* * *	PUBLIC	DISCLOSURE	COPY	* * *
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000	Return of Org
Form 990	Under section 501(c), 527, or

Department of the Treasury

Return of Organization Exempt From Income Tax

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

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



Interr	ernal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information. Inspection						Inspection	
A For the 2018 calendar year, or tax year beginning JUL 1, 2018 and ending					ending J	UN 30, 2019		
	Check if pplicable	C Name of organization	C Name of organization D Employer identification number					
	Addres change	SHARE OUR STR	ENGTH					
	Name change	Doing business as					52-13	367538
	Initial return	Number and street (or P.C		delivered to street a		Room/suite	E Telephone number	
	Final return/	1030 15TH STR	EET, NW			1100W	(202)	·
	termin- ated	City or town, state or prov		d ZIP or foreign p	oostal code		G Gross receipts \$	85,928,719.
	Amend return	WASHINGION, L			<u> </u>		H(a) Is this a group re	
	Applica tion pendin	F Name and address of prin		LLIAM H.	SHORE		for subordinates?	
		SAME AS C ABOV			40.474 \\		H(b) Are all subordinates ind	
		mpt status: X 501(c)(3) e: ► WWW • SHAREOURS) (insert no.)	4947(a)(1)	or 527	1 '	list. (see instructions)
		organization: X Corporation		Association	Other ►	I Voor	H(c) Group exemption	I State of legal domicile: DC
		Summary	iiust l	กรรบบเลเบปป		∟ rear		I State of legal domicile; DC
		Briefly describe the organization	's mission or mos	st significant acti	vities: TO E	ND HUN	GER AND POVE	RTY IN THE
ce	1	UNITED STATES AN	D ABROAD.	, WITH A	PRIORITY	ON EN	DING CHILDHO	OD HUNGER
Governance							than 25% of its net ass	
ver		Number of voting members of t	-				3	18
	1	Number of independent voting i	o		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			17
ې مې		Total number of individuals emp						340
Activities &		Total number of volunteers (esti						3000
ctiv		Total unrelated business revenu						0.
_ <	b	Net unrelated business taxable	income from Forn	n 990-T, line 38 .				0.
							Prior Year	Current Year
Ð	8 (Contributions and grants (Part \	/III, line 1h)				68,847,785.	78,465,005.
enu	1	Program service revenue (Part \	· • • • • • • • • • • • • • • • • • • •				176,640.	182,685.
Revenue		nvestment income (Part VIII, co					290,305.	279,057.
	1	Other revenue (Part VIII, columr					-2,900,948.	-3,923,391.
		Total revenue - add lines 8 throu					66,413,782.	75,003,356.
	1	Grants and similar amounts paid					10,924,850.	12,122,373.
		Benefits paid to or for members	-		(4) (1) (2)		0.24,025,124.	0.
ses	15	Salaries, other compensation, e				······	1,263,482.	<u>26,101,309</u> . 2,341,718.
Expenses	16a 	Professional fundraising fees (P			15,245,4	53	I,20J,40Z.	2,541,/10.
ЦХр		Total fundraising expenses (Par		· · · _			21,385,507.	24,837,255.
_	'' `	Other expenses (Part IX, colum Fotal expenses. Add lines 13-17					57,598,963.	65,402,655.
	1	Revenue less expenses. Subtra					8,814,819.	9,600,701.
JC Se		tovenue less expenses. oublia		<u> </u>	<u></u>		ginning of Current Year	End of Year
ets (20	Total assets (Part X, line 16)					42,073,384.	54,496,283.
Ass	21	Total liabilities (Part X, line 26)					10,663,406.	13,235,151.
Net Assets or Fund Balances	22	Net assets or fund balances. Su					31,409,978.	41,261,132.
	art II	Signature Block				1		

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

Sign	Signature of officer		Date	
Here	JESSICA SHERRY, SENIOF	R VP, CFO		
	Type or print name and title			
	Print/Type preparer's name	Preparers signature	Date	Check PTIN
Paid	AARON M. FOX	luce	03/30/20) self-employed P01365820
Preparer	Firm's name 🍗 MARCUM , LLP	0	Firm	's EIN ▶ 11-1986323
Use Only	Firm's address 🖌 1899 L STREET, N	W, SÚITE 850		
	WASHINGTON, DC 2	20036	Pho	ne no. (202) 227-4000
May the II	RS discuss this return with the preparer shown ab	ove? (see instructions)		X Yes No
832001 12-3	1-18 LHA For Paperwork Reduction Act Not	ice, see the separate instru	ctions.	Form 990 (2018)
S	EE SCHEDULE O FOR ORGANIZ *** ELECTRONI	ATION MISSION CALLY FILED ON		COPY

	JR STRENGTH	52-1367538 F
Part III Statement of Program Ser	•	
	ponse or note to any line in this Part III	
1 Briefly describe the organization's missic SHARE OUR STRENGTH W	n: AS FOUNDED WITH THE BELIE	TE THAT EVERVONE HAS A
		F HUNGER AND POVERTY, AND
	STRENGTHS LIE SUSTAINABI	· · · · · · · · · · · · · · · · · · ·
	S ON ENDING CHILDHOOD HUN	
	icant program services during the year which we	
	ican program services during the year which we	
If "Yes," describe these new services on		
	r make significant changes in how it conducts, a	any program services?
If "Yes," describe these changes on Sch		
	ice accomplishments for each of its three larges	t program services, as measured by expenses.
		and allocations to others, the total expenses, and
revenue, if any, for each program service		, , , , , , , , , , , , , , , , , , , ,
4a (Code:) (Expenses \$ 34,	816,114. including grants of \$11,5	31,739.) (Revenue \$
NO KID HUNGRY CAMPAIC		
	NO KID HUNGRY CAMPAIGN TE	
		E THAN 1 BILLION MEALS, AN
		HUNGER IN OUR COUNTRY BY
	TH SCHOOLS, ELECTED OFFI	
	GROW EFFECTIVE, SUSTAINA	
FEED HUNGRY KIDS TODA	AY AND WELL INTO THE FUTU	JRE.
	ID EUNIDING AND HANDS ON	
	JP FUNDING AND HANDS-ON G	-
	ALONE, WE HELPED 134,000	ST PART OF THE SCHOOL DAY.
	221,053. including grants of \$ 5	
4b (Code:) (Expenses \$ 10, COOKING MATTERS CAMPA		20,00 (Revenue \$ 20,00
COOKING MATTERD CAMP	11011.	
FOR MORE THAN 25 YEAR	S SHARE OUR STRENGTH'S	COOKING MATTERS CAMPAIGN
	· ·	ION EDUCATION TO LOW-INCOM
		HEALTHY, AFFORDABLE MEAL
		USE NUTRITION INFORMATION
	· · · · · ·	IGHT BUDGET. WE ACCOMPLISH
	AGING OUR NATIONWIDE NET	
DIRECTLY EDUCATE FAM	LIES USING OUR COOKING M	ATTERS IN-PERSON CURRICUL
AND RESOURCES, 2) MAI	ING OUR CONTENT WIDELY A	VAILABLE TO PARENTS AND
CAREGIVERS ONLINE ANI	D THROUGH TECHNOLOGY TOOI	LS THAT ALLOW THEM TO LEAF
AT A PACE AND TIME TH	IAT IS CONVENIENT FOR THE	EM, AND 3) INCREASING THE
4c (Code:) (Expenses \$	including grants of \$) (Revenue \$
4d Other program services (Describe in Sch	edule O.)	
(Expenses \$		(Revenue \$)
4e Total program service expenses	45,037,167.	Form 990
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 Form 990 (2018)
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 Part IV
 Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	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			
	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			
	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			
	Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
-	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, 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	
L	Part VI		- 11	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	446		x
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		
C	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	44.		x
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	v	X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		37	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? 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,			
	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	
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	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	
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 Part IV
 Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? 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			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? 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):			37
a		28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
с	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			- v
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	v	X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			v
•	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			x
20	If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			x
~~	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
33		20	х	
24	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	л	
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	
25.0	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a	X	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	<u>55a</u>	21	
b	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	х	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	000		
50	If "Yes," complete Schedule R, Part V, line 2	36		x
37	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization			<u> </u>
	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	
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance	1.00		
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
4.0	Enter the number reported in Rev 2 of Form 1006 Enter 0 if not applicable			

1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	390			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
с	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming					
	(gambling) winnings to prize winners?			1c	Х	
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Form	990 (2018) SHARE OUR STRENGTH 52–1367	538	P	_{age} 5
Pa	TV Statements Regarding Other IRS Filings and Tax Compliance (continued)		-	-
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 340			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	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.	40		
а	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.			
a	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			
	Enter the amount of reserves on hand	44-		X
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i>	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	16		x
	excess parachute payment(s) during the year?	15		
16	If "Yes," see instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		x
16		16		
	If "Yes," complete Form 4720, Schedule O.			

Form **990** (2018)

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Form 990	(2018)
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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>		X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a18			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 17			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2	Х	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a				
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			77
-	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		v	
a	The governing body?	<u>8a</u>	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			v
800	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		N.	
10-	Did the eventiation have lead charters by another or efficience	40-	Yes	No X
	Did the organization have local chapters, branches, or affiliates?	<u>10a</u>		<u></u>
D	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
110	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a		12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12a	X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> "Yes." <i>describe</i>	12.0		
Ŭ	in Schedule O how this was done	12c	х	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed AL, AK, AZ, AR, CA, CO, CT, FL, GA	,HI	,IL,	KS
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3))	s only) :	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 <i>(explain in Schedule O)</i>			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	ial	
	statements available to the public during the tax year.			

	,	dress, and tele				organiza	ation's books and records	
1030	15TH	STREET,	NW,	#1100W,	WASHINGTON,	DC	20005	

030	15TH	STREE	ΞТ,	NW, #	:110)OW,	WASHI	NGTON	Ι, Γ	C	20005	
2-31-18		SEE	SC	HEDULE	ΞO	FOR	FULL	LIST	OF	SI	ATES	

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

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

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

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

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

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

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

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

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

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

	T T T T T T T T T T T T T T T T T T T	Tga	mzu		0011	iper	Jour	l		
(A)	(B)			_ (0	C)			(D)	(E)	(F)
Name and Title	Average	(do		Posi) than c	one	Reportable	Reportable	Estimated
	hours per	box,	, unles	ss per	rson i	s both	n an	compensation	compensation	amount of
	week	<u> </u>	cer an	aaa	recio	or/trus [.]	lee)	from	from related	other
	(list any	rector						the	organizations	compensation
	hours for	or di	ee			ated		organization	(W-2/1099-MISC)	from the
	related	ustee	trust		96	bens		(W-2/1099-MISC)		organization
	organizations below	ual tr	ional		ploye	t com				and related organizations
	line)	In dividual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) WILLIAM H. SHORE- FOUNDER,	40.00		-	0	×	Ξω	<u> </u>			
, EXECUTIVE CHAIRMAN, DIRECTOR		х		х				416,308.	0.	50,297.
(2) SID ABRAMS	2.00									
DIRECTOR		Х						0.	0.	Ο.
(3) JIM BERRIEN	1.00									
DIRECTOR		Х						0.	0.	0.
(4) JUDYANN BIGBY	1.00									
DIRECTOR		Х						0.	0.	0.
(5) NEIL BRAUN	2.00									
DIRECTOR		Х						0.	0.	0.
(6) JONI DOOLIN	1.00									_
DIRECTOR		Х						0.	0.	0.
(7) WALLY DOOLIN	3.00	-								_
DIRECTOR		Х						0.	0.	0.
(8) NOAH GLASS	1.00	-								_
DIRECTOR		Х						0.	0.	0.
(9) MICHAEL GORDON	1.00									
DIRECTOR		Х						0.	0.	0.
(10) BOB GREENSTEIN	1.00									
DIRECTOR		Х						0.	0.	0.
(11) ROZ MALLETT	2.00								0	0
DIRECTOR	1 0 0	Х						0.	0.	0.
(12) MIKE MCCURRY	1.00	v							0	0
DIRECTOR (13) DANNY MEYER	1.00	X						0.	0.	0.
DIRECTOR	1.00	x						0.	0.	0.
(14) MARY SUE MILLIKEN	1.00	^						0.	0.	0.
DIRECTOR	1.00	x						0.	0.	0.
(15) DONNA MOREA	2.00	<u> </u>						0.	0.	0.
DIRECTOR	2.00	x						0.	0.	0.
(16) JEANNE NEWMAN	1.00							<u>0.</u>		<u>.</u>
DIRECTOR	1.00	x						0.	0.	0.
(17) MARK RODRIGUEZ	1.00	<u> </u>							.	
DIRECTOR		х						0.	0.	0.
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Form 990 (2018) SHARE OU	R STRENG	FLE	[52-1	367	538	Page 8
Part VII Section A. Officers, Directors, Trus	stees, Key Emp	oloy	ees,	and	l Hig	ghest	C	ompensated Employee	s (continued)			
(A) (B) (C) (D) (E) (F)												
Name and title	Average	(10		Pos				Reportable	Reportable	,	Estima	
	hours per	i son, anodo porodinio sourian					an	compensation	compensatio	on 🛛	amour	nt of
	week						e)	from	from related	k	oth	er
	(list any	rector						the	organization		compen	
	hours for related	or di	96			ated		organization	(W-2/1099-MIS	SC)	from	
	organizations	ustee	trust		e	suadi		(W-2/1099-MISC)			organiz	
	below	ual tri	ional		ploye	t com					and rel organiza	
	line)	ndividual trustee or director	Institutional trustee	Officer	ƙey employee	Highest compensated employee	Former				organiza	ations
(18) STEVE ROMANIELLO	2.00	-	<u> </u>	0	ž	Ξ -	Œ					
DIRECTOR	2.00	x						0.		0.		0.
(19) DEBBIE SHORE	40.00											<u> </u>
CO-FOUNDER	10100			x				237,321.		0.	15	638.
(20) THOMAS NELSON	40.00							23773210				
PRESIDENT & CEO, SECRETARY	10100			x				438,737.		0.	36	210.
(21) JESSICA SHERRY	40.00							10077071				<u></u>
SENIOR VP, CHIEF FINANCIAL OFFICER	10100			x				183,215.		0.	16	055.
(22) PETER KAYE- CHIEF REVENUE	40.00							10072101				
& MARKETING- UNTIL 05/2019	10100				x			315,220.		0.	33	257.
(23) CHARLES SCOFIELD	40.00							010,1100				<u></u>
EXECUTIVE VICE PRESIDENT					x			277,256.		0.	29.	327.
(24) LISA DAVIS- SENIOR VP,	40.00										/	<u> </u>
NO KID HUNGRY PROGRAM					x			229,737.		0.	28.	224.
(25) DIANA HOVEY- SENIOR VP,	40.00										/	
DINE FOR NO KID HUNGRY					x			226,553.		0.	23,	384.
(26) CLAY DUNN- SENIOR VP,	40.00											
CHIEF COMM. OFFICER					х			220,748.		0.	23,	150.
1b Sub-total	-					🕨	•	2,545,095.		0.	255,	542.
c Total from continuation sheets to Part V							►	1,620,240.		0.	175,	094.
d Total (add lines 1b and 1c)							•	4,165,335.		0.	430,	636.
2 Total number of individuals (including but r	not limited to th	ose	liste	d ab	ove) whc	re	eceived more than \$100,	000 of reportable	э		
compensation from the organization												54
											Ye	s No
3 Did the organization list any former officer	, director, or tru	ustee	e, ke	y en	nplo	yee, o	or ł	highest compensated en	nployee on			
line 1a? If "Yes," complete Schedule J for s	such individual										3	X
4 For any individual listed on line 1a, is the s	um of reportabl	e co	mpe	ensa	tion	and	oth	er compensation from th	ne organization			
and related organizations greater than \$15											4 X	
5 Did any person listed on line 1a receive or	accrue comper	nsati	on fi	rom	any	unrel	ate	ed organization or individ	lual for services			
rendered to the organization? If "Yes," cor	nplete Schedule	e J fo	or sı	ıch r	oers	on					5	X
Section B. Independent Contractors												
1 Complete this table for your five highest co	ompensated inc	lepe	nde	nt co	ontra	actors	s th	nat received more than \$	100,000 of comp	censat	tion from	
the organization. Report compensation for the calendar year ending with or within the organization's tax year.												
										(C)		
Name and business		<u> </u>					┥	Description of s			ompensat	.1011
CONCORD LITHO GROUP/CONCORD DIRECT DIRECT MAIL &												
92 OLD TURNPIKE ROAD, COI		H	03	30	1		_	DIGITAL/ONLI			861,	031.
SHOWTIME ON THE PIERS, LI		۰1	0					NEW YORK CITY			760	500
	711 12TH AVENUE, NEW YORK, NY 10019AND FOOD FESTIVAL -762,500.CORNUCOPIA INC. DBA BOND EVENTS, 7510EVENT MGMT &											
UNAL TON CODING DOAD DE					1 7			EVENT MGMT &			611	0 5 3

HAMILTON SPRING ROAD, BETHESDA, MD 20817 APPCO GROUP US INC., 315 WEST 36TH STREET, FACE-TO-FACE 10TH FLOOR, NEW YORK, NY 10018 FUNDRAISING RTI INTERNATIONAL EXTERNAL PROGRAM P.O. BOX 900002, RALEIGH, NC 27675 EVAL. CONSULTING 2 Total number of independent contractors (including but not limited to those listed above) who received more than 50 \$100,000 of compensation from the organization

SEE PART VII, SECTION A CONTINUATION SHEETS 832008 12-31-18

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644,953.

481,584.

435,555.

PRODUCTION SERVICES



Form 990 SHARE OUT Part VII Section A. Officers, Directors, True	ustees. Kev Er	npla	vee	s. ar	nd H	liahe	est (Compensated Employe	es (continued)	7538
(A)	(B)		,	<u>, ui</u> (C				(D)	(E)	(F)
Name and title	Average			Position				Reportable	Reportable	Estimated
	hours	(cl		c all t			ly)	compensation	compensation	amount of
	per							from	from related	other
	week					yee		the	organizations	compensatio
	(list any	recto				em plo		organization	(W-2/1099-MISC)	from the
	hours for	ordi	ee			ated		(W-2/1099-MISC)		organizatior
	related	ustee	trust		96	bens				and related
	organizations below	ual tri	tional		n ploye	tcom	~			organization
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest com pensated em ployee	Former			
27) JILL DAVIS- SENIOR VP,	40.00	-	-		-	-	4			
CORPORATE PARTNERSHIPS		1			х			220,374.	0.	16,256
28) SERENA WILLIAMS- SENIOR VP,	40.00									
CHIEF PEOPLE OFFICER					Х			216,479.	0.	28,195
(29) AMY ZGANJAR	40.00									
SENIOR VP, DEVELOPMENT		L			Х			210,763.	0.	6,926
(30) RICHARD KOSTRO- SENIOR VP,	40.00									
CHIEF INFORMATION OFFICER		L			Х			202,879.	0.	25,602
(31) ELLIOTT GASKINS	40.00									00 - 11 -
MANAGING DIRECTOR, DEVELOPMENT	40.00					X		167,852.	0.	20,713
(32) JENNIFER DIRKSEN	40.00							152 000	0	11 400
CHEF RELATIONS DIRECTOR	40.00					X		153,200.	0.	11,475
(33) DIANE CLIFFORD- MANAGING	40.00					x		152 120	0	
DIRECTOR, INTEGRATED FUNDRAISING (34) STACY ROTH- MANAGING DIRECTOR,	40.00							153,130.	0.	25,285
DRGANIZATIONAL PLANNING	40.00					x		147,795.	0.	15,944
(35) ANDREA HOEFLING	40.00							147,795.	0.	13,944
DIRECTOR, DEVELOPMENT		1				x		147,768.	0.	24,698
						1		117,700.	0.	24,050
		1								
		1								
		1								
		1								
		L								
		 	<u> </u>							

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Pa	rt VII	I Statement of Rever	nue					
		Check if Schedule O cont	ains a response	or note to any lin	e in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
nts nts	1 a	Federated campaigns						
àraı our	b	Membership dues	<u>1b</u>					
s, G	С	Fundraising events		565,200.				
Gift lar	d	Related organizations	1d					
imi	е	Government grants (contribut		084,462.				
er S	f	All other contributions, gifts, gran	-					
Dtho		similar amounts not included abo		7815343.				
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions included in lines	-	224,424.	79465005			
a C	h	Total. Add lines 1a-1f		1	78465005.			
	•	Ενυτρτπορ σσος		Business Code 900099	156,600.			156,600.
rice	2 a	EXHIBITOR FEES CLASS FEES		900099	25,410.	25,410.		130,000.
èr∖ ue	b	HONORARIA		900099	675.	675.		
m S ven	c d			500055	075.	075.		
Program Service Revenue	u o							
Pro	f	All other program service reve	nue					
	g				182,685.			
	3	Investment income (including						
		other similar amounts)			265,689.			265,689.
	4	Income from investment of tax	x-exempt bond p	roceeds 🕨 🕨				
	5	Royalties		►	1,797.			1,797.
			(i) Real	(ii) Personal				
	6 a	Gross rents	285,699.					
	b		0.					
	С	(/	285,699.		005 600			0.05 600
		Net rental income or (loss)			285,699.			285,699.
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	3822157.					
	d	Less: cost or other basis	3808789.					
		and sales expenses Gain or (loss)	13 368					
		Net gain or (loss)			13,368.			13,368.
	8 a	Gross income from fundraisin	a events (not		1373001			1373001
anı	0 4	including \$ 5,565,2	00. of					
svel		contributions reported on line						
r Re		Part IV, line 18	,	3577157.				
Other Revenue	b	Less: direct expenses		7077928.				
Ò		Net income or (loss) from fund			-3500771.			-3500771.
	9 a	Gross income from gaming ac						
		Part IV, line 19		154,585.				
		Less: direct expenses		38,646.				
		Net income or (loss) from gam	-	····· •	115,939.			115,939.
	10 a	Gross sales of inventory, less						
		and allowances						
		Less: cost of goods sold						
	c	Net income or (loss) from sale						
	11 -	Miscellaneous Revenu		Business Code 900099	42,491.			42,491.
		REFUNDS		900099	12,769.			12,769.
	с С	OTHER EVENT REV		900099	6,165.			6,165.
	- с - н	All other revenue		900099	-887,480.			-887,480.
		Total. Add lines 11a-11d			-826,055.			
	12	Total revenue. See instructions			75003356.	26,085.	0	3487734.
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Form 990 (2018) SHARE OUR STRENGTH Part VIII Statement of Revenue

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Part IX Statement of Functional Expenses

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

Secu	on 501(c)(3) and 501(c)(4) organizations must comp				X
	Check if Schedule O contains a respon	ise or note to any line in (A)	this Part IX	(C)	(D)
	not include amounts reported on lines 6b,	Total expenses	Program service	Management and	Fundraising
7b,	8b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	12,015,373.	12,015,373.		
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	107,000.	107,000.		
4	Benefits paid to or for members	10//0000	10//0000		
5	Compensation of current officers, directors,	4 050 020	2 1 2 0 0 6 0	062 271	1 065 700
	trustees, and key employees	4,050,030.	2,120,860.	863,371.	1,065,799.
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	17,908,978.	11,596,238.	1,690,826.	4,621,914.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	571,634.	379,976.	46,115.	145,543.
9	Other employee benefits	2,056,302.	1,327,795.	204,818.	523,689.
10	Payroll taxes	1,514,365.	965,212.	168,133.	381,020.
11	Fees for services (non-employees):	_/ / / /	,		,
a	Management	25,502.	952.	24,550.	
	Legal	62,600.	952.	62,600.	
	Accounting	02,000.	220 050	02,000.	
	Lobbying	330,850.	330,850.		
	Professional fundraising services. See Part IV, line 17	2,341,718.			2,341,718.
f	Investment management fees	41,426.		41,426.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)	5,676,406.	5,084,575.	591,831.	
12	Advertising and promotion	3,552,517.	2,163,794.	100,962.	1,287,761.
13	Office expenses	1,027,917.	565,884.	97,926.	364,107.
14	Information technology	1,853,831.	1,181,253.	180,436.	492,142.
15	Royalties			•	· · ·
16	Occupancy	2,420,737.	1,536,338.	227,109.	657,290.
17		1,875,254.	1,292,602.	115,223.	467,429.
		1/0/0/2010	1/252/0020	110/2201	10//1250
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials		2 012 111	105 751	2 750 121
19	Conferences, conventions, and meetings	5,897,596.	3,013,411.	125,751.	2,758,434.
20	Interest				
21	Payments to affiliates	100 110			
22	Depreciation, depletion, and amortization	432,442.	312,992.	48,689.	70,761.
23	Insurance	248,792.	153,368.	27,578.	67,846.
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	COOKING MATTERS PROGRAM	888,694.	888,694.		
b	FEES AND LICENSES	508,762.		508,762.	
c	BAD DEBT	300.		300.	
d	UBI TAXES	-6,371.		-6,371.	
		0,571•		5,5,1.	
	All other expenses	65,402,655.	45,037,167.	5,120,035.	15,245,453.
25	Total functional expenses. Add lines 1 through 24e	05,404,055.	40,007,10/•	5,120,035.	10,240,400.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here X if following SOP 98-2 (ASC 958-720)	5,884,969.	2,608,546.	107,730.	3,168,693.
832010) 12-31-18				Form 990 (2018)

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		Chaok if Schodulo O contains a reasonance ar ant	o to original	ling in this Dart V			
		Check if Schedule O contains a response or note	e to any				(D)
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			6,484,346.	1	6,629,181.
	2	Savings and temporary cash investments			7,164,927.	2	5,244,425.
	3				17,319,637.	3	18,807,986.
	4	Pledges and grants receivable, net			356,575.	4	433,084.
	5	Accounts receivable, netLoans and other receivables from current and fo			550,515.		455,0040
	5	trustees, key employees, and highest compensa					
						5	
	6	Part II of Schedule L Loans and other receivables from other disqualif				5	
		section 4958(f)(1)), persons described in section					
		employers and sponsoring organizations of section					
		employees' beneficiary organizations (see instr).		-		6	
Assets	7				203,238.	7	209,238.
Ass	7	Notes and loans receivable, net			11,042.	8	95,358.
	8 9	Inventories for sale or use Prepaid expenses and deferred charges			2,118,986.	9	2,059,127.
					2,110,500.	9	2,055,127.
	10a	Land, buildings, and equipment: cost or other	100	4,308,212.			
	ь Б	basis. Complete Part VI of Schedule D Less: accumulated depreciation	104		1,860,654.	10c	1,563,230.
	11	Investments - publicly traded securities			5,656,249.	11	19,450,797.
	12	Investments - other securities. See Part IV, line 1			863,088.	12	-30,535.
	13	Investments - program-related. See Part IV, line 1				13	
	14			14			
	15	Intangible assets Other assets. See Part IV, line 11	34,642.	15	34,392.		
	16	Total assets. Add lines 1 through 15 (must equa	42,073,384.	16	54,496,283.		
	17	Accounts payable and accrued expenses	4,929,846.	17	6,344,960.		
	18	Grants payable	1,583,309.	18	2,976,425.		
	19	Deferred revenue			832,464.	19	906,485.
	20	Tax-exempt bond liabilities			002,1010	20	500,1000
	21	Escrow or custodial account liability. Complete F				21	
	22	Loans and other payables to current and former					
Liabilities		key employees, highest compensated employees					
bili						22	
Lia	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pay					
		parties, and other liabilities not included on lines	•				
		Schedule D		·	3,317,787.	25	3,007,281.
	26	Total liabilities. Add lines 17 through 25			10,663,406.	26	13,235,151.
		Organizations that follow SFAS 117 (ASC 958)					
s		complete lines 27 through 29, and lines 33 and					
JCe	27	Unrestricted net assets			7,697,966.	27	19,514,209.
alar	28	Temporarily restricted net assets			23,712,012.	28	21,746,923.
Ä	29					29	
Ŭ.		Organizations that do not follow SFAS 117 (AS	SC 958)	, check here 🕨			
ъ		and complete lines 30 through 34.					
jts (30	Capital stock or trust principal, or current funds			30		
SSE	31	Paid-in or capital surplus, or land, building, or eq				31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated inc	come, o	r other funds		32	
ž	33	Total net assets or fund balances			31,409,978.	33	41,261,132.
	34	Total liabilities and net assets/fund balances			42,073,384.	34	54,496,283.

Form **990** (2018)



Form 990 (2018)
Part X Balance Sheet

Part XI Reconciliation of Net Assets Check If Schedule O contains a response or note to any line in this Part XI 1 Total revenue (must equal Part VIII, column (A), line 2) 2 65, 402, 655. 2 76, 003, 356. 2 76, 003, 356. 2 76, 402, 655. 2 76, 402, 655. 3 9, 600, 701. 4 31, 409, 978. 5 Net unrealized gains (losses) on investments 5 6 0 7 Investment expenses 7 1 8 0 9 Other changes in net assets or fund balances (explain in Schedule O) 9 0 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 41, 261, 132. Part XII Financial Statements and Reporting 1 Check If Schedulo O contains a response or note to any line in this Part XII 1 1 Accounting method used to prepare the Form 990: Cash Accrual Other 1 Accounting method used to prepare the form 990: Cash Accrual Other 2a X <t< th=""><th>Form</th><th>990 (2018) SHARE OUR STRENGTH</th><th>52-1</th><th>367538</th><th>Pa</th><th>_{ge} 12</th></t<>	Form	990 (2018) SHARE OUR STRENGTH	52-1	367538	Pa	_{ge} 12
1 Total revenue (must equal Part VII, column (A), line 12) 1 75,003,356. 2 Total expenses (must equal Part IX, column (A), line 25) 2 65,402,655. 3 Pevenue less expenses. Subtract line 2 from line 1 3 9,600,701. 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 31,409,978. 5 Net unrealized gains (losses) on investments 5 250,453. 6 7 Investment expenses 7 7 8 Prior period adjustments 6 9 Other changes in net assets or fund balances (explain in Schedule 0) 9 0. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 41,261,132. Part XII Financial Statements and Reporting 10 41,261,132. Check if Schedule O contains a response or note to any line in this Part XII 1 2a X 1 Accounting method used to prepare the Form 990: Cash Accrual Other 2a X If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a X 2a<	Pa	rt XI Reconciliation of Net Assets				
2 Total expenses (must equal Part IX, column (A), line 25) 2 65,402,655. 3 Revenue less expenses. Subtract line 2 from line 1 3 9,600,701. 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 31,409,978. 5 Net unrealized gains (losses) on investments 5 250,453. 6 7 7 7 8 6 9 0. 9 0. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 41,261,132. Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Yeis provid adjustion s'financial statements compiled or reviewed by an independent accountant? 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 2a X 1 Accounting method used to indicate whether the financial statements for the year were compiled or reviewed on a separate basis. Consolidated basis. or both: 2a X 1 Separate basis Consolidated basis Both consolidated and separate basis. 2b X		Check if Schedule O contains a response or note to any line in this Part XI				
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4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 31,409,978. 5 Net unrealized gains (losses) on investments 5 250,453. 6 Donated services and use of facilities 6 7 Investment expenses 7 8 Pror period adjustments 8 9 Other changes in net assets or fund balances (explain in Schedule O) 9 0 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 A1, 261, 132. Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Interpret of adjustments of financial statements compiled or reviewed by an independent accountant? If 'the organization changed its method of accounting from a prior year or checked 'Other," explain in Schedule O. 2a X If ''Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis b Were the organization's financial statements audited by an independent accountant? If ''Yes,'' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis Consolidated basis b Were the organization's financial statements audited by an independent accountant? If ''Yes,'' check a box below to indicate whether the financial statements for the year were audited on a se	2	Total expenses (must equal Part IX, column (A), line 25)	2	65,402	2,6	55.
5 Net unrealized gains (losses) on investments 5 250,453. 6 6 7 7 8 6 9 Other changes in net assets or fund balances (explain in Schedule O) 9 0. 9 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 9 0. Part XII Financial Statements and Reporting 10 41,261,132. Check if Schedule O contains a response or note to any line in this Part XII 1 Yes 1 Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: 2a X Separate basis Consolidated basis Both consolidated and separate basis, consolidated basis, or both: 2b X Separate basis X Consolidated basis Both consolidated and separate basis, consolidated basis, or both: 2b X Separate basis X Consolidated basis Both consolidated and separate basis, consolidated bas	3	Revenue less expenses. Subtract line 2 from line 1	3			
6 Donated services and use of facilities 6 7 Investment expenses 7 8 Prior period adjustments 9 9 Other changes in net assets or fund balances (explain in Schedule O) 9 0. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 41, 261, 132. Part XII Financial Statements and Reporting	4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			
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9 Other changes in net assets or fund balances (explain in Schedule O) 9 0. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 41,261,132. Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII I Accounting method used to prepare the Form 990: Cash X Accrual Other, "explain in Schedule O. 2a Were the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis Devert the organization's financial statements and independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis X Consolidated basis Both consolidated and separate basis E Veres," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis Separate basis X Consolidated basis Both consolidated and separate basis C If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis Consolidated basis, or both: Separate basis X Consolidated basis Both consolidated and separate basis C If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis C If "Yes," to line 2a or 2b, does the organization have a committee	7	Investment expenses	7			
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 41,261,132. Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII T Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis Consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? b If "Yes," did the organization undergo the required audit or audits? If the organization did no	8	Prior period adjustments	8			
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Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Image: Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: 2a X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c X If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization	10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
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1 Accounting method used to prepare the Form 990: Cash X Accrual Other	Pa	rt XII Financial Statements and Reporting				
1 Accounting method used to prepare the Form 990: Cash X Accrual Other Image: Construct to the present to the		Check if Schedule O contains a response or note to any line in this Part XII				
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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 required audit						
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit	3a		gle Audit			
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or audits, explain why in Schedule O and describe any steps taken to undergo such audits	b					
		or audits, explain why in Schedule O and describe any steps taken to undergo such audits				L

Form **990** (2018)

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Department of the Treasury

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047
2018
Open to Public Inspection

1

Internal Benue Service Image of the organization Image of the organization Image of the organization SHARE OUR STRENGTH Employer identification numbers S12-1367538 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. Employer identification numbers 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(ii). A nospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A nospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A norganization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(ii). For an organization that normally receives a substantial part of its support from a governmental unit of from the general public described in section 170(b)(1)(A)(v). 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). Sign organization described in section 170(b)(1)(A)(v). 7 M an organization that normally receives a substantial part of its support from a governmental unit described in section 170(b)(1)(A)(v). 8 A community trust described in section 170(b)(1)(A)(i)). Gomplete Part II. 9 An agricultural research organization described in section 170(b)(1)(A)(v). Gomplete Part II. 9 A norganizati
Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990 E2).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(v). 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(v). 8 A community trust described in section 170(b)(1)(A)(v). (Complete Part II.) 9 An arganization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions: subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 509(a)(2). 10
 The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A chouch, convention of churches, or association of churches described in section 170(b)(1)(A)(ii). A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). A medical research organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). A norganization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(v). A community trust described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from groganization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(3). Check the box in lines 12a through 12d that described in section 509(a)(1
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 more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.
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 a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.
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 organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.
b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.
control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.
organization(s). You must complete Part IV, Sections A and C.
c I I voe III functionally integrated. A supporting organization operated in connection with and functionally integrated with
its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.
d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s)
that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness
requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.
e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III
functionally integrated, or Type III non-functionally integrated supporting organization.
f Enter the number of supported organizations g Provide the following information about the supported organization(s).
(i) Name of supported (ii) FIN (iii) Type of organization (iv) is the organization listed (v) Amount of monetary (vi) Amount of other
organization (described on lines 1-10) by untrained or bing discussion (described on lines 1-10) above (see instructions)) Yes No No

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Total

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Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	51227491.	53054370.	60290994.	68847785.	78465005.	311885645
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	51227491.	53054370.	60290994.	68847785.	78465005.	311885645
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						24033077.
6	Public support. Subtract line 5 from line 4.						287852568
Sec	ction B. Total Support			1		1	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4	<u>51227491.</u>	<u>53054370.</u>	60290994.	68847785.	78465005.	311885645
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources \dots	190,092.	275,225.	321,619.	439,686.	526,185.	1752807.
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.)	559,456.	797.	6,000.	29,781.		650,833.
11	Total support. Add lines 7 through 10						314289285
	Gross receipts from related activities,		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				,760,198.
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 section	n 501(c)(3)	
0	organization, check this box and sto						
	ction C. Computation of Public					1 1	01 50
	Public support percentage for 2018 (•			14	91.59 %
	Public support percentage from 2017					15	89.14 %
16a	33 1/3% support test - 2018. If the	-			14 is 33 1/3% or m	ore, check this bo	
	stop here. The organization qualifies		•				
b	33 1/3% support test - 2017. If the						
	and stop here. The organization qua	, ,	· · · · ·				
17a	10% -facts-and-circumstances test						
	and if the organization meets the "fac			-		•	
	meets the "facts-and-circumstances"	-	-	• • • • •			
b	10% -facts-and-circumstances test	-					
	more, and if the organization meets the						e
	organization meets the "facts-and-circ		-				
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 160, 17a, or 17b			
					Sche	edule A (Form 990	or 990-EZ) 2018

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Schedule A (Form 990 or 990-EZ) 2018 SHARE OUR STRENGTH Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Calendar year (or fiscal year beginning in) 🕨 📘	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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						
3 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						1
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
b Amounts included on lines 2 and 3 received						1
from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.) Section B. Total Support						
Calendar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired ofter June 20 1075						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is						
regularly carried on 12 Other income. Do not include gain or loss from the sale of capital						
assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						1
14 First five years. If the Form 990 is for	e				.,.,	
check this box and stop here Section C. Computation of Public						▶
15 Public support percentage for 2018 (lir		•	column (f))		15	ç
16 Public support percentage from 2017					16	g
Section D. Computation of Invest						,
17 Investment income percentage for 20		•	ne 13 column (f))		17	9
18 Investment income percentage from 2						
19a 33 1/3% support tests - 2018. If the						
more than 33 1/3%, check this box and						and
b 33 1/3% support tests - 2017. If the						
line 18 is not more than 33 1/3%, chec						
20 Private foundation. If the organization	I UIU NOT CHECK A	box on line 14, 19	a, or 190, check th			
832023 10-11-18		16		Sci	iequie A (Form 99	90 or 990-EZ) 2018
		10				

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Yes No

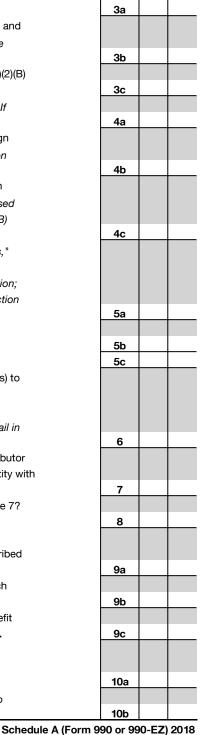
Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 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 12a or 12b 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 (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If* "Yes." *complete Part I of Schedule L (Form 990 or 990-EZ).*
- **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.)

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			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		
b	A family member of a person described in (a) above?	11b		
	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 Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	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 year (see instructions)			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below</i> .			
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 Part VI the role played by the organization in this regard.	3b		
83202	5 10-11-18 Schedule A (Form 9	90 or 99	0-EZ)	2018

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Sche	edule A (Form 990 or 990-EZ) 2018 SHARE OUR STRENGTH		5	2-1367538 Page 6
	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	Orga	anizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying t	trust o	n Nov. 20, 1970 (explain in P	art VI.) See instructions. All
	other Type III non-functionally integrated supporting organizations must com	plete S	Sections A through E.	
Sect	tion 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)				

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):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
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-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2018

990 EZ) 2018 SHARE OUR STRENGTH

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Part V Type III Non-Functiona	ing integrated even			A 1.14
Section D - Distributions				Current Year
1 Amounts paid to supported organiza				
2 Amounts paid to perform activity that		t purposes of supported		
organizations, in excess of income fr				
3 Administrative expenses paid to acc		s of supported organizations	3	
4 Amounts paid to acquire exempt-use				
5 Qualified set-aside amounts (prior IR				
6 Other distributions (describe in Part				
7 Total annual distributions. Add line	0			
8 Distributions to attentive supported	-	e organization is responsive		
(provide details in Part VI). See instr				
9 Distributable amount for 2018 from S				
0 Line 8 amount divided by line 9 amo	unt			
Section E - Distribution Allocations (see	instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from S	Section C, line 6			
2 Underdistributions, if any, for years p	prior to 2018 (reason-			
able cause required- explain in Part	VI). See instructions.			
3 Excess distributions carryover, if any	, to 2018			
a From 2013				
b From 2014				
c From 2015				
d From 2016				
e From 2017				
f Total of lines 3a through e				
g Applied to underdistributions of prior	years			
h Applied to 2018 distributable amoun	t			
i Carryover from 2013 not applied (see	e instructions)			
j Remainder. Subtract lines 3g, 3h, an	d 3i from 3f.			
4 Distributions for 2018 from Section I),			
line 7: \$				
a Applied to underdistributions of prior	years			
b Applied to 2018 distributable amoun	t			
c Remainder. Subtract lines 4a and 4b	from 4.			
5 Remaining underdistributions for year	rs prior to 2018, if			
any. Subtract lines 3g and 4a from li	ne 2. For result greater			
than zero, explain in Part VI. See ins	tructions.			
6 Remaining underdistributions for 20 ⁻	8. Subtract lines 3h			
and 4b from line 1. For result greater	than zero, explain in			
Part VI. See instructions.				
7 Excess distributions carryover to 2	2019. Add lines 3j			
and 4c.				
8 Breakdown of line 7:				
a Excess from 2014				
b Excess from 2015				
c Excess from 2016				
d Excess from 2017				
e Excess from 2018				

Schedule A (Form 990 or 990-EZ) 2018



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

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

MISCELLANEOUS		
2014 AMOUNT: \$	252,916.	
2015 AMOUNT: \$	-5,703.	
2016 AMOUNT: \$	0.	
2017 AMOUNT: \$	3,781.	
2018 AMOUNT: \$	0.	
BOOK/PRODUCT SAI	JES	
2014 AMOUNT: \$	2,406.	
2015 AMOUNT: \$	0.	
2016 AMOUNT: \$	0.	
2017 AMOUNT: \$		
2018 AMOUNT: \$	6,143.	
OTHER EVENT REVE	ENUE	
2014 AMOUNT: \$	298,134.	
2015 AMOUNT: \$	0.	
2016 AMOUNT: \$	0.	
2017 AMOUNT: \$	0.	
2018 AMOUNT: \$	6,165.	
INTERCOMPANY REV	/ENUE	
2014 AMOUNT: \$	6,000.	
2015 AMOUNT: \$	6,500.	
2016 AMOUNT: \$	6,000.	
2017 AMOUNT: \$	26,000.	Schedule A (Form 990 or 990-EZ) 20
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Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

2018 AMOUNT: \$ 42,491.

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Schedule B

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

Name of the organization

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

Employer identification number

52-1367538

SHARE	OUR	STRENGTH	
Organization type (check one):			

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

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

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, 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 (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

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

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

 $\label{eq:LHA} \ \ \mbox{For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Name of organization

SHARE OUR STRENGTH

52-1367538

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 1 X Person Payroll 5,870,594. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 2 X Person Payroll 4,025,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 3 X Person Payroll 2,710,051. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 4 X Person Payroll 2,352,132. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 5 X Person Payroll 1,875,070. Noncash \$ (Complete Part II for noncash contributions.) (c) (d) (a) (b) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 6 X Person Payroll 1,810,000. Noncash \$ (Complete Part II for noncash contributions.) 823452 11-08-18 Schedule B (Form 990, 990-EZ, or 990-PF) (2018) 2 15120330 150872 SOS 2018.05070 SHARE OUR STRENGTH

Page 2

1

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Name of organization

SHARE OUR STRENGTH

52-1367538

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
7		\$ <u>1,681,507.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Name of organization

Employer identification number

SHARE OUR STRENGTH

52-1367538

(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
23453 11-08-18		\$	990, 990-EZ, or 990-PF) (201

Page 4

ne of organization	n		Employer identification number
IARE OUR	STRENGTH		52-1367538
art III Exclusiv from any completin	vely religious, charitable, etc., contribu	a) through (e) and the following line entry. charitable, etc., contributions of \$1,000 or less	on 501(c)(7), (8), or (10) that total more than \$1,000 for the year
) No. rom Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
			_
		(e) Transfer of gift	
	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee
) No. rom Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee
) No. rom Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee
) No. rom Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
		and $\mathbf{7IP} \pm 4$	Relationship of transferor to transferee
	Transferee's name, address, a		
	Transferee's name, address, a		

SCHEDULE C

(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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.

18 ZU Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

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

• Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.

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

Section 527 organizations: Complete Part I-A only.

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

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

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

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

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

ie of organ	lization			Emp	loyer identification number
					52-1367538
rt I-A	Complete if the org	anization is exempt under	section 501(c) or	r is a section 527 or	ganization.
Political o Voluntee	campaign activity expendit r hours for political campai	ures gn activities		►\$	
rt I-B	Complete if the org	anization is exempt under			
	•	, ,			
Enter the	amount of any excise tax	incurred by organization managers	under section 4955	▶\$	i <u> </u>
If the org	anization incurred a sectio	n 4955 tax, did it file Form 4720 fo	this year?		Yes No
Was a co	rrection made?				Yes No
				=	
rt I-C	Complete if the org	anization is exempt under	section 501(c), e	except section 501(c)(3).
Enter the	amount directly expended	by the filing organization for section	on 527 exempt functio	n activities 🛛 🕨 🕈	j
Enter the	amount of the filing organ	ization's funds contributed to othe	r organizations for sec	tion 527	
exempt f	unction activities			► \$	j
					i
Did the fi	ling organization file Form	1120-POL for this year?			Yes No
			-	-	
• •		· ·			
					e segregated fund of a
				1	(a) Amount of political
	(a) Name	(b) Address	(C) EIN		(e) Amount of political contributions received and
				funds. If none, enter -0	promptly and directly
					delivered to a separate
					political organization. If none, enter -0
	rt I-A Provide a Political o Volunteed rt I-B Enter the Enter the If the org Was a co If "Yes," or rt I-C Enter the Enter the Enter the Enter the Enter the Ine 17b Did the fi Enter the made pay contribut	Complete if the org Provide a description of the organiz Political campaign activity expendit Volunteer hours for political campai rt I-B Complete if the org Enter the amount of any excise tax Enter the amount of any excise tax If the organization incurred a sectio Was a correction made? If "Yes," describe in Part IV. rt I-C Complete if the org Enter the amount directly expended Enter the amount of the filing organ exempt function activities Total exempt function expenditures line 17b Did the filing organization file Form Enter the names, addresses and en made payments. For each organization	SHARE OUR STRENGTH rt I-A Complete if the organization is exempt under Provide a description of the organization's direct and indirect political appaign activity expenditures Political campaign activity expenditures Volunteer hours for political campaign activities Political campaign activity expenditures Volunteer hours for political campaign activities Provide a description of any excise tax incurred by the organization under Enter the amount of any excise tax incurred by organization managers If the organization incurred a section 4955 tax, did it file Form 4720 for Was a correction made? If "Yes," describe in Part IV. rt I-C Complete if the organization is exempt under Enter the amount directly expended by the filing organization for section Enter the amount directly expended by the filing organization for section Enter the amount of the filing organization's funds contributed to other exempt function activities Total exempt function expenditures. Add lines 1 and 2. Enter here and line 17b Did the filing organization file Form 1120-POL for this year? Enter the names, addresses and employer identification number (EIN) made payments. For each organization listed, enter the amount paid fit contributions received that were promptly and directly delivered to a s political action	SHARE OUR STRENGTH rt I-A Complete if the organization is exempt under section 501(c) or Provide a description of the organization's direct and indirect political campaign activities in Political campaign activity expenditures Volunteer hours for political campaign activities rt I-B Complete if the organization is exempt under section 501(c)(3) Enter the amount of any excise tax incurred by the organization under section 4955 Enter the amount of any excise tax incurred by organization managers under section 4955 If "Yes," describe in Part IV. rt I-C Complete if the organization is exempt under section 501(c), e Enter the amount directly expended by the filing organization for section 527 exempt function Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function Enter the amount of the filing organization's funds contributed to other organizations for section 527 polit Intel Tb Did the filing organization file Form 1120-POL for this year? Enter the names, addresses and employer identification number (EIN) of all section 527 polit made payments. For each organization listed, enter the amount paid from the filing organization received that were promptly and directly delivered to a separate politic	SHARE OUR STRENGTH rt I-A Complete if the organization is exempt under section 501(c) or is a section 527 or Provide a description of the organization's direct and indirect political campaign activities in Part IV. Political campaign activity expenditures Volunteer hours for political campaign activities TI-B Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by organization managers under section 4955 \$ If the organization is exempt under section 501(c), (2), except section 501(c) Was a correction made? If "Yes," describe in Part IV. Tt C Complete if the organization is exempt under section 501(c), except section 501(c) Enter the amount directly expended by the filing organization for section 527 exempt function activities If "Yes," describe in Part IV. Tt C Complete if the organization is exempt under section 501(c), except section 501(c) Enter the amount directly expended by the filing organization for section 527 exempt function activities \$ Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b \$ Did the filing organ

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

Schedule C (Form 990 or 990-EZ) 2018

832041 11-08-18



Schedule C (Form 990 or 990-EZ) 2018	SHARE OUR	STRENGTH		52-1	367538 Page 2
Part II-A Complete if the org	anization is exe	empt under section	n 501(c)(3) and file	ed Form 5768 (ele	ction under
section 501(h)).					
	-	ffiliated group (and list in	Part IV each affiliated	group member's name	e, address, EIN,
	re of excess lobbying	, , ,			
B Check 🕨 🛄 if the filing organiza	tion checked box A	and "limited control" pro	ovisions apply.		
	ts on Lobbying Exp ditures" means amo	enditures ounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influ	Jence public opinion	(grass roots lobbying)		93,989.	
b Total lobbying expenditures to influ	•			690,082.	
c Total lobbying expenditures (add li				784,071.	
d Other exempt purpose expenditure				62,276,866.	
e Total exempt purpose expenditure				63,060,937.	
f _Lobbying nontaxable amount. Ente				1,000,000.	
If the amount on line 1e, column (a) of		bbying nontaxable am		· · ·	
Not over \$500,000		f the amount on line 1e.			
Over \$500,000 but not over \$1,000		000 plus 15% of the exc	ess over \$500.000.		
Over \$1,000,000 but not over \$1,5		000 plus 10% of the exc			
Over \$1,500,000 but not over \$17,		000 plus 5% of the exce			
Over \$17,000,000	\$1,00	•			
· - · + · · ; ;	+ · · ,				
g Grassroots nontaxable amount (en	ter 25% of line 1f)			250,000.	
h Subtract line 1g from line 1a. If zer				0.	
i Subtract line 1f from line 1c. If zero				0.	
j If there is an amount other than ze		r line 1i. did the organiza	ation file Form 4720		
reporting section 4911 tax for this				Γ	Yes No
		veraging Period Under			
(Some organizations t	hat made a section		have to complete all o	of the five columns be	low.
	Lobbying Exp	enditures During 4-Yea	ar Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
2a Lobbying nontaxable amount	1,000,000	. 1,000,000.	1,000,000.	1,000,000.	4,000,000.
 b Lobbying ceiling amount (150% of line 2a, column(e)) 					6,000,000.
c Total lobbying expenditures	677,800	. 556,274.	664,141.	784,071.	2,682,286.
d Grassroots nontaxable amount	250,000	. 250,000.	250,000.	250,000.	1,000,000.
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.
f Grassroots lobbying expenditures	177,625	. 112,058.	106,852.	93,989.	490,524.

Schedule C (Form 990 or 990-EZ) 2018

832042 11-08-18





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

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description		(a)		(b)	
	e lobbying 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?				
f	Grants to other organizations for lobbying purposes?				
g					
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i	Other activities?				
j	Total. Add lines 1c through 1i				
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
	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	n 501(c)(5),	or sec	tion	
	501(c)(6).				
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from th		3		
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	'No," OR (b) Part	III-A, line	e 3, is
	answered "Yes."				
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic	al			
	expenses for which the section 527(f) tax was paid).				
а	Current year		2a		
b	Carryover from last year		2b		
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 exce	ess			
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and per	olitical			
	expenditure next year?		4		
_5	Taxable amount of lobbying and political expenditures (see instructions)		5		
Par					
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 II-A,	lines 1 ai	nd 2 (see	

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

Schedule C (Form 990 or 990-EZ) 2018

15070330 150872 SOS



60	HEDULE D	Supplement	al Financial Statement	łe		OMB No. 1545-0047
(Fori	(Form 990) Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.					2018 Open to Public
	ment of the Treasury		Attach to Form 990. 90 for instructions and the latest infor	mation.		Inspection
Nam	e of the organization				Employ	er identification number 52-1367538
Pa	rt I Organiza	ations Maintaining Donor Advise	d Funds or Other Similar Fund	s or Ac	counts.	Complete if the
	organizatio	n answered "Yes" on Form 990, Part IV, lin	ne 6.			
	0	, ,	(a) Donor advised funds	(b) Funds a	and other accounts
1	Total number at er	nd of year				
2		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		ised fund	s	
	-	on's property, subject to the organization's	-			Yes No
6		on inform all grantees, donors, and donor a				
	for charitable purp	oses and not for the benefit of the donor o	or donor advisor, or for any other purpose	e conferri	ng	
	impermissible priva	ate benefit?	· · · · · · · · · · · · · · · · · · ·			🗌 Yes 📃 No
Pa	rt II Conserv	ation Easements. Complete if the or	ganization answered "Yes" on Form 990	, Part IV,	line 7.	
1	Purpose(s) of cons	servation easements held by the organizati	on (check all that apply).			
	Preservation	n of land for public use (e.g., recreation or e	education) Preservation of a hi	storically	important	land area
	Protection o	f natural habitat	Preservation of a ce	ertified his	storic strue	cture
	Preservation	n of open space				
2	Complete lines 2a	through 2d if the organization held a quality	fied conservation contribution in the form	n of a cor	servation	easement on the last
	day of the tax year	r.			He	d at the End of the Tax Year
а	Total number of co	onservation easements			2a	
b	Total acreage rest	ricted by conservation easements			2b	
С	Number of conservent	vation easements on a certified historic str	ucture included in (a)		2c	
d		vation easements included in (c) acquired a				
		nal Register			2d	
3	Number of conservery year	vation easements modified, transferred, rel	leased, extinguished, or terminated by th	ie organiz	zation duri	ng the tax
4	Number of states	where property subject to conservation eas	sement is located	_		
5	Does the organizat	tion have a written policy regarding the per	riodic monitoring, inspection, handling of	f		
	violations, and enf	orcement of the conservation easements it	t holds?			🗌 Yes 📃 No
6	Staff and voluntee	r hours devoted to monitoring, inspecting,	handling of violations, and enforcing con	nservatio	n easemer	nts during the year
	▶					
7	Amount of expens	es incurred in monitoring, inspecting, hand	lling of violations, and enforcing conserv	ation eas	ements di	uring the year
8		vation easement reported on line 2(d) abov	•		-	
)(4)(B)(ii)?				Ves No
9		be how the organization reports conservati				
		ble, the text of the footnote to the organiza	tion's financial statements that describes	s the orga	anization's	accounting for
Do	conservation ease	ments. ations Maintaining Collections of	Art Historical Tracquires or C	hor Si	milor A	
Fa		•		liner 3		55615.
		f the organization answered "Yes" on Form				
1a		elected, as permitted under SFAS 116 (AS				
		s, or other similar assets held for public ext		ance of p	DUDIIC SERV	ice, provide, in Part XIII,
		thote to its financial statements that descri				
b	-	elected, as permitted under SFAS 116 (AS				
		r similar assets held for public exhibition, e	oucation, or research in furtherance of p	ublic serv	vice, provid	ae the following amounts
	relating to these ite					
		ded on Form 990, Part VIII, line 1			► [⇒] -	
2	.,	ed in Form 990, Part X	asures or other similar assets for financi		► [⊅] _	
		TECEIVED OF DEID WORKS OF ALL, HISTORICALTRE	asures, or other sitting assets for unanc	iai uaiti. F	NUVIUE	

If the organization received or held works of art, historical treasures, or other similar assets for financia the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990. Part VIII. line 1

а	Revenue included on Form 990, Part VIII, line 1	
-		

b Assets included in Form 990, Part X

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 832051 10-29-18 Schedule D (Form 990) 2018

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\$

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Par	t III Organizations Maintaining C	ollections of Art	, Hist	torical Tre	easures, o	r Other	Similar	Assets	continu	ued)	
3	Using the organization's acquisition, accessi	on, and other records	, chec	k any of the f	following that	t are a sig	nificant us	se of its c	ollection i	tems	i
	(check all that apply):										
а	Public exhibition	d		Loan or exc	hange progra	ams					
b	Scholarly research	е		Other							
с	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explain	how th	hey further th	ne organizatio	on's exem	npt purpos	e in Part	XIII.		
5	During the year, did the organization solicit o	r receive donations o	f art, h	istorical treas	sures, or othe	er similar	assets				
	to be sold to raise funds rather than to be ma	aintained as part of th	ie orga	nization's co	llection?				Yes		No
Par	t IV Escrow and Custodial Arran	gements. Comple	te if th	e organizatio	n answered	"Yes" on	Form 990,	Part IV,	line 9, or		
	reported an amount on Form 990, Pa	rt X, line 21.		-							
1a	Is the organization an agent, trustee, custodi	an or other intermedi	ary for	contribution	s or other as	sets not i	ncluded				
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII										
		·	0						Amount		
с	Beginning balance						1c				
	Additions during the year										
	Distributions during the year										
f	Ending balance						1f				
2a	Did the organization include an amount on Fe						ty?		Yes		No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the exp	olanatio	on has been	provided on	Part XIII]
Par							0.				
		(a) Current year		Prior year	(c) Two yea		(d) Three ye	ears back	(e) Four	years	back
1a	Beginning of year balance										
b	Contributions										
с	Net investment earnings, gains, and losses										
d	Grants or scholarships										
	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr		(line 1	a. column (a)) held as:						
a	Board designated or quasi-endowment	•	%	3, (-)	,,						
b	Permanent endowment	%	_^_								
	Temporarily restricted endowment										
	The percentages on lines 2a, 2b, and 2c sho										
3a	Are there endowment funds not in the posse	-	tion tha	at are held ar	nd administer	red for the	e organiza	tion			
	by:	5					5			Yes	No
	(i) unrelated organizations								3a(i)		
									3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza								3b		
4	Describe in Part XIII the intended uses of the								· · · ·		
Par	t VI Land, Buildings, and Equipm										
	Complete if the organization answere	d "Yes" on Form 990,	, Part I	V, line 11a. S	See Form 990	, Part X, I	line 10.				
	Description of property	(a) Cost or ot			or other		cumulate	d	(d) Book	value	
		basis (investm			(other)		preciation	-	(,		-
1 a	Land		-								
	Buildings										
	Leasehold improvements			2,44	7,109.	1,1	.82,30)7.	1,264	, 80	02.
	Equipment				,		, - •		,	,	
	Other			1,86	1,103.	1,5	562,67	/5.	298	, 42	28.
	. Add lines 1a through 1e. (Column (d) must e						/-/		1,563		
		gaar onn 330, Fall /	, colul		<u>vv</u> .,		<u></u>		D (Form		
							•				



Complete if the organization answered "Yes"			
(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" of			
(a) Description of investment	(b) Book value	(c) Method of valuation:	Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets.	<u> </u>		
Complete if the organization answered "Yes" (On Form 990, Part IV, Description	line 11d. See Form 990, Part X, II	(b) Book value
	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 Part X Other Liabilities.	<u>; 15.)</u>		······
		line 11e en 11f Cae Farm 000 De	
Complete if the organization answered "Yes" ((a) Description of liability	on Form 990, Part IV,	(b) Book value	art X, line 25.
(2) DEFERRED RENT AND LEASEHOI	ער	2 004 222	
(3) INCENTIVES		2,984,332. 22,949.	
(4) SECURITY DEPOSIT		<u> </u>	
(5)			
(6)			
(7)			
(8)			
(9)			
otal. (Column (b) must equal Form 990, Part X, col. (B) line	≥ 25.) ►	3,007,281.	

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

Schedule D (Form 990) 2018

832053 10-29-18



Sche	dule D (Form 990) 2018 SHARE OUR STRENGTH			52-	1367538	Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Stateme	ents Wit	th Revenue per Re	turn.		6
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	ι.				
1	Total revenue, gains, and other support per audited financial statements			1	138,893,	,568.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	. 2a				
b	Donated services and use of facilities	2b	56,564,611.			
с	Recoveries of prior year grants	. 2c				
d	Other (Describe in Part XIII.)	. 2d	7,116,574.			
е	Add lines 2a through 2d			2e	63,931,	
3	Subtract line 2e from line 1			3	74,961,	<u>,930.</u>
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a	41,426.	4		
b	Other (Describe in Part XIII.)	. 4b				
с	Add lines 4a and 4b			4c	41,	426.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	75,003,	,356.
Pa	t XII Reconciliation of Expenses per Audited Financial Statem		ith Expenses per I	Retur	'n.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	ι.				44.4
1				1	129,042,	414.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
а	Donated services and use of facilities	. 2a	56,564,611.	4		
b	Prior year adjustments	. 2 b		4		
С	Other losses			4		
d	Other (Describe in Part XIII.)		7,116,574.			
е	Add lines 2a through 2d			2e	63,681,	
3	Subtract line 2e from line 1			3	65,361,	,229.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	41,426.	4		
b	Other (Describe in Part XIII.)	. 4b				
с	Add lines 4a and 4b			4c		426.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	65,402,	655.
Pa	rt XIII Supplemental Information.					

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

PART X, LINE 2:

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

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

PART XII, LINE 2D - OTHER ADJUSTMENTS:

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1

Schedule D (Form 990) 2018 SHARE OUR ST Part XIII Supplemental Information (continued)	TRENGTH	52-1367538 Page 5
CDECIAL FURNT FYDENGEG		7 077 928
GAMING EVENT EXPENSES		38,646.
COTAL TO SCHEDULE D, PART XII, L	INE 2D	7,116,574.
		Schedule D (Form 990) 2018
2055 10-29-18	36	
0330 150872 SOS	2018.05070 SHARE OUR S	TRENGTH COPY

15070330 150872 SOS

SCHEDULE F	Stateme	nt of Act	ivities Outside the Un	ited Sta	ites -	OMB No. 1545-0047
(Form 990)			n answered "Yes" on Form 990, Part I			2018
Department of the Treasury			Attach to Form 990.			Open to Public
Internal Revenue Service	Go to	www.irs.gov/Fo	orm990 for instructions and the latest	information.	E	Inspection
Name of the organization					Employer Id	entification number
SHARE OUR STRENGTH					52-136	
		ctivities Out	side the United States. Comple	te if the organ	ization answer	ed "Yes" on
Form 990, Part IV 1 For grantmakers. Does		maintain rocor	ds to substantiate the amount of its gra	ate and other	assistanco	
			the selection criteria used to award the			X Yes No
2 For grantmakers. Desc United States.	cribe in Part V the	e organization's	procedures for monitoring the use of its	grants and ot	her assistance	outside the
3 Activities per Region. (T	he following Part	I, line 3 table ca	an be duplicated if additional space is no	eeded.)		
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region)	is a pro describe	vity listed in (d) gram service, e specific type (s) in the regior	expenditures for and investments
EAST ASIA AND THE						
PACIFIC	0	0	GRANTMAKING			107,000.
3 a Subtotal	0	0				107,000.
b Total from continuation						107,000.
sheets to Part I	0	0				0.
c Totals (add lines 3a						
and 3b)	0	0				107,000.

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

832071 10-31-18



Schedule F (Form 990) 2018

Statement of Activities Outside the United States

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) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EAST ASIA AND THE	INTERNATIONAL AID (SCHOOL MEALS PROGRAMMING)	107,000.	WIRE TRANSFER	0.		
	ch the grantee or cou	nsel has provided a sect	I recognized as charities by the f tion 501(c)(3) equivalency letter				<u> </u>	<u>1</u>

Schedule F (Form 990) 2018

Page 2

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SHARE OUR STRENGTH Schedule F (Form 990) 2018

(b) Region

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.

(c) Number of (d) Amount of

cash grant

recipients

(e) Manner of

cash disbursement

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance

Schedule F (Form 990) 2018								

(g) Description of

noncash assistance

(f) Amount of

noncash assistance Page 3

(h) Method of valuation (book, FMV, appraisal, other)

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? <i>If</i> "Yes," <i>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)</i>	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? <i>If</i> "Yes," <i>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)</i>	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? <i>If</i> "Yes," <i>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)</i>	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? <i>If</i> "Yes," <i>the organization may be required to separately file Form 5713, International Boycott Report (see</i> <i>Instructions for Form 5713; don't file with Form 990)</i>	Yes	X No



Schedule F (Form 990) 2018 SHARE OUR STRENGTH

Part V | Supplemental Information

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

PART I, LINE 2:

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

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

PART I, LINE 3:

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

832075 10-31-18



1

SCHEDULE G	Suppleme	ntal Information Regarding	Func	Iraisi	ng or Gaming A	ctivities	OMB No. 1545-0047
(Form 990 or 990-EZ)		e organization answered "Yes" on organization entered more than \$15				r 19, or if the	2018
Department of the Treasury		Attach to Form 990	or Fo	rm 99	0-EZ.		Open to Public
Internal Revenue Service	► Go	o to www.irs.gov/Form990 for instru	uction	s and	the latest informati		Inspection
Name of the organization							identification number
	SHARE O	UR STRENGTH				52-13	67538
	ng Activities.	Complete if the organization answe t.	red "Y	es" or	n Form 990, Part IV, I	ine 17. Form 990)-EZ filers are not
a X Mail solicitation b X Internet and e c X Phone solicitation d X In-person solicitation 2 a Did the organization key employees lister	ons email solicitations ations citations n have a written c d in Form 990, P		tion of tion of fundra (incluc	non-g gover iising e ling of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?	X	
compensated at lea	ast \$5,000 by the	organization.					
						(v) Amount pa to (or retained fundraiser listed in col. (by) to (or retained by)
AGENCY 21 CONSULTIN	G - 1428	SPECIAL EVENT FUNDRAISING	Yes	No			
BRICKELL AVENUE, SU	ITE 303,	& MANAGEMENT/PRODUCTION		х	1,805,300.	311,0	84. 1,494,216.
CONCORD LITHO GROUP	/CONCORD	DIRECT MAIL &					
DIRECT - 92 OLD TUR	NPIKE	DIGITAL/ONLINE FUNDRAISING		x	1,231,753.	173,5	50. 1,058,203.
STOTT DEVELOPMENT S	OLUTIONS	FUNDRAISING TEAM DESIGN,					
GROUP - 4516 WOODDA	LE AVENUE,	STRATEGY & PLANNING;		x	1,000,000.	220,5	00. 779,500.
TYPE A DEVELOPMENT,	LLC	SPECIAL EVENT FUNDRAISING					
(ALLISON PALLESTRIN	I) - 4540	& MANAGEMENT/PRODUCTION		x	939,783.	123,1	25. 816,658.
ASCENTA GROUP INC.	(FORMERLY						
APPCO GROUP US INC.) - 315	FACE-TO-FACE FUNDRAISING		x	469,000.	834,9	55365,955.
SEA CHANGE STRATEGI	ES - 7409	DIGITAL/ONLINE FUNDRAISING					
BIRCH AVENUE, TAKOM	A PARK, MD	CONSULTING		x	349,352.	102,0	00. 247,352.
BROCK DEVELOPMENT,	LLC						
(MELANIE BROCK) - 5	02 CANYON	STRATEGY & FUNDRAISING		x	342,020.	60,0	00. 282,020.
JUDY WALKER GROUP (JUDY	SPECIAL EVENT FUNDRAISING					
WALKER) - 30251 GOL	DEN	& MANAGEMENT/PRODUCTION		x	237,575.	69,5	00. 168,075.
SKY ADVISORY GROUP	(LINDSAY						
RACHELEFSKY) - 1169	3 SAN	STRATEGY & FUNDRAISING		x	115,000.	72,0	00. 43,000.
FACE TO FACE OUTREA	CH, INC						
18062 IRVINE BOULEV	ARD, SUITE	FACE-TO-FACE FUNDRAISING		х	66,000.	166,4	75100,475.
Total	the organizatio	n is registered or licensed to solicit c	ontrib		6,555,783.	2,133,1	

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) 2018



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Schedule G (Form 990 or 990 EZ) 2018 SHARE OUR STRENGTH

52-1367538 Page 2

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

		of fundraising event contributions and gro	oss income on Form 990-	EZ, lines 1 and 6b. List e	events with gross receip [.]	ts greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
			NYCWFF (event type)	(event type)	(total number)	- col. (c))
Ine				(event type)	(total number)	
Revenue	1	Gross receipts	9,142,357.			9,142,357.
	2	Less: Contributions	5,565,200.			5,565,200.
	3	Gross income (line 1 minus line 2)	3,577,157.			3,577,157.
	4	Cash prizes	0.			
s	5	Noncash prizes	0.			
pense	6	Rent/facility costs	1,732,221.			1,732,221.
Direct Expenses	7	Food and beverages	772,573.			772,573.
ā	8	Entertainment	50,329.			50,329.
	9	Other direct expenses	4,522,805.			4,522,805.
		Direct expense summary. Add lines 4 through Net income summary. Subtract line 10 from li				7,077,928.
Pa	rt I			990 Part IV line 19 or		5,500,771
		\$15,000 on Form 990-EZ, line 6a.				
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c)
Rev	1	Gross revenue			154,585.	154,585.
es	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct E	4	Rent/facility costs				
_	5	Other direct expenses			38,646.	38,646.
	_		Yes%	Yes%	Yes%	
	6	Volunteer labor	No	No No	X No	
	7	Direct expense summary. Add lines 2 through	1 5 in column (d)			38,646.
	8	Net gaming income summary. Subtract line 7	from line 1 column (d)		►	115,939.
		SEE PART IV FOR FULL LI		<u></u>		,
9		er the state(s) in which the organization condu		A, CT, DC, FL, G	A,IL,MA,ME,M	N, MO, NC, NY
		he organization licensed to conduct gaming ac				
		No," explain:				
•				······································		Yes X No
		re any of the organization's gaming licenses re Yes," explain:			year ?	Yes X No
208	2 10	-03-18			Schedule G (Fo	rm 990 or 990-EZ) 201

Schedule G (Form 990 or 990 EZ) 2018 SHARE OUR ST	RENGTH	!	52-13675	38 Page 3
11 Does the organization conduct gaming activities with nonmo				es X No
12 Is the organization a grantor, beneficiary or trustee of a trust	-			
to administer charitable gaming?			Y	es 🚺 No
13 Indicate the percentage of gaming activity conducted in:				
a The organization's facility				<u>%</u> %
b An outside facility14 Enter the name and address of the person who prepares the			·····	90
	organization s garning/speer		•	
Name				
Address 🕨				
15a Does the organization have a contract with a third party from	n whom the organization rece	vives gaming revenue?	Y	es 🛛 🗶 No
b If "Yes," enter the amount of gaming revenue received by the	e organization 🕨 \$	and the amou	Int	
of gaming revenue retained by the third party				
c If "Yes," enter name and address of the third party:				
Name				
Address ►				
16 Gaming manager information:				
Name				
Gaming manager compensation > \$				
Description of services provided				
Director/officer Employee	Independent contrac	tor		
17 Mandatory distributions:				
a Is the organization required under state law to make charita	•	•		es X No
retain the state gaming license? b Enter the amount of distributions required under state law to				
organization's own exempt activities during the tax year		ipt organizations of spent in	uie	
Part IV Supplemental Information. Provide the exp	planations required by Part I, I		and Part III, lines	s 9, 9b, 10b,
15b, 15c, 16, and 17b, as applicable. Also provide a	-			
SCHEDULE G, PART I, LINE 2B, LIS	<u>r of ten highes</u>	T PAID FUNDRAIS	SERS:	
(I) NAME OF FUNDRAISER: AGENCY 23				
(I) ADDRESS OF FUNDRAISER:				
1428 BRICKELL AVENUE, SUITE 303,	MIAMI , FL 33	131		
(I) NAME OF FUNDRAISER: CONCORD I				
(I) ADDRESS OF FUNDRAISER: 92 OLI (II) ACTIVITY: DIRECT MAIL & DIG			03301 LTING	
832083 10-03-18	44		G (Form 990 or	990-EZ) 2018
70330 150872 SOS		HARE OUR STRENG	тн С	



(I) NAME OF FUNDRAISER: STOTT DEVELOPMENT SOLUTIONS GROUP

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

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

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

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

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

(I) ADDRESS OF FUNDRAISER:

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

(I) NAME OF FUNDRAISER: SEA CHANGE STRATEGIES

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

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

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

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

(I) ADDRESS OF FUNDRAISER:

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

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

(I) ADDRESS OF FUNDRAISER:

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

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

(I) ADDRESS OF FUNDRAISER:

832084 04-01-18

Schedule G (Form 990 or 990-EZ)



18062 IRVINE BOULEVARD, SUITE 304, TUSTIN, CA 92780

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

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

Schedule G (Form 990 or 990-EZ)

COPY

1



15070330 150872 SOS

SCHEDULE I	G	arants and Oth	er Assistan	ce to Organ	izations.		OMB No. 1545-0047
(Form 990)	Go	vernments, an ete if the organization	d Individual	s in the Ŭni [.]	ted States		2018
Department of the Treasury	Comp		Attach to Form	n 990.			Open to Public
Internal Revenue Service		Go to www.ir	s.gov/Form990 fo	r the latest inform	nation.		Inspection
Name of the organization SHARE OUR	STRENGTH						Employer identification number 52-1367538
Part I General Information on Grants ar	nd Assistance						
1 Does the organization maintain records to criteria used to award the grants or assist						stance, and the selecti	
2 Describe in Part IV the organization's pro							
Part II Grants and Other Assistance to D	Oomestic Organiz	ations and Domestic	Governments. C	omplete if the orga	anization answered "Y	′es" on Form 990, Part	IV, line 21, for any
recipient that received more than \$	5,000. Part II can	be duplicated if addition	onal space is neede	ed.	(f) Method of		<u></u>
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
							NO KID HUNGRY SOCIAL
UNITED WAY OF KING COUNTY							INNOVATION FUND
720 SECOND AVENUE							SUBGRANTEE; SCHOOL
SEATTLE, WA 98104	91-0565555	501(C)(3)	543,112.	0.			BREAKFAST PROGRAM SUPPORT
FOOD BANK FOR NEW YORK CITY 39 BROADWAY, 10TH FLOOR							
NEW YORK, NY 10006	13-3179546	501(C)(3)	470,736.	0.			CHILDHOOD HUNGER PROGRAMS
BAYLOR UNIVERSITY - TEXAS HUNGER INITIATIVE - ONE BEAR PLACE, #97320 - WACO, TX 76798	74-1159753	501(C)(3)	411,449.	0.			NO KID HUNGRY SOCIAL INNOVATION FUND SUBGRANTEE
MONTANA DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES – 1400 BROADWAY – HELENA, MT 59620	81-0302402	N/A	389,250.	0.			NO KID HUNGRY STATE PARTNER GRANT
ARKANSAS HUNGER RELIEF ALLIANCE 1400 WEST MARKHAM STREET, SUITE 304 LITTLE ROCK, AR 72201	30-0254995	501(C)(3)	346,430.	0.			NO KID HUNGRY STATE PARTNER GRANT; COOKING MATTERS PROGRAM SUPPORT
ATLANTA COMMUNITY FOOD BANK 732 JOSEPH E. LOWERY BLVD, NW ATLANTA, GA 30318	58-1376648	501(C)(3)	247,155.	0.			CHILDHOOD HUNGER PROGRAMS
2 Enter total number of section 501(c)(3) an	nd government org	ganizations listed in the	e line 1 table				▶
3 Enter total number of other organizations							
LHA For Paperwork Reduction Act Notice,	see the Instructi	ons for Form 990.					Schedule I (Form 990) (2018)

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SECOND HARVEST HEARTLAND							NO KID HUNGRY STATE
1140 GERVAIS AVENUE							PARTNER GRANT; CHILDHOOD
SAINT PAUL, MN 55109	23-7417654	501(C)(3)	243,954.	0.			HUNGER PROGRAMS
UNIVERSITY OF NORTH CAROLINA AT							
CHAPEL HILL - CENTER FOR HEALTH							
PROMOTION AND DI - 1700 MARTIN							NO KID HUNGRY STATE
LUTHER KING JR. BLVD - CHAPEL	56-6001393	501(C)(3)	173,500.	0.			PARTNER GRANT
HUNGER SOLUTIONS NEW YORK							SCHOOL BREAKFAST PROGRAM
14 COMPUTER DRIVE EAST							SUPPORT; CHILDHOOD HUNGER
ALBANY, NY 12205	22-2954760	501(C)(3)	158,441.	0.			PROGRAMS
			,				
PROJECT BREAD							NO KID HUNGRY STATE
145 BORDER STREET							PARTNER GRANT; CHILDHOOD
EAST BOSTON, MA 02128	04-2931195	501(C)(3)	155,000.	0.			HUNGER PROGRAMS
GREATER CHICAGO FOOD DEPOSITORY							NO KID HUNGRY STATE
4100 WEST ANN LURIE PLACE	26 2071064	F01 (0) (2)	150 470	0			PARTNER GRANT; CHILDHOOD
CHICAGO, IL 60632	36-2971864	501(C)(3)	152,470.	0.			HUNGER PROGRAMS NO KID HUNGRY STATE
FAMILY LEAGUE OF BALTIMORE CITY							PARTNER GRANT;
2305 N. CHARLES STREET, SUITE 200							AFTERSCHOOL MEALS PROGRAM
BALTIMORE, MD 21218	52-1734848	501(C)(3)	152,300.	0.			SUPPORT
				••			
HUNGER TASK FORCE, INC.							NO KID HUNGRY SOCIAL
201 S HAWLEY COURT							INNOVATION FUND
MILWAUKEE, WI 53214	39-1345847	501(C)(3)	145,894.	0.			SUBGRANTEE
							NO KID HUNGRY SOCIAL
FLORIDA IMPACT							INNOVATION FUND
300 WEST PENSACOLA STREET							SUBGRANTEE; CHILDHOOD
TALLAHASSEE, FL 32301	59-2859151	501(C)(3)	129,586.	0.			HUNGER PROGRAMS
NATIONAL ASSOCIATION OF ELEMENTARY							
SCHOOL PRINCIPALS - 1615 DUKE	F0 0005500		114 000	^			
STREET - ALEXANDRIA, VA 22314	52-0885532	DOT(C)(0)	114,000.	0.			CHILDHOOD HUNGER PROGRAM

Part II Continuation of Grants and Other A	ssistance to Gov	vernments and Organ	nizations in the Un	ited States (Sche	edule I (Form 990), Pa	art II.)	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OAKLAND UNIFIED SCHOOL DISTRICT							
900 HIGH STREET							SCHOOL BREAKFAST PROGRAM
OAKLAND, CA 94601	94-6000385	N/A	106,818.	0.			SUPPORT
MICHIGAN DEPARTMENT OF EDUCATION							
P.O. BOX 30008							SCHOOL BREAKFAST PROGRAM
LANSING, MI 48909	38-6000134	N/A	102,000.	0.			SUPPORT
BOSTON PUBLIC SCHOOLS							
2300 WASHINGTON STREET							SCHOOL BREAKFAST PROGRAM
ROXBURY, MA 02119	04-6001380	NT / A	100,000.	0.			SUPPORT
	04 0001300	N/A	100,000.				SUTIONI
MARY'S MEALS USA							
75 ORCHARD STREET							
BLOOMFIELD, NJ 07003	33-1215331	501(C)(3)	100,000.	0.			INTERNATIONAL AID
							SCHOOL BREAKFAST PROGRAM
FAIRFAX COUNTY PUBLIC SCHOOLS							SUPPORT; AFTERSCHOOL
8115 GATEHOUSE ROAD							MEALS PROGRAM SUPPORT;
FALLS CHURCH, VA 22042	12-3456789	N/A	94,500.	0.			SUMMER MEALS PROGRAM
NOBLE NETWORK OF CHARTER SCHOOLS							
1 N. STATE STREET							SCHOOL BREAKFAST PROGRAM
CHICAGO, IL 60602	36-4241970	N/A	94,174.	0.			SUPPORT
WASHINGTON UNIFIED SCHOOL DISTRICT							CCUOOL DREAVENCE DROCDAM
1100 CLARENDON STREET							SCHOOL BREAKFAST PROGRAM
WEST SACRAMENTO, CA 95691	68-0343642	NT / A	91,700.	0.			SUPPORT; SUMMER MEALS PROGRAM SUPPORT
MESI SACRATENIO, CA 53051	00-0343042	LV / Z1	91,700.	0.			ENGRAM BUFFORT
CALIFORNIA FOOD POLICY ADVOCATES							
1970 BROADWAY, SUITE 760							NO KID HUNGRY STATE
OAKLAND, CA 94612	94-3163142	501(C)(3)	91,263.	0.			PARTNER GRANT
THE GREATER BOSTON FOOD BANK							
70 SOUTH BAY AVENUE							
BOSTON, MA 02118	04-2717782	501(C)(3)	85,000.	0.			CHILDHOOD HUNGER PROGRAM

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THREE SQUARE							NO KID HUNGRY SOCIAL
4190 N. PECOS ROAD							INNOVATION FUND
LAS VEGAS, NV 89115	30-0396918	501(C)(3)	81,344.	0.			SUBGRANTEE
ELGIN AREA SCHOOL DISTRICT U-46							SCHOOL BREAKFAST PROGRAM
355 E. CHICAGO STREET							SUPPORT; SUMMER MEALS
ELGIN, IL 60120	36-6004736	N/A	79,950.	0.			PROGRAM SUPPORT
FEEDING THE GULF COAST							NO KID HUNGRY STATE
5248 MOBILE SOUTH STREET							PARTNER GRANT;
THEODORE, AL 36582	63-0821997	501(C)(3)	76,000.	0.			DISASTER/EMERGENCY RELIEF
CHICAGO INTERNATIONAL CHARTER							
SCHOOL - 11 E. ADAMS, SUITE 600 -							SCHOOL BREAKFAST PROGRAM
CHICAGO, IL 60603	36-4141583	N/A	70,466.	0.			SUPPORT
NEBRASKA APPLESEED							
941 O STREET, SUITE 920							NO KID HUNGRY STATE
LINCOLN, NE 68508	47-0798343	501(C)(3)	70,000.	0.			PARTNER GRANT
NATOMAS UNIFIED SCHOOL DISTRICT							
1931 ARENA BLVD							SUMMER MEALS PROGRAM
SACRAMENTO, CA 95834	94-6003346	N/A	70,000.	0.			SUPPORT
KENTUCKY ASSOCIATION OF FOOD BANKS							
P.O. BOX 1824							NO KID HUNGRY STATE
BEREA, KY 40303	61-1398656	501(C)(3)	66,815.	0.			PARTNER GRANT
THE YOUNG CENTER FOR IMMIGRANT			,				
CHILDREN'S RIGHTS - 2245 SOUTH							
MICHIGAN AVENUE, SUITE 301 -							
CHICAGO, IL 60616	26-1839249	501(C)(3)	66,000.	0.			CHILDHOOD HUNGER PROGRAMS
CATHOLIC CHARITIES OF THE RIO							CHILDHOOD HUNGER
GRANDE VALLEY - 700 N. VIRGEN DE							PROGRAMS; SUMMER MEALS
SAN JUAN BLVD - SAN JUAN, TX 78589	68-0599307	501(C)(3)	65,900.	0.			PROGRAM SUPPORT

Schedule I (Form 990) SHARE OUR							2-1367538 Page
Part II Continuation of Grants and Other	Assistance to Gov	vernments and Orga	nizations in the Un	ited States (Scho	edule I (Form 990), Pa I	art II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HEALTHMPOWERS, INC. 250 SCIENTIFIC DRIVE, SUITE 500							NO KID HUNGRY STATE
NORCROSS, GA 30307	58-2524601	501(C)(3)	65,000.	0.			PARTNER GRANT
	50-2524001	501(0)(5)	05,000.	0.			FARINER GRANT
CRAVEN COUNTY SCHOOL DISTRICT							SCHOOL BREAKFAST PROGRAM
3600 TRENT ROAD							SUPPORT;
NEW BERN, NC 28562	56-1286861	N/A	62,000.	0.			DISASTER/EMERGENCY RELIEF
CHILDREN'S HUNGER ALLIANCE							
1105 SCHROCK ROAD, SUITE 505							NO KID HUNGRY STATE
COLUMBUS, OH 43229	23-7303509	501(C)(3)	60,000.	0.			PARTNER GRANT
;							
SAN FRANCISCO UNIFIED SCHOOL							
DISTRICT - 555 FRANKLIN STREET -							SCHOOL BREAKFAST PROGRAM
SAN FRANCISCO, CA 94102	94-6000416	N/A	57,479.	0.			SUPPORT
EL RANCHO USD FOOD SERVICES							
9333 LOCH LOMOND DRIVE							SCHOOL BREAKFAST PROGRAM
PICO RIVERA, CA 90660	95-2162543	N/A	56,996.	0.			SUPPORT
LOWCOUNTRY FOOD BANK							NO KID HUNGRY STATE
2864 AZALEA DRIVE							PARTNER GRANT;
CHARLESTON, SC 29405	57-0751835	501(C)(3)	56,000.	0.			DISASTER/EMERGENCY RELIEF
SOUTH TEXAS PRO BONO ASYLUM							
REPRESENTATION PROJECT - 202 S.							
1ST STREET, SUITE 300 - HARLINGEN,							
TX 78550	36-6110299	501(C)(3)	55,000.	0.			CHILDHOOD HUNGER PROGRAMS
MODENO VALLEY LICO							
MORENO VALLEY USD							
13135 NASON STREET			FF 000	0			SCHOOL BREAKFAST PROGRAM
MORENO VALLEY, CA 92555	52-1770792	N/A	55,000.	0.			SUPPORT
ARLINGTON FOOD ASSISTANCE CENTER							
2708 S. NELSON STREET							
ARLINGTON, VA 22206	54-1473207	501(C)(3)	51,445.	0.			CHILDHOOD HUNGER PROGRAMS

Schedule I (Form 990) SHARE OUR							2-1367538 Page
Part II Continuation of Grants and Other A (a) Name and address of organization or government	Assistance to Gov (b) EIN	(c) IRC section (c) if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CLEVELAND METRO SCHOOL DISTRICT 1111 SUPERIOR AVENUE E, SUITE 1800 CLEVELAND, OH 44114	34-6000662	N/A	51,300.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
WESTMINSTER PUBLIC SCHOOLS 2401 WEST 80TH AVENUE DENVER, CO 80221	84-1088489	N/A	50,013.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
ASSOCIATION OF ARIZONA FOOD BANKS 340 E CORONADO ROAD, SUITE 400 PHOENIX, AZ 85004	86-0507679	501(C)(3)	50,000.	0.			NO KID HUNGRY STATE PARTNER GRANT
GREATER PITTSBURGH CO MM UNITY FOOD BANK – 1 N LINDEN STREET – DUQUESNE, PA 15110–1067	25-1420599	501(C)(3)	50,000.	0.			NO KID HUNGRY STATE PARTNER GRANT
GLEANERS COMMUNITY FOOD BANK OF SOUTHEASTERN MICHIGAN - 2131 BEAUFAIT - DETROIT, MI 48207	38-2156255	501(C)(3)	49,333.	0.			COOKING MATTERS PROGRAM SUPPORT
CAPITAL AREA FOOD BANK 4900 PUERTO RICO AVENUE, NE WASHINGTON, DC 20017	52-1167581	501(C)(3)	45,000.	0.			SUMMER MEALS PROGRAM SUPPORT
EASTSIDE UNION SCHOOL DISTRICT 3126 EAST AVENUE I LANCASTER, CA 93535	95-6001044	N/A	44,814.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
BELLEVILLE BOARD OF EDUCATION 20 PASSAIC AVENUE BELLEVILLE, NJ 07109	22-6001646	N/A	44,000.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
CAPISTRANO UNIFIED SCHOOL DISTRICT 25601 CAMINO DEL AVION SAN JUAN CAPISTRANO, CA 92675	95-2321055	N/A	41,990.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT

Schedule I (Form 990) SHARE OUR							2-1367538 Page
Part II Continuation of Grants and Other A	Assistance to Gov	vernments and Orga	nizations in the Un	ited States (Sche	edule I (Form 990), Pa	rt II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JNIDOS DUAL LANGUAGE SCHOOL							
4475 HENDRIX DRIVE							
FOREST PARK, GA 30297	58-6000212	NT / A	40,000.	0.			CHILDHOOD HUNGER PROGRAMS
FOREST FARR, GR 50257	50 0000212	N/A	40,000.	0.			CHILDHOOD HONGER FROGRAM
BIBB COUNTY SCHOOL DISTRICT							
1646 UPPER RIVER ROAD							SCHOOL BREAKFAST PROGRAM
MACON, GA 31211	58-6000191	N/A	40,000.	0.			SUPPORT
SECOND HARVEST FOOD BANK OF							
NORTHEAST TENNESSEE - 1020 JERICHO							NO KID HUNGRY STATE
DRIVE - KINGSPORT, TN 37663	62-1303822	501(C)(3)	40,000.	0.			PARTNER GRANT
EL RIO COMMUNITY HEALTH CENTER							
839 W. CONGRESS STREET							COOKING MATTERS PROGRAM
TUCSON, AZ 85745	86-0816675	501(C)(3)	40,000.	0.			SUPPORT
ELK GROVE UNIFIED SCHOOL DISTRICT							
ELK GROVE-FLORIN ROAD							SUMMER MEALS PROGRAM
ELK GROVE, CA 95624	94-6002501	N/A	40,000.	0.			SUPPORT
PARADISE UNIFIED SCHOOL DISTRICT							
6696 CLARK ROAD				_			SUMMER MEALS PROGRAM
PARADISE, CA 95969	94-6003686	N/A	40,000.	0.			SUPPORT
PARTNERS FOR A HUNGER-FREE OREGON							
712 SE HAWTHORNE BLVD, #202	00 4050000	501 (9) (2)	40.000				NO KID HUNGRY STATE
PORTLAND, OR 97214	20-4970868	501(C)(3)	40,000.	0.			PARTNER GRANT
18 REASONS							
3150 18TH STREET, #315							
SAN FRANCISCO, CA 94110	45-3059509	501(C)(3)	39,021.	0.			CHILDHOOD HUNGER PROGRAMS
			55,021.	0.			Internet interest interesting
CADDO PUBLIC PARISH SCHOOLS							
6514 WEST CANAL BLVD							SCHOOL BREAKFAST PROGRAM
SHREVEPORT, LA 71108	72-6000224	N/A	37,790.	0.			SUPPORT

	STRENGTH						52-1367538 Page
Part II Continuation of Grants and Other	Assistance to Gov	vernments and Organ	nizations in the Un	ited States (Scho	edule I (Form 990), Pa	urt II.) T	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CITY OF BOSTON 1 CITY HALL SQUARE							
BOSTON, MA 02201	04-6001380	NT / 7	37 500	0.			CHILDHOOD HUNGER PROGRAM
BOSION, MA 02201	04-0001380	N/A	37,500.	0.			CHILDHOOD HUNGER FROGRAM
DOUGLAS COUNTY SCHOOL SYSTEM							
2520 EAST COUNTY LINE ROAD							SCHOOL BREAKFAST PROGRAM
LITHIA SPRINGS, GA 30122	58-6000232	N/A	36,600.	0.			SUPPORT
IDAHO STATE DEPARTMENT OF							
EDUCATION - 650 STATE ST, 2ND							NO KID HUNGRY STATE
, FLOOR - BOISE, ID 83702	82-6000095	N/A	36,000.	0.			PARTNER GRANT
NEW HAMPSHIRE CATHOLIC CHARITIES			,				
D/B/A NEW HAMPSHIRE FOOD BANK -							
700 EAST INDUSTRIAL PARK DRIVE -							
MANCHESTER, NH 03109	02-0222163	501(C)(3)	35,557.	0.			CHILDHOOD HUNGER PROGRAM
CICERO SCHOOL DISTRICT 99							
5110 W. 24TH STREET							SCHOOL BREAKFAST PROGRAM
CICERO, IL 60804	36-6004320	N/A	35,213.	0.			SUPPORT
LITTLE ROCK SCHOOL DISTRICT							
1501 JONES STREET			25.000				SCHOOL BREAKFAST PROGRAM
LITTLE ROCK, AR 72202	71-6014717	N/A	35,000.	0.			SUPPORT
412 FOOD RESCUE							
6022 BROAD STREET							COOKING MATTERS PROGRAM
	47-3476140	501(C)(3)	34,334.	0.			SUPPORT
PITTSBURGH, PA 15206	47-3476140	501(C)(3)	54,554.	0.			SUPPORT
PROVIDENCE MILWAUKIE FOUNDATION							
10150 SE 32ND AVENUE							COOKING MATTERS PROGRAM
MILWAUKIE, OR 97222	94-3079515	501(C)(3)	34,333.	0.			SUPPORT
	54 307313	501(0/(5/	54,555.	0.			
FOOD RESEARCH AND ACTION CENTER							
1200 18TH STREET, NW, SUITE 400							SUMMER MEALS PROGRAM
WASHINGTON, DC 20036	23-7200739	501(C)(3)	33,500.	0.			SUPPORT

Schedule I (Form 990) SHARE OUR	STRENGTH					Ę	52-1367538 Page 1
Part II Continuation of Grants and Other	Assistance to Gov	vernments and Organ	nizations in the Un	ited States (Sche	edule I (Form 990), Pa	art II.)	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PANAMA-BUENA VISTA UNION SCHOOL DISTRICT – 4100 ALUM AVENUE – BAKERSFIELD, CA 93309	95-6000412	N/A	33,036.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
LEGAL SERVICES ADVOCACY PROJECT 2324 UNIVERSITY AVENUE WEST, SUITE SAINT PAUL, MN 55114	41-1412710	501(C)(3)	32,189.	0.			CHILDHOOD HUNGER PROGRAMS
SCHOOL NUTRITION FOUNDATION 120 WATERFRONT STREET, SUITE 300 NATIONAL HARBOR, MD 20745	84-6039412		31,566.	0.			CHILDHOOD HUNGER PROGRAMS
, LAREDO INDEPENDENT SCHOOL DISTRICT 1818 ARKANSAS AVENUE LAREDO, TX 78043	74-6001580		30,960.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
EL MONTE CITY SCHOOL DISTRICT 11317 E. MCGIRK ROAD EL MONTE, CA 91732	95-6001074	N/A	30,600.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
COMMUNITY FOOD ADVOCATES 110 WALL STREET NEW YORK, NY 10005	27-1764219	501(C)(3)	30,000.	0.			CHILDHOOD HUNGER PROGRAMS
SCHOOL CITY OF HAMMOND 5825 BLAINE AVENUE HAMMOND, IN 46320	35-6002450	N/A	30,000.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
HAYS CONSOLIDATED INDEPENDENT SCHOOL DISTRICT - 2331 HIGH ROAD - UHLAND, TX 78640	74-1587518	N/A	30,000.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
HEAVEN'S WINDOWS 2820 VIA ORANGE WAY, STE. W SPRING VALLEY, CA 91978	45-3973982	501(C)(3)	30,000.	0.			SUMMER MEALS PROGRAM SUPPORT

Schedule I (Form 990) SHARE OUR	STRENGTH					5	52-1367538 Page
Part II Continuation of Grants and Other A	Assistance to Gov	vernments and Orga	nizations in the Un	ited States (Sch	edule I (Form 990), Pa	art II.)	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SECOND HARVEST FOOD BANK OF ORANGE COUNTY - 8014 MARINE WAY - IRVINE, CA 92618	32-0362611	501(C)(3)	30,000.	0.			CHILDHOOD HUNGER PROGRAMS
LOS ANGELES REGIONAL FOOD BANK 1734 EAST 41ST STREET							
LOS ANGELES, CA 90058-1502 COMMUNITY ACTION PARTNERSHIP OF	95-3135649	501(C)(3)	30,000.	0.			CHILDHOOD HUNGER PROGRAMS
ORANGE COUNTY - 11870 MONARCH STREET - GARDEN GROVE, CA 92841-2311	95-2452787	501(C)(3)	30,000.	0.			CHILDHOOD HUNGER PROGRAMS
DETROIT PUBLIC SCHOOLS COMMUNITY DISTRICT - 20000 EVERGREEN ROAD - DETROIT, MI 48219	38-6019629	N/A	29,744.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
SOUTH CAROLINA DEPARTMENT OF EDUCATION - 1429 SENATE STREET - COLUMBIA, SC 29201	57-6000286	N/A	29,000.	0.			SCHOOL BREAKFAST PROGRAM SUPFORT
REDLANDS UNIFIED SCHOOL DISTRICT 840 E. CITRUS AVENUE REDLANDS, CA 92374	95-2254572	N/A	29,000.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
LAWNDALE ELEMENTARY SCHOOL DISTRICT – 4520 W. 168TH STREET – LAWNDALE, CA 90260	95-6001837	N/A	28,850.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
AMETHOD PUBLIC SCHOOLS 4215 FOOTHILL BLVD. OAKLAND, CA 94601	94-3185735	N/A	28,600.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
RIALTO UNIFIED SCHOOL DISTRICT 975 N. MERIDIAN AVENUE RIALTO, CA 92376	33-0506526	N/A	28,288.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT

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Part II Continuation of Grants and Other	Assistance to Gov	vernments and Organ	nizations in the Un	ited States (Sche	edule I (Form 990), Pa	irt II.) T	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JONES COUNTY PUBLIC SCHOOLS							
320 W JONES STREET							
TRENTON, NC 28585	56-6001056	N/A	28,000.	0.			CHILDHOOD HUNGER PROGRAMS
CAPTAIN PLANET FOUNDATION, INC.							
133 LUCKIE STREET	E9 10E0401	F01(0)(2)	27.080	0			
ATLANTA, GA 30303	58-1959421	501(C)(3)	27,980.	0.			CHILDHOOD HUNGER PROGRAMS
GOOD SHEPHERD FOOD BANK							
3121 HOTEL ROAD							COOKING MATTERS PROGRAM
AUBURN, ME 04211	22-2986809	501(C)(3)	27,500.	0.			SUPPORT
,			,				
UNIVERSITY OF MINNESOTA EXTENSION							
200 OAK STREET SE, SUITE 450							
MINNEAPOLIS, MN 55445-2010	41-6007513	N/A	26,824.	0.			CHILDHOOD HUNGER PROGRAMS
PAMLICO COUNTY SCHOOLS							
507 ANDERSON DRIVE	56 6001000		05.161				
BAYBORO, NC 28515	56-6001092	N/A	25,161.	0.			DISASTER/EMERGENCY RELIEF
HUNGER FREE AMERICA							
50 BROAD STREET, SUITE 1103							
NEW YORK, NY 10004	13-3471350	501(C)(3)	25,000.	0.			CHILDHOOD HUNGER PROGRAMS
YEMEN AID							
P.O. BOX 238							
YONKERS, NY 10704	81-4112042	501(C)(3)	25,000.	0.			INTERNATIONAL AID
FAMILY NUTRITION OF THE TRIAD. LLC							
1513 FRANKLIN STREET, SUITE 133D							COOKING MATTERS PROGRAM
CHAPEL HILL, NC 27514	81-0696382	501(C)(3)	25,000.	0.			SUPPORT
SUMTER SCHOOL DISTRICT							CCUCCI DEFAREACE DECODAN
2000 OSWEGO ROAD	36-4682689	NT / 7	25 000	0.			SCHOOL BREAKFAST PROGRAM
SUMTER, SC 29153	30-4002009	N/A	25,000.	U.			PUFFURT

Schedule I (Form 990) SHARE OUR							52-1367538 Page
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FLORIDA ASSOCIATION OF DISTRICT							
SCHOOL SUPERINTENDENTS - 208 SOUTH							
MONROE STREET - TALLAHASSEE, FL							
32301	23-7017835	501(C)(6)	25,000.	0.			CHILDHOOD HUNGER PROGRAMS
INDY HUNGER NETWORK							
3737 WALDEMERE AVENUE							COOKING MATTERS PROGRAM
INDIANAPOLIS, IN 46241	45-4833492	501(C)(3)	25,000.	0.			SUPPORT
YOUNG MEN'S CHRISTIAN ASSOCIATION							
OF GREATER GRAND RAPIDS - 475 LAKE							
MICHIGAN DRIVE NW - GRAND RAPIDS,							COOKING MATTERS PROGRAM
MI 49504	38-1358058	501(C)(3)	25,000.	0.			SUPPORT
PURE HANDS							
7340 HIGHWAY 78, SUITE 270	45 4040000						
SACHSE, TX 75048	45-4810098	501(C)(3)	25,000.	0.			CHILDHOOD HUNGER PROGRAMS
BUCKNER CHILDREN AND FAMILY							
SERVICES - 39614 MILE 7 ROAD,							
SUITE 3 - PENITAS, TX 78576	75-2571395	501(C)(3)	25,000.	0.			CHILDHOOD HUNGER PROGRAMS
TEXAS ACCESS TO JUSTICE FOUNDATION							
P.O. BOX 12886							
AUSTIN, TX 78711	74-2354575	501(C)(3)	25,000.	0.			DISASTER/EMERGENCY RELIEF
PANHANDLE HEALTH DISTRICT							
8500 N. ATLAS ROAD							COOKING MATTERS PROGRAM
HAYDEN, ID 83835	82-0537262	GOV'T	25,000.	0.			SUPPORT
CATHOLIC COMMUNITY SERVICES OF							
NORTHERN UTAH - 2504 F AVENUE -							
OGDEN, UT 84401	87-0212450	501(C)(3)	25,000.	0.			CHILDHOOD HUNGER PROGRAMS
SAVE THE CHILDREN FEDERATION, INC.							
501 KINGS HIGHWAY EAST, SUITE 400	06 0726407	E01(0)(2)	25 000	^			
FAIRFIELD, CT 06825	06-0726487	501(0)(3)	25,000.	0.			INTERNATIONAL AID

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THE UNIVERSITY OF AKRON							
302 BUCHTEL COMMON							COOKING MATTERS PROGRAM
AKRON, OH 44325	34-6002924	NT / A	24,600.	0.			SUPPORT
ARRON, OII 44323	54 0002524	N/A	24,000.	0.			SOFFORT
DARLINGTON COUNTY SCHOOL DISTRICT							
216 NORTH DARLINGTON AVENUE							SCHOOL BREAKFAST PROGRAM
LAMAR, SC 29069	57-6003890	N/A	23,990.	0.			SUPPORT
				•			
GREATER CLARK COUNTY SCHOOLS							
1600 BRIGMAN AVENUE							SCHOOL BREAKFAST PROGRAM
JEFFERSONVILLE, IN 47130	35-1151414	N/A	23,960.	0.			SUPPORT
,		-	,				
ST. MARY'S COUNTY PUBLIC SCHOOLS							
22790 MAPLE ROAD							SCHOOL BREAKFAST PROGRAM
LEXINGTON PARK, MD 20653	52-6001013	N/A	23,000.	0.			SUPPORT
FORT SMITH PUBLIC SCHOOLS							
3205 JENNY LIND							SCHOOL BREAKFAST PROGRAM
FORT SMITH, AR 72902-1948	71-6020978	N/A	22,850.	0.			SUPPORT
AMERICAN RED CROSS OF							
MASSACHUSETTS - 1033 MASSACHUSETTS							
AVENUE - BOSTON, MA 02118	53-0196605	501(C)(3)	22,825.	0.			CHILDHOOD HUNGER PROGRAMS
HAWTHORNE SCHOOL DISTRICT							
12044 S. EUCALYPTUS AVENUE							SCHOOL BREAKFAST PROGRAM
HAWTHORNE, CA 90250	95-6001545	N/A	22,792.	0.			SUPPORT
GALLEODNIA AGOGLATION OF TOOS							
CALIFORNIA ASSOCIATION OF FOOD							
BANKS - 1624 FRANKLIN STREET,	68-0392816	F(1/2)/2	22 762	0			DIGAGED (ENERGENCY DELTE
SUITE 722 - OAKLAND, CA 94612	00-0392010	501(C)(3)	22,763.	0.			DISASTER/EMERGENCY RELIER
COMMUNITY HEALTH NETWORK OF							
CONNECTICUT FOUNDATION - 11							
FAIRFIELD BLVD - WALLINGFORD, CT 06492	20 0205749	F(1/2)/2	22 171	0.			CUTI DUCOD WINGED DECEDARS
00432	20-0395748	DOT(C)(D)	22,171.	υ.			CHILDHOOD HUNGER PROGRAMS

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Part II Continuation of Grants and Other (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BEDFORD COUNTY PUBLIC SCHOOLS 1095 GOLDEN EAGLE DRIVE MONETA, VA 24121	54-6001143	N/A	22,095.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
ONE HEALTH OHIO 726 WICK AVENUE YOUNGSTOWN, OH 44505	34-1609341	501(C)(3)	22,055.	0.			COOKING MATTERS PROGRAM SUPPORT
COPIAGUE UNION FREE SCHOOL DISTRICT - 100 DEAUVILLE BLVD COPIAGUE, NY 11726	11-6000450	N/A	22,000.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
INNER CITY EDUCATION FOUNDATION PUBLIC SCHOOLS - 5311 S. CRENSHAW BLVD LOS ANGELES, CA 90043 MEDSTAR GEORGETOWN UNIVERSITY	95-4548521	N/A	21,451.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
HEDSTAR GEORGETOWN UNIVERSITT HOSPITAL - 4200 WISCONSIN AVENUE, NW, SUITE 200 - WASHINGTON, DC 20016	52-2218584	501(C)(3)	21,203.	0.			COOKING MATTERS PROGRAM SUPPORT
OREGON FOOD BANK 7900 NE 33RD DRIVE PORTLAND, OR 97211-1918	93-0785786	501(C)(3)	21,000.	0.			COOKING MATTERS PROGRAM SUPPORT
DEDHAM PUBLIC SCHOOLS 70 WHITING AVENUE DEDHAM, MA 02026	04-6001128	N/A	20,500.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
CHESAPEAKE PUBLIC SCHOOLS 1016 GREENBRIER PKWY. CHESAPEAKE, VA 23320	54-0972327	N/A	20,300.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
COMAL INDEPENDENT SCHOOL DISTRICT 1510 IH 35 N NEW BRAUNFELS, TX 78130	74-6001777	N/A	20,200.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT

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Part II Continuation of Grants and Other A	Assistance to Gov	vernments and Orga	nizations in the Un	ited States (Sch	edule I (Form 990), Pa	art II.)	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WORLD CENTRAL KITCHEN, INC. 1875 CONNECTICUT AVENUE, NW, 10TH F WASHINGTON, DC 20009	27-3521132	501(C)(3)	20,000.	0.			DISASTER/EMERGENCY RELIEF
ALLIANCE TO END HUNGER 425 3RD STREET, SW, SUITE 1200 WASHINGTON, DC 20024	20-2803848	501(C)(3)	20,000.	0.			CHILDHOOD HUNGER PROGRAMS
ASILINGION, DC 20024	20 2003040	501(0)(3)	20,000.	0.			CHILDHOOD HONGER FROGRAM
COLUMBIA COUNTY SCHOOL DISTRICT 1095 FURYS FERRY ROAD EVANS, GA 30809	58-6000217	N/A	20,000.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
NAKODAH AANIIIH ECONOMIC DEVELOPMENT CORPORATION - 189 CHIPPEWA AVENUE - HARLEM, MT 59526	47-1275202	501(C)(3)	20,000.	0.			CHILDHOOD HUNGER PROGRAMS
LIBERAL SCHOOLS USD 480 1611 W. 2ND STREET LIBERAL, KS 67901	48-0697752	N/A	20,000.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
FEEDING TEXAS 1524 SOUTH IH-35, SUITE 342 AUSTIN, TX 78704	74-2762542	501(C)(3)	20,000.	0.			DISASTER/EMERGENCY RELIEF
PUEBLO SCHOOL DISTRICT NO. 60 1902 MONTEZUMA ROAD PUEBLO, CO 81003	84-6001882	N/A	20,000.	0.			CHILDHOOD HUNGER PROGRAMS
HAWAII APPLESEED CENTER FOR LAW & ECONOMIC JUSTICE - 119 MERCHANT STREET, SUITE 605A - HONOLULU, HI 96813	76-0748976		20,000.	0.			SCHOOL BREAKFAST PROGRAM
TENNESSEE JUSTICE CENTER 211 UNION STREET, SUITE 916 NASHVILLE, TN 37201-1568	62-1630417		20,000.	0.			NO KID HUNGRY STATE PARTNER GRANT

Schedule I (Form 990) SHARE OUR Part II Continuation of Grants and Other Continuation Continuation <th></th> <th>vernments and Orga</th> <th>nizations in the l In</th> <th>ited States (Sch</th> <th>adula I (Form 990) Pa</th> <th></th> <th>52-1367538 Page</th>		vernments and Orga	nizations in the l In	ited States (Sch	adula I (Form 990) Pa		52-1367538 Page
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SPOTSYLVANIA COUNTY SCHOOL DISTRICT – 6929 N ROXBURY MILL ROAD – SPOTSYLVANIA, VA 22551	54-6001624	N/A	19,833.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
IDAHO HUNGER RELIEF TASK FORCE 963 S. ORCHARD BOISE, ID 83705	81-3084559	501(C)(3)	19,760.	0.			COOKING MATTERS PROGRAM SUPPORT
LA PROMISE FUND 202 W. 1ST STREET LOS ANGELES, CA 90012	20-4562686	N/A	19,694.	0.			CHILDHOOD HUNGER PROGRAM
END HUNGER CONNECTICUT!, INC. 65 HUNGERFORD STREET HARTFORD, CT 06106	06-1545835	501(C)(3)	19,004.	0.			CHILDHOOD HUNGER PROGRAM
UNIVERSITY OF WISCONSIN-MADISON RESEARCH & SPONSORED PROGRAMS MADISON, WI 53715-1218	39-6006492	N/A	19,000.	0.			COOKING MATTERS PROGRAM SUPPORT
OUR HOUSE, INC. 173 BOULEVARD NORTHEAST ATLANTA, GA 30312	58-1743333	501(C)(3)	18,653.	0.			CHILDHOOD HUNGER PROGRAM
GATHER 210 WEST ROAD, SUITE 3 PORTSMOUTH, NH 03801	02-0226943	501(C)(3)	18,510.	0.			CHILDHOOD HUNGER PROGRAM
ST. MARY PARISH SCHOOL BOARD 474 HIGHWAY 317 CENTERVILLE, LA 70522	72-6001284	N/A	18,500.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
GATEWAY COMMUNITY ACTION PARTNERSHIP - 139 N. IOWA AVENUE - ATLANTIC CITY, NJ 08401	22-1942357	501(C)(3)	18,370.	0.			COOKING MATTERS PROGRAM SUPPORT

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THE FAMILY & COMMUNITY TRUST 114 B EAST HIGH STREET							
	40.0696506	E01(0)(2)	10 151	0.			CULL DUOOD JUINGED DDOGDANG
JEFFERSON CITY, MO 65101	49-9686506	501(C)(3)	18,151.	0.			CHILDHOOD HUNGER PROGRAMS
FOODCORPS							
1140 SE 7TH AVENUE, SUITE 110							
	27-3990987	501(C)(3)	18,005.	0.			CHILDHOOD HUNGER PROGRAMS
PORTLAND, OR 97214	27-3990987	501(C)(3)	18,005.	0.			CHILDHOOD HUNGER PROGRAMS
HUDSON SCHOOL DISTRICT							
1400 CARMICHAEL ROAD							SCHOOL BREAKFAST PROGRAM
HUDSON, WI 54016	39-6002665	NT / A	18,000.	0.			SUPPORT
	55 0002005	N/A	10,000.	0.			BOTTORI
BASTROP ISD							
151 VOSS PKWY.							SCHOOL BREAKFAST PROGRAM
CEDAR CREEK, TX 78612	74-6000230	N/A	17,800.	0.			SUPPORT
PACIFIC CLINICS							
800 SANTA ANITA AVENUE							COOKING MATTERS PROGRAM
ARCADIA, CA 91006	95-1644034	501(C)(3)	17,756.	0.			SUPPORT
,			,				
HENRICO COUNTY PUBLIC SCHOOLS							
3820 NINE MILE ROAD							AFTERSCHOOL MEALS PROGRAM
HENRICO, VA 23223	54-6001344	N/A	17,642.	0.			SUPPORT
·							
HEALTHY WEST CHICAGO							
108 SHERMAN STREET							COOKING MATTERS PROGRAM
WEST CHICAGO, IL 60185	27-1726852	501(C)(3)	17,500.	0.			SUPPORT
SECOND HARVEST FOOD BANK OF	1						
GREATER NEW ORLEANS AND ACADIANA -							
700 EDWARDS AVENUE - NEW ORLEANS,							AFTERSCHOOL MEALS PROGRAM
LA 70123	72-0956468	501(C)(3)	17,200.	0.			SUPPORT
ALABAMA FOOD BANK ASSOCIATION							
P.O. BOX 18607							SUMMER MEALS PROGRAM
HUNTSVILLE, AL 35804	27-1591801	501(C)(3)	16,677.	0.			SUPPORT

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INTON CTAY DUDI TO SCUOOLS							
UNION CITY PUBLIC SCHOOLS 1500 NEW YORK AVENUE							
	22-6002355	NT / 3	16 556	0.			SCHOOL BREAKFAST PROGRAM
UNION CITY, NJ 07087	22-6002355	N/A	16,556.	0.			SUPPORT
BILLINGS PUBLIC SCHOOLS							
3700 MADISON AVENUE							SCHOOL BREAKFAST PROGRAM
BILLINGS, MT 59101	81-6001088	N/A	16,500.	0.			SUPPORT
,			,				
FOUNTAIN LAKE SCHOOLS							
4207 PARK AVENUE							SCHOOL BREAKFAST PROGRAM
HOT SPRINGS, AR 71901	71-0475989	N/A	16,500.	0.			SUPPORT
KENNEWICK SCHOOL DISTRICT							
4TH AVENUE							
KENNEWICK, WA 99336	91-6001557	N/A	16,500.	0.			CHILDHOOD HUNGER PROGRAMS
BALTIMORE CO PUBLIC SCHOOL							
DISTRICT - 9610 PULASKI PARK DRIVE							AFTERSCHOOL MEALS PROGRAM
- BALTIMORE, MD 21220	52-1819200	NT / A	16,367.	0.			SUPPORT
- BALTIMORE, MD 21220	52-1019200	N/A	10,307.	0.			SUFFORT
MOUNTAIN VIEW ELEMENTARY SCHOOL							
DISTRICT - 11111 THIENES AVENUE -							SCHOOL BREAKFAST PROGRAM
EL MONTE, CA 91732	95-6002140	N/A	16,265.	0.			SUPPORT
CHAPEL HILL-CARRBORO CITY SCHOOLS							
606 N. ESTES DRIVE							SCHOOL BREAKFAST PROGRAM
CHAPEL HILL, NC 27516	56-6001004	N/A	16,000.	0.			SUPPORT
AMERICA'S SECOND HARVEST OF THE							
BIG BEND, INC 4016 NORTHWEST							
PASSAGE – TALLAHASSEE, FL							
32303-7817	59-2610345	501(C)(3)	16,000.	0.			DISASTER/EMERGENCY RELIER
ODANCE CONNEY DEDADEWENT OF							
ORANGE COUNTY DEPARTMENT OF							
EDUCATION - 200 KALMUS DRIVE -			15 500	•			SCHOOL BREAKFAST PROGRAM
COSTA MESA, CA 92626	95-6000943	N/A	15,500.	0.			SUPPORT

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WILSON AREA SCHOOL DISTRICT 2400 FIRMSTONE STREET							SCHOOL BREAKFAST PROGRAM
EASTON, PA 18042	23-1729126	N/A	15,100.	0.			SUPPORT
DURHAM PUBLIC SCHOOLS							
3218 ROSE OF SHARON ROAD DURHAM, NC 27712	56-6001021	N/A	15,100.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
CATHOLIC CHARITIES FOOD BANK OF							
THE SOUTHERN TIER - 388 UPPER OAKWOOD AVENUE - ELMIRA, NY 14903	20-8808059	501(C)(3)	15,050.	0.			CHILDHOOD HUNGER PROGRAMS
CITY HARVEST, INC. 6 EAST 32ND STREET, 5TH FLOOR							
NEW YORK, NY 10016	13-3170676	501(C)(3)	15,000.	0.			CHILDHOOD HUNGER PROGRAMS
PEEKSKILL CITY SCHOOL DISTRICT 612 DEPEW ST. PEEKSKILL, NY 10566	13-6007163	NT / 7.	15,000.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
TEASTILL, NI 10300	13-000/103	N/A	15,000.	0.			SUPPORT
PRINCE WILLIAM COUNTY COMMUNITY FOUNDATION, INC P.O. BOX 5148 -							SUMMER MEALS PROGRAM
WOODBRIDGE, VA 22194	82-4105362	501(C)(3)	15,000.	0.			SUPPORT
RICHMOND FOOD JUSTICE ALLIANCE 2213 Q STREET							
RICHMOND, VA 23223	82-0947893	501(C)(3)	15,000.	0.			CHILDHOOD HUNGER PROGRAMS
BOYS & GIRLS CLUBS OF THE VIRGINIA							
PENINSULA – 11825 ROCK LANDING DRIVE – NEWPORT NEWS, VA 23606	54-0538202	501(C)(3)	15,000.	0.			SUMMER MEALS PROGRAM SUPPORT
BUCHANAN COUNTY PUBLIC SCHOOLS							
27382 RIVERSIDE DR GRUNDY, VA 24614	56-6001174	N/A	15,000.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FLORIDA SCHOOL BOARDS ASSOCIATION							
203 SOUTH MONROE STREET							
TALLAHASSEE, FL 32301	59-1229569	501(C)(6)	15,000.	0.			CHILDHOOD HUNGER PROGRAMS
LOCAL MATTERS							
633 PARSONS AVE							COOKING MATTERS PROGRAM
COLUMBUS, OH 43206	06-1819644	501(C)(3)	15,000.	0.			SUPPORT
GROVEPORT MADISON SCHOOL DISTRICT							
5474 SEDALIA DR.							SCHOOL BREAKFAST PROGRAM
COLUMBUS, OH 43232	31-6006900	NI / A	15,000.	0.			SUPPORT
	51 0000500		15,000.				
ASHTABULA AREA CITY SCHOOLS							
2308 WADE AVE.							SCHOOL BREAKFAST PROGRAM
ASHTABULA, OH 44004	34-6005875	N/A	15,000.	0.			SUPPORT
EUCLID CITY SCHOOLS							
711 E. 222ND ST.							SCHOOL BREAKFAST PROGRAM
EUCLID, OH 44123	34-6000963	N/A	15,000.	0.			SUPPORT
GALLIA COUNTY LOCAL SCHOOLS							
8779 STATE ROUTE 160							SCHOOL BREAKFAST PROGRAM
	51-1433336	NT / 7	15,000.	0.			SUPPORT
BIDWELL, OH 45614 NORTH DAKOTA DEPARTMENT OF PUBLIC	51-1455550	N/A	13,000.	0.			SUFFORT
INSTRUCTION - 600 EAST BOULEVARD							
AVENUE, DEPT. 201 - BISMARCK, ND	45 0200764	AT / A	15 000	0			CUTI DUOOD JUUNGED DROGDANG
58505	45-0309764	N/A	15,000.	0.			CHILDHOOD HUNGER PROGRAMS
HOUSTON FOOD BANK							
535 PORTWALL STREET							
HOUSTON, TX 77029	74-2181456	501(C)(3)	15,000.	0.			CHILDHOOD HUNGER PROGRAMS
,			, , , , , , , , , , , , , , , , , , , ,				
GREELEY-EVANS WELD COUNTY SCHOOL							
DISTRICT 6 - 2401 35TH AVE							SCHOOL BREAKFAST PROGRAM
GREELEY, CO 80634	98-0334500	N/A	15,000.	0.			SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UTAH FOOD BANK							
3150 SOUTH 900 WEST							
SALT LAKE CITY, UT 84119	87-0212453	501(C)(3)	15,000.	0.			CHILDHOOD HUNGER PROGRAMS
BUTTE COUNTY OFFICE OF EDUCATION							
1859 BIRD ST.							SUMMER MEALS PROGRAM
OROVILLE, CA 95965	94-6002433	GOV'T	15,000.	0.			SUPPORT
GLEN ROSE SCHOOL DISTRICT							
14334 HWY 67							SCHOOL BREAKFAST PROGRAM
MALVERN, AR 72104	71-6038512	N/A	14,975.	0.			SUPPORT
,			,				
WHITTIER UNION HIGH SCHOOL							
DISTRICT - 9401 S. PAINTER AVE -							SUMMER MEALS PROGRAM
WHITTIER, CA 90605	95-6003511	N/A	14,610.	0.			SUPPORT
COBB COUNTY SCHOOL DISTRICT							
3155 JILES ROAD							SCHOOL BREAKFAST PROGRAM
KENNESAW, GA 30144	58-6000214	N/A	14,574.	0.			SUPPORT
FARM HANDS - NOURISH THE FLATHEAD							
P.O. BOX 4404							SUMMER MEALS PROGRAM
WHITEFISH, MT 59937	27-2056363	501(C)(3)	14,100.	0.			SUPPORT
i							
GEORGIA BUDGET AND POLICY							
INSTITUTE - 50 HURT PLAZA, SE,							
SUITE 720 - ATLANTA, GA 30303	55-0860376	501(C)(3)	13,990.	0.			CHILDHOOD HUNGER PROGRAMS
DEATECT ADEN HAND							
PROJECT OPEN HAND							
181 ARMOUR DRIVE, N.E. ATLANTA, GA 30324	58-1816778	501(C)(3)	13,990.	0.			CHILDHOOD HUNGER PROGRAMS
	20-1010110	501(C)(5)	13,330.	0.			CITTINOOD HONGER FROGRAMS
GEORGIA CITIZENS' COALITION ON							
HUNGER - 9 GAMMON AVE - ATLANTA,							
GA 30315-2711	23-7422289	501(C)(3)	13,990.	٥.			CHILDHOOD HUNGER PROGRAMS

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MADISON COUNTY PUBLIC HEALTH 306 LAFAYETTE STREET, SUITE B LONDON, OH 43140	31-6400075	N/A	13,887.	0.			COOKING MATTERS PROGRAM SUPPORT
	51 0100075		10,007.				
DEKALB SCHOOL DISTRICT 428 1121 SCHOOL ST. DEKALB, IL 60115	36-6008504	N/A	13,800.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
	50 0000504		13,000.				
DOOLY COUNTY BOARD OF EDUCATION 11949 HIGHWAY 41 PINEHURST, GA 31070	58-6000230	N/A	13,619.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
COUNCIL OF THE GREAT CITY SCHOOLS 1331 PENNSYLVANIA AVENUE, NW, SUITE							
WASHINGTON, DC 20004	36-2481232	501(C)(3)	13,500.	0.			CHILDHOOD HUNGER PROGRAM
MSD PIKE TOWNSHIP 6450 RODEBAUGH RD. INDIANAPOLIS, IN 46268	35-6006872	N/A	13,500.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
SOUTHFIELD PUBLIC SCHOOLS 24675 LAHSER RD. SOUTHFIELD, MI 48033	38-6003094	N/A	13,475.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
BEAVER AREA SCHOOL DISTRICT		.,					
GYPSY GLEN RD. BEAVER, PA 15009	25-6004166	N/A	12,900.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
OKLAHOMA CITY PUBLIC SCHOOLS 2901 NW 23RD							SCHOOL BREAKFAST PROGRAM
OKLAHOMA CITY, OK 73107	73-6021175	N/A	12,900.	0.			SUPPORT
SOUTHERN NH SERVICES/ROCKINGHAM COMMUNITY ACTION - 40 PINE STREET							
- MANCHESTER, NH 03103	02-0268285	501(C)(3)	12,612.	0.			CHILDHOOD HUNGER PROGRAM

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Part II Continuation of Grants and Other	Assistance to Gov	vernments and Orga	nizations in the Un	ited States (School	edule I (Form 990), Pa I	art II.)	1
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CHICKASAW NATION							
520 E. ARLINGTON, BOX 1548							SUMMER MEALS PROGRAM
ADA, OK 74821-1548	73-1374986	501(C)(3)	12,612.	0.			SUPPORT
GREATER MINNEAPOLIS COUNCIL OF	,5 15,1500	501(0)(5)	12,012.				
CHURCHES/MINNESOTA FOODSHARE -							
1100 E LAKE STREET - MINNEAPOLIS,							
MN 55407	41-0693933	501(C)(3)	12,518.	0.			CHILDHOOD HUNGER PROGRAM
LOUDOUN CO PUBLIC SCHOOL DISTRICT							
400 W LAUREL AVENUE							SCHOOL BREAKFAST PROGRAM
STERLING, VA 20164	54-6001395	N/A	12,500.	0.			SUPPORT
RUSSELL COUNTY PUBLIC SCHOOLS 53 GEORGE BEN WHITED DR.							CCUOOL DEEXKEXCE DECCEAM
LEBANON, VA 24266	54-6001591	NT / 7	12,500.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
	54 0001551	N/A	12,500.				DUFFORT
COMMUNITY ACTION PARTNERSHIP OF							
STRAFFORD COUNTY - 577 CENTRAL AVE							
- DOVER, NH 03820	02-0268636	501(C)(3)	12,431.	0.			CHILDHOOD HUNGER PROGRAMS
ALVORD UNIFIED SCHOOL DISTRICT							
10435 BRANIGAN WAY							SCHOOL BREAKFAST PROGRAM
RIVERSIDE, CA 92505	91-1794390	N/A	12,400.	0.			SUPPORT
HELENA SCHOOL DISTRICT 1							
1023 E BROADWAY ST	81-6000557	NT / 3	12 200	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
HELENA, MT 59601	81-6000337	N/A	12,200.	0.			SUPPORT
MUSKEGON PUBLIC SCHOOLS							
80 W. SOUTHERN AVE.							SCHOOL BREAKFAST PROGRAM
MUSKEGON, MI 49441	38-6002960	N/A	12,000.	0.			SUPPORT
·			,				
POLK COUNTY PUBLIC SCHOOLS							
1915 SOUTH FLORAL AVE							SCHOOL BREAKFAST PROGRAM
BARTOW, FL 33830	59-6000807	N/A	11,900.	0.			SUPPORT

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Part II Continuation of Grants and Other	Assistance to Gov	vernments and Orga	nizations in the Un	ited States (School	edule I (Form 990), Pa I	ırt II.) T	1
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FOODSHARE, INC. 450 WOODLAND AVENUE							
BLOOMFIELD, CT 06002	22-2474771	501(C)(3)	11,614.	0.			CHILDHOOD HUNGER PROGRAMS
SPARTANBURG SCHOOL DISTRICT 1							
1420 COMPTON BRIDGE ROAD							SCHOOL BREAKFAST PROGRAM
INMAN, SC 29349	57-0687554	N/A	11,441.	0.			SUPPORT
PINAL COUNTY PUBLIC HEALTH							
SERVICES DISTRICT - P.O. BOX 2945							COOKING MATTERS PROGRAM
- FLORENCE, AZ 85132	86-6000556	N/A	11,400.	0.			SUPPORT
CANDLER COUNTY SCHOOL DISTRICT							
34905 GA HIGHWAY 129 SOUTH							SCHOOL BREAKFAST PROGRAM
METTER, GA 30439	58-6000202	N/A	11,329.	0.			SUPPORT
FOOD FINDERS FOOD BANK							
1204 GREENBUSH ST							SUMMER MEALS PROGRAM
LAFAYETTE, IN 47904	31-1020198	501(C)(3)	11,120.	0.			SUPPORT
COLLETON COUNTY SCHOOL DISTRICT							
213 NORTH JEFFERIES BOULEVARD	55 6000000						
WALTERBORO, SC 29488	57-6000338	N/A	11,000.	0.			CHILDHOOD HUNGER PROGRAMS
FEEDING AMERICA TAMPA BAY							
4702 TRANSPORT DRIVE							
TAMPA, FL 33605	59-2116576	501(C)(3)	11,000.	0.			CHILDHOOD HUNGER PROGRAMS
			,				
WARRENSVILLE HEIGHTS CITY SCHOOL							
DISTRICT - 24301 EMERY RD							
WARRENSVILLE, OH 44128	34-6002991	N/A	11,000.	0.			CHILDHOOD HUNGER PROGRAMS
MCALLEN INDEPENDENT SCHOOL							
DISTRICT - 2000 NORTH 23RD STREET	74 6001650	NT / D	11 000	^			CUTI DUCOD UINIGED DDCCDARG
- MCALLEN, TX 78501	74-6001658	N/A	11,000.	0.			CHILDHOOD HUNGER PROGRAMS

Schedule I (Form 990) SHARE OUR							2-1367538 Page
Part II Continuation of Grants and Other A	Assistance to Gov	vernments and Organ	nizations in the Un	ited States (Scho	edule I (Form 990), Pa I	urt II.)	
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BOYS & GIRLS CLUB OF GREATER WESTFIELD – 28 WEST SILVER STREET – WESTFIELD, MA 01086	04-2464259	501(C)(3)	11,000.	0.			SUMMER MEALS PROGRAM SUPPORT
FALL MOUNTAIN REGIONAL SCHOOL DISTRICT – 122 NH ROUTE 12A UNIT #5 – LANGDON, NH 03602	02-0269789	N/A	11,000.	0.			SUMMER MEALS PROGRAM SUPPORT
WINDHAM NORTHEAST SUPERVISORY UNION - 25 CHERRY STREET - BELLOWS FALLS, VT 05101	03-0223665	501(C)(6)	11,000.	0.			SUMMER MEALS PROGRAM SUPPORT
GREAT FALLS PUBLIC SCHOOLS 3800 1ST AVENUE SOUTH GREAT FALLS, MT 59401	81-6000120	N/A	10,954.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
DANVILLE PUBLIC SCHOOLS 701 BROAD ST DANVILLE, VA 24541	54-6001248	N/A	10,900.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
FOOTPRINTS FOOD PANTRY P.O. BOX 246,37 OLD POST ROAD KITTERY, ME 03904	22-3149937	501(C)(3)	10,888.	0.			CHILDHOOD HUNGER PROGRAMS
ADAMS 12 FIVE STAR SCHOOLS 9351 N. WASHINGTON STREET THORNTON, CO 80229	84-6000822	N/A	10,770.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
LARRY JOE HARLESS COMMUNITY CENTER 202 LARRY JOE HARLESS DRIVE GILBERT, WV 25621	55-0749741	501(C)(3)	10,600.	0.			SUMMER MEALS PROGRAM SUPPORT
UNITED WAY OF CENTRAL IOWA 1111 NINTH STREET, SUITE 100 DES MOINES, IA 50314	42-0680425	501(C)(3)	10,080.	0.			CHILDHOOD HUNGER PROGRAMS

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CARTERET BOARD OF EDUCATION							
300 CARTERET AVE.							SCHOOL BREAKFAST PROGRAM
CARTERET, NJ 07008	22-6001708	N/A	10,022.	Ο.			SUPPORT
,,							
ALLEGHENY COUNTY HEALTH DEPARTMENT							
WIC PROGRAM - 542 FOURTH AVE -							
PITTSBURGH, PA 15219	25-6001017	N/A	10,000.	0.			CHILDHOOD HUNGER PROGRAM
,			,				
FAMILY HEALTH COUNCIL CENTRAL PA,							
INC 3461 MARKET STREET - CAMP							
HILL, PA 17011	23-7289815	501(C)(3)	10,000.	٥.			CHILDHOOD HUNGER PROGRAM
DREXEL UNIVERSITY							
600 MARKET STREET, 7TH FLOOR							
PHILADELPHIA, PA 19104	23-1352630	N/A	10,000.	Ο.			CHILDHOOD HUNGER PROGRAM
DELAWARE DEPARTMENT OF EDUCATION							
401 FEDERAL ST SUITE 2							
DOVER, DE 19901	51-6000279	N/A	10,000.	0.			CHILDHOOD HUNGER PROGRAMS
BREAD FOR THE CITY							
1525 SEVENTH STREET, NW							
WASHINGTON, DC 20001	52-1138207	N/A	10,000.	0.			DISASTER/EMERGENCY RELIE
COUNCIL OF CHIEF STATE SCHOOL							
OFFICERS - ONE MASSACHUSETTS							
AVENUE, NW, SUITE 700 -							
WASHINGTON, DC 20001	53-0198090	501(C)(3)	10,000.	0.			CHILDHOOD HUNGER PROGRAM
CONCERCIONAL RECENTS CARESCILS							
CONGRESSIONAL HISPANIC CAUCASUS							
INSTITUTE, INC 1128 16TH	E0 1114005	E01(C)(2)	10 000	_			CUTI DUOOD WINGED DROCDAN
STREET, NW - WASHINGTON, DC 20036	52-1114225	DUT(C)(3)	10,000.	0.			CHILDHOOD HUNGER PROGRAMS
MANNA FOOD CENTER							
9311 GAITHER ROAD							
GAITHERSBURG, MD 20877	52-1289203	501(C)(3)	10,000.	0.			DISASTER/EMERGENCY RELIE
	1 22 200200		1 10,000.	· · ·	1	1	

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Part II Continuation of Grants and Other A	Assistance to Gov	vernments and Orga	nizations in the Un	ited States (School	edule I (Form 990), Pa	art II.)	
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NATIONAL SCHOOL BOARDS ASSOCIATION 1680 DUKE ST. FL2	26 0010015						
ALEXANDRIA, VA 22314	36-2210015	501(C)(6)	10,000.	0.			CHILDHOOD HUNGER PROGRAM
SOUTHHAMPTON CO SCHOOL DISTRICT 23350 SOUTHAMPTON PKWY.	54 6001620	NT / A	10.000	0			SCHOOL BREAKFAST PROGRAM
COURTLAND, VA 23837	54-6001620	N/A	10,000.	0.			SUPPORT
NORTH CAROLINA OFFICE OF THE GOVERNOR – 20301 MAIL SERVICE CENTER – RALEIGH, NC 27699	56-1310675	N/A	10,000.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
RICHLAND COUNTY SCHOOL DISTRICT DNE – 3455 PINEBELT ROAD – COLUMBIA, SC 29204	57-6000243	N/A	10,000.	0.			CHILDHOOD HUNGER PROGRAMS
THE UNIVERSITY OF TENNESSEE FOUNDATION, INC. – 1525 UNIVERSITY AVENUE – KNOXVILLE, TN 37921	62-1844686	501(C)(3)	10,000.	0.			CHILDHOOD HUNGER PROGRAM
PAULDING EXEMPTED VILLAGE SCHOOLS 309 N. 1ST ST. DAKWOOD, OH 45873	34-6401044	N/A	10,000.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
PONTIAC ACADEMY FOR EXCELLENCE DISTRICT - 196 CESAR E CHAVEZ AVE. - PONTIAC, MI 48342	38-3325411	N/A	10,000.	0.			CHILDHOOD HUNGER PROGRAM
MADISON METROPOLITAN SCHOOL DISTRICT - 702 PFLAUM ROAD - MADISON, WI 53716	39-6003202	N/A	10,000.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
HOPKINS PUBLIC SCHOOLS 10700 CEDAR LAKE RD MINNETONKA, MN 55305	41-6008248	N/A	10,000.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT

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ONE SPIRIT									
P.O. BOX 3209									
RAPID CITY, SD 57709	26-3592983	501(C)(3)	10,000.	0.			DISASTER/EMERGENCY RELIEF		
BALL CHATHAM SCHOOL DISTRICT									
1015 NEW CITY RD.							SCHOOL BREAKFAST PROGRAM		
CHATHAM, IL 62629	37-6004598	N/A	10,000.	0.			SUPPORT		
	57 0004550		10,000.						
FOOD BANK OF NORTHWEST LOUISIANA									
2307 TEXAS AVENUE							SUMMER MEALS PROGRAM		
SHREVEPORT, LA 71103	72-1328890	501(C)(3)	10,000.	0.			SUPPORT		
HITCHCOCK ISD									
6629 FM 2004							SCHOOL BREAKFAST PROGRAM		
HITCHCOCK, TX 77563	74-6001099	PUBLIC SCHOOL	10,000.	0.			SUPPORT		
TRIANGLE COMMUNITY OUTREACH									
3505 PROCTER STREET, #43							SUMMER MEALS PROGRAM		
PORT ARTHUR, TX 77642	76-0034306	501(C)(3)	10,000.	0.			SUPPORT		
			,	- •					
FOOD BANK OF THE RIO GRANDE									
VALLEY, INC 724 N. CAGE BLVD									
PHARR, TX 78577	74-2421560	501(C)(3)	10,000.	0.			DISASTER/EMERGENCY RELIEF		
CLARK COUNTY SCHOOL DISTRICT									
1698 PATRICK LN.									
HENDERSON, NV 89014	88-6000030	N/A	10,000.	0.			CHILDHOOD HUNGER PROGRAMS		
UNIVERSITY OF CALIFORNIA, RIVERSIDE									
FOUNDATION - 1136 HINDERAKER HALL									
- RIVERSIDE, CA 92521	23-7433570	N/A	10,000.	0.			CHILDHOOD HUNGER PROGRAMS		
,									
KERN HIGH SCHOOL DISTRICT									
900 VARSITY RD.							SCHOOL BREAKFAST PROGRAM		
ARVIN, CA 93203	15-6352900	N/A	10,000.	0.			SUPPORT		

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

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

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JACKSON COUNTY SCHOOLS							
391 EAST JEFFERSON	58-6000266	NT / 7	9 100	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
HOSCHTON, GA 30548	58-6000266	N/A	9,100.	0.			SUPPORT
PARCHMENT SCHOOL DISTRICT							
307 NORTH RIVERVIEW DR.							SCHOOL BREAKFAST PROGRAM
KALAMAZOO, MI 49004	38-6001939	N/A	9,100.	0.			SUPPORT
,			, ,				
NORTHWEST LOCAL SCHOOL DISTRICT							
3173 SPRINGDALE RD.							SCHOOL BREAKFAST PROGRAM
CINCINNATI, OH 45251	31-6000769	N/A	9,000.	0.			SUPPORT
EL DORADO PUBLIC SCHOOLS							
601 MARTIN LUTHER KING JR BOULEVARD							SCHOOL BREAKFAST PROGRAM
EL DORADO, AR 71730	71-6020730	N/A	9,000.	0.			SUPPORT
PHARR-SAN JUAN-ALAMO ISD							
500 E. SAM HOUSTON							SCHOOL BREAKFAST PROGRAM
PHARR, TX 78577	74-6001876	N/A	9,000.	0.			SUPPORT
BAKERSFIELD CITY SCHOOL DISTRICT							
535 EAST CASA LOMA DR.							SCHOOL BREAKFAST PROGRAM
BAKERSFIELD, CA 93307	95-6000671	N/A	8,875.	0.			SUPPORT
SOUTH TEXAS JUVENILE DIABETES							
ASSOCIATION - 313 WEST NOLANA AVE							SUMMER MEALS PROGRAM
	45-3645389	F(1/2)/2	0 0 2 2	0.			SUPPORT
- MCALLEN, TX 78504	45-3645389	501(C)(3)	8,832.	0.			SUPPORT
LIVINGSTON PARISH PUBLIC SCHOOLS							
1000 NORTH RANGE AVE.							SCHOOL BREAKFAST PROGRAM
DENHAM SPRINGS, LA 70726	72-0882480	N/A	8,748.	0.			SUPPORT
MSD LAFAYETTE							
611 S. 21ST ST.							SCHOOL BREAKFAST PROGRAM
LAFAYETTE, IN 47905	35-6002558	N/A	8,660.	Ο.			SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VALLEY VIEW SCHOOL DISTRICT							
1 COLUMBUS DR.							SCHOOL BREAKFAST PROGRAM
ARCHBALD, PA 18403	23-1710489	N/A	8,656.	0.			SUPPORT
,		-					
FREELAND COMMUNITY SCHOOL DISTRICT							
8250 WEBSTER ST.							SCHOOL BREAKFAST PROGRAM
FREELAND, MI 48623	14-6589874	N/A	8,640.	0.			SUPPORT
LARAMIE COUNTY SCHOOL DISTRICT NO 2							
503 ELM ST.							SCHOOL BREAKFAST PROGRAM
PINE BLUFFS, WY 82082	83-0212564	N/A	8,553.	0.			SUPPORT
FONDA-FULTONVILLE CENTRAL SCHOOL							
DISTRICT - 112 OLD JOHNSTOWN RD							SCHOOL BREAKFAST PROGRAM
FONDA, NY 12068	14-6009591	N/A	8,500.	0.			SUPPORT
UNION AREA SCHOOL DISTRICT							
500 S. SCOTLAND LN.							SCHOOL BREAKFAST PROGRAM
NEW CASTLE, PA 16101	25-6003255	N/A	8,500.	0.			SUPPORT
EDINA PUBLIC SCHOOLS							
4725 SOUTH VIEW LANE							SCHOOL BREAKFAST PROGRAM
EDINA, MN 55424	41-6001406	N/A	8,400.	0.			SUPPORT
DUPAGE HIGH SCHOOL DISTRICT 88							
213 N. LOMBARD AVE.							SCHOOL BREAKFAST PROGRAM
	36-6004527	NT / D	0 200	0.			SUPPORT
ADDISON, IL 60101	30-0004527	N/A	8,300.	0.			SUPPORT
NH HUNGER SOLUTIONS							
18 LOUDON RD, P.O. BOX #3477							SUMMER MEALS PROGRAM
CONCORD, NH 03302	22-2936618	501(C)(3)	8,267.	0.			SUPPORT
	22 2930010		0,207.	0.			
GRIFFIN-SPALDING COUNTY SCHOOLS							
251 BIRDIE RD.							SCHOOL BREAKFAST PROGRAM
GRIFFIN, GA 30223	58-6003006	N/A	8,130.	0.			SUPPORT

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EDENTON-CHOWAN SCHOOLS							
600 WOODARD ST.							SCHOOL BREAKFAST PROGRAM
EDENTON, NC 27932	56-0889236	N/A	8,013.	0.			SUPPORT
HARFORD COUNTY PUBLIC SCHOOLS							
101 INDUSTRY LANE							AFTERSCHOOL MEALS PROGRAM
FOREST HILL, MD 21050	52-6000955	N/A	8,000.	0.			SUPPORT
			,				
WASHINGTON COUNTY PUBLIC SCHOOLS							
31437 HILLMAN HIGHWAY							SCHOOL BREAKFAST PROGRAM
GLADE SPRING, VA 24340	54-6001671	N/A	8,000.	0.			SUPPORT
JACKSON COUNTY BOE							
141 ALABAMA HWY 71							SCHOOL BREAKFAST PROGRAM
SECTION, AL 35771	63-6000941	N/A	8,000.	٥.			SUPPORT
FAIRBORN CITY SCHOOLS							
200 LINCOLN DR.							SCHOOL BREAKFAST PROGRAM
FAIRBORN, OH 45324	31-6000731	N/A	8,000.	0.			SUPPORT
SAYDEL COMMUNITY SCHOOL DISTRICT							
5740 NE 14TH STREET							SUMMER MEALS PROGRAM
DES MOINES, IA 50313	42-6017814	N/A	8,000.	0.			SUPPORT
BENTON SCHOOL DISTRICT							
1124 HOOVER STREET							SCHOOL BREAKFAST PROGRAM
BENTON, AR 72015	71-6020486	N/A	8,000.	0.			SUPPORT
ST. VINCENT DE PAUL							
1901 62ND STREET, SUITE 3906							AFTERSCHOOL MEALS PROGRAM
BALTIMORE, MD 21237	27-3146614	501(C)(3)	7,942.	Ο.			SUPPORT
FRESH FOOD FACTOR							
4152 CANAL STREET		F01(0)(2)		_			SUMMER MEALS PROGRAM
NEW ORLEANS, LA 70119	72-0709750	DOT(C)(3)	7,800.	0.		1	SUPPORT

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CENTER FOR TRANSFORMATIVE ACTION -							
THE YOUTH FARM PROJECT - 119							
ANABEL TAYLOR HALL - ITHACA, NY							
14853	16-0990318	501(C)(3)	7,550.	0.			CHILDHOOD HUNGER PROGRAMS
GOOCHLAND CO SCHOOL DISTRICT							
1552 SHEPPARD TOWN RD							SCHOOL BREAKFAST PROGRAM
CROZIER, VA 23039	54-6001316	N/A	7,500.	0.			SUPPORT
	51 0001510		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	.			
CLAY COUNTY DISTRICT SCHOOLS							
466 MADISON AVENUE							SCHOOL BREAKFAST PROGRAM
ORANGE PARK, FL 32065	59-6000552	N/A	7,500.	Ο.			SUPPORT
TEXAS ELEMENTARY PRINCIPALS AND							
SUPERVISORS ASSOCIATION - 01 E							
10TH STREET - AUSTIN, TX 78701	74-1588351	501(C)(6)	7,500.	0.			CHILDHOOD HUNGER PROGRAMS
MISSION SPARK (ON BEHALF OF THE							
COLORADO MATERNAL MENTAL HEALTH							
COLLABORATIVE) - P.O. BOX 202466 -							
DENVER, CO 80220	45-3048867	501(C)(3)	7,500.	0.			CHILDHOOD HUNGER PROGRAMS
SOUTH WHITTIER SCHOOL DISTRICT							
13243 EAST LOS NIETOS RD.							SCHOOL BREAKFAST PROGRAM
WHITTIER, CA 90605	95-6002991	N/A	7,500.	0.			SUPPORT
,			, ,				
WOODBRIDGE TOWNSHIP SCHOOL							
DISTRICT - 80 N. PENNSYLVANIA AVE.							SCHOOL BREAKFAST PROGRAM
- EDISON, NJ 08817	22-6002417	N/A	7,420.	0.			SUPPORT
MONTGOMERY CO PUBLIC SCHOOLS							
8401 TURKEY THICKET DRIVE							AFTERSCHOOL MEALS PROGRAM
GAITHERSBURG, MD 20879	52-6000989	N/A	7,400.	0.			SUPPORT
CITYSQUARE							
1610 S MALCOLM X BLVD, SUITE 250							SUMMER MEALS PROGRAM
DALLAS, TX 75226	75-2332948	501(C)(3)	7,338.	0.			SUPPORT
Dilling, 1A 13220	1 ,5 2552540		1 ', 550.	· · ·	1	1	P0110111

Schedule I (Form 990) SHARE OUR	STRENGTH					5	52-1367538 Page
Part II Continuation of Grants and Other A	Assistance to Gov	vernments and Organ	nizations in the Un	ited States (Sch	edule I (Form 990), Pa	art II.)	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FRANKLIN REDEVELOPMENT AND HOUSING AUTHORITY - 100 EAST 4TH AVENUE - FRANKLIN, VA 23851	54-0791816	N/A	7,300.	0.			SUMMER MEALS PROGRAM SUPPORT
SHELBY EASTERN SCHOOLS 306 S. EAST ST. WALDRON, IN 46182	00-1924036	N/A	7,300.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
PLUM BOROUGH SCHOOL DISTRICT 313 HOLIDAY PARK DR. PLUM, PA 15239	25-6002550	N/A	7,294.	0.			SCHOOL BREAKFAST PROGRAM SUPFORT
NAVAJO WOMEN, INFANTS AND CHILDREN NUTRITION PROGRAM - P.O. DRAWER 1390 - WINDOW ROCK, AZ 86515	00-9001702	501(C)(3)	7,250.	0.			CHILDHOOD HUNGER PROGRAMS
AIRPORT COMMUNITY SCHOOLS 11330 GRAFTON RD. CARLETON, MI 48117	38-6002772	N/A	7,224.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
ST TAMMANY PARISH SCHOOL BOARD 900 RUE VERAND SLIDELL, LA 70458	72-6001305	N/A	7,150.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
CORNELL COOPERATIVE EXTENSION - TOMPKINS COUNTY - 615 WILLOW AVE - ITHACA, NY 14850-3555	16-6072897	N/A	7,106.	0.			CHILDHOOD HUNGER PROGRAMS
DEKALB ACADEMY OF TECHNOLOGY & ENVIRONMENT CHARTER SCHOOLS, INC. - 1492 KELTON DRIVE - STONE MOUNTAIN, GA 30083	42-1657331	N/A	7,000.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
RICHMOND COUNTY SCHOOL SYSTEM 345 42ND ST. BLDG. 43400 AUGUSTA, GA 30905	58-6000310	N/A	7,000.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT

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Part II Continuation of Grants and Oth							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THOMASVILLE CITY SCHOOLS							
750 GATES DRIVE							SCHOOL BREAKFAST PROGRAM
	63-0454371	NT / 7	7 000	0.			SUPPORT
THOMASVILLE, AL 36784	05-0454571	N/A	7,000.	0.			SUPPORT
DARE TO CARE							
5803 FERN VALLEY ROAD							SUMMER MEALS PROGRAM
LOUISVILLE, KY 40228	23-7345952	501(C)(3)	7,000.	0.			SUPPORT
,			, ,				
FAYETTEVILLE PUBLIC SCHOOLS							
1000 W. BULLDOG BLVD							SUMMER MEALS PROGRAM
FAYETTEVILLE, AR 72701	71-6021514	N/A	7,000.	0.			SUPPORT
TWIN RIVERS UNIFIED SCHOOL							
DISTRICT - 5000 MCCLOUD DR							SCHOOL BREAKFAST PROGRAM
SACRAMENTO, CA 95842	30-0475870	N/A	7,000.	0.			SUPPORT
DOVER CITY SCHOOLS							
520 N. WALNUT ST.							SCHOOL BREAKFAST PROGRAM
DOVER, OH 44622	34-6000867	NT / A	6,969.	0.			SUPPORT
DOVER, OII 44022	54 0000007	N/A	0,505.	0.			BUTTORI
ROSELAND SCHOOL DISTRICT							
950 SEBASTOPOL ROAD							SCHOOL BREAKFAST PROGRAM
SANTA ROSA, CA 95407	36-4766964	N/A	6,750.	0.			SUPPORT
KYRENE SCHOOL DISTRICT							
1050 EAST CARVER RD.							SCHOOL BREAKFAST PROGRAM
TEMPE, AZ 85284	86-6000494	N/A	6,729.	0.			SUPPORT
HOPEWELL AREA SD							
							CCUOOL DDEAVEACE DDOCDAN
3000 KANE RD.		NT / A		•			SCHOOL BREAKFAST PROGRAM
ALIQUIPPA, PA 15001	25-6004168	N/A	6,600.	0.			SUPPORT
PRAIRIE FAMILY CENTER							
372 14TH STREET							SUMMER MEALS PROGRAM
BURLINGTON, CO 80807	84-1355666	501(C)(3)	6,543.	0.			SUPPORT

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CALVERT COUNTY FAMILY NETWORK							
30 DUKE STREET							SUMMER MEALS PROGRAM
PRINCE FREDERICK, MD 20678	52-6002810	501(C)(3)	6,500.	0.			SUPPORT
,			,				
ZEELAND PUBLIC SCHOOLS							
320 EAST MAIN AVE.							SCHOOL BREAKFAST PROGRAM
ZEELAND, MI 49464	38-6003307	N/A	6,500.	0.			SUPPORT
COLUMBIA FALLS SCHOOL DISTRICT #6							
440 4TH AVENUE WEST							SCHOOL BREAKFAST PROGRAM
COLUMBIA FALLS, MT 59912	81-6000371	N/A	6,425.	0.			SUPPORT
GASTON COUNTY SCHOOLS							
525 ED WILSON RD.							SCHOOL BREAKFAST PROGRAM
BESSEMER CITY, NC 28016	56-6001032	N/A	6,400.	0.			SUPPORT
BLOOM-VERNON LOCAL SCHOOLS							
10529 MAIN ST.							SCHOOL BREAKFAST PROGRAM
SOUTH WEBSTER, OH 45682	31-6400315	N/A	6,350.	0.			SUPPORT
THAMES VALLEY COUNCIL FOR							
COMMUNITY ACTION, INC 1							
SYLVANDALE RD - JEWETT CITY, CT							
06351	06-0806128	501(C)(3)	6,333.	0.			CHILDHOOD HUNGER PROGRAMS
OAK PARK SCHOOL DISTRICT							
22180 PARKLAWN 13900 GRANZON							SCHOOL BREAKFAST PROGRAM
OAK PARK, MI 48237	38-6003091	N/A	6,300.	0.			SUPPORT
BOSSIER PARISH SCHOOLS							
4312 SHED RD.							SCHOOL BREAKFAST PROGRAM
BOSSIER CITY, LA 71111	72-6000185	N/A	6,272.	0.			SUPPORT
MARYLAND ASSOCIATION OF ELEMENTARY							
SCHOOL PRINCIPALS, INC 229 E							
MAIN STREET, SUITE H -							
WESTMINSTER, MD 21157	52-0982092	501(C)(3)	6,000.	Ο.			CHILDHOOD HUNGER PROGRAMS

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Part II Continuation of Grants and Other	Assistance to Gov	ernments and Orga	nizations in the Un	ited States (Sche	edule I (Form 990), Pa	urt II.)	
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PORTSMOUTH PUBLIC SCHOOLS							
34 GRAND ST.							SCHOOL BREAKFAST PROGRAM
PORTSMOUTH, VA 23701	54-6001517	N/A	6,000.	0.			SUPPORT
	51 0001517						
FEEDING NORTHEAST FLORIDA							
1116 EDGEWOOD AVE. N. UNITS D/E							
JACKSONVILLE, FL 32254	46-5014769	501(C)(3)	6,000.	0.			DISASTER/EMERGENCY RELIEF
,,							
FEEDING SOUTH FLORIDA, INC.							
2501 SW 32 TERRACE							
PEMBROKE PARK, FL 33023	59-2097520	501(C)(3)	6,000.	0.			CHILDHOOD HUNGER PROGRAMS
NORTHWOOD LOCAL SCHOOLS							
700 LEMOYNE ROAD							SCHOOL BREAKFAST PROGRAM
NORTHWOOD, OH 43619	34-6401165	N/A	6,000.	0.			SUPPORT
ASBURY PARK BOARD OF EDUCATION							
910 4TH AVENUE							AFTERSCHOOL MEALS PROGRAM
ASBURY PARK, NJ 07712	21-6000111	N/A	6,000.	0.			SUPPORT
JOSEPH CITY UNIFIED SCHOOL							
DISTRICT - 4620 EAST 2ND NORTH -							SCHOOL BREAKFAST PROGRAM
JOSEPH CITY, AZ 86032	86-0226372	N/A	5,950.	0.			SUPPORT
COLUMBIA LOCAL SCHOOLS							
13646 WEST RIVER RD.							SCHOOL BREAKFAST PROGRAM
COLUMBIA STATION, OH 44028	34-6000742	N/A	5,800.	0.			SUPPORT
W 60W 60WWW 67WF							
MASON COUNTY CENTRAL SCHOOLS							
300 WEST BROADWAY AVE							SCHOOL BREAKFAST PROGRAM
SCOTTVILLE, MI 49454	38-6002616	N/A	5,800.	0.			SUPPORT
CECOND UNDIVECT FOOD BANK OF							
SECOND HARVEST FOOD BANK OF							
METROLINA - 500 B SPRATT ST -	56-1352593	501(C)(3)	5,670.	0.			CHILDHOOD HUNGER PROGRAMS
CHARLOTTE, NC 28206	00-1002090	301(0)(3)	5,870.	U.			PUTTONOOD HONGER PROGRAMS

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ESPIRITU SCHOOLS							
4848 S 2ND ST							SCHOOL BREAKFAST PROGRAM
PHOENIX, AZ 85040	86-0778361	N/A	5,620.	0.			SUPPORT
EDUCATION COMMISSION OF THE STATES							
700 BROADWAY, SUITE 810							
DENVER, CO 80203	31-0722194	501(C)(3)	5,600.	0.			CHILDHOOD HUNGER PROGRAMS
BEAUFORT COUNTY SCHOOL DISTRICT 2900 MINK POINT BOULEVARD							COUCOL DEEXVERSE DECORAN
BEAUFORT, SC 29902	57-6000310	NT / 7	5,500.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
BEAUFORI, SC 29902	57-0000510	N/A	5,500.	0.			SUFFORI
COLLIERVILLE SCHOOLS							
1101 N. BYHALIA ROAD							SCHOOL BREAKFAST PROGRAM
COLLIERVILLE, TN 38017	46-4455011	N/A	5,500.	0.			SUPPORT
ELYRIA CITY SCHOOLS							
601 MIDDLE AVENUE							SCHOOL BREAKFAST PROGRAM
ELYRIA, OH 44035	34-6000937	N/A	5,500.	0.			SUPPORT
BLUE RIVER VALLEY SCHOOL							
CORPORATION - 4713 N. VIKING TRAIL							SCHOOL BREAKFAST PROGRAM
- NEW CASTLE, IN 47362	35-1090397	N/A	5,500.	0.			SUPPORT
SOUTH HENRY SCHOOL CORPORATION							
6972 SOUTH STATE ROAD 103							SCHOOL BREAKFAST PROGRAM
STRAUGHN, IN 47387	35-1077632	N/A	5,500.	0.			SUPPORT
IMAGINE SCHOOLS							
1290 WEST VAH KI INN ROAD							SCHOOL BREAKFAST PROGRAM
COOLIDGE, AZ 85228	20-4926729	N/A	5,500.	0.			SUPPORT
	20 1920/29		5,500.				
BLUE RIDGE UNIFIED SCHOOL DISTRICT							
3050 PORTER MOUNTAIN ROAD							SCHOOL BREAKFAST PROGRAM
PINETOP, AZ 85929	86-6000542	N/A	5,500.	Ο.			SUPPORT

Schedule I (Form 990) SHARE OUR	STRENGTH					Ę	52-1367538 Page 1
Part II Continuation of Grants and Other	Assistance to Gov	vernments and Orga	nizations in the Un	ited States (Sche	edule I (Form 990), Pa	art II.)	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PRESCOTT VALLEY SCHOOL DISTRICT							
9500 E. LORNA LANE							SCHOOL BREAKFAST PROGRAM
PRESCOTT VALLEY, AZ 86314	20-4595288	N/A	5,500.	0.			SUPPORT
ST. MICHAEL INDIAN SCHOOL							
P.O. BOX 650							SCHOOL BREAKFAST PROGRAM
SAINT MICHAELS, AZ 86511	86-0101517	N/A	5,500.	0.			SUPPORT
BENSON PUBLIC SCHOOLS 777							
1400 MONTANA AVENUE	41 6004101			0			SUMMER MEALS PROGRAM
BENSON, MN 56215-1246	41-6004181	N/A	5,500.	0.			SUPPORT
TALBOT CO SCHOOL DISTRICT							
P.O. BOX 1029							SUMMER MEALS PROGRAM
EASTON, MD 21601	52-6001031	N/A	5,478.	0.			SUPPORT
BOOD DANK OF COMMUNICATION							
FOOD BANK OF SOUTH JERSEY							CIDOUED NEAL & DECORAN
1501 JOHN TIPTON BLVD	22 2622080	E01(0)(2)	E 471	0			SUMMER MEALS PROGRAM
PENNSAUKEN, NJ 08110	22-2623089	501(C)(3)	5,471.	0.			SUPPORT
SEACOAST EAT LOCAL							
2 WASHINGTON ST							
DOVER, NH 03820	45-2547575	501(C)(3)	5,444.	0.			CHILDHOOD HUNGER PROGRAMS
END 68 HOURS OF HUNGER							
P.O. BOX 676	45 0000051	F01(G)(2)		0			
SOMERSWORTH, NH 03878	45-0998251	501(C)(3)	5,444.	0.			CHILDHOOD HUNGER PROGRAMS
ST. PAUL PUBLIC SCHOOLS							
1930 COMO AVE.							SUMMER MEALS PROGRAM
ST. PAUL, MN 55108	41-0901311	N/A	5,400.	0.			SUPPORT
ANACONDA FAMILY RESOURCE CENTER:							
BOYS AND GIRLS CLUB OF DEER LODGE							
COUNTY 118 E. 7TH, SUITE 1B -							SUMMER MEALS PROGRAM
ANACONDA, MT 59711	81-0453993	501(C)(3)	5,400.	Ο.			SUPPORT

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BROCKTON PUBLIC SCHOOLS							
105 KEITH AVE.							SCHOOL BREAKFAST PROGRAM
BROCKTON, MA 02301	04-6001382	N/A	5,394.	0.			SUPPORT
WOODLAWN SCHOOL DISTRICT							
6760 HWY 63							SCHOOL BREAKFAST PROGRAM
RISON, AR 71665	71-6021273	N/A	5,300.	0.			SUPPORT
			· ·				
SAYREVILLE SCHOOL DISTRICT							
800 WASHINGTON ROAD							SCHOOL BREAKFAST PROGRAM
PARLIN, NJ 08859	22-6002289	N/A	5,300.	0.			SUPPORT
LENNOX SCHOOL DISTRICT							
10319 FIRMONA AVENUE							SUMMER MEALS PROGRAM
LENNOX, CA 90304	95-6001848	N/A	5,250.	0.			SUPPORT
BUTTE SCHOOL DISTRICT #1							
2600 GRAND AVENUE							SCHOOL BREAKFAST PROGRAM
BUTTE, MT 59701	81-6000956	N/A	5,130.	0.			SUPPORT
LEADERSHIP PREPARATORY ACADEMY							
DISTRICT - 6400 WOODROW ROAD -							SCHOOL BREAKFAST PROGRAM
LITHONIA, GA 30058	51-0654315	N/A	5,100.	0.			SUPPORT
SOUTH DAKOTA DEPARTMENT OF HEALTH							
WIC PROGRAM - 600 EAST CAPITAL -							
PIERRE, SD 57501	46-6000364	NT / Z	5,100.	0.			CHILDHOOD HUNGER PROGRAMS
FIERRE, 50 57501	40 0000304	N/ A	5,100.				CHILDHOOD HONGER FROGRAM
BRIGHT LOCAL SCHOOL DISTRICT							
6100 FAIR RIDGE ROAD							SCHOOL BREAKFAST PROGRAM
HILLSBORO, OH 45133	51-0962340	N/A	5,100.	0.			SUPPORT
KENSTON LOCAL SCHOOL DISTRICT							
9500 BAINBRIDGE ROAD	24 6000175	NT / 3	E 074				SCHOOL BREAKFAST PROGRAM
CHAGRIN FALLS, OH 44023	34-6000175	N/A	5,074.	٥.	1		SUPPORT

SHARE OUR STRENGTH Schedule I (Form 990) ~

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
INSTON SALEM FORSYTH COUNTY CHOOLS – 5501 MURRAY ROAD – INSTON SALEM, NC 27106	56-0795164	N/A	5,025.	0.			SCHOOL BREAKFAST PROGRA SUPPORT

100 11 00 10

Schedule I (Form 990) (2018)

(a) Type of grant or assistance

Schedule I (Form 990) (2018)

Part IV Supplemental Information. Provide the information req	uired in Part I, lin	ne 2; Part III, column	(b); and any other ac	dditional information.						
PART I, LINE 2:										
ORGANIZATIONS INSIDE THE UNITED STA	ATES MUSI	MEET CERT	AIN CRITER	IA IN ORDER						
TO BE FUNDED BY SHARE OUR STRENGTH	FOR EXA	MPLE, ALL	ORGANIZATI	ONS MUST						
PROVIDE THEIR EMPLOYER IDENTIFICATION NUMBER (EIN) SO THAT TAX EXEMPTION										
CAN BE CONFIRMED EITHER VIA GUIDEST	TAR OR IF	RS TAX EXEM	IPT ORGANIZ	ATION SEARCH						
(TEOS). ADDITIONALLY, ORGANIZATIONS	5 PROVIDE	E CERTAIN C	RGANIZATIO	NAL,						

89

(c) Amount of

cash grant

(d) Amount of non-

cash assistance

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.

PROGRAMMATIC, AND FINANCIAL INFORMATION SO THAT SHARE OUR STRENGTH CAN

(b) Number of

recipients

(f) Description of noncash assistance

(e) Method of valuation

(book, FMV, appraisal, other)

Schedule	l (Form 990)		SHARE	E OUR	STRENG	TH				5	52-136	7538	Page 2
	Supplem												
SHARE	OUR STI	RENGTH	I USES	A COM	BINATI	ON OF	STRATE	EGIES	TO EN	ISURE	THAT (OUR	
GRANT	EE ORGAI	NIZATI	ONS AR	EIN	COMPLIZ	ANCE V	ITH OU	JR GRA	NT AV	IARD G	UIDEL	INES.	
THESE	STRATE	GIES I	NCLUDE	QUAR	TERLY,	SEMI-	ANNUAI	, AND	OR A	NNUAL	REPO	RTING	OF
PROGR	ESS AGA	INST G	OALS,	SITE	VISITS	TO GI	ANTEE	ORGAN	IIZATI	ONS 1	O MON	ITOR	
ACTIV	ITIES BI	EING F	UNDED,	REVE	RSE SI	TE VIS	SITS WH	HERE G	RANTE	ES VI	SIT O	UR	
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AND T	ELEPHONI	E CALI	S TO D	ISCUS	S FUND	ED PRO	JECTS.	REPO	RTS A	RE SI	ORED		
ELECT	RONICAL	LY USI	NG AN	ONLIN	IE GRAN	TS MAN	IAGEMEN	IT SYS	STEM.				

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: FAIRFAX COUNTY PUBLIC SCHOOLS

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

AFTERSCHOOL MEALS PROGRAM SUPPORT; SUMMER MEALS PROGRAM SUPPORT

1

832291 04-01-18

(Form 990) For certain Offices, Decetors, Trustes, Key Employes, and Highest Competended Employes, and Highest Decetor and the intervent of the Series 90. Part IV, line 23.	SC	HEDULE J	Compens	ation Information		OMB No. 1	545-004	17			
Composite if the organization arguered Yes' on Form 990, Parl IV, line 23. Attach to Form 990, Start Burger dentification number Deared on and gross up payments Health or social club deas or inflation fees Deared on and gross up payments Health or social club deas or inflation fees Deared on the require subtentiation prior to enthumating or allowing espenses incurred by all directors, trustees, and offices, including the GENC Security Director, pagarding the starts or burger dentification to stabilish compensation committee During the year, did any genoni lated on Form 900, Part VII, Secton A, line 1a, with respect to the filling organization or acceluse payment form, an equity based compensation aranegment?			-		-	00	40				
Department of the Toward Transmost Department of the organization Engloyer identification number 52 - 13 of 75 38 Part D Questions Regarding Compensation StARE OUR STRENGTH Engloyer identification number 52 - 13 of 75 38 Part UI, Section A, line 1a. Complete Part III to provide any of the following the of for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any of the following these items. Yes No. Taxe If or companions Payments for biainess use of personal use Department or provision of all of the expanse discludues or initiation fees Department or provision of all of the expanse discludues of the III to provide any of the organization follow a withor policy regarding payment or reintburneent or provision of all of the expanse discludues of the III to payment or reintburneent or provision of all of the expanse discludues of methods used by a related organization's CEC0/Secutive Director, require substantiation prior to reimbursing or allowing expenses incurred by a lidirectors, trustees, and officers, including the EC0/Executive Director, regarding the tems checked on line 1a? 1b X 1 Indicate which, if any, of the following the filing organization used to establish the compensation committee 1b X 2 X 2 Indicate which, if any of the payment form, an equity based compensation anareqenet to the secone gament or change of control payment?	•		Comp	ensated Employees		ZU	ĬŎ)			
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SHARE OUR STRENGTH 52–1367538 Part II Questions Regarding Compensation In Check the appropriate box(ss) if the organization provide any of the following to or for a person listed on Form 990, Part VII, Section A, line 1, Complete Part III to provide any relevant information regarding these items. Ves No Part VII, Section A, line 1, Complete Part III to provide any relevant information regarding these items. Paryments for business use of personal resonal residence Paryments for business use of personal resonal residence Paryments for business use of personal resonal residence Discretionary spending account Personal services (such as maid, chaufteur, chel) It are of the boxes on line 1 are checked, did the organization follow a written policy regarding payment or reinducers described above of II: No ² complete Part III to explain 10 X 2 Did the corganization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, boxes for methods used by a related organization to establish compensation committee 10 X 3 Indicate which, if any, of the following the filing organization used to establish the compensation committee 11 X 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization to a related organization: 4 X 4 During											
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Independent compensation consultant Image: Compensation survey or study Image: Compensation survey of other organizations Image: Compensation survey or study Image: Compensation of a related organizations Image: Compensation survey or study Image: Compensation of a related organization: Image: Compensation or a related organization: Image: Compensation of a related organization: Image: Compensation organization: Image: Compensation of a related organization: Image: Compensation organization: Image: Compensation or receive payment from, an equity-based compensation arrangement? Image: Compensation organization: Image: Compensation of the revenues of: Image: Compensation pay or accrue any compensation contingent on the revenues of: Image: Compensation on the revenues of: Image: Compensation pay or accrue any compensation contingent on the revenues of: Image: Compensation on the revenues of: Image: Compensation pay or accrue any compensation contingent on the revenues of: Image: Compensation on the revenues of: Image: Compensation pay or accrue any compensation contingent on the revenues of: Image: Compensation on the revenues of: Image: Compensation pay or accrue any compensation contingent on the net earnings of: Image: Compensation on the revenues of: Image: Compensation pay or accrue any compensation contingent on the net earnings of: Image: Compensation		establish compensation	tion of the CEO/Executive Director, but expl	lain in Part III.							
Image: Section System Approval by the board or compensation committee Image: Section System During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: Image: Section System Image: Section System Participate in, or receive payment from, a supplemental nonqualified retirement plan? Image: Section System Image: Section System Participate in, or receive payment from, an equity-based compensation arrangement? Image: Section System Image: Section System Section System Section System Image: Section System Image: Section System Section System Section System Image: Section System Image: Section System Section System Section System Section System Section System Section System Section System Section System Section System Section Sistem Part III. Section Sistem Section Sistem Section Sistem On Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the retearnings of: Section Sistem Section Si		X Compensatior	committee	Written employment contract							
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: a a Receive a severance payment or change-of-control payment? 4a X b Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4c X c Participate in, or receive payment from, an equity-based compensation arrangement? 4c X if "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. 4a X Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: 5a X a The organization? 5a X 5b X b Any related organization? 5a X 5b X if "Yes" on line 6a or 5b, describe in Part III. 6a X 6b X f" Yes" on line 6a or 6b, describe in Part III. 7 X 8 X f" Yes" on line 6a or 6b, describe in Part III. 7 X 8 X f" Yes" on line 6a or 6b, describe in Part III. <		X Independent of	ompensation consultant	X Compensation survey or study							
organization or a related organization: 4a X a Receive a severance payment or change-of-control payment? 4a X b Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b X c Participate in, or receive payment from, an equity-based compensation arrangement? 4c X f "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. 4c X Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: 5a X a The organization? 5a X 5b X if "Yes" on line 5a or 5b, describe in Part III. 5b X 5b X 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the ret earnings of: 5a X a The organization? 5a X 5b X f "Yes" on line 6a or 6b, describe in Part III. 6a X 6b X f "Yes" on line 6a or 6b, describe in Part III. 7 X 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a		X Form 990 of o	her organizations	X Approval by the board or compensation c	ommittee						
organization or a related organization: 4a X a Receive a severance payment or change-of-control payment? 4a X b Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b X c Participate in, or receive payment from, an equity-based compensation arrangement? 4c X f "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. 4c X Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: 5a X a The organization? 5a X 5b X if "Yes" on line 5a or 5b, describe in Part III. 5b X 5b X 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the ret earnings of: 5a X 5b X 6 The organization? 5a X 5b X 5b X 6 Any related organization? 5a X 5b X 5b X 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed paymen											
a Receive a severance payment or change-of-control payment? 4a X b Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b X c Participate in, or receive payment from, an equity-based compensation arrangement? 4c X lf "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. 4c X Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: 5a X a The organization? 5a X 5b X b Any related organization? 5b X 5b X c The organization? 5a X 5b X b Any related organization? 5a X 5b X c The organization? 5a X 5b X b Any related organization? 5a X 5b X c The organization? 5a X 5b X b Any related organization? 5a X 5b X c The organization? 5a	4	During the year, did	any person listed on Form 990, Part VII, See	ction A, line 1a, with respect to the filing							
b Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b X c Participate in, or receive payment from, an equity-based compensation arrangement? 4c X If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. 0nly section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: 5a X a The organization? 5a X 5b X b Any related organization? 5b X 5b X if "Yes" on line 6a or 5b, describe in Part III. 6a X 6a X b Any related organization? 6a X 16 <t< th=""><th></th><th>organization or a re</th><th>ated organization:</th><th></th><th></th><th></th><th></th><th></th></t<>		organization or a re	ated organization:								
c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. 4c X Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? 5a X b Any related organization? 5b X if "Yes" on line 5a or 5b, describe in Part III. 5b X 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? 6a X if "Yes" on line 6a or 6b, describe in Part III. 6b X f "Yes" on line 6a or 6b, describe in Part III. 6b X if "Yes" on line 6a or 6b, describe in Part III. 6b X 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not describe on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not describe on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 X 9 If "Yes" on li	а							<u> </u>			
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Image: Construct on 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. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: 5a X a The organization? 5b X b Any related organization? 5b X if "Yes" on line 5a or 5b, describe in Part III. 5b X 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: 5a X a The organization? 6a X 5b X b Any related organization? 6a X 5b X if "Yes" on line 6a or 6b, describe in Part III. 6b X 5b X 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not describe on Form 990, Part VII, section A, line 1a, did the organization provide any nonfixed payments not describe on Form 990, Part VII, section A, line 1a, did the organization provide any nonfixed payments not describe on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception describe in Part III. 7 X<							X	L			
Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? b Any related organization? ff "Yes" on line 5a or 5b, describe in Part III. 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: 	С					4c		X			
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: 5a X a The organization? 5a X b Any related organization? 5b X if "Yes" on line 5a or 5b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: 6a X a The organization? 6a X b Any related organization? 6b X if "Yes" on line 6a or 6b, describe in Part III. 6b X f "Yes" on line 6a or 6b, describe in Part III. 6b X 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III. 7 X 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 X 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9 I		If "Yes" to any of lir	es 4a-c, list the persons and provide the app	blicable amounts for each item in Part III.							
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: 5a X a The organization? 5a X b Any related organization? 5b X if "Yes" on line 5a or 5b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: 6a X a The organization? 6a X b Any related organization? 6b X if "Yes" on line 6a or 6b, describe in Part III. 6b X f "Yes" on line 6a or 6b, describe in Part III. 6b X 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III. 7 X 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 X 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9 I											
contingent on the revenues of: 5a X a The organization? 5b X b Any related organization? 5b X if "Yes" on line 5a or 5b, describe in Part III. 5b X 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: 6a X a The organization? 6a X 6b X b Any related organization? 6b X 6b X if "Yes" on line 6a or 6b, describe in Part III. 7 X 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 X 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9	_			-							
a The organization? 5a X b Any related organization? 5b X If "Yes" on line 5a or 5b, describe in Part III. 5b X 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: 6a X a The organization? 6a X b Any related organization? 6b X if "Yes" on line 6a or 6b, describe in Part III. 6b X 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III. 7 X 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 X 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9	5			the organization pay or accrue any compensatio	n						
b Any related organization? If "Yes" on line 5a or 5b, describe in Part III. 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? b Any related organization? contingent on the net earnings of: 6a a The organization? b Any related organization? f "Yes" on line 6a or 6b, describe in Part III. 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 X 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		•					v				
If "Yes" on line 5a or 5b, describe in Part III. 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? b Any related organization? if "Yes" on line 6a or 6b, describe in Part III. 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III. 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III. 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	a	The organization?				<u>5a</u>	Ā	v			
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: 6 X a The organization? 6a X b Any related organization? 6b X if "Yes" on line 6a or 6b, describe in Part III. 6b X 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III 7 X 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 X 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9 9	b					<u>5b</u>					
contingent on the net earnings of: 6a X a The organization? 6a X b Any related organization? 6b X if "Yes" on line 6a or 6b, describe in Part III. 6b X 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III 7 X 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 X 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9 9	-										
a The organization? 6a X b Any related organization? 6b X if "Yes" on line 6a or 6b, describe in Part III. 6b X 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III 7 X 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 X 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9 9	6			the organization pay or accrue any compensatio	n						
b Any related organization? 6b X If "Yes" on line 6a or 6b, describe in Part III. 6b X 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III 7 X 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 X 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9 9		-	-				v				
If "Yes" on line 6a or 6b, describe in Part III. 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?							Δ	v			
 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 	b					60					
not described on lines 5 and 6? If "Yes," describe in Part III 7 X 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 X 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9 9	-										
 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in 9 	1					-		v			
initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 X 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9	~					/					
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9	ð	•	-	$\sum_{i=1}^{n} \frac{1}{2} \left(\frac{1}{2} \right) \left(\frac{1}{$				v			
Regulations section 53.4958-6(c)?	•		•			<mark>8</mark>					
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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 aren't listed on Form 990, Part VII.

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

		(B) Breakdown of	W-2 and/or 1099-MIS	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
		(i) Base	(ii) Bonus &	(iii) Other	compensation	Denents	(()(i)-())	reported as deferred
(A) Name and Title		compensation	incentive	reportable	een peneauen			on prior Form 990
			compensation	compensation				
(1) WILLIAM H. SHORE- FOUNDER,	(i)	333,505.	46,803.	36,000.	12,220.	38,077.	466,605.	0.
EXECUTIVE CHAIRMAN, DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) DEBBIE SHORE	(i)	208,071.	29,250.	0.	3,169.	12,469.	252,959.	0.
CO-FOUNDER	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) THOMAS NELSON	(i)	331,370.	43,217.	64,150.	31,577.	4,633.	474,947.	0.
PRESIDENT & CEO, SECRETARY	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) JESSICA SHERRY	(i)	171,635.	11,580.	0.	9,250.	6,805.	199,270.	0.
SENIOR VP, CHIEF FINANCIAL OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) PETER KAYE- CHIEF REVENUE	(i)	275,264.	39,956.	0.	13,180.	20,077.	348,477.	0.
& MARKETING- UNTIL 05/2019	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) CHARLES SCOFIELD	(i)	242,566.	34,690.	0.	9,250.	20,077.	306,583.	0.
EXECUTIVE VICE PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) LISA DAVIS- SENIOR VP,	(i)	201,629.	28,108.	0.	9,250.	18,974.	257,961.	0.
NO KID HUNGRY PROGRAM	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) DIANA HOVEY- SENIOR VP,	(i)	198,393.	28,160.	0.	9,230.	14,154.	249,937.	0.
DINE FOR NO KID HUNGRY	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) CLAY DUNN- SENIOR VP,	(i)	193,679.	27,069.	0.	9,250.	13,900.	243,898.	0.
CHIEF COMM. OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) JILL DAVIS- SENIOR VP,	(i)	193,371.	27,003.	0.	9,250.	7,006.	236,630.	0.
CORPORATE PARTNERSHIPS	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) SERENA WILLIAMS- SENIOR VP,	(i)	189,410.	27,069.	0.	9,250.	18,945.	244,674.	0.
CHIEF PEOPLE OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) AMY ZGANJAR	(i)	185,121.	25,642.	0.	4,651.	2,275.	217,689.	0.
SENIOR VP, DEVELOPMENT	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) RICHARD KOSTRO- SENIOR VP,	(i)	176,752.	26,127.	0.	5,550.	20,052.	228,481.	0.
CHIEF INFORMATION OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(14) ELLIOTT GASKINS	(i)	159,352.	8,500.	0.	4,180.	16,533.	188,565.	0.
MANAGING DIRECTOR, DEVELOPMENT	(ii)	0.	0.	0.	0.	0.	0.	0.
(15) JENNIFER DIRKSEN	(i)	148,700.	4,500.	0.	9,250.	2,225.	164,675.	0.
CHEF RELATIONS DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(16) DIANE CLIFFORD- MANAGING	(i)	147,130.	6,000.	0.	5,570.	19,715.	178,415.	0.
DIRECTOR, INTEGRATED FUNDRAISING	(ii)	0.	0.	0.	0.	0.	0.	0.

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 aren't listed on Form 990, Part VII.

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

		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Denents	(B)(i)-(D)	reported as deferred on prior Form 990
(17) STACY ROTH- MANAGING DIRECTOR,	(i)	139,295.	8,500.	0.	9,231.	6,713.	163,739.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(18) ANDREA HOEFLING	(i)	145,768.	2,000.	0.	6,112.	18,586.	172,466.	0.
DIRECTOR, DEVELOPMENT	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(i)							
	(ii)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

PART I, LINE 1A:

BEGINNING IN JANUARY 2017, A HOUSING ALLOWANCE OF \$3,000 PER MONTH IS

PROVIDED TO WILLIAM H. SHORE, FOUNDER, EXECUTIVE CHAIRMAN, AND BOARD

DIRECTOR.

PART I, LINE 4B:

THOMAS NELSON, PRESIDENT & CEO, RECEIVED A CONTRIBUTION OF 58,931 TO HIS

457(F) RETIREMENT PLAN.

PART I, LINE 5:

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

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

PROGRAM-RELATED TARGETS.

PART I, LINE 6:

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

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

PROGRAM-RELATED TARGETS.

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

Name of the organization

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

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

2018
Open to Public
Inspection

Ε

mployer identification number 52-1367538

Par	rt I Types of Property						
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu	•	ints
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	Х	19	435,845.	FMV		
10	Securities - Closely held stock						
11	Securities - Partnership, LLC, or						
	trust interests						
12	Securities - Miscellaneous						
13	Qualified conservation contribution -						
	Historic structures						
14	Qualified conservation contribution - Other						
15	Real estate - Residential						
16	Real estate - Commercial						
17	Real estate - Other						
18	Collectibles						
19	Food inventory	Х	73	788,579.	FMV		
20	Drugs and medical supplies						
21	Taxidermy						
22	Historical artifacts						
23	Scientific specimens						
24	Archeological artifacts						
25	Other ► ()						
26	Other ► ()						
27	Other ► ()						
28	Other 🕨 ()						
29	Number of Forms 8283 received by the organiz	-					
	for which the organization completed Form 828	3, Part IV, I	Donee Acknowledg	gement 29		<u> </u>	
						Ye	s No
30a	During the year, did the organization receive by						
	must hold for at least three years from the date		l contribution, and	which isn't required to be us	ed for		
	exempt purposes for the entire holding period?					30a	<u> </u>
	3						
31	Does the organization have a gift acceptance p	•	-	-	ions?	31 X	<u> </u>
32a	Does the organization hire or use third parties of		•				
						32a	X
	,	1			lined		
33	If the organization didn't report an amount in co	Diumn (C) foi	r a type of property	ror which column (a) is chec	жеа,		
	describe in Part II.						

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

832141 10-18-18



Schedule M (Form 990) 2018 SHARE OUR STRENGTH Part II

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

<u>SCHEDULE M, PART I,</u> COLUMN (B):

THE TOTAL REPRESENTED IN PART I, COLUMN (B) REPRESENTS THE NUMBER OF

CONTRIBUTIONS THAT WERE RECEIVED FOR THE YEAR ENDED JUNE 30, 2019.

Schedule M (Form 990) 2018

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



52-1367538

SHARE OUR STRENGTH

LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

IN AMERICA.

FORM 990, PART

I,

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: CAMPAIGNS, LIKE NO KID HUNGRY, WHICH WILL END CHILDHOOD HUNGER IN THE UNITED STATES, AND COOKING MATTERS, WHICH INSPIRES FAMILIES TO MAKE HEALTHY, AFFORDABLE FOOD CHOICES.

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

BREAKFASTS THEY NEED TO REACH THEIR FULL POTENTIAL IN THE CLASSROOM AND

BEYOND AND THAT FIGURE BUILDS ON THE MORE THAN 3 MILLION KIDS WE'VE

CONNECTED WITH BREAKFAST SINCE OUR LAUNCH. WE'RE ALSO SUCCESSFULLY

ADVOCATING FOR BREAKTHROUGH POLICY CHANGES TO FEED MORE CHILDREN. IN

NEW YORK CITY, WE WORKED WITH MAYOR DE BLASIO AND THE CITY COUNCIL TO

RESTORE \$6 MILLION TO THE CITY'S BUDGET TO FEED MORE KIDS A NUTRITIOUS

BREAKFAST. OUR TOTAL ADVOCACY WINS LAST YEAR WILL HELP UNLOCK HEALTHY

MEALS FOR UP TO 885,000 MORE KIDS IN NEED, FROM CALIFORNIA TO MARYLAND

AND EVERYWHERE IN BETWEEN. AND, WE'RE PIONEERING NEW WAYS TO REACH

VULNERABLE CHILDREN WITH THE CRITICAL MEALS THEY NEED AFTER SCHOOL AND

OVER THE SUMMER FROM MAJOR CITIES TO ISOLATED RURAL CORNERS OF THE

COUNTRY. OUR FIRST-OF-ITS-KIND TEXTING LINE CONNECTED NEARLY 350,000

FAMILIES COAST TO COAST WITH THEIR NEAREST SUMMER MEALS SITE, WHERE

KIDS EAT FREE. IN FISCAL YEAR 2019, WE GRANTED MORE THAN \$11 MILLION TO

SCHOOLS AND COMMUNITY GROUPS TO SERVE MORE KIDS BREAKFAST, AFTERSCHOOL,

AND SUMMER MEALS.

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

AND WE WON'T STOP UNTIL THE DAY WHEN TRULY NO CHILD GOES HUNGRY.

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

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

SINCE COOKING MATTERS STARTED IN 1993, WE'VE REACHED MORE THAN 850,000 FAMILIES THROUGH IN-PERSON AND DIGITALLY-DELIVERED FOOD SKILLS AND NUTRITION EDUCATION. IN FISCAL YEAR 2019, BOTH THROUGH OUR TEAM ON THE GROUND AND MORE THAN 150 PARTNERS, WE REACHED OVER 138,100 PARTICIPANTS WITH IN-PERSON AND DIGITAL CONTENT. AND THROUGH OUR PROGRAM EVALUATION, WE KNOW THAT 60% OF ALL ADULT PARTICIPANTS REPORT THAT THEY INTEND TO LET KIDS HELP PLAN, PREPARE, AND SERVE THEMSELVES DURING MEALS; OVER 60% OF ALL ADULT PARTICIPANTS INTEND TO COMPARE PRICES, READ INGREDIENT LISTS, AND COMPARE FOOD LABELS TO MAKE HEALTHY CHOICES WHEN SHOPPING; 832212 10-10-18 Schedule O (Form 990 or 990-EZ) (2018) 98

Schedule O (Form 990 or 990-EZ) (2018)	Page 2
Name of the organization SHARE OUR STRENGTH	Employer identification number 52-1367538
AND MORE THAN 25% OF PARENTS ACCESSING THE SPECIAL SUPPLEM	ENTAL
NUTRITION PROGRAM FOR WOMEN, INFANTS AND CHILDREN (WIC) RE	PORT THE

ABILITY TO IDENTIFY WIC FOODS AT THE GROCERY STORE AND MAXIMIZE THEIR

WIC BENEFITS TOWARD THE PURCHASE OF FRUITS AND VEGETABLES.

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

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

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

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

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

THE DRAFT FEDERAL FORM 990 IS REVIEWED IN DETAIL AND APPROVED BY THE AUDIT

COMMITTEE AND DISTRIBUTED TO THE FULL BOARD OF DIRECTORS BEFORE FILING.

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

SHARE OUR STRENGTH HAS A CONFLICT OF INTEREST POLICY THAT APPLIES TO OFFICERS, DIRECTORS, AND EMPLOYEES. THE POLICY REQUIRES THAT ALL TRANSACTIONS THAT MAY PRESENT AN ACTUAL OR APPEARANCE OF A CONFLICT OF INTEREST BE DISCLOSED TO THE PRESIDENT & CEO, THE CHIEF FINANCIAL OFFICER, OR THE APPROPRIATE MEMBER OF THE BOARD OF DIRECTORS AS SOON AS THE PERSON BECOMES AWARE OF THE CONFLICT. PERSONS WHO MAY HAVE A CONFLICT OF INTEREST ARE PROHIBITED FROM TAKING ACTION WITH RESPECT TO ANY DECISION REGARDING THE TRANSACTION OR MATTER. THE CONFLICT OF INTEREST POLICY IS INCLUDED IN THE EMPLOYEE HANDBOOK. FURTHER, EACH MEMBER OF THE BOARD OF DIRECTORS AND THE EXECUTIVE TEAM COMPLETES AND SIGNS A CONFLICT OF INTEREST DISCLOSURE FORM EVERY YEAR, ACKNOWLEDGING THAT THE RECIPIENT HAS READ AND REVIEWED AND IS IN COMPLIANCE WITH THE POLICY.

832212 10-10-18

Schedule O (Form 990 or 990-EZ) (2018)	Page 2						
Name of the organization Employer ide SHARE OUR STRENGTH 52-13							
FORM 990, PART VI, SECTION B, LINE 15:							
THE PROCESS FOR DETERMINING THE COMPENSATION OF THE ORGAN	IZATION'S TOP						
EXECUTIVE, OFFICERS, AND KEY EMPLOYEES IS REVIEWED AND AP	PROVED BY A						
COMPENSATION COMMITTEE, WHICH IS COMPRISED SOLELY OF INDE	PENDENT DIRECTORS.						
USING AN OUTSIDE CONSULTANT, THE COMPENSATION COMMITTEE CO	ONDUCTS AN						
IN-DEPTH MARKET SURVEY EVERY THREE YEARS TO PRODUCE COMPAN	RABILITY DATA,						
WITH THE MOST RECENT STUDY COMPLETED IN APRIL 2017. THE CO	OMPENSATION						
COMMITTEE, IN ADDITION TO THE ORGANIZATION'S PRESIDENT &	CEO, CHIEF						
FINANCIAL OFFICER, AND CHIEF PEOPLE OFFICER, ALSO REVIEWS	MARKET DATA						
ANNUALLY FOR CHANGES IN THE MARKETPLACE AND SPECIFIC JOB	FUNCTIONS. THE						
COMPENSATION COMMITTEE RECOMMENDS THE COMPENSATION OF THE	EXECUTIVE						
CHAIRMAN TO THE FULL BOARD OF DIRECTORS FOR APPROVAL. THE	BOARD'S DECISION						
IS SUBSTANTIATED IN THE MINUTES. THE COMPENSATION COMMITT	EE ALSO REVIEWS						
AND APPROVES THE COMPENSATION RECOMMENDATIONS FOR THE NEX	T THREE HIGHEST						
COMPENSATED OFFICERS AND KEY EMPLOYEES AND IS INFORMED OF	THE COMPENSATION						
DETERMINATIONS FOR REMAINING OFFICERS, KEY EMPLOYEES, AND	OR MEMBERS OF THE						
EXECUTIVE TEAM OF THE ORGANIZATION. ALL OF THESE COMPENSA	TION						
DETERMINATIONS ARE DEVELOPED USING THE SAME MARKET DATA U	SED TO EVALUATE						
THE EXECUTIVE CHAIRMAN.							

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

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

SHARE OUR STRENGTH MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST

POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC VIA EMAIL OR

UNITED STATES MAIL.

832212 10-10-18

Schedule O (Form 990 or 990-EZ) (2018)

1

FORM 990, PART IX

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

FORM 990, PART IX, LINE 26

SHARE OUR STRENGTH IS COMMITTED TO EFFICIENCY AND TRANSPARENCY. IN APPLYING THE ACCOUNTING STANDARDS FROM THE FINANCIAL ACCOUNTING STANDARDS BOARD (FASB) AND THE INTERNAL REVENUE SERVICE (IRS) RELATED TO JOINT COSTS OF INFORMATIONAL MATERIALS AND ACTIVITIES THAT INCLUDE A FUNDRAISING APPEAL, SHARE OUR STRENGTH IDENTIFIED ACTIVITIES AS PROGRAM, MANAGEMENT AND GENERAL, AND FUNDRAISING IN THE FOLLOWING CATEGORIES: A) EDUCATION AND AWARENESS ABOUT HUNGER AND FOOD INSECURITY AND B) VOLUNTEER RECRUITMENT, MOBILIZATION AND MANAGEMENT. TASTE OF THE NATION, NO KID HUNGRY DINNERS, CHEFS CYCLE, AND THE LIKE AS WELL AS DIRECT MAIL/EMAIL COMMUNICATIONS ARE PLATFORMS OR VEHICLES USED TO ACCOMPLISH ONE OR MORE OF THE GOALS DEFINED ABOVE (EDUCATION AND AWARENESS, VOLUNTEERS). AS SUCH, THE ACTIVITIES PERFORMED FOR EACH PLATFORM MAY BE PROGRAM-SPECIFIC, FUNDRAISING, MANAGEMENT AND GENERAL, OR JOINT (I.E., A COMBINATION OF FUNDRAISING AND PROGRAM). THESE EFFORTS HELP ADVANCE OUR MISSION TO END HUNGER AND POVERTY IN THE U.S. Schedule O (Form 990 or 990-EZ) (2018) 832212 10-10-18 101

Schedule O (Form 990 or 990-EZ) (2018) Name of the organization	Page 2 Employer identification number
SHARE OUR STRENGTH	52-1367538
ND ABROAD. AS A NONPROFIT ORGANIZATION THAT	IS EXEMPT FROM FEDERAL
AXATION, WE ENSURE OUR DONORS' MONEY IS SPE	NT AS EFFICIENTLY AND
FFECTIVELY AS POSSIBLE.	
2212 10-10-18	Schedule O (Form 990 or 990-EZ) (2018)
102	0 SHARE OUR STRENGTH

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

OMB No. 1545-0047

2018 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

SHARE OUR STRENGTH

Employer identification number 52 - 1367538

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

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

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

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

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

Schedule R (Form 990) 2018 SHARE OUR STRENGTH

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(i)	
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity entity excluded from tax under Disproport allocation Disproport allocation			Share of total Share of end-of-year				^{Il or} Percentage ^{ing} ownership	
		country)		sections 512-514)		400010	Yes	No	K-1 (Form 1065)	Yes	10
										+	
	•										

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(state or entity (C		(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	ent	i) b)(13) rolled tity?
		country)						Yes	No
COMMUNITY WEALTH PARTNERS, INC 52-2025260 1825 K STREET, NW, SUITE 1000			SHARE OUR						
WASHINGTON, DC 20006	CONSULTING	DC	STRENGTH	C CORP	-1,202,827.	2,352,884.	100%	X	
	-								

Schedule R (Form 990) 2018 SHARE OUR STRENGTH

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

ote: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Ye	es I
During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	>		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	X	2
b Gift, grant, or capital contribution to related organization(s)			
c Gift, grant, or capital contribution from related organization(s)			
d Loans or loan guarantees to or for related organization(s)			
e Loans or loan guarantees by related organization(s)			_
f Dividends from related organization(s)	1f		_
g Sale of assets to related organization(s)			_
h Purchase of assets from related organization(s)			
i Exchange of assets with related organization(s)	11		
j Lease of facilities, equipment, or other assets to related organization(s)			
k Lease of facilities, equipment, or other assets from related organization(s)	<u>1k</u>		
Performance of services or membership or fundraising solicitations for related organization(s)		X	2
n Performance of services or membership or fundraising solicitations by related organization(s)		X	2
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)			
Sharing of paid employees with related organization(s)			_
Reimbursement paid to related organization(s) for expenses	<u>1p</u>		
Reimbursement paid by related organization(s) for expenses		X	<u> </u>
Other transfer of cash or property to related organization(s)	<u>1r</u>		
s Other transfer of cash or property from related organization(s)	1s		

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) COMMUNITY WEALTH PARTNERS, INC.	L	42,492.	CASH
(2) COMMUNITY WEALTH PARTNERS, INC.	M	345,920.	CASH
(3) COMMUNITY WEALTH PARTNERS, INC.	Q	373,635.	CASH
(4) COMMUNITY WEALTH PARTNERS, INC.	A	6,000.	CASH
(5)			
<u>(6)</u>			

Schedule R (Form 990) 2018 SHARE OUR STRENGTH

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners s 501(c)(3 orgs.? Yes N	(g) Share of end-of-year assets	(f Dispr tior alloca Yes	n) opor- late tions? No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General o managin partner? Yes No	(k) r Percentage ownership

Part VII Supplemental Information.

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

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