/3% support tests - 2015. If the c		organization qua	lifies as a publicly :	supported organiz	ation		
<b>19a 33 1/3% support tests - 2015.</b> If the c more than 33 1/3%, check this box an	d <b>stop here.</b> The	s organization qua					
more than 33 1/3%, check this box an <b>b 33 1/3% support tests - 2014.</b> If the c	organization did n	not check a box o	n line 14 or line 19a				
more than 33 1/3%, check this box an <b>b 33 1/3% support tests - 2014.</b> If the c line 18 is not more than 33 1/3%, chec	organization did n k this box and <b>s</b> t	not check a box or top here. The org	n line 14 or line 19a anization qualifies	as a publicly supp	orted o	organization	
b 33 1/3% support tests - 2014. If the c	organization did n k this box and <b>s</b> t	not check a box or top here. The org	n line 14 or line 19a anization qualifies	as a publicly supp his box and see in	orted o	organization	

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

1

Yes No

#### Part IV Supporting Organizations

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

#### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disgualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

532024 09-23-15

Schedule A (Form 990 or 990-EZ) 2015

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			V	NI-
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		<u> </u>
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions):			
а	The organization satisfied the Activities Test. <i>Complete line 2</i> below.			
b	The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.			
с	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	ructions	).	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	3b		
53202	5 09-23-15 Schedule A (Form 9	90 or 99	90-EZ	2015
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#### Schedule A (Form 990 or 990-EZ) 2015 SHARE OUR STRENGTH, INC.

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in <b>Part VI</b> ):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	y-integra	ated Type III supporting or	ganization (see

instructions).

Schedule A (Form 990 or 990-EZ) 2015

532026 09-23-15

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Pa	Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	
Sect	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	IS	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	he organization is responsive	e	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2015 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
		(i)	(ii)	(iii)
Sect	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2015	Distributable Amount for 2015
			110 2010	
_1	Distributable amount for 2015 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2015			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2015:			
a				
b				
<u> </u>				
	From 2013			
	From 2014			
-	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2015 distributable amount			
	Carryover from 2010 not applied (see instructions)			
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2015 from Section D,			
	line 7: \$			
	Applied to underdistributions of prior years			
-	Applied to 2015 distributable amount Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2015, if			
5	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
6	Remaining underdistributions for 2015. Subtract lines 3h			
U	and 4b from line 1 (if amount greater than zero, see			
	instructions).			
7	Excess distributions carryover to 2016. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
a				
b				
-	Excess from 2013			
-	Excess from 2014			
-	Excess from 2015			

Schedule A (Form 990 or 990-EZ) 2015

532027 09-23-15



Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

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

OTHER		
2011 AMOUNT: \$	553,338.	
2012 AMOUNT: \$	367,190.	
2013 AMOUNT: \$	102,774.	
2014 AMOUNT: \$	252,916.	
2015 AMOUNT: \$	-5,703.	
CLASS FEES		
2011 AMOUNT: \$	67,610.	
2012 AMOUNT: \$	0.	
2013 AMOUNT: \$	0.	
2014 AMOUNT: \$	0.	
2015 AMOUNT: \$	0.	
EXHIBITOR FEES		
2011 AMOUNT: \$	74,540.	
2012 AMOUNT: \$	0.	
2013 AMOUNT: \$	0.	
2014 AMOUNT: \$	0.	
2015 AMOUNT: \$	0.	
BOOK/PRODUCT S	ALES	
2011 AMOUNT: \$	7,062.	
2012 AMOUNT: \$	7,845.	
2013 AMOUNT: \$	730.	
2014 AMOUNT: \$	2,406.	
532028 09-23-15 240404 786783 \$	50S	Schedule A (Form 990 or 990-EZ) 2 21 2015.05060 SHARE OUR STRENGTH, INC.COPS

Schedule A (Form 990 or 990-EZ) 2015 SHARE OUR STRENGTH, INC.

52-1367538 Page 8

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

2015 AMOUNT: \$ 0.

HONORARIUM			
2011 AMOUNT: \$	0.		
2012 AMOUNT: \$	0.		
2013 AMOUNT: \$	500.		
2014 AMOUNT: \$	0.		
2015 AMOUNT: \$	0.		
OTHER EVENT REVI	ENUE		
2011 AMOUNT: \$	0.		
2012 AMOUNT: \$	0.		
2013 AMOUNT: \$	370,501.		
2014 AMOUNT: \$	298,134.		
2015 AMOUNT: \$	0.		
INTERCOMPANY REV	VENUE		
2011 AMOUNT: \$	0.		
2012 AMOUNT: \$	0.		
2013 AMOUNT: \$	3,000.		
2014 AMOUNT: \$	6,000.		
2015 AMOUNT: \$	6,500.		
532028 09-23-15		22	Schedule A (Form 990 or 990-EZ) 2015

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### Schedule of Contributors

 Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990. OMB No. 1545-0047

2015

Employer identification number

5	2-	1	3	6	7	5	3	8	
J	4-	ж	J	υ	1	J	J	0	

Schedule B (Form 990, 990-EZ, or 990-PF)
Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one):

#### SHARE OUR STRENGTH, INC.

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)( 3) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note**. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

#### General Rule

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

#### Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

**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 its Form 990-PF, Part I, line 2, 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) (2015)

Name of organization

Employer identification number

52-1367538

SHARE OUR STRENGTH, INC.

	////	(2)	(ام/
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contributi
1		\$4,000,000.	Person X Payroll Noncash (Complete Part II for noncash contribution
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contributi
2		\$ <u>3,043,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contribution
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contributi
3		\$ <u>2,049,353.</u>	Person X Payroll I Noncash I (Complete Part II for noncash contribution
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribut
4		\$1,202,922.	Person X Payroll Noncash (Complete Part II for noncash contribution
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribut
5		\$ <u>1,330,609</u> .	Person X Payroll Noncash (Complete Part II for noncash contributior
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribut
6			Person X Payroll Noncash

Page **3** Employer identification number

52-1367538

SHARE OUR STRENGTH, INC.

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

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

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t III	OUR STRENGTH, INC. Exclusively religious, charitable, etc., con	tributions to organizations described i	52-1367538 n section 501(c)(7), (8), or (10) that total more than \$1,00
	the year from any one contributor. Complete completing Part III, enter the total of exclusively religion	columns (a) through (e) and the follow	ing line entry. For organizations
	Use duplicate copies of Part III if addition		
No. m *t I –	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-   -		(e) Transfer of gift	
	Transferee's name, address, a		Relationship of transferor to transferee
No. om art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, a	(e) Transfer of gift	Relationship of transferor to transferee
No. m rt I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-			
-	Transferee's name, address, a	(e) Transfer of gift	Relationship of transferor to transferee
No. om art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
-	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee

SCHEDULE C (Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service	orm 990 or 990-EZ) For Organizations Exempt From Income Tax Under section 501(c) and section 527 Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ.					
-	vered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political C	ampaign Activ	rities), then			
	anizations: Complete Parts I-A and B. Do not complete Part I-C. r than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complet	a Part I.B				
	ations: Complete Part I-A only.					
•	vered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying	Activities), the	en			
-	anizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A.					
<ul> <li>Section 501(c)(3) or</li> </ul>	anizations that have NOT filed Form 5768 (election under section 501(h)): Complete Par	t II-B. Do not co	omplete Part II-A.			
If the organization ans	vered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or I	Form 990-EZ, F	Part V, line 35c (Proxy			
Tax) (see separate inst						
	, or (6) organizations: Complete Part III.		· · · · · · · · · · · · · · · · · · ·			
Name of organization	SHARE OUR STRENGTH, INC.		identification number 2 – 1 3 6 7 5 3 8			
Part I-A Compl	ete if the organization is exempt under section 501(c) or is a section					
2 Political expenditu	on of the organization's direct and indirect political campaign activities in Part IV.					
Part I-B Compl	ete if the organization is exempt under section 501(c)(3).					
	f any excise tax incurred by the organization under section 4955					
	f any excise tax incurred by organization managers under section 4955					
	ncurred a section 4955 tax, did it file Form 4720 for this year?		Yes No			
<ul><li>4a was a correction in</li><li>b If "Yes," describe in</li></ul>						
	ete if the organization is exempt under section 501(c), except section	ion 501(c)(3)				
•	irectly expended by the filing organization for section 527 exempt function activities					
	f the filing organization's funds contributed to other organizations for section 527	······································				
exempt function ac		▶\$				

	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?

· ·				
	line 17b			
4	Did the filing organization file Form 1120-POL for this year?	Yes		
5	Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the fi	ling orga	anizatio	n
	made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount	unt of po	olitical	
	contributions received that were promptly and directly delivered to a separate political organization, such as a separate segr	egated	fund or	а
	political action committee (PAC). If additional space is needed, provide information in Part IV.			

<b>(a)</b> 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

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Schedule C (Form 990 or 990-EZ) 2015

2015.05060 SHARE OUR STRENGTH, INC. COPY_1

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## 27

No

Schedule C (Form 990 or 990-EZ) 2015	SHARE OUR S	TRENGTH, IN	с.	52-1	367538 Page 2			
Part II-A Complete if the org	ganization is exer	mpt under sectio	n 501(c)(3) and fil	ed Form 5768 (e	lection under			
section 501(h)).								
A Check 🕨 🛄 if the filing organiza	ation belongs to an affi	liated group (and list ir	Part IV each affiliated	group member's nam	e, address, EIN,			
expenses, and sha	re of excess lobbying	expenditures).						
B Check ▶ 🛄 if the filing organiza	ation checked box A ar	nd "limited control" pro	visions apply.					
	its on Lobbying Expe ditures" means amou		,	<b>(a)</b> Filing organization's totals	<b>(b)</b> Affiliated group totals			
<b>1a</b> Total lobbying expenditures to infl	uence public opinion (	arass roots lobbving)		177,625.				
<b>b</b> Total lobbying expenditures to infl				500,175.				
c Total lobbying expenditures (add				677,800.				
d Other exempt purpose expenditur				46,242,903.				
e Total exempt purpose expenditure				46,920,703.				
f Lobbying nontaxable amount. Ent				1,000,000.				
If the amount on line 1e, column (a)		bying nontaxable am						
Not over \$500,000	. ,	the amount on line 1e.						
Over \$500,000 but not over \$1,00	0,000 \$100,00	0 plus 15% of the exc	ess over \$500,000.					
Over \$1,000,000 but not over \$1,5	500,000 \$175,00	0 plus 10% of the exc	ess over \$1,000,000.					
Over \$1,500,000 but not over \$17	,000,000 \$225,00	0 plus 5% of the exce	ss over \$1,500,000.					
Over \$17,000,000	\$1,000,0	000.						
g Grassroots nontaxable amount (el	nter 25% of line 1f)			250,000.				
h Subtract line 1g from line 1a. If zer	ro or less, enter -0			0.				
i Subtract line 1f from line 1c. If zer	o or less, enter -0			0.				
j If there is an amount other than ze	ero on either line 1h or	line 1i, did the organiza	ation file Form 4720	_				
reporting section 4911 tax for this	year?			L	Yes No			
(Some organizations t	4-Year Averaging Period Under section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)							
	Lobbying Exper	nditures During 4-Yea	ar Averaging Period					
Calendar year (or fiscal year beginning in)	<b>(a)</b> 2012	<b>(b)</b> 2013	<b>(c)</b> 2014	<b>(d)</b> 2015	<b>(e)</b> Total			
2a Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.			
b Lobbying ceiling amount								

84,355.

250,000.

24,789.

294,551.

250,000.

113,582.

606,574.

250,000.

87,847.

Schedule C (Form 990 or 990-EZ) 2015

677,800.

250,000.

177,625.

6,000,000.

1,663,280.

1,000,000.

1,500,000.

403,843.

532042 10-05-15

(150% of line 2a, column(e))

d Grassroots nontaxable amount e Grassroots ceiling amount

(150% of line 2d, column (e))

f Grassroots lobbying expenditures

c Total lobbying expenditures



#### Schedule C (Form 990 or 990-EZ) 2015 SHARE OUR STRENGTH, INC.

# 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 e	ach "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description	(a)		(b)	
of the	obbying activity.	Yes	No	Amo	ount
1 a	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: Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements?				
	Mailings to members, legislators, or the public?				
	Publications, or published or broadcast statements?				
	Grants to other organizations for lobbying purposes?				
	Direct contact with legislators, their staffs, government officials, or a legislative body?				
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i	Other activities?				
j	Total. Add lines 1c through 1i				
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section	on 501(c)	(5), or se	ection	
	501(c)(6).				
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?				
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."				ne 3, is
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic	cal			
	expenses for which the section 527(f) tax was paid).				
а	Current year		2a		
	Carryover from last year				
с	Total		2c		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc	ess			
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p	olitical			
	expenditure next year?		4		
5	Taxable amount of lobbying and political expenditures (see instructions)				
Par	t IV Supplemental Information				
Provi	de 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 I	I-A, lines 1 a	and 2 (see	

instructions); and Part II-B, line 1. Also, complete this part for any additional information.

Schedule C (Form 990 or 990-EZ) 2015

1

532043 10-05-15

SC	HEDULE D	Supplement	al Financ	ial Statement	s		OMB No. 1545	-0047
(Forr	n 990)	► Complete if the org Part IV, line 6, 7, 8, 9, 10					201	5
	ment of the Treasury		Attach to Form	990.			Open to P Inspection	
-	I Revenue Service e of the organizati	Information about Schedule D (For on	rm 990) and its	Instructions is at www.	irs.gov/ic		er identification	
Nam		SHARE OUR STRENGTH	, INC.				52-136753	
Pa		ations Maintaining Donor Advise		Other Similar Fund	ls or A	ccounts	Complete if the	
	organizatio	n answered "Yes" on Form 990, Part IV, lir		an a du és a al fons al s				
	Tatal sureh av at av			or advised funds	(K	) Funds al	nd other account	5
1 2		nd of year f contributions to (during year)						
3		f grants from (during year)						
4		t end of year						
5		on inform all donors and donor advisors in		assets held in donor adv	ised fund	ds		_
		on's property, subject to the organization's					Yes	No
6		on inform all grantees, donors, and donor a						
	impermissible priv	ooses and not for the benefit of the donor on ate benefit?				•	Yes	No
Pa		ation Easements. Complete if the or						
1		servation easements held by the organizat	0		, ,			
	Preservation	n of land for public use (e.g., recreation or e	education)	Preservation of a his	storically	important	land area	
		f natural habitat	L	Preservation of a ce	rtified his	storic struc	ture	
_		n of open space						
2	•	through 2d if the organization held a quali	ified conservatio	n contribution in the forr	n of a co I			
а	day of the tax year	r. onservation easements				2a	d at the End of the '	ax rear
b		ricted by conservation easements				2b		
c		vation easements on a certified historic st				2c		
d		vation easements included in (c) acquired			F			
	listed in the Nation	nal Register				2d		
3		vation easements modified, transferred, re	eleased, extingui	shed, or terminated by t	ne organ	zation dur	ing the tax	
4	year	where property subject to concernation of	acment is least	d N				
4 5		where property subject to conservation ea tion have a written policy regarding the pe			f			
Ŭ	U U	orcement of the conservation easements					Yes	No
6		r hours devoted to monitoring, inspecting,					nts during the ye	ar
	▶							
7		es incurred in monitoring, inspecting, hand	dling of violation	s, and enforcing conserv	ation ea	sements d	uring the year	
•	►\$							
8		vation easement reported on line 2(d) abo					Yes	No
9		)(4)(B)(ii)? be how the organization reports conservat						
-		ble, the text of the footnote to the organiza		-				-
	conservation ease	ments.			-		-	
Pa		ations Maintaining Collections o	-		Other S	Similar A	Assets.	
		f the organization answered "Yes" on Form						
та	0	elected, as permitted under SFAS 116 (As s, or other similar assets held for public ex		•				,
		tnote to its financial statements that descr			anceor		nce, provide, in F	art Ani,
b		elected, as permitted under SFAS 116 (AS			nt and ba	alance she	et works of art, h	istorical
	treasures, or other	r similar assets held for public exhibition, e	ducation, or rese	earch in furtherance of p	ublic ser	vice, provi	de the following a	amounts
	relating to these it							
		ded on Form 990, Part VIII, line 1				· · ·		
•								
2		received or held works of art, historical tre unts required to be reported under SFAS 1			iai gain, j	JUOVIDE		
а		on Form 990, Part VIII, line 1				▶ \$		
		I Form 990, Part X						
		eduction Act Notice, see the Instruction	s for Form 990.			Sch	edule D (Form 9	90) 2015
53205 11-02-	15		24	h			• •	
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		UR STRENGT					52-13			age <b>2</b>
Pa	t III Organizations Maintaining C									
3	Using the organization's acquisition, access	ion, and other record	ls, check any o	f the following that	at are a s	ignificant	use of its	collectio	n item	S
_	(check all that apply):									
a		a		r exchange progr						
b	Scholarly research	e	• Differ_							
С	5									
4	Provide a description of the organization's c						ose in Par	t XIII.		
5	During the year, did the organization solicit of							-	_	7
	to be sold to raise funds rather than to be m							Yes		No
Pai	t IV Escrow and Custodial Arran		ete if the organi	zation answered	"Yes" on	n Form 990	), Part IV,	line 9, oi	r	
	reported an amount on Form 990, Pa									
1a	Is the organization an agent, trustee, custod							-		7
	on Form 990, Part X?						L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table:							
								Amoun	t	
	Beginning balance									
	Additions during the year									
е	Distributions during the year									
f	Ending balance									
	Did the organization include an amount on F					• • • • • • • • • • • • • • • • • • • •		Yes		No
_	If "Yes," explain the arrangement in Part XIII.									
Pai	<b>t V</b> Endowment Funds. Complete i									
		(a) Current year	(b) Prior yea	ar <b>(c)</b> Two yea	irs back	(d) Three y	/ears back	(e) Fou	r years	back
	Beginning of year balance									
b	Contributions									
	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the cur	rent year end baland	ce (line 1g, colui	mn (a)) held as:						
а	Board designated or quasi-endowment 🕨		_%							
b	Permanent endowment	%								
с	Temporarily restricted endowment	%								
	The percentages on lines 2a, 2b, and 2c sho	ould equal 100%.								
3a	Are there endowment funds not in the posse	ession of the organiz	ation that are h	eld and administe	ered for t	he organiz	zation			
	by:								Yes	No
	(i) unrelated organizations							3a(i)		
	(ii) related organizations							3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization	ations listed as requi	red on Schedul	e R?				3b		
4	Describe in Part XIII the intended uses of the	e organization's endo	owment funds.							
Pa	t VI Land, Buildings, and Equipm	nent.								
	Complete if the organization answere	d "Yes" on Form 990	0, Part IV, line 1	1a. See Form 99	0, Part X,	, line 10.				
	Description of property	<b>(a)</b> Cost or o basis (investr		Cost or other asis (other)		ccumulate preciation		( <b>d)</b> Boo	k value	Э
1a	Land									
	Buildings									
	Leasehold improvements		2,	409,554.		560,1	18.	1,84	9,4	36.
	Equipment									
	Other		1,	210,587.	1	819,1			1,4	
Tota	Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	X, column (B), I	line 10c.)				2,24	0,8	97.
							<u> </u>		000	0045

Schedule D (Form 990) 2015

532052 09-21-15

Schedule D (F	orm 990)	2015	SHARE	OUR	STRENGTH,	INC.

Part VII Investments - Other Securities.		
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		
Part VIII Investments - Program Related.		
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		

(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)	

#### Part IX Other Assets.

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

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

#### Other Liabilities. Part X

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

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	DEFERRED RENT AND LEASEHOLD	
(3)	INCENTIVES	3,935,271.
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	▲ 3,935,271.

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

Schedule D (Form 990) 2015

532053 09-21-15

10240404 786783 SOS



	dule D (Form 990) 2015 SHARE OUR STRENGTH, INC.				136/538 Page 4			
Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.								
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.								
1	Total revenue, gains, and other support per audited financial statements	1	152,780,307.					
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:							
а	Net unrealized gains (losses) on investments							
b	Donated services and use of facilities	2b	91,659,228.					
с	Recoveries of prior year grants	2c						
d	Other (Describe in Part XIII.)	2d	6,716,974.					
е	Add lines 2a through 2d			2e	98,376,202.			
3	Subtract line 2e from line 1			3	54,404,105.			
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:							
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a						
b	Other (Describe in Part XIII.)	4b			_			
с	Add lines 4a and 4b			4c	0.			
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	54,404,105.					
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.								
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.							
1	Total expenses and losses per audited financial statements			1	145,962,741.			
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:							
а	Donated services and use of facilities		91,659,228.					
b	Prior year adjustments	2b						
С	Other losses							
d	Other (Describe in Part XIII.)		6,716,974.					
е	Add lines 2a through 2d			2e	98,376,202.			
3	Subtract line 2e from line 1			3	47,586,539.			
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:							
а	Investment expenses not included on Form 990, Part VIII, line 7b							
b	Other (Describe in Part XIII.)	4b						
С	Add lines <b>4a</b> and <b>4b</b>	4c	0.					
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	47,586,539.					
Part XIII Supplemental Information.								
D	de the descriptions are dead for Dect II. Base O. E. and O. Dect III. Base 4 a cord 4. Dect.	N/ 15	The second Ohe Devit V ( Bare	4 · D · · ·				

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1 a and 4; Part IV, lines 1 b 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, SHARE OUR STRENGTH HAS

EVALUATED ITS INCOME TAX POSITIONS FOR THE YEAR ENDED JUNE 30, 2016, AND

HAS DETERMINED THAT IT HAS NO MATERIAL UNCERTAIN TAX POSITIONS.

PART XI, LINE 2D - OTHER ADJUSTMENTS:	
SPECIAL EVENT EXPENSES	6,701,214.
GAMING EVENT EXPENSES	15,760.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	6,716,974.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
532054 09-21-15	Schedule D (Form 990) 2015

1

Schedule D (Form 990) 2015 SHAI	RE OUR STRENGTH	, INC.		52-1367538 Page 5
				6 701 214
SPECIAL EVENT EXPENSES				6,701,214.
GAMING EVENT EXPENSES				15,760.
TOTAL TO SCHEDULE D, PA	RT XII, LINE 2D			6,716,974.
532055				Schedule D (Form 990) 2015
⁵³²⁰⁵⁵ 09-21-15 240404 786783 SOS	2015.05060	34 SHARE OUR	STRENGTH,	

10240404 786783 SOS

SCH		Stateme	Statement of Activities Outside the United States						
	Form 990) Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16						2015		
Department of the Treasury						·	Open to Public		
	levenue Service	Information ab	out Schedule F	(Form 990) and its instructions is at	www.irs.gov/f	orm990.	Inspection		
Name o	of the organization					Employer id	dentification number		
	RE OUR STRI					52-136			
Part			Activities Ou	tside the United States. Comple	ete if the orgar	nization answe	red "Yes" on		
	Form 990, Par		- maintain ragar	ds to substantiate the amount of its gra	anto and other	accistance			
				the selection criteria used to award the			X Yes No		
	For grantmakers. Do Jnited States.	escribe in Part V the	e organization's	procedures for monitoring the use of its	s grants and c	ther assistanc	e outside the		
<b>3</b> A	Activities per Region	. (The following Par	t I, line 3 table c	an be duplicated if additional space is r	needed.)				
	<b>(a)</b> Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	is a pro describ	vity listed in (d gram service, e specific type ce(s) in region	expenditures for and investments		
EUROPI	E (INCLUDING								
ICELA	ND & GREENLAND)	C	0	GRANTMAKING			30,000.		
<b>3 a</b> S	Sub-total		0				30,000.		
b T	otal from continuati	on	0				0.		
с Т	<b>fotals</b> (add lines 3a and 3b)	0	0				30,000.		

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

Schedule F (Form 990) 2015

532071 10-01-15



Page 2

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	(c) Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)	
			SYRIAN REFUGEE CRISIS SUPPORT	30,000.		0.			
		GREENLAND /	SUPPORT	30,000.		0.			
2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by									
			n 501(c)(3) equivalency letter					<u> </u>	
3 Enter total number of other organizations or entities									

Schedule F (Form 990) 2015

52-1367538

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	<b>(e)</b> Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	<b>(h)</b> Method of valuation (book, FMV, appraisal, other)

Schedule F (Form 990) 2015

COPY

Schedule F (Form 990) 2015		OOK	SIKENGIN,	INC.
Part IV Foreign Form	IS			

Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926).	Ves	X No
Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization		
		XNO
Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)		L▲ No
Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes,"		
the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to		
Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X No
Was the organization a direct or indirect shareholder of a passive foreign investment company or a		
qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621,		
Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund		
(see Instructions for Form 8621)	Yes	X No
Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes,"		
the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain		
Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
Did the organization have any operations in or related to any boycotting countries during the tax year? If		
"Yes," the organization may be required to separately file Form 5713, International Boycott Report (see		
Instructions for Form 5713; do not file with Form 990)	Yes	X No
	organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926) Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990) Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471) Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621) Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865) Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see	organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign       Yes         Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization       Yes         Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization       Yes         Did the organization have an interest in a foreign fifts, and/or Form 3520-A, Annual Information Return of Foreign       Yes         Trusts and Receipt of Certain Foreign Gifts, and/or Forms 3520 and 3520-A; do not file with Form 990)       Yes         Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes,"       the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to         Certain Foreign Corporations (see Instructions for Form 5471)       Yes         Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)       Yes         Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 865, Return of U.S. Persons With Respect to Certain Foreign Fund (see Instructions for Form 8865, Return of U.S. Persons With Respect to Certain Foreign Fund (see Instructions for Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)       Yes         Did the o

Schedule F (Form 990) 2015

532074 10-01-15



Schedule F (Form 990) 2015

1

# Part V Supplemental Information

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

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 CERTIFICATE OF TAX EXEMPTION OR TAX EXEMPTION IS CONFIRMED VIA GUIDESTAR, THEIR EMPLOYER IDENTIFICATION NUMBER AND OTHER ORGANIZATIONAL INFORMATION, INCLUDING ADDITIONAL PROGRAMMATIC AND FINANCIAL INFORMATION. ADDITIONALLY, CERTAIN DATA PROVIDED BY APPLICANTS IS VERIFIED WITH THE INTERNAL REVENUE SERVICE (IRS) THROUGH OUR ONLINE GRANTS APPLICATION SYSTEM.

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

PART I, LINE 3:

SHARE OUR STRENGTH REPORTED THE EXPENDITURES BASED ON THE ACCOUNTING METHOD USED IN ITS AUDITED FINANCIAL STATEMENTS WHICH IS ON AN ACCRUAL BASIS.

532075 10-01-15

SCHEDULE G	Supplana	ntol Information Depending		draia	ing or Coming	A ati	vition	OMB No. 1545-0047
(Form 990 or 990-EZ)		ental Information Regarding e organization answered "Yes" on						2015
Department of the Treesury		organization entered more than \$			•			Open to Public
Department of the Treasury Internal Revenue Service		Attach to Form 99				nov/fe	rm000	Inspection
Name of the organization		about Schedule G (Form 990 or 990-EZ	) and it	s instri	actions is at www.iis.g			entification number
		OUR STRENGTH, INC.					52-136	
Fundrais		Complete if the organization answ	ered "\	(es" o	n Form 990 Part IV	line 1		
	complete this pa							
	-	sed funds through any of the follow	-			-		
a 🛛 Mail solicitat			tion of	non-g	overnment grants			
<b>b</b> X Internet and					nment grants			
c X Phone solici		g X Specia	l fundra	aising	events			
d X In-person so	licitations							
2 a Did the organization	on have a written	or oral agreement with any individua	l (inclu	ding o	fficers, directors, tru	stees		
key employees list	ed in Form 990, F	Part VII) or entity in connection with	orofess	sional f	undraising services?	?	X Ye	s 🗌 No
<b>b</b> If "Yes," list the ter	n highest paid inc	lividuals or entities (fundraisers) purs	suant t	o agre	ements under which	the f	undraiser is to	be
compensated at le	east \$5,000 by the	e organization.						
			(iii)	Did		(v)	Amount paid	
(i) Name and addres		(ii) Activity	fund	raiser	(iv) Gross receipts	tò (c	r retained by)	(vi) Amount paid to (or retained by)
or entity (fund	draiser)	(, ,	or cor contrib	ntrol of utions?	from activity		fundraiser ed in col. (i)	organization
AGENCY 21 CONSULTI	NG 1429		_					
BRICKELL AVENUE, S		FUNDRAISING	Yes	No X	1,902,000.		308,050	1,593,950.
ALLISON PALESTRINI		SPECIAL EVENT FUNDRAISING	+		1,902,000.		500,050	• 1,555,550.
DEVELOPMENT, LLC)	-	& MANAGEMENT/PRODUCTION		x	728,824.		66,000	. 662,824.
SHARI YOST GOLD (Y			+		,20,021.			
CONSULTING, INC.)		STRATEGY & FUNDRAISING		x	400,000.		84,000	. 316,000.
SANKY COMMUNICATIO		ONLINE FUNDRAISING	+		100,000.		01,000	
599 11TH AVENUE, 6	•	CONSULTING		x	396,671.		154,000	. 242,671.
JUDY WALKER - 3025		SPECIAL EVENT FUNDRAISING					101,000	
LANTERN, SUITE E31		& MANAGEMENT/PRODUCTION		x	364,562.		50,000	. 314,562.
MAL WARWICK ASSOCI		DIRECT MAIL FUNDRAISING					,	
- 2550 NINTH STREE		CONSULTING		x	350,362.		65,775	. 284,587.
LINDSAY RACHELEFSK	-		+				,	
ADVISORY GROUP) -		STRATEGY & FUNDRAISING		x	300,000.		78,000	. 222,000.
SD&A TELESERVICES		FUNDRAISING/TELEMARKETING			,		,	,
CENTURY BOULEVARD,	SUITE 300,	SERVICES		x	5,463.		9,061	-3,598.
AMALIA STOTT (STOT		FUNDRAISING TEAM DESIGN,			, ,		,	,
DEVELOPMENT SOLUTI	ONS GROUP)	STRATEGY & PLANNING		x	0.		159,000	159,000.
	· · ·	1	1				1	,
		•	·	-				
Total				. 🕨	4,447,882.		973,886	
3 List all states in whi	ich the organizati	on is registered or licensed to solicit	contrib	oution	s or has been notifie	d it is	exempt from	registration

or licensing.

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. SEE PART IV FOR CONTINUATIONS Schedule G (Form 990 or 990-EZ) 2015

532081 09-14-15



Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990 FZ lines 1 and 6b List events with gross receipts groater than \$5.0

		(a) Event #1	<b>(b)</b> Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
		(event type)	(event type)	(total number)	col. (c))
	1 Gross receipts	8,068,260.			8,068,260
1	2 Less: Contributions	5,804,391.			5,804,391
	<b>3</b> Gross income (line 1 minus line 2)	2,263,869.			2,263,869
4	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	943,508.			943,508
	7 Food and beverages	814,500.			814,500
8	8 Entertainment				26,350 4,916,856
1	9 Other direct expenses	4,910,050.			
	<b>10</b> Direct expense summary. Add lines 4 throug				6,701,214
1	<b>1</b> Net income summary. Subtract line 10 from <b>1 III Gaming.</b> Complete if the organization	line 3, column (d)			6,701,214 -4,437,345
1 ar	1 Net income summary. Subtract line 10 from	line 3, column (d)			
1 ar	Net income summary. Subtract line 10 from     Gaming. Complete if the organization     \$15,000 on Form 990-EZ, line 6a.	line 3, column (d) answered "Yes" on Forn	n 990, Part IV, line 19, or (b) Pull tabs/instant	reported more than	-4,437,345
	<b>1</b> Net income summary. Subtract line 10 from <b>1 III Gaming.</b> Complete if the organization	line 3, column (d)answered "Yes" on Forn (a) Bingo	n 990, Part IV, line 19, or (b) Pull tabs/instant	reported more than (c) Other gaming	-4,437,345 (d) Total gaming (add col. (a) through col. (d 63,085
	I1 Net income summary. Subtract line 10 from         III       Gaming. Complete if the organization         \$15,000 on Form 990-EZ, line 6a.         I       Gross revenue	line 3, column (d) answered "Yes" on Forn (a) Bingo	n 990, Part IV, line 19, or (b) Pull tabs/instant	reported more than (c) Other gaming 63,085.	-4,437,345 (d) Total gaming (add col. (a) through col. (d) 63,085
	11 Net income summary. Subtract line 10 from         t III       Gaming. Complete if the organization         \$15,000 on Form 990-EZ, line 6a.         1 Gross revenue         2 Cash prizes	line 3, column (d) answered "Yes" on Forn (a) Bingo	n 990, Part IV, line 19, or (b) Pull tabs/instant	reported more than (c) Other gaming 63,085.	-4,437,345 (d) Total gaming (add col. (a) through col. (d 63,085
	11 Net income summary. Subtract line 10 from         t III       Gaming. Complete if the organization         \$15,000 on Form 990-EZ, line 6a.         1 Gross revenue         2 Cash prizes         3 Noncash prizes	line 3, column (d) answered "Yes" on Forn (a) Bingo	n 990, Part IV, line 19, or (b) Pull tabs/instant	reported more than (c) Other gaming 63,085.	-4,437,345 (d) Total gaming (add col. (a) through col. (d 63,085
	11 Net income summary. Subtract line 10 from         t III       Gaming. Complete if the organization         \$15,000 on Form 990-EZ, line 6a.         1 Gross revenue         2 Cash prizes         3 Noncash prizes         4 Rent/facility costs	line 3, column (d) answered "Yes" on Forn (a) Bingo	n 990, Part IV, line 19, or (b) Pull tabs/instant	reported more than (c) Other gaming 63,085.	-4,437,345 (d) Total gaming (ad col. (a) through col. (d 63,085
	<ol> <li>Net income summary. Subtract line 10 from</li> <li>Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a.</li> <li>Gross revenue</li> <li>Cash prizes</li> <li>Noncash prizes</li> <li>Rent/facility costs</li> <li>Other direct expenses</li> </ol>	line 3, column (d) answered "Yes" on Form (a) Bingo	n 990, Part IV, line 19, or (b) Pull tabs/instant bingo/progressive bingo	reported more than (c) Other gaming 63,085. 15,760. Yes% X No	-4,437,345 (d) Total gaming (add col. (a) through col. (d 63,085

9 Enter the state(s) in which the organization conducts gaming activities: CA, CO, CT, DC, FL, IL, MA, MD, ME, MN, NC, NH a Is the organization licensed to conduct gaming activities in each of these states?

**b** If "No," explain:

**10a** Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ______ Yes X No b If "Yes," explain:

532082 09-14-15

Schedule G (Form 990 or 990-EZ) 2015

1

41 2015.05060 SHARE OUR STRENGTH, INC. COPY

	-130	7538	Page
11 Does the organization conduct gaming activities with nonmembers?		Yes	XN
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	XN
13 Indicate the percentage of gaming activity conducted in:			
a The organization's facility		-	
<b>b</b> An outside facility	<b>13</b> 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	X
<b>b</b> If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount			
of gaming revenue retained by the third party $\triangleright$ \$			
c If "Yes," enter name and address of the third party:			
Name			
Address			
16 Gaming manager information:			
Name			
Gaming manager compensation <b>&gt;</b> \$			
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	X
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	)		
organization's own exempt activities during the tax year 🕨 \$			
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part II	I, lines 9	, 9b, 10	0b, 15k
15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).			
SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAIS	ERS:		
(I) NAME OF FUNDRAISER: AGENCY 21 CONSULTING			
(I) NAME OF FUNDRAISER: AGENCY 21 CONSULTING (I) ADDRESS OF FUNDRAISER:			
(I) ADDRESS OF FUNDRAISER:			
(I) ADDRESS OF FUNDRAISER:			
(I) ADDRESS OF FUNDRAISER: 1428 BRICKELL AVENUE, SUITE 303, MIAMI, FL 33131			
<pre>(I) ADDRESS OF FUNDRAISER: 1428 BRICKELL AVENUE, SUITE 303, MIAMI, FL 33131 (I) NAME OF FUNDRAISER: ALLISON PALESTRINI (TYPE A DEVELOPMENT)</pre>	, LLC	2)	
<ul> <li>(I) ADDRESS OF FUNDRAISER:</li> <li>1428 BRICKELL AVENUE, SUITE 303, MIAMI, FL 33131</li> <li>(I) NAME OF FUNDRAISER: ALLISON PALESTRINI (TYPE A DEVELOPMENT</li> <li>(I) ADDRESS OF FUNDRAISER:</li> </ul>	, LLC	2)	
<ul> <li>(I) ADDRESS OF FUNDRAISER:</li> <li>1428 BRICKELL AVENUE, SUITE 303, MIAMI, FL 33131</li> <li>(I) NAME OF FUNDRAISER: ALLISON PALESTRINI (TYPE A DEVELOPMENT</li> <li>(I) ADDRESS OF FUNDRAISER:</li> <li>1343 TERRELL MILL ROAD, SUITE 372, MARIETTA, GA 30067</li> </ul>			
<ul> <li>(I) ADDRESS OF FUNDRAISER:</li> <li>1428 BRICKELL AVENUE, SUITE 303, MIAMI, FL 33131</li> <li>(I) NAME OF FUNDRAISER: ALLISON PALESTRINI (TYPE A DEVELOPMENT</li> <li>(I) ADDRESS OF FUNDRAISER:</li> </ul>	orm 990		EZ) 2

(I) NAME OF FUNDRAISER: SHARI YOST GOLD (YOST GOLD CONSULTING, INC.)

(I) ADDRESS OF FUNDRAISER:

2741 BRANDYWINE STREET NW, WASHINGOTN , DC 20008

(I) NAME OF FUNDRAISER: SANKY COMMUNICATIONS, INC.

(I) ADDRESS OF FUNDRAISER: 599 11TH AVENUE, 6TH FLOOR, NEW YORK, NY 10036

(I) NAME OF FUNDRAISER: JUDY WALKER

(I) ADDRESS OF FUNDRAISER:

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

(I) NAME OF FUNDRAISER: MAL WARWICK ASSOCIATES, INC.

(I) ADDRESS OF FUNDRAISER:

2550 NINTH STREET, SUITE 103, BERKELEY, CA 94710

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

(I) ADDRESS OF FUNDRAISER:

9713 SANTA MONICA BOULEVARD, SUITE 207, BEVERLY HILLS, CA 90210

(I) NAME OF FUNDRAISER: SD&A TELESERVICES

(I) ADDRESS OF FUNDRAISER:

5757 WEST CENTURY BOULEVARD, SUITE 300, LOS ANGLES, CA 90045

(I) NAME OF FUNDRAISER: AMALIA STOTT (STOTT DEVELOPMENT SOLUTIONS GROUP)

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

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

Schedule G (Form 990 or 990-EZ)

1

532084 04-01-15 CA, CO, CT, DC, FL, IL, MA, MD, ME, MN, NC, NH, NV, NY, OH, PA

Schedule G (Form 990 or 990-EZ)

532084 04-01-15

SCHEDULE I (Form 990)		Grants and Oth					OMB No. 1545-0047
(10111330)		vernments, and the organization of the organiz					2015
Department of the Treasury		·····	Attach to For		····, ···· _ · · · _ ·		Open to Public
Internal Revenue Service	Information	tion about Schedule I	(Form 990) and its	s instructions is a	t www.irs.gov/form99	0.	Inspection
Name of the organization SHARE OUR	STRENGT	H, INC.					Employer identification number 52–1367538
Part I General Information on Grants a	Ind Assistance	-					
1 Does the organization maintain records	to substantiate th	e amount of the grant	s or assistance, the	grantees' eligibilit	y for the grants or ass	sistance, and the selec	
criteria used to award the grants or assi	stance?						X Yes 🗌 No
2 Describe in Part IV the organization's pro	ocedures for mon	itoring the use of gran	t funds in the United	d States.			
Part II Grants and Other Assistance to	-				anization answered "	res" on Form 990, Par	t IV, line 21, for any
recipient that received more than		· ·			(f) Method of	(a) Description of	
<b>1 (a)</b> 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	valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
							NO KID HUNGRY SOCIAL
UNITED WAY OF KING COUNTY							INNOVATION FUND
720 2ND AVENUE							SUBGRANTEE; SCHOOL
SEATTLE, WA 98104	91-0565555	501(C)(3)	537,697.	0.			BREAKFAST PROGRAM SUPPORT
ADVANCES INTROP OF THE ALL TANCE							
ARKANSAS HUNGER RELIEF ALLIANCE							NO KID HUNGRY STATE
1400 WEST MARKHAM STREET, SUITE 30 LITTLE ROCK, AR 72201	* 30-0254995	501(C)(3)	452 378	0.			PARTNER GRANT; COOKING MATTERS PROGRAMMING
	30-0234995	501(0)(3)	452,378.	0.			MATTERS PROGRAMMING
FOOD BANK FOR NEW YORK CITY							
39 BOARDWAY, 10TH FLOOR							
NEW YORK, NY 10006	13-3179546	501(C)(3)	445,316.	0.			CHILDHOOD HUNGER PROGRAMS
GREATER CHICAGO FOOD DEPOSITORY							NO KID HUNGRY STATE
4100 WEST ANN LURIE PLACE							PARTNER GRANT; CHILDHOOD
CHICAGO, IL 60632	36-2971864	501(C)(3)	425,000.	0.			HUNGER PROGRAMS
							NO KID HUNGRY SOCIAL
BAYLOR UNIVERSITY							INNOVATION FUND
ONE BEAR PLACE, SUITE 97060				_			SUBGRANTEE; CHILDHOOD
WACO, TX 76798-7060	74-1159753	501(C)(3)	389,689.	0.			HUNGER PROGRAMS
UNITED WAY FOR SOUTHEAST MICHIGAN							NO KID HUNGRY SOCIAL
660 WOODWARD AVENUE, SUITE 300							INNOVATION FUND
DETROIT, MI 48226-1899	20-3099071	501(C)(3)	354,366.	0.			SUBGRANTEE
2 Enter total number of section 501(c)(3) a			<u>·</u>	•		1	140
3 Enter total number of other organization							56.
LHA For Paperwork Reduction Act Notice							Schedule I (Form 990) (2015)

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

# Schedule I (Form 990) SHARE OUR STRENGTH INC 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>(b)</b> EIN	(c) 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)	(g) Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ATLANTA COMMUNITY FOOD BANK							
732 JOSEPH E. LOWERY BOULEVARD							
ATLANTA, GA 30318	58-1376648	501(C)(3)	284,676.	0.			CHILDHOOD HUNGER PROGRAMS
	30 13,0010	501(0)(0)	201,070.				NO KID HUNGRY SOCIAL
FLORIDA IMPACT							INNOVATION FUND
1331 EAST LAFAYETTE STREET, SUITE A							SUBGRANTEE; CHILDHOOD
TALLAHASSEE, FL 32301	59-2859151	501(C)(3)	280,758.	0.			HUNGER PROGRAMS
,,			,	- •			
THREE SQUARE FOOD BANK							NO KID HUNGRY SOCIAL
4190 N PECOS ROAD							INNOVATION FUND
LAS VEGAS, NV 89115-0187	30-0396918	501(C)(3)	230,454.	0.			SUBGRANTEE
UNIVERSITY OF NORTH CAROLINA AT			,				
CHAPEL HILL - 1700 MARTIN LUTHER							
KING JR. BOULEVARD, CB# 7426 -							NO KID HUNGRY STATE
CHAPEL HILL, NC 27599-7426	56-6001393	501(C)(3)	212,852.	0.			PARTNER GRANT
							NO KID HUNGRY SOCIAL
HUNGER TASK FORCE, INC.							INNOVATION FUND
201 S. HAWLEY COURT							SUBGRANTEE; CHILDHOOD
MILWAUKEE, WI 53214-1966	39-1345847	501(C)(3)	204,252.	0.			HUNGER PROGRAMS
CALLEODNES FOOD DOLLOW SDUGGEFEG							
CALIFORNIA FOOD POLICY ADVOCATES							NO KID HUNGRY STATE
438 14TH STREET, SUITE 1220	94-3163142	501(0)(2)	101 260	0.			PARTNER GRANT; CHILDHOOD HUNGER PROGRAMS
OAKLAND, CA 94612	94-3103142	501(C)(3)	184,368.	0.			HUNGER PROGRAMS
END HUNGER CONNECTICUT!							
102 HUNGERFORD STREET							NO KID HUNGRY STATE
HARTFORD, CT 06106	06-1545835	501(C)(3)	146,096.	0.			PARTNER GRANT
				· ·			
GEORGIA FOOD BANK ASSOCIATION							
732 JOSEPH E. LOWERY BOULEVARD, NW							NO KID HUNGRY STATE
ATLANTA, GA 30318	58-2374577	501(C)(3)	113,500.	0.			PARTNER GRANT
,			, ,				
MONTANA DEPT. OF PUBLIC HEALTH AND							
HUMAN SERVICES - P.O. BOX 4210 -							NO KID HUNGRY STATE
HELENA, MT 59604	81-0302402	N/A	107,114.	٥.			PARTNER GRANT

Schedule I (Form 990)

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#### SHARE OUR STRENGTH, INC. Schedule I (Form 990)

1875 CONNECTICUT AVENUE, NW, SUITE

23-7200739 501(C)(3)

WASHINGTON, DE 20009-5738

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHILDREN'S ALLIANCE							
718 6TH AVENUE, S							NO KID HUNGRY STATE
SEATTLE, WA 98104	91-0982879	501(C)(3)	75,000.	Ο.			PARTNER GRANT
							SUMMER MEALS PROGRAM
LOWCOUNTRY FOOD BANK							SUPPORT; COOKING MATTER:
2864 AZALEA DRIVE							PROGRAMMING; CHILDHOOD
NORTH CHARLESTON, SC 29405	57-0751835	501(C)(3)	69,150.	0.			HUNGER PROGRAMS
HUNGER FREE AMERICA							
50 BROAD STREET, SUITE 1103							
NEW YORK, NY 10004	13-3471350	501(C)(3)	65,000.	0.			CHILDHOOD HUNGER PROGRAM
COALITION FOR THE HOMELESS OF							
CENTRAL FLORIDA, INC 639 W.							
CENTRAL BOULEVARD - ORLANDO, FL							
32801-2542	59-2814255	501(C)(3)	56,888.	0.			CHILDHOOD HUNGER PROGRAM
SECOND HARVEST FOOD BANK OF							
CENTRAL FLORIDA, INC 2008							
BRENGLE AVENUE - ORLANDO, FL 32808	59-2142315	501(C)(3)	56,888.	0.			CHILDHOOD HUNGER PROGRAM
NATIONAL CONFERENCE OF STATE							
LEGISLATURES - 444 N. CAPITOL							
STREET, NW, SUITE 515 -							
WASHINGTON, DE 20001	74-2232576	501(C)(3)	56,600.	0.			CHILDHOOD HUNGER PROGRAM
18 REASONS							COOKING MATTERS
3150 18TH STREET, SUITE 315							PROGRAMMING; CHILDHOOD
SAN FRANCISCO, CA 94110	45-3059509	501(C)(3)	50,598.	0.			HUNGER PROGRAMS
BALTIMORE CITY PUBLIC SCHOOLS							
OFFICE OF FOOD & NUTRITION							
SERVICES, 200 E. NORTH AVENUE -							SCHOOL BREAKFAST PROGRA
BALTIMORE, MD 212	20-2954299	N/A	50,000.	0.			SUPPORT
OC HUNGER SOLUTIONS							SUMMER MEALS PROGRAM

Schedule I (Form 990)

SUPPORT; CHILDHOOD

HUNGER PROGRAMS

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52-1367538 Page 1

## SHARE OUR STRENGTH, INC.

 Schedule I (Form 990)
 SHARE
 OUR
 STRENGTH
 INC

 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>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
THE LOS ANGELES FUND FOR PUBLIC							
EDUCATION - 10250 CONSTELLATION							
BOULEVARD, SUITE 230 - LOS							NO KID HUNGRY STATE
ANGELES, CA 90067	45-2443162	501(C)(3)	40,000.	0.			PARTNER GRANT
OPERATION FOOD SEARCH							SUMMER MEALS PROGRAM
6282 OLIVE BOULEVARD							SUPPORT; COOKING MATTERS
ST. LOUIS, MO 63130	43-1241854	501(C)(3)	39,003.	0.			PROGRAMMING
FAMILY LEAGUE OF BALTIMORE CITY							
2305 N. CHARLES STREET, SUITE 200							NO KID HUNGRY STATE
BALTIMORE, MD 21218	52-1734848	501(C)(3)	37,500.	0.			PARTNER GRANT
COMMUNITY HEALTH NETWORK OF CT							
FOUNDATION - 11 FAIRFIELD							COOKING MATTERS
BOULEVARD - WALLINGFORD, CT 06492	20-0395748	501(C)(3)	36,894.	0.			PROGRAMMING
GREATER PITTSBURGH COMMUNITY FOOD							
BANK - 1 NORTH LINDEN STREET -							SUMMER MEALS PROGRAM
DUQUESNE, PA 15110	25-1420599	501(C)(3)	36,000.	0.			SUPPORT
SECOND HARVEST FOOD BANK OF							
METROLINA - 500 B SPRATT STREET -							
CHARLOTTE, NC 28206-2913	56-1352593	501(C)(3)	35,584.	0.			CHILDHOOD HUNGER PROGRAMS
MERCY CORDS							
MERCY CORPS 45 SW ANKENY STREET							INTERNATIONAL AID -
	91-1148123	501(C)(3)	35,000.	0.			SYRIAN REFUGEE CRISIS SUPPORT
PORTLAND, OR 97204	91-1146125	501(0)(3)	35,000.	0.			SUPPORT
SAVENUE THE CHILDREN							INTERNATIONAL AID -
54 WILTON ROAD							SYRIAN REFUGEE CRISIS
WESTPORT, CT 06880-3108	06-0726487	501(C)(3)	35,000.	0.			SUPPORT
SECOND HARVEST HEARTLAND							
1140 GERVAIS AVENUE	00 7417654	F01/(0)/(0)	22.075	_			
ST. PAUL, MN 55109-2020	23-7417654	pur(C)(3)	32,875.	0.			CHILDHOOD HUNGER PROGRAM



## SHARE OUR STRENGTH, INC.

52-1	367538	Page 1
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 Schedule I (Form 990)
 SHARE
 OUR
 STRENGTH
 INC

 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>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CAPTAIN PLANET FOUNDATION							
133 LUCKIE STREET NW, 2ND FLOOR							
ATLANTA, GA 30303	58-1959421	501(C)(3)	32,380.	0.			CHILDHOOD HUNGER PROGRAMS
OUR HOUSE, INC.							
P.O. BOX 34155							
LITTLE ROCK, AR 72203	71-0653846	501(C)(3)	32,380.	0.			CHILDHOOD HUNGER PROGRAMS
CITY HARVEST							COOKING MATTERS
575 EIGHTH AVENUE, 4TH FLOOR							PROGRAMMING; CHILDHOOD
NEW YORK, NY 10018	13-3170676	501(C)(3)	31,700.	0.			HUNGER PROGRAMS
ALLIANCE FOR A HEALTHIER							
GENERATION - 606 SE 9TH AVENUE -							SCHOOL BREAKFAST PROGRAM
PORTLAND, OR 97214	27-2028308	501(C)(3)	30,000.	0.			SUPPORT
COMMUNITY ACTION PARTNERSHIP OF							
ORANGE COUNTY - 11870 MONARCH							
STREET - GARDEN GROVE, CA							
92841-3902	95-2452787	501(C)(3)	30,000.	0.			CHILDHOOD HUNGER PROGRAMS
SECOND HARVEST ORANGE COUNTY FOOD							
BANK - 8014 MARINE WAY - IRVINE,							
CA 92618	32-0362611	501(C)(3)	30,000.	0.			CHILDHOOD HUNGER PROGRAMS
ARLINGTON FOOD ASSISTANCE CENTER							
2708 S NELSON STREET							
ARLINGTON, VA 22206	54-1473207	501(C)(3)	29,879.	0.			CHILDHOOD HUNGER PROGRAMS
CITY OF JERSEY CITY							
DEPT. OF HEALTH & HUMAN SERVICES,							
199 SUMMIT AVENUE - JERSEY CITY,							COOKING MATTERS
, NJ 07304	22-6002013	N/A	29,690.	0.			PROGRAMMING
LEGNI CEDULCES ADVOCACY DECTEOM							
LEGAL SERVICES ADVOCACY PROJECT							SCHOOL BREAKFAST PROGRAM
2324 UNIVERSITY AVENUE WEST, SUITE		1				1	SUPPORT; AFTERSCHOOL



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

0 EAST 109TH	STREET
NEW YORK, NY	10029
500011	
532241 04-01-15	

52-1367538

Page 1

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
EVERTHRIVE ILLINOIS							COOKING MATTERS
1256 W. CHICAGO AVENUE							PROGRAMMING; CHILDHOOD
CHICAGO, IL 60642	36-3651051	501(C)(3)	29,000.	0.			HUNGER PROGRAMS
GLEANERS COMMUNITY FOOD BANK OF							
SOUTHEASTERN MICHIGAN - 2131							
BEAUFAIT STREET - DETROIT, MI							COOKING MATTERS
48207	38-2156255	501(C)(3)	28,000.	0.			PROGRAMMING
							SUMMER MEALS PROGRAM
NEW HAMPSHIRE FOOD BANK							SUPPORT; COOKING MATTERS
62 WEST BROOK STREET							PROGRAMMING; CHILDHOOD
MANCHESTER, NH 03101	02-0222163	501(C)(3)	26,889.	0.			HUNGER PROGRAMS
SECOND HARVEST FOOD BANK OF NORTHEAST TENNESSEE - 127 DILLON COURT - GRAY, TN 37615-3555	62-1303822	501(C)(3)	26,000.	0.			SUMMER MEALS PROGRAM SUPPORT
AURORA PROJECT, INC. 1035 NORTH SUPERIOR STREET TOLEDO, OH 43604-1960	34-1517827	501(C)(3)	25,178.	0.			CHILDHOOD HUNGER PROGRAM.
CATHOLIC COMMUNITY SERVICES OF			,				
NORTHERN UTAH - 2504 F AVENUE -							ARBY'S COMMUNITY
OGDEN, UT 84401	87-0212450	501(C)(3)	25,000.	0.			INVESTMENTS GRANT
INTER-FAITH FOOD SHUTTLE 1001 BLAIR DRIVE RALEIGH, NC 27603	56-1753180	501(C)(3)	25,000.	0.			COOKING MATTERS PROGRAMMING
LOS ANGELES REGIONAL FOODBANK 1734 EAST 41ST STREET LOS ANGELES, CA 90058-1502	95-3135649	501(C)(3)	25,000.	0.			CHILDHOOD HUNGER PROGRAM
NY COMMON PANTRY 8 EAST 109TH STREET							COOKING MATTERS
NEW YORK, NY 10029	13-3127972	pu1(C)(3)	25,000.	0.			PROGRAMMING

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# Schedule I (Form 990) SHARE OUR STRENGTH, INC.

Schedule I (Form 990) SHARE OUR	SIKENGI	1, INC.					DZ-1307550 Page 1
Part II Continuation of Grants and Other	Assistance to G	overnments and Orga	nizations in the U	nited States (Sch	edule I (Form 990), Pa	art II.)	
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
UNIVERSITY OF MINNESOTA EXTENSION							
1420 ECKLES AVENUE							
SAINT PAUL, MN 55108	41-6042488	501(C)(3)	24,656.	0.			CHILDHOOD HUNGER PROGRAMS
TOLEDO DAY NURSERY 2211 JEFFERSON AVENUE TOLEDO, OH 43604	34-4465880	501(C)(3)	24,083.	0.			CHILDHOOD HUNGER PROGRAMS
	51 1105000	501(0/(3/	24,003.				
SCHOOL NUTRITION FOUNDATION 120 WATERFRONT STREET, SUITE 300 NATIONAL HARBOR, MD 20745	84-0445578	501(C)(3)	23,259.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
COVER 3 FOUNDATION							
400 E. SECOND AVENUE FRANKLIN, VA 23851	27-1957755	501(C)(3)	23,200.	0.			SUMMER MEALS PROGRAM SUPPORT
	27 1557755	501(0/(3/	25,200.	••			
GREAT FALLS SCHOOL DISTRICT 1A 1100 4TH STREET, S							SCHOOL BREAKFAST PROGRAM SUPPORT; SUMMER MEALS
GREAT FALLS, MT 59405	81-6000120	N/A	22,811.	٥.			PROGRAM SUPPORT
HOUSTON FOOD BANK 535 PORTWALL HOUSTON, TX 77029	74-2181456	501(C)(3)	22,250.	0.			COOKING MATTERS PROGRAMMING; CHILDHOOD HUNGER PROGRAMS
COMMUNITY CULINARY SCHOOL OF							AFTERSCHOOL MEALS PROGRAM
CHARLOTTE - 2401- A DISTRIBUTION STREET - CHARLOTTE, NC 28203-5025	56-2051086	501(C)(3)	21,350.	0.			SUPPORT; COOKING MATTERS PROGRAMMING
OPEN HAND ATLANTA, INC. 181 ARMOUR DRIVE, NE							COOKING MATTERS PROGRAMMING; CHILDHOOD
ATLANTA, GA 30324	58-1816778	501(C)(3)	21,190.	0.			HUNGER PROGRAMS
ROGERS SCHOOL DISTRICT 30							
500 WALNUT STREET	71-6022590	NT / 7	20 750	_			SCHOOL BREAKFAST PROGRAM
ROGERS, AR 72756	71-6023589	N/A	20,750.	0.			SUPPORT

Schedule I (Form 990)

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### Schedule I (Form 990)

SHARE OUR STRENGTH, INC. E Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (e) Amount of (a) Name and address of (b) EIN (c) IRC section (d) Amount of (f) Method of (a) Description of (h) Purpose of grant organization or government if applicable valuation non-cash assistance or assistance cash grant non-cash (book, FMV, assistance appraisal, other) EBLEN CHARITIES **50 WESTGATE PARKWAY** ASHEVILLE, NC 28806 501(C)(3) 20,000 0 CHILDHOOD HUNGER PROGRAMS 56-1758077 GOOD FOOD MARKETS EXPANSION GRANT - GROCERY 2006 RHODE ISLAND AVENUE, NE STORES IN FOOD DESERT WASHINGTON, DE 20018 46-4878514 0 LOCATIONS N/A 20,000 ILLINOIS HUNGER COALITION SUMMER MEALS PROGRAM 205 WEST MONROE STREET, SUITE 310 SUPPORT: CHILDHOOD HUNGER CHICAGO, IL 60606 37-1251831 501(C)(3) 20,000 0 PROGRAMS SECOND HARVEST FOOD BANK OF GREATER NEW ORLEANS AND ACADIANA 700 EDWARDS AVENUE - NEW ORLEANS, SUMMER MEALS PROGRAM 72-0956468 0 SUPPORT LA 70123 N/A 20,000 STOREHOUSE NEW MEXICO P.O. BOX 94810 COOKING MATTERS 35-2511614 501(C)(3) 0 PROGRAMMING ALBUQUERQUE, NM 87199 20,000 VISITING NURSE HEALTH SERVICES 12565 W. CENTER ROAD, SUITE 100 COOKING MATTERS 47-0690286 501(C)(3) OMAHA, NE 68144 PROGRAMMING 20,000 0 GOOD SHEPHERD FOOD BANK COOKING MATTERS 111 PINE TREE PARKWAY PROGRAMMING; CHILDHOOD PORTLAND, ME 04102 22-2988609 501(C)(3) 19,968 0 HUNGER PROGRAMS

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SCHOOL BREAKFAST PROGRAM

SUPPORT

COOKING MATTERS PROGRAMMING

THE HEALTHY FOOD COLLABORATIVE

REGENTS OF THE UNIVERSITY OF MINNESOTA - 200 OAK STREET, SE -

P.O. BOX 58911

NEW ORLEANS, LA 70113

MINNEAPOLIS, MN 55455



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20-2277213 501(C)(3)

41-6042488 501(C)(3)

#### SHARE OUR STRENGTH, INC. 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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16-6072888 N/A

- ORISKANY, NY 13424

CORNELL COOPERATIVE EXTENSION OF ONEIDA COUNTY - 121 SECOND STREET

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY ACTION PARTNERSHIP OF STRAFFORD COUNTY - P.O. BOX 160 - DOVER, NH 03821-0160	02-0268636	501(C)(3)	17,533.	0.			SUMMER MEALS PROGRAM SUPPORT
SOUTHERN NEW HAMPSHIRE SERVICES P.O. BOX 5040 MANCHESTER, NH 03108	02-0268285	501(C)(3)	17,533.	0.			CHILDHOOD HUNGER PROGRAMS
CALIFORNIA ASSOCIATION OF FOOD BANKS - 1624 FRANKLIN STREET, SUITE 722 - OAKLAND, CA 94612	68-0392816	501(C)(3)	17,368.	0.			CHILDHOOD HUNGER PROGRAMS
TOLEDO BOTANICAL GARDEN 5403 ELMER DRIVE TOLEDO, OH 43615-2803	34-1350559	501(C)(3)	16,420.	0.			CHILDHOOD HUNGER PROGRAMS
BROWNING SCHOOL DISTRICT 9 BPS FOOD SERVICE 102 E. BOUNDARY ST BROWNING, MT 59417	81-6000470	N/A	16,415.	0.			SUMMER MEALS PROGRAM SUPPORT, AFTERSCHOOL MEALS PROGRAM SUPPORT
GEORGIA BUDGET & POLICY INSTITUTE 100 EDGEWOOD AVENUE, SUITE 950 ATLANTA, GA 30303-3066	55-0860376	501(C)(3)	16,190.	0.			CHILDHOOD HUNGER PROGRAMS
GEORGIA CITIZENS COALITION ON HUNGER - 9 GAMMON AVENUE, SW - ATLANTA, GA 30315-2711	23-7422289	501(C)(3)	16,190.	0.			CHILDHOOD HUNGER PROGRAMS
CAPITAL AREA FOOD BANK 645 TAYLOR STREET, NE WASHINGTON, DE 20017-2063	52-1167581	501(C)(3)	15,000.	0.			CHILDHOOD HUNGER PROGRAMS

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CHILDHOOD HUNGER PROGRAMS

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52-1367538 Page 1

MINNEAPOLIS, MN 55407-1616

(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash	(f) Method of	(g) Description of	(h) Purpose of grant
			assistance	valuation (book, FMV, appraisal, other)	non-cash assistance	or assistance
40.0001001	x / 3	15 000				SCHOOL BREAKFAST PROGRAM SUPPORT; SUMMER MEALS
42-6001281	N/A	15,000.	· · ·			PROGRAM SUPPORT
87-0212453	501(C)(3)	15,000.	0.			SUMMER MEALS PROGRAM SUPPORT
22-2954760	501(C)(3)	14,320.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT; SUMMER MEALS PROGRAM SUPPORT; AFTERSCHOOL MEALS PROGRAM
94-3192608	501(C)(3)	14,052.	0.			CHILDHOOD HUNGER PROGRAMS
54-0805373	N/A	14,000.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
22-2623089	501(C)(3)	14,000.	0.			SUMMER MEALS PROGRAM SUPPORT
54-1939556	501(C)(3)	13,000.	0.			SUMMER MEALS PROGRAM SUPPORT; CHILDHOOD HUNGER PROGRAMS
51-0619611	N/A	12,075.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT; AFTERSCHOOL MEALS PROGRAM SUPPORT
	87-0212453 22-2954760 94-3192608 54-0805373 22-2623089 54-1939556	54-0805373 N/A 22-2623089 501(C)(3) 54-1939556 501(C)(3)	87-0212453       501(C)(3)       15,000.         22-2954760       501(C)(3)       14,320.         94-3192608       501(C)(3)       14,052.         54-0805373       N/A       14,000.         22-2623089       501(C)(3)       14,000.         54-1939556       501(C)(3)       13,000.	87-0212453       501(C)(3)       15,000.       0.         22-2954760       501(C)(3)       14,320.       0.         94-3192608       501(C)(3)       14,052.       0.         54-0805373       N/A       14,000.       0.         22-2623089       501(C)(3)       14,000.       0.         54-1939556       501(C)(3)       14,000.       0.	87-0212453       501(C)(3)       15,000.       0.         22-2954760       501(C)(3)       14,320.       0.         94-3192608       501(C)(3)       14,052.       0.         54-0805373       N/A       14,000.       0.         22-2623089       501(C)(3)       14,000.       0.         54-1939556       501(C)(3)       14,000.       0.	87-0212453       501(C)(3)       15,000.       0.         22-2954760       501(C)(3)       14,320.       0.         94-3192608       501(C)(3)       14,052.       0.         54-0805373       N/A       14,000.       0.         22-2623089       501(C)(3)       14,000.       0.         54-1939556       501(C)(3)       14,000.       0.

CHILDHOOD HUNGER PROGRAMS Schedule I (Form 990)

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# SHARE OUR STRENGTH, INC.

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Page 1

 Schedule I (Form 990)
 SHARE
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 STRENGTH
 INC

 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>(b)</b> EIN	(c) 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)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
							SUMMER MEALS PROGRAM
FLIPANY							SUPPORT; AFTERSCHOOL
6600 W. COMMERCIAL BOULEVARD				_			MEALS PROGRAM SUPPORT;
LAUDERHILL, FL 33319	87-0743538	501(C)(3)	11,500.	0.			COOKING MATTERS
ORLEANS PARISH SCHOOL DISTRICT							SCHOOL BREAKFAST PROGRAM
2021 PAUGER STREET							SUPPORT; AFTERSCHOOL
NEW ORLEANS, LA 70116	45-5124690	N/A	11,348.	0.			MEALS PROGRAM SUPPORT
NEW ORDEANS, ER /0110	45-5124090	N/A	11,540.	0.			MEALS FROGRAM SUFFORI
CATHOLIC CHARITIES FOOD BANK OF							
THE SOUTHERN TIER - 388 UPPER							AFTERSCHOOL MEALS PROGRAM
OAKWOOD AVENUE - ELMIRA, NY 14903	20-8808059	501(C)(3)	11,232.	Ο.			SUPPORT
HELENA SCHOOL DISTRICT #1							
55 SOUTH RODNEY							SCHOOL BREAKFAST PROGRAM
HELENA, MT 59601-5763		N/A	10,975.	0.			SUPPORT
TOLEDO NORTHWESTERN OHIO FOOD BANK							
24 EAST WOODRUFF AVENUE							
TOLEDO, OH 43604-5263	34-1441016	501(C)(3)	10,947.	0.			CHILDHOOD HUNGER PROGRAMS
							SCHOOL BREAKFAST PROGRAM
FRESH FOOD FACTOR							SUPPORT; AFTERSCHOOL
4152 CANAL STREET							MEALS PROGRAM SUPPORT;
NEW ORLEANS, LA 70119	72-0709750	501(C)(3)	10,792.	0.			SUMMER MEALS PROGRAM
							SCHOOL BREAKFAST PROGRAM
FOOTPRINTS FOOD PANTRY							SUPPORT; AFTERSCHOOL
P.O. BOX 246				_			MEALS PROGRAM SUPPORT;
KITTERY, ME 03904-0246	22-3149937	501(C)(3)	10,313.	0.			CHILDHOOD HUNGER PROGRAMS
BEACH PARK CMTY CONS SD 3							
11315 W WADSWORTH ROAD							SCHOOL BREAKFAST PROGRAM
	36-6004831	N/A	10,000.	0.			SUPPORT
BEACH PARK, IL 60099	20-000403T	и/д	10,000.	0.			DOLLOW1
CATHOLIC CHARITIES OF THE							
ARCHDIOCESE OF CHICAGO - 721 N.							SUMMER MEALS PROGRAM
LASALLE STREET - CHICAGO, IL 60654	36-2170821	501(C)(3)	10,000.	Ο.			SUPPORT



#### SHARE OUR STRENGTH, INC.

 Schedule I (Form 990)
 SHARE
 OUR
 STRENGTH
 INC

 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	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FOOD BANK OF THE ROCKIES							
3205 S. BIRCH STREET							SUMMER MEALS PROGRAM
DENVER, CO 80222	84-0772672	501(C)(3)	10,000.	0.			SUPPORT
FREDERICKSBURG PUBLIC SCH DIST							
2300 WASHINGTON AVENUE							SCHOOL BREAKFAST PROGRAM
FREDERICKSBURG, VA 22401	54-6001296	N/A	10,000.	0.			SUPPORT
TREDERICKSBORG, VA 22401	54 0001250	N/A	10,000.				DUTTORI
INDIANAPOLIS PARKS FOUNDATION							
615 N ALABAMA, SUITE 119							SUMMER MEALS PROGRAM
INDIANAPOLIS, IN 46204-1430	35-1860468	501(C)(3)	10,000.	٥.			SUPPORT
LIGHT OF THE VILLAGE							
P.O. BOX 1641	72-1548667	N/A	10,000.	0.			SUMMER MEALS PROGRAM SUPPORT
BAY MINETTE, AL 36507	72-1540007	N/A	10,000.	0.			SUPPORT
LOAVENUES & FISHES, INC.							
1917 LOGAN AVENUE SOUTH, SUITE 23							SUMMER MEALS PROGRAM
MINNEAPOLIS, MN 55403-2856	41-1421522	501(C)(3)	10,000.	0.			SUPPORT
MARY'S CENTER MATERNAL AND CHILD							
CARE - 2333 ONTARIO ROAD, NW -							
WASHINGTON, DE 20009	52-1594116	501(C)(3)	10,000.	0.			CHILDHOOD HUNGER PROGRAMS
NEW YORK CITY COALITION AGAINST							
HUNGER - 16 BEAVENUER STREET, 3RD							SCHOOL BREAKFAST PROGRAM
FLOOR - NEW YORK, NY 10004-2314	13-3471350	501(C)(3)	10,000.	0.			SUPPORT
				·			
PROJECT BREAD/WALK FOR HUNGER							
145 BORDER STREET							
EAST BOSTON, MA 02128-1903	04-2931195	501(C)(3)	10,000.	0.			CHILDHOOD HUNGER PROGRAMS
UTAHNS AGAINST HUNGER							STREET WEAL & DROGRAM
455 EAST 400 SOUTH, SUITE 407	97 0242164	501(0)(2)	10.000	_			SUMMER MEALS PROGRAM
SALT LAKE CITY, UT 84111	87-0343164	DOT(C)(3)	10,000.	٥.			SUPPORT

Schedule I (Form 990)

COPY

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

Page 1
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52-1367538

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) 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)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YMCA OF GREATER OKLAHOMA CITY 500 N. BROADWAY, SUITE 500							AFTERSCHOOL MEALS PROGRAM
OKLAHOMA CITY, OK 73102	73-0579270	501(C)(3)	10,000.	0.			SUPPORT
FORREST CITY SCHOOL DISTRICT 845 NORTH ROSSER							SCHOOL BREAKFAST PROGRAM
FORREST CITY, AR 72335-2364	71-6020499	N/A	9,800.	0.			SUPPORT
BROOKLAND SCHOOL DISTRICT 200 W. SCHOOL STREET	71 (020705	501 (0) (2)	0.700	0			SCHOOL BREAKFAST PROGRAM
BROOKLAND, AR 72417	71-6032785	501(C)(3)	9,700.	0.			SUPPORT
RIVER VALLEY RESOURCES, INC. 100 E. 2ND STREET, SUITE E							SUMMER MEALS PROGRAM
MADISON, IN 47250	57-6028253	501(C)(3)	9,700.	0.			SUPPORT
WYOMING DEPARTMENT OF EDUCATION 2300 CAPITOL AVENUE							SUMMER MEALS PROGRAM
CHEYENNE, WY 82002	83-0208667	N/A	9,601.	0.			SUPPORT
NORD FOUND FOR STALLINGS GENTILLY PLAYGROUND - 935 GRAVIER STREET, SUITE 820 - NEW ORLEANS, LA 70112	47-2348102	501(C)(3)	9,500.	0.			AFTERSCHOOL MEALS PROGRAM SUPPORT
KANSAS FOOD BANK 1919 E. DOUGLAS AVENUE							SUMMER MEALS PROGRAM
WICHITA, KS 67211-1627	48-0959213	501(C)(3)	9,354.	0.			SUPPORT
TRI-STATE FOOD BANK							
801 EAST MICHIGAN STREET EVANSVILLE, IN 47711	35-1539870	501(C)(3)	9,209.	0.			SUMMER MEALS PROGRAM SUPPORT
BILLINGS PUBLIC SCHOOLS							
415 N 30TH STREET BILLINGS, MT 59101	81-6001088	N/A	9,200.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT



#### SHARE OUR STRENGTH, INC. 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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(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MECKLENBURG COUNTY SCHOOL DISTRICT P.O. BOX 190 BOYDTON, VA 23917	54-1143537	N/A	9,100.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT; AFTERSCHOOL MEALS PROGRAM SUPPORT
OREGON FOOD BANK P.O. BOX 55370 PORTLAND, OR 97238-5370	93-0785786	501(C)(3)	9,000.	0.			CHILDHOOD HUNGER PROGRAMS
VIRGINIA BEACH CITY PUBLIC SD 2435 PRINCESS ANNE ROAD VIRGINIA BEACH, VA 23456	54-0722075	N/A	9,000.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
GARRETT CO PUBLIC SCHOOLS 40 S. 2ND STREET OAKLAND, MD 21550	52-6000952	N/A	8,800.	0.			SUMMER MEALS PROGRAM SUPPORT
MOUNTAINEER FOOD BANK 484 ENTERPRISE DRIVE GASSAWAY, WV 26624	55-0611100	N/A	8,535.	0.			SUMMER MEALS PROGRAM SUPPORT
AT THE CORE 4903 E PEONE PINES DRIVE MEAD, WA 99201	46-2937061	501(C)(3)	8,500.	0.			CHILDHOOD HUNGER PROGRAMS
FOODLINK 1999 MT. READ BOULEVARD ROCHESTER, NY 14615	22-2428304	501(C)(3)	8,500.	0.			COOKING MATTERS PROGRAMMING
SECOND HARVEST INLAND NORTHWEST 1234 EAST FRONT AVENUE SPOKANE, WA 99202	23-7173826	N/A	8,500.	0.			CHILDHOOD HUNGER PROGRAMS
KING GEORGE CO SCHOOL DISTRICT P.O. BOX 1239 KING GEORGE, VA 22485	54-6001372	N/A	8,239.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT

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5	3	8	Page 1	

Schedule I (Form 990) SHARE OUR							2-1367538 Page
Part II         Continuation of Grants and Other A           (a) Name and address of organization or government	Assistance to Ge	(c) IRC section if applicable	(d) Amount of cash grant	nited States (Sch (e) Amount of non-cash assistance	edule I (Form 990), Pa (f) Method of valuation (book, FMV, appraisal, other)	art II.) (g) Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
DEWITT SCHOOL DISTRICT 1 P.O. BOX 700 DEWITT, AR 72042	71-6021322	N/A	8,200.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
JOHN MCCLURE SNOOK FAMILY YMCA 2560 S PINE STREET FOLEY, AL 36535	63-0302187	501(C)(3)	8,200.	0.			SUMMER MEALS PROGRAM SUPPORT
GRAVENUETTE SCHOOLS DISTRICT 20 609 BIRMINGHAM STREET, SE GRAVENUETTE, AR 72736	71-6021336	N/A	8,000.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
PARTNERS FOR HUNGER-FREE OREGON 712 SE HAWTHORNE BOULEVARD, SUITE 2 PORTLAND, OR 97214	20-4970868	N/A	8,000.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT; SUMMER MEALS SUPPORT
ST. VINCENT DE PAUL 604 2ND STREET CLARKSTOWN, WA 99403	27-3146614	CHURCH	7,967.	0.			SUMMER MEALS PROGRAM SUPPORT
CANON CITY SCHOOL DIST RE-1 1030 S. 4TH STREET CANON CITY, CO 81212	84-6013945	N/A	7,941.	0.			SUMMER MEALS PROGRAM SUPPORT
SOLID GROUND 1501 NORTH 45TH STREET SEATTLE, WA 98103	23-7421892	N/A	7,750.	0.			COOKING MATTERS PROGRAMMING
MONTGOMERY CO SCHOOL DISTRICT 750 IMPERIAL STREET CHRISTIANSBRG, VA 24073	54-6001433	N/A	7,635.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT

ALLIANCE TO END HUNGER

WASHINGTON, DE 20024

425 3RD STREET, SW, SUITE 1200

7,500.

20-2803848 501(C)(3)

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CHILDHOOD HUNGER PROGRAMS

# Schedule I (Form 990) SHARE OUR STRENGTH, INC.

Part II Continuation of Grants and Other	Assistance to Go	overnments and Orga	nizations in the U	nited States (Sch	edule I (Form 990), Pa	art II.)	1
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CONTRACTOR DOWNER AND ADDRESS							
COMMUNITY FOUNDATION OF GREATER FLINT - 500 SOUTH SAGINAW STREET,							
SUITE 200 - FLINT, MI 48502	38-2190667	501(C)(3)	7,500.	0.			CHILDHOOD HUNGER PROGRAMS
			.,	- •			
FOOD BANK OF EASTERN MICHIGAN							
2300 LAPEER ROAD							
FLINT, MI 48503	38-2379678	501(C)(3)	7,500.	٥.			CHILDHOOD HUNGER PROGRAMS
BISMARK SCHOOL DISTRICT 1							
11636 HIGHWAY 84	45 0440060		7 470				SUMMER MEALS PROGRAM
BISMARK, AR 71929-8170	45-0442960	N/A	7,478.	0.			SUPPORT
CLEMSON UNIVERSITY DBA YOUTH							
LEARNING INSTITUTE - 698 CONCORD							COOKING MATTERS
CHURCH ROAD - PICKENS, SC 29671	57-6000254	501(C)(3)	7,250.	0.			PROGRAMMING
·			·				
KALISPELL SCHOOL DISTRICT 5							SCHOOL BREAKFAST PROGRAM
233 1ST AVENUE, E							SUPPORT; SUMMER MEALS
KALISPELL, MT 59901		N/A	7,057.	0.			PROGRAM SUPPORT
CITY OF HYATTSVILLE							COOKING MATTERS
4310 GALLATIN STREET HYATTSVILLE, MD 20781	52-6000797	501(C)(3)	7,000.	٥.			PROGRAMMING
	52 0000757	501(0/(3/	7,000.	••			
CORNELL COOPERATIVE EXTENSION IN							
TOMPKINS - 615 WILLOW AVENUE -							
ITHACA, NY 14850	16-6072897	501(C)(3)	6,980.	٥.			CHILDHOOD HUNGER PROGRAMS
CARE AND SHARE FOOD BANK FOR							
SOUTHERN COLORADO - 2065 PREAMBLE							SUMMER MEALS PROGRAM
POINT - COLORADO SPRINGS, CO 80915	84-0731930	501(C)(3)	6,934.	0.			SUPPORT
CABOT SCHOOL DISTRICT 4 602 N. LINCOLN							SCHOOL BREAKFAST PROGRAM
CABOT, AR 72023	71-6020712	N/A	6,888.	0.			SUPPORT
<u></u>	/1 0020/12	r''	0,000.	U. 0.			



## SHARE OUR STRENGTH, INC.

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Page	1

52-1367538

 Schedule I (Form 990)
 SHARE
 OUR
 STRENGTH
 INC

 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>(b)</b> EIN	(c) 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)	(g) Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CIVIC WORKS							
2815 ST. LO DRIVE							AFTERSCHOOL MEALS PROGRAM
BALTIMORE, MD 21213	52-1925614	501(C)(3)	6,878.	0.			SUPPORT
· · ·							
THE YES NETWORK							
P.O. BOX 1042							SUMMER MEALS PROGRAM
SAINT CLOUD, MN 56302	32-0419607	501(C)(3)	6,664.	0.			SUPPORT
OHIO ASSOCIATION OF SECOND HARVEST							
FOOD BANKS - 51 NORTH HIGH STREET,							
SUITE 761 - COLUMBUS, OH							COOKING MATTERS
43215-3151	34-1677838	501(C)(3)	6,568.	0.			PROGRAMMING
FRIENDS FOR NEIGHBORHOOD PROGRESS 100 SOUTH MARKET STREET FREDERICK, MD 21701-5527	52-1036628	501(C)(3)	6,500.	0.			COOKING MATTERS PROGRAMMING
GREATER WICHITA YMCA							
402 N. MARKET							COOKING MATTERS
WICHITA, KS 67020	48-0554440	501(C)(3)	6,500.	0.			PROGRAMMING
OFFICE OF PROFESSIONAL & COMMUNITY NUTRITION SERVICES - 2100 BULL STREET - COLUMBIA, SC 29201	57-6000286	N/A	6,500.	0.			COOKING MATTERS PROGRAMMING
THE OHIO STATE UNIVERSITY							
FOUNDATION - 1787 NEIL AVENUE -							COOKING MATTERS
COLUMBUS, OH 43210	31-1020198	501(C)(3)	6,500.	0.			PROGRAMMING
UNIVERSITY OF FLORIDA BOARD OF	51 1020190	501(0)(3)	0,500.	0.			IROGRAMMING
TRUSTEES - 219 GRINTER HALL, P.O.							
BOX 115500 - GAINESVILLE, FL							COOKING MATTERS
32611-5500	59-6002052	501(C)(3)	6,500.	0.			PROGRAMMING
	55 0002032	501(0)(3)	0,500.	0.			
HALIFAX CO PUBLIC SCHOOLS							
P.O. BOX 1849							SCHOOL BREAKFAST PROGRAM
HALIFAX, VA 24558	54-6001335	N/A	6,400.	0.			SUPPORT



### SHARE OUR STRENGTH, INC. Schedule I (Form 990)

52-1367538	Page 1
5 <u>2</u> <u>1</u> 507550	Fayer

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
DOVER SCHOOL DISTRICT 17							
P.O. BOX 325							SCHOOL BREAKFAST PROGRAM
DOVER, AR 72837	71-6020814	N/A	6,200.	0.			SUPPORT
SEACOAST FAMILY FOOD PANTRY							
7 JUNKINS AVENUE							SCHOOL BREAKFAST PROGRAM
PORTSMOUTH, NH 03801-4561	02-0226943	501(C)(3)	6,188.	0.			SUPPORT
CREATIVE CITY PUBLIC CHARTER							
SCHOOL - 200 E NORTH AVENUE -							AFTERSCHOOL MEALS PROGRAM
BALTIMORE CITY, MD 21202	45-2307266	501(C)(3)	6,150.	0.			SUPPORT
DES MOINES AREA FOOD BANK							
22225 9TH AVENUE, SO, P.O. BOX 9878							SUMMER MEALS PROGRAM
DES MOINES, WA 98198	91-1183154	501(C)(3)	6,000.	0.			SUPPORT
FEEDING SOUTH FLORIDA							
2501 SW 32ND TERRANCE							
PEMBROKE PARK, FL 33023	59-2097520	501(C)(3)	6,000.	0.			CHILDHOOD HUNGER PROGRAMS
GARDEN STATE EPISCOPAL CDC							
118 SUMMIT AVENUE							COOKING MATTERS
JERSEY CITY, NJ 07304	31-1551853	501(C)(3)	6,000.	0.			PROGRAMMING
,							
HENRY COUNTY SCHOOL DISTRICT							
P.O. BOX 8958							SCHOOL BREAKFAST PROGRAM
COLLINSVILLE, VA 24078	54-1208368	N/A	6,000.	0.			SUPPORT
KIDS MEALS, INC.							
205 W CROSSTIMBERS STREET							
HOUSTON, TX 77018-5631	76-0330447	501(C)(3)	6,000.	0.			CHILDHOOD HUNGER PROGRAMS
MANASSAS CITY SCHOOL DISTRICT							
P.O. BOX 520							SCHOOL BREAKFAST PROGRAM
MANASSAS, VA 20108	54-1207347	N/A	6,000.	0.			SUPPORT



## SHARE OUR STRENGTH, INC.

 Schedule I (Form 990)
 SHARE
 OUR
 STRENGTH
 INC

 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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URBAN PROMISE							
P.O. BOX 1479							SUMMER MEALS PROGRAM
CAMDEN, NJ 08105	22-3229121	501(C)(3)	6,000.	0.			SUPPORT
WILLIAM A. HUNTON YMCA							
1139 EAST CHARLOTTE STREET							SUMMER MEALS PROGRAM
NORFOLK, VA 23504	54-0663046	501(C)(3)	6,000.	0.			SUPPORT
CHICKASAW NATION							
520 E. ARLINGTON, P.O. BOX 1548							SUMMER MEALS PROGRAM
ADA, OK 74821	73-1374986	501(C)(3)	5,879.	0.			SUPPORT
REGIONAL FOOD BANK OF OKLAHOMA							
3355 S PURDUE							SUMMER MEALS PROGRAM
OKLAHOMA CITY, OK 73179	73-1100380	501(C)(3)	5,879.	0.			SUPPORT
HOPKINS IND SCHOOL DISTRICT 270							
1001 HWY 7	41 6000040		5.046				SUMMER MEALS PROGRAM
HOPKINS, MN 55305	41-6008248	N/A	5,846.	0.			SUPPORT
NEW HAMPSHIRE FARM TO SCHOOL							
9 EDGEWOOD ROAD							COOKING MATTERS
DURHAM, NH 03824	02-0437506	501(C)(3)	5,799.	0.			PROGRAMMING
GREATER PHILADELPHIA COALITION			-,				
AGAINST HUNGER - 1725 FAIRMONT							SCHOOL BREAKFAST PROGRAM
AVENUE, SUITE 102 - PHILADELPHIA,							SUPPORT; SUMMER MEALS
PA 19130	26-2727680	501(C)(3)	5,571.	0.			PROGRAM SUPPORT
COMMUNITY HARVEST FOOD BANK OF			<u> </u>				
NORTHEAST INDIANA, INC 999 EAST							
TILLMAN ROAD - FORT WAYNE, IN							SUMMER MEALS PROGRAM
46816	31-1100607	501(C)(3)	5,500.	0.			SUPPORT
EKALAKA PUBLIC SCHOOL DISTRICT							
P.O. BOX 458							SCHOOL BREAKFAST PROGRAM
EKALAKA, MT 59324	81-6000107	N/A	5,500.	0.			SUPPORT



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

52-1367538

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NEW HAMPSHIRE KIDS COUNT							
2 DELTA DRIVE							
CONCORD, NH 03301	22-2936618	501(C)(3)	5,336.	0.			CHILDHOOD HUNGER PROGRAMS
PUESTA DEL SOL ELEMENTARY SCHOOL							
800 FRUTA ROAD PORTABLE B-22							AFTERSCHOOL MEALS PROGRAM
RIO RANCHO, NM 87123	85-0414272	N/A	5,250.	0.			SUPPORT
BEACON OF HOPE, INC.							CONTING NAMERDO
22 PATRIOT WAY	27-1612632	E01/(0)/(2)	E 000	0.			COOKING MATTERS PROGRAMMING
HAINESPORT, NJ 08036	27-1012032	501(C)(3)	5,200.	U.			PROGRAMMING
ROUNDUP SCHOOL DISTICT 55 & 55-H							
700 3RD STREET, W							SCHOOL BREAKFAST PROGRAM
ROUNDUP, MT 59072	81-0386902	N/A	5,173.	0.			SUPPORT
			,				
END 68 HOURS OF HUNGER							
P.O. BOX 676							
SOMERSWORTH, NH 03878	45-0998251	N/A	5,157.	0.			CHILDHOOD HUNGER PROGRAMS
SEACOAST EAT LOCAL							
67 AIRPORT ROAD							
NEWINGTON, NH 03801	45-2547575	501(C)(3)	5,157.	0.			CHILDHOOD HUNGER PROGRAMS
·							
CABARRUS HEALTH ALLIANCE							
300 MOORESVILLE ROAD							COOKING MATTERS
KANNAPOLIS, NC 28081	56-2016594	501(C)(3)	5,035.	0.			PROGRAMMING
ADADOVER DIENDINGSON AGUAAN							
ABSAROKEE ELEMENTARY SCHOOL							
DISTRICT 52-C - 327 S. WOODARD -	91 6000000	NT / 7	E 000	_			SCHOOL BREAKFAST PROGRAM
ABSAROKEE, MT 59001	81-6000982	N/A	5,000.	0.			SUPPORT
CARBONDALE ELEM SCHOOL DISTRIC 95							
P.O. BOX 2048							SCHOOL BREAKFAST PROGRAM
CARBONDALE, IL 62902	37-1712142	N/A	5,000.	٥.			SUPPORT



#### SHARE OUR STRENGTH, INC. Schedule I (Form 990)

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CAYUSE PRAIRIE SCHOOL DISTRICT 10							
897 LAKE BLAINE ROAD							SCHOOL BREAKFAST PROGRAM
KALISPELL, MT 59901	81-6000375	N/A	5,000.	0.			SUPPORT
CENTERPOINT SCHOOL DISTRICT 755 HIGHWAY 8 E							SCHOOL BREAKFAST PROGRAM
AMITY, AR 71921	71-0774495	N/A	5,000.	0.			SUPPORT
COMMISSION ON ECONOMIC OPPORTUNITY							
P.O. BOX 1127	00 1650000	501 ( 2) ( 2)	F 000				COOKING MATTERS
WILKES-BARRE, PA 18703	23-1653093	501(C)(3)	5,000.	0.			PROGRAMMING
COMMUNITY ACTION COMMISSION OF							
SANTA BARBARA COUNTY - 5638							
HOLLISTER AVENUE, SUITE 230 - GOLETA, CA 93117	95-2491790	501(C)(3)	5,000.	0.			CHILDHOOD HUNGER PROGRAMS
GOLEIA, CA 95117	JJ-24J1/J0	501(0)(3)	5,000.	0.			CHILDROOD HUNGER FROGRAMS
CORNELL COOPERATIVE EXTENSION OF							
NIAGARA COUNTY - 4487 LAKE AVENUE							COOKING MATTERS
- LOCKPORT, NY 14094	16-6072887	501(C)(3)	5,000.	0.			PROGRAMMING
<b>/</b>			, -				
EAST HARLEM SCHOLARS ACADEMY							
2035 SECOND AVENUE							SCHOOL BREAKFAST PROGRAM
NEW YORK, NY 10029	27-4713450	501(C)(3)	5,000.	0.			SUPPORT
EMPOWERING COMMUNITIES HELPING							
OURSELVES - P.O. BOX 9651 -							SUMMER MEALS PROGRAM
MONTGOMERY, AL 36108	42-1532718	501(C)(3)	5,000.	0.			SUPPORT
FOOD BANK OF SANTA BARBARA COUNTY							
1525 STATE STREET, SUITE 100							
SANTA BARBARA, CA 93101	77-0169214	501(C)(3)	5,000.	0.			CHILDHOOD HUNGER PROGRAMS
	,, 0109214		5,000.				
FOOD FINDERS FOOD BANK							
50 OLYMPIA COURT							SUMMER MEALS PROGRAM
LAFAYETTE, IN 47909	31-1020198	501(C)(3)	5,000.	0.			SUPPORT

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

52-1367538 Page 1



Schedule I (Form 990)

#### SHARE OUR STRENGTH, INC. Schedule I (Form 990)

(a) Name and address of

(b) EIN

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

(c) IRC section

organization or government		if applicable	cash grant	non-cash assistance	valuation (book, FMV, appraisal, other)	non-cash assistance	or assistance
HARVEST HOPE							
2220 SHOP ROAD							
COLUMBIA, SC 29201	57-0725560	501(C)(3)	5,000.	0.			CHILDHOOD HUNGER PROGRAMS
HUNGER FREE VERMONT							
38 EASTWOOD DRIVE							SUMMER MEALS PROGRAM
SOUTH BURLINGTON, VT 05403	03-0336357	501(C)(3)	5,000.	0.			SUPPORT
ISLE OF WIGHT SCHOOL DISTRICT 820 W MAIN STREET							SCHOOL BREAKFAST PROGRAM
SMITHFIELD, VA 23430	54-6001363	N / A	5,000.	0.			SUPPORT
	54 0001303		5,000.				
MINNEAPOLIS PUBLIC SCHOOL DISTRICT							
812 PLYMOUTH AVENUE, N							SUMMER MEALS PROGRAM
MINNEAPOLIS, MN 55411	41-0851980	N/A	5,000.	0.			SUPPORT
NETTLETON SCHOOL DISTRICT 2309 FOX MEADOW LANE							SCHOOL BREAKFAST PROGRAM
JONESBORO, AR 72404	71-6021203	N/A	5,000.	0.			SUPPORT
	,1 0011100		5,000.				
NORFOLK SCHOOL DISTRICT							
800 E CITY HALL AVENUE, SUITE 100							AFTERSCHOOL MEALS PROGRAM
NORFOLK, VA 23510	54-6001460	N/A	5,000.	0.			SUPPORT
SANTA BARBARA FOUNDATION 1111 CHAPALA STREET, 2ND FLOOR							
SANTA BARBARA, CA 93101	95-1866094	501(C)(3)	5,000.	0.			CHILDHOOD HUNGER PROGRAMS
,,							
SIOUX FALLS HEALTH DEPARTMENT							
521 N MAIN AVENUE							COOKING MATTERS
SIOUX FALLS, SD 57104	46-6000425	N/A	5,000.	0.			PROGRAMMING
TARA DINAL AGUAAL DIATTAR AS							
TARGET RANGE SCHOOL DISTRICT 23 4095 SOUTH AVENUE WEST							SCHOOL BREAKFAST PROGRAM
MISSOULA, MT 59804	81-6000674	N/A	5,000.	0.			SUPPORT
	31 000074	<b>F</b> [*] /**	5,000.	· ·		1	

66

(d) Amount of

(e) Amount of

(f) Method of

(g) Description of

Schedule I (Form 990)



52-1367538 Page 1

(h) Purpose of grant

### Schedule I (Form 990)

Page 1

52-1367538 SHARE OUR STRENGTH, INC. 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 (b) EIN (c) IRC section (d) Amount of (f) Method of (h) Purpose of grant (e) Amount of (g) Description of organization or government if applicable valuation non-cash assistance or assistance cash grant non-cash (book, FMV, assistance appraisal, other) TEXARKANA SCHOOL DISTRICT 7 3512 GRAND AVENUE SCHOOL BREAKFAST PROGRAM SUPPORT TEXARKANA, AR 71854 71-6026072 N/A 5,000 0 WESTSIDE FOOD BANK SCHOOL BREAKFAST PROGRAM 1710 22ND STREET SUPPORT; CHILDHOOD HUNGER SANTA MONICA, CA 90404 95-3685875 501(C)(3) 5,000 0 PROGRAMS



52-1367538

Page 2

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

(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
	(b) Number of recipients			(b) Number of recipients       (c) Amount of cash grant       (d) Amount of non-cash assistance       (e) Method of valuation (book, FMV, appraisal, other)         Image:

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

PART I, LINE 2:

ORGANIZATIONS 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 CERTIFICATE OF TAX EXEMPTION OR TAX EXEMPTION IS CONFIRMED VIA

GUIDESTAR, THEIR EMPLOYER IDENTIFICATION NUMBER AND OTHER ORGANIZATIONAL

INFORMATION, INCLUDING ADDITIONAL PROGRAMMATIC AND FINANCIAL INFORMATION.

ADDITIONALLY, CERTAIN DATA PROVIDED BY APPLICANTS IS VERIFIED WITH THE

INTERNAL REVENUE SERVICE (IRS) THROUGH OUR ONLINE GRANTS APPLICATION

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

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: HUNGER SOLUTIONS NEW YORK

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

SUMMER MEALS PROGRAM SUPPORT; AFTERSCHOOL MEALS PROGRAM SUPPORT;

CHILDHOOS HUNGER PROGRAMS

NAME OF ORGANIZATION OR GOVERNMENT: FLIPANY

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

AFTERSCHOOL MEALS PROGRAM SUPPORT; COOKING MATTERS PROGRAMMING

NAME OF ORGANIZATION OR GOVERNMENT: FRESH FOOD FACTOR

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

AFTERSCHOOL MEALS PROGRAM SUPPORT; SUMMER MEALS PROGRAM SUPPORT

Schedule I (Form 990)

532291 04-01-15



SC	HEDULE J	Compensation Information	1	OMB No. 1	1545-00	47	
	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest	F	20	16		
•		Compensated Employees		20	IJ	)	
Dana	tmant of the Tressure	<ul> <li>Complete if the organization answered "Yes" on Form 990, Part IV, line 23.</li> <li>Attach to Form 990.</li> </ul>		Open to	Publ	ic	
	tment of the Treasury al Revenue Service	Information about Schedule J (Form 990) and its instructions is at www.irs.gov/for	rm990.	Inspe	ction		
Nan	e of the organizatio			identificatio		mber	
		SHARE OUR STRENGTH, INC.	52-1	136753	8		
Pa	rt I Question	s Regarding Compensation					
				_	Yes	No	
1a		iate box(es) if the organization provided any of the following to or for a person listed on Form	ı 990,				
Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.							
	First-class or o	, jaka setter set					
	Travel for companions Payments for business use of personal residence						
		cation and gross-up payments					
	Discretionary	spending account Personal services (e.g., maid, chauffeur, o	chef)				
_							
b	•	on line 1a are checked, did the organization follow a written policy regarding payment or					
-		provision of all of the expenses described above? If "No," complete Part III to explain		<b>1</b> b			
2	•	n require substantiation prior to reimbursing or allowing expenses incurred by all directors,					
	trustees, and office	ers, including the CEO/Executive Director, regarding the items checked in line 1a?		2		<u> </u>	
•							
3	3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's						
CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to							
		ation of the CEO/Executive Director, but explain in Part III.					
	X Compensation						
	X Form 990 of c		ommittoo				
			ommittee				
4	During the year did	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing					
-	organization or a re						
а	•	ce payment or change-of-control payment?		4a		X	
b		ceive payment from, a supplemental nonqualified retirement plan?			Х	<u> </u>	
		ceive payment from, an equity-based compensation arrangement?				X	
-		nes 4a-c, list the persons and provide the applicable amounts for each item in Part III.					
	Only section 501(	c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.					
5		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensati	on				
	contingent on the r						
а	•			5a		X	
		ration?				X	
		r 5b, describe in Part III.					
6	For persons listed	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensati	on				
	contingent on the r	net earnings of:					
а	The organization?	-		6a	Х		
		ation?				X	
		or 6b, describe in Part III.					
7	For persons listed	on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payment	ts				
	not described on li	nes 5 and 6? If "Yes," describe in Part III		7		X	
8							
	initial contract exce	eption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		X	
9	If "Yes" to line 8, d	d the organization also follow the rebuttable presumption procedure described in					
	Regulations section	n 53.4958-6(c)?	<u></u>	9			
LHA	A For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule J (Form 990) 2015						

532111 10-14-15

10240404 786783 SOS

70 2015.05060 SHARE OUR STRENGTH, INC. COPY_1



## 52-1367538

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

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

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Denents	(b)(l)-(U)	reported as deferred on prior Form 990
(1) WILLIAM H. SHORE	(i)	258,099.	9,264.	0.	3,966.	35,239.	306,568.	0.
FOUNDER, CHAIRMAN & CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) DEBBIE SHORE	(i)	192,552.	6,987.	0.	2,889.	10,497.	212,925.	0.
CO-FOUNDER	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) THOMAS NELSON	(i)	296,564.	10,043.	0.	81,598.	3,733.	391,938.	0.
PRESIDENT & SECRETARY	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) JOHN GREEN	(i)	189,913.	8,466.	0.	858.	17,239.	216,476.	0.
CFO & COO	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) CHARLES SCOFIELD	(i)	209,011.	7,448.	0.	0.	17,239.	233,698.	0.
CHIEF DEVELOPMENT OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) JOSH WACHS	(i)	177,583.	8,466.	0.	0.	12,911.	198,960.	0.
CHIEF STRATEGY OFFICER-UNTIL 09/2015	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) LAURA GOODMAN - UNTIL 12/2015	(i)	168,846.	4,000.	0.	5,218.	12,651.	190,715.	0.
SR. DIRECTOR., CORPORATE PARTNERSHIP	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) DUKE STOREN	(i)	167,788.	3,500.	0.	5,240.	15,946.	192,474.	0.
SR. DIRECTOR, PARTNER IMPACT & ADVO.	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) CLAY DUNN	(i)	159,743.	5,000.	0.	3,282.	11,746.	179,771.	0.
CHIEF COMMUNICATIONS OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) JILL DAVIS	(i)	148,328.	9,000.	0.	1,125.	5,804.	164,257.	0.
SR. DIRECTOR, CORPORATE PARTNERSHIPS	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) JENNIFER JINKS	(i)	146,266.	5,000.	0.	3,516.	11,249.	166,031.	0.
SR. DIRECTOR, NKH CAMPAIGN	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

### Part III Supplemental Information

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

## PART I, LINE 4B:

THOMAS NELSON, PRESIDENT, RECEIVED A CONTRIBUTION OF \$57,500 TO HIS 457(F)

### RETIREMENT PLAN.

PART I, LINE 6:

STAFF ARE ELIGIBLE FOR PERCENTAGE BONUSES BASED ON SEVERAL METRICS SUCH AS

## UNRESTRICTED REVENUE GROWTH, ADDITIONS TO NET ASSETS, AS WELL AS

## PROGRAM-RELATED TARGETS.



SCHEDULE	Μ
(Eorm 990)	

# **Noncash Contributions**

OMB No. 1545-0047 2015

Department of the Treasury
Internal Revenue Service

		ut Schedule M	(Form 990) and it	s instructions is at www.irs		Inspection
Nam	e of the organization					identification numb
	SHARE OUR S	STRENGTH	, INC.		5	2-1367538
Pa	rt I Types of Property					
		(a) Check if applicable		(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g		(d) of determining ntribution 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		14	95,095.	FMV	
0	Securities - Closely held stock					
1	Securities - Partnership, LLC, or					
	trust interests					
2	Securities - Miscellaneous					
3	Qualified conservation contribution -					
	Historic structures					
4	Qualified conservation contribution - Other					
5	Real estate - Residential					
6	Real estate - Commercial					
7	Real estate - Other					
8	Collectibles					
9	Food inventory		59	659,800.	FMV	
0	Drugs and medical supplies					
1	Taxidermy					
2	Historical artifacts					
3	Scientific specimens					
4	Archeological artifacts					
5	Other ► (	)				
6	Other ► (	)				
27	Other ► (	)				
28	Other 🕨 (	)				

			Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it			
	must hold for at least three years from the date of the initial contribution, and which is not required to be used for			
	exempt purposes for the entire holding period?	30a		Х
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?	31	Х	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash			
	contributions?	32a		Х
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.			
ΙΗΔ	For Panerwork Reduction Act Notice see the Instructions for Form 990	lule M (Form	990)	2015)

532141 08-21-15



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

SCHEDULE M, PART I, COLUMN (B):

Part II

## THE NUMBER OF CONTRIBUTIONS REPRESENTS THE NUMBER OF CONTRIBUTORS WHO

DONATED THE NON-CASH CONTRIBUTIONS.

Schedule M (Form 990) (2015)

1

532142 08-21-15



SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization 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.

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at WWW.irs.gov/form990.

SHARE OUR STRENGTH, INC.

OMB No. 1545-0047

Employer identification number 52 - 1367538

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

THE NO KID HUNGRY AND COOKING MATTERS CAMPAIGNS.

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

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

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

WALLY DOOLIN, BOARD DIRECTOR, IS MARRIED TO JONI DOOLIN, WHO IS ALSO A

BOARD DIRECTOR. WILLIAM H. SHORE, FOUNDER, CHAIRMAN, CEO, AND BOARD

DIRECTOR, IS THE BROTHER OF DEBBIE SHORE, CO-FOUNDER.

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

THE FEDERAL FORM 990 IS REVIEWED IN DETAIL BY THE AUDIT COMMITTEE AND

DISTRIBUTED TO THE FULL BOARD OF DIRECTORS BEFORE FILING.

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 RESOURCES DEPARTMENT ENCOURAGES STAFF TO BRING ANY SITUATIONS TO THEIR ATTENTION AND MAKE PROMPT AND FULL DISCLOSURE IN WRITING ANY POTENTIAL SITUATIONS THAT 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 COMPOSED OF INDEPENDENT DIRECTORS REVIEWS MARKET LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2015) 532211 509-02-15

Schedule O (Form 990 or 990-EZ) (2015)	Page <b>2</b>
Name of the organization SHARE OUR STRENGTH, INC.	Employer identification number 52-1367538
DATA ANNUALLY, FOR CHANGES IN THE MARKETPLACE AND SPECIFI	C JOB FUNCTIONS
AND RECOMMENDS THE FOUNDER, CHAIRMAN & CEO COMPENSATION	TO THE FULL BOARD
OF DIRECTORS FOR APPROVAL IN EXECUTIVE SESSION WITHOUT TH	E FOUNDER,
CHAIRMAN, & CEO PRESENT. IN-DEPTH MARKET SURVEYS ARE EXEC	UTED EVERY THREE
YEARS USING AN OUTSIDE CONSULTANT, AND THE MOST RECENT ST	UDY WAS CONDUCTED
IN JANUARY 2016. FURTHER, THE PRESIDENT, CHIEF PEOPLE OFF	ICER, AND DIRECTOR
OF FINANCE & CONTROLLER SPEAK WITH THE INDEPENDENT COMPEN	SATION CONSULTANT
EVERY YEAR TO GET UPDATES ON ANY SIGNIFICANT COMPENSATION	TREND CHANGES.
THE PRESIDENT, CHIEF PEOPLE OFFICER, AND DIRECTOR OF FINA	NCE & CONTROLLER
DETERMINE COMPENSATION FOR THE OTHER OFFICERS IN CONSULTA	TION WITH THE
COMPENSATION COMMITTEE, USING THE SAME MARKET DATA DEVELO	PED AND USED TO
EVALUATE THE COMPENSATION FOR THE FOUNDER, CHAIRMAN & CEO	•

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990: AL, AK, AZ, AR, CA, CO, CT, FL, GA, HI, IL, KS, KY, ME, MD, MA, MI, MN, MS, MO, NH, NJ, NY, NC, ND OH, OK, OR, PA, RI, SC, TN, UT, VA, WA, WV, WI

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

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

FORM 990, PART IX

SHARE OUR STRENGTH IS A CO-BENEFICIARY ALONG WITH THE FOOD BANK FOR NEW YORK CITY OF THE NET PROCEEDS RAISED BY THE NEW YORK CITY WINE & FOOD FESTIVAL (NYCWFF). THIS IS A FOUR-DAY EVENT HELD IN OCTOBER EACH YEAR AND IS DIRECTED BY SOUTHERN WINE & SPIRITS. SHARE OUR STRENGTH'S ROLE IS TO PROVIDE CONTRACT REVIEW, FINANCIAL REPORTING AND ACCOUNTING Schedule O (Form 990 or 990-EZ) (2015) 532212 09-02-15

76 2015.05060 SHARE OUR STRENGTH, INC. COPY

1

Name of the organization SHARE OUR STRENGTH, INC.	Employer identification nu 52-1367538
SUPPORT. THE ORGANIZATION CONSOLIDATES TH	E FESTIVAL'S ENTIRE FINANCIALS
WITHIN SHARE OUR STRENGTH. THE PRESENTATION	ON OF SHARE OUR STRENGTH'S
FUNCTIONAL EXPENSE ALLOCATION AND BUSINES	S MODEL IS MOST ACCURATELY
REFLECTED WITH NYCWFF COSTS EXCLUDED.	
532212 09-02-15 <b>77</b>	Schedule O (Form 990 or 990-EZ) 7 ARE OUR STRENGTH, INC.COPS

SCH	IEDULE R

(Form 990)

# **Related Organizations and Unrelated Partnerships**

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

Attach to Form 990.

Department of the Treasury Internal Revenue Service

▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

SHARE OUR STRENGTH, INC.

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

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

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

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

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



OMB No. 1545-0047

2015 Open to Public Inspection

Employer identification number

52-1367538

# Schedule R (Form 990) 2015 SHARE OUR STRENGTH, INC.

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

()	(1)		( ))	()	(0)				(1)	1 1		<u> </u>
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(	h)	(i)	(i		
Name, address, and EIN of related organization	Primary activity	Legal domicile	Direct controlling	Predominant income	Share of total	Share of	Disprop	ortionate	Code V-UBI	Gener	al or Percen ging er?	ntage
of related organization		(state or foreign	entity	(related, unrelated, excluded from tax under sections 512-514)	income	end-of-year assets	allocations?		amount in box 20 of Schedule	partr	er? owners	snip
		country)		sections 512-514)		233613	Yes	No	K-1 (Form 1065)	Yes	No	
										╉╌┨	_	

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

<b>(a)</b> Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(C) Legal domicile (state or foreign	<b>(d)</b> Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year assets	<b>(h)</b> Percentage ownership	contr	i) tion o)(13) rolled ity?
		country)		0. 1. 0.0 1)				Yes	No
COMMUNITY WEALTH PARTNERS, INC 52-2025260									
1825 K STREET, NW			SHARE OUR						
WASHINGTON, DC 20006	CONSULTING	DC	STRENGTH, INC.	C CORP	0.	1,634,931.	100%	X	



# Schedule R (Form 990) 2015 SHARE OUR STRENGTH, INC.

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

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.							
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?						
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		Х			
b	Gift, grant, or capital contribution to related organization(s)	1b		Х			
с	Gift, grant, or capital contribution from related organization(s)	1c		X X			
	d Loans or loan guarantees to or for related organization(s)						
	Loans or loan guarantees by related organization(s)	1e		Х			
f	Dividends from related organization(s)	1f		<u> </u>			
g	Sale of assets to related organization(s)	1g		Х			
h	Purchase of assets from related organization(s)	1h		Х			
i	Exchange of assets with related organization(s)	1i		Х			
	Lease of facilities, equipment, or other assets to related organization(s)	1j		Х			
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		X			
- 1	Performance of services or membership or fundraising solicitations for related organization(s)	11	Х				
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		Х			
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		Х			
	Sharing of paid employees with related organization(s)	10		Х			
р	Reimbursement paid to related organization(s) for expenses	1p		Х			
	Reimbursement paid by related organization(s) for expenses	1q	Х				
r	Other transfer of cash or property to related organization(s)	1r		Х			
	Other transfer of cash or property from related organization(s)	1s		Х			
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.						

(a) Name of related organization	<b>(b)</b> Transaction type (a·s)	<b>(c)</b> Amount involved	<b>(d)</b> Method of determining amount involved
(1) COMMUNITY WEALTH PARTNERS, INC.	Q	292,838.	CASH
_(2)			
_(3)			
_(4)			
(5)			
_(6)			
532163 09-08-15	80		Schedule R (Form 990) 2015



# Schedule R (Form 990) 2015 SHARE OUR STRENGTH, INC.

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

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

						(1)				(1)	<i>(</i> ,	1
(a)	(b)	(c)	(d)	(e Are a partners 501 (c orgs	<b>;)</b>	(f)	(g)	(ł	ו)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income	partners	all 'S SeC.	Share of	Share of	Dispr	opor- nate	Code V-UBI	General o	Percentage
of entity		(state or foreign	(related, unrelated,	501(c	c)(3)	total	end-of-year	tior	tions?	amount in box 20	partner?	ownership
		country)		Yes		income		Yes		Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Yes NO	
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		res	NO			res	NO	(101111000)	Yes NU	
												<b></b>
				$ \square$								

Schedule R (Form 990) 2015

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Part VII	Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions).

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