

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form **990**

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

2023

Open to Public
Inspection

A For the **2023** calendar year, or tax year beginning **JUL 1, 2023** and ending **JUN 30, 2024**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization <div style="border: 1px solid black; padding: 2px;">SHARE OUR STRENGTH</div> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <div style="border: 1px solid black; padding: 2px;">1030 15TH STREET, NW 1100W</div> City or town, state or province, country, and ZIP or foreign postal code <div style="border: 1px solid black; padding: 2px;">WASHINGTON, DC 20005</div> F Name and address of principal officer: WILLIAM H. SHORE SAME AS C ABOVE	D Employer identification number <div style="border: 1px solid black; padding: 2px;">52-1367538</div> E Telephone number <div style="border: 1px solid black; padding: 2px;">(202) 393-2925</div> G Gross receipts \$ 131,196,920. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 J Website: WWW.SHAREOURSTRENGTH.ORG K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other L Year of formation: 1984 M State of legal domicile: DC		

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: INSPIRED PEOPLE, SHARING STRENGTHS, SO ALL CHILDREN AND FAMILIES LIVE WITHOUT HUNGER.		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	13
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	12
	5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)	5	346
	6	Total number of volunteers (estimate if necessary)	6	500
		7 a	Total unrelated business revenue from Part VIII, column (C), line 12	7a
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.
Revenue	8	Contributions and grants (Part VIII, line 1h)	83,583,865.	76,926,577.
	9	Program service revenue (Part VIII, line 2g)	1,000.	0.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-465,962.	1,591,560.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	447,516.	534,030.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	83,566,419.	79,052,167.
	Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	26,482,323.
14		Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
15		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	37,496,321.	37,174,807.
16a		Professional fundraising fees (Part IX, column (A), line 11e)	11,589,358.	7,878,212.
b		Total fundraising expenses (Part IX, column (D), line 25)	34,033,756.	
17		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	35,586,659.	38,305,386.
18		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	111,154,661.	101,799,409.
19		Revenue less expenses. Subtract line 18 from line 12	-27,588,242.	-22,747,242.
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	89,661,103.	62,632,417.
	21	Total liabilities (Part X, line 26)	19,211,490.	13,090,588.
	22	Net assets or fund balances. Subtract line 21 from line 20	70,449,613.	49,541,829.

Part II Signature Block

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

Sign Here	Signature of officer ANNE FILIPIC, CEO Type or print name and title	Date		
Paid Preparer Use Only	Print/Type preparer's name AARON M. FOX	Preparer's signature AARON M. FOX	Date 04/30/25	Check if self-employed <input type="checkbox"/> PTIN P01365820
	Firm's name CBIZ ADVISORS, LLC	Firm's EIN 88-1478669		
	Firm's address 1899 L STREET, NW #850 WASHINGTON, DC 20036	Phone no. 202-227-4000		

May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☒**1** Briefly describe the organization's mission:

ALL CHILDREN AND FAMILIES DESERVE TO LIVE FREE FROM HUNGER AND POVERTY. WE'RE GOING TO MAKE THAT HAPPEN. WE'RE HELPING COMMUNITIES FEED CHILDREN WITH OUR NO KID HUNGRY CAMPAIGN AND ADDRESSING THE ROOT CAUSES OF HUNGER AND POVERTY. IT'S A BIG JOB, BUT WE'RE NOT ALONE.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 58,676,804. including grants of \$ 18,441,004.) (Revenue \$)

NO KID HUNGRY LOCAL PARTNERS SERVED MORE THAN 504 MILLION HEALTHY MEALS TO KIDS AND FAMILIES. WE'RE ALSO ENCOURAGING POLICYMAKERS TO EXPAND THESE PROGRAMS, AND WE'RE CONTINUING TO PROVIDE GRANT FUNDING FOR NEEDED EQUIPMENT - FROM REFRIGERATORS TO BREAKFAST CARTS AND MORE.

SHARE OUR STRENGTH RECOGNIZES THAT WE CAN'T PERMANENTLY END CHILDHOOD HUNGER IN THE UNITED STATES WITHOUT HELPING TO ADDRESS THE "ROOT CAUSES" OF HUNGER FROM JOBS THAT PAY LOW WAGES TO THE HIGH COST AND INACCESSIBILITY OF HEALTHY FOODS, ALONG WITH OTHER SYSTEMIC ISSUES. TODAY, WE'RE FUNDING ORGANIZATIONS THAT ARE HELPING FAMILIES BECOME MORE FINANCIALLY SECURE WITH A FOCUS ON SINGLE MOTHERS.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)**4c** (Code:) (Expenses \$ including grants of \$) (Revenue \$)**4d** Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 58,676,804.Form **990** (2023)

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	1 X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	2 X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	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? <i>If "Yes," complete Schedule C, Part II</i>	4 X	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>	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? <i>If "Yes," complete Schedule D, Part I</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? <i>If "Yes," complete Schedule D, Part II</i>	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	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? <i>If "Yes," complete Schedule D, Part IV</i>	9	X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10	X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	11a X	
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	11b	X
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	11c	X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	11d	X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11e X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	12a	X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	12b X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	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? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15 X	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	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? <i>If "Yes," complete Schedule G, Part I. See instructions</i>	17 X	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18	X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19	X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a	X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21 X	

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? <i>If "Yes," complete Schedule I, Parts I and III</i>	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? <i>If "Yes," complete Schedule J</i>	23	X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d 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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part I</i>	25b	X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26	X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27	X
28 Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a	X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	28b	X
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c	X
29 Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i>	29	X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37	X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	38	X

Note: All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	133
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X

Part V 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 346		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
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? <i>If "No" to line 3b, provide an explanation on Schedule O</i>	3b		
4a 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
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a 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).			
a 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	X	
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
c 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		
e 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.			
a Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10 Section 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on Part VIII, line 12	10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11 Section 501(c)(12) organizations. Enter:			
a 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.)	11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b		
c Enter the amount of reserves on hand	13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on 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? If "Yes," see the instructions and file Form 4720, Schedule N.	15		X
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		X
17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17		

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 on Schedule O. See instructions.

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

☒**Section A. Governing Body and Management**

	1a	1b	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	13			
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 on Schedule O.				
b Enter the number of voting members included on line 1a, above, who are independent		12		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?			X	
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?				X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?				X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?				X
6 Did the organization have members or stockholders?				X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?				X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?				X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a The governing body?			X	
b Each committee with authority to act on behalf of the governing body?			X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O				X

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

	Yes	No
10a Did the organization have local chapters, branches, or affiliates?		X
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
12a Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	X	
13 Did the organization have a written whistleblower policy?	X	
14 Did the organization have a written document retention and destruction policy?	X	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official	X	
b Other officers or key employees of the organization	X	
If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
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?		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed AL, AK, AZ, AR, CA, CO, CT, FL, GA, HI, IL, KS

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☒ Own website ☐ Another's website ☒ Upon request ☐ Other (explain on Schedule O)

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records
LAURA FARRELL - 202-478-6537
1030 15TH STREET, NW, #1100W, WASHINGTON, DC 20005

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck 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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) WILLIAM H. SHORE - FOUNDER EXEC CHAIRMAN, DIRECTOR	40.00	X		X				486,570.	0.	36,515.
(2) ANNE FILIPIC CEO	40.00			X				508,600.	0.	1,815.
(3) CHARLES SCOFIELD EXECUTIVE VICE PRESIDENT	40.00				X			312,541.	0.	40,268.
(4) LISA DAVIS, SENIOR VP, NO KID HUNGRY PROGRAM	40.00				X			285,684.	0.	54,880.
(5) SERENA WILLIAMS, SENIOR VP, CHIEF PEOPLE OFFICER	40.00				X			285,507.	0.	48,784.
(6) STACY ROTH, SENIOR VP, ORG PLANNING & STRAT UNTIL 6/24	40.00				X			273,342.	0.	17,436.
(7) JESSICA SHERRY FORMER SENIOR VP AND CFO	40.00						X	265,930.	0.	21,410.
(8) DEBBIE SHORE CO-FOUNDER	40.00				X			266,740.	0.	20,368.
(9) ELLIOT GASKINS, SENIOR VP, DEVELOPMENT	40.00				X			265,050.	0.	19,835.
(10) RICHARD KOSTRO, SENIOR VP, CHIEF INFORMATION OFFICER	40.00				X			267,379.	0.	17,262.
(11) PAMELA TAYLOR, SENIOR VP, CHIEF COMM OFF. UNTIL 1/24	40.00				X			266,005.	0.	17,792.
(12) LILLIAN SINGH, SENIOR VP, FAMILY ECONOMIC OPP.	40.00				X			264,563.	0.	14,542.
(13) DIANE CLIFFORD, SENIOR VP, CONSTITUENT DEVELOPMENT	40.00				X			242,893.	0.	32,958.
(14) JULIE CHEN, SENIOR VP AND GENERAL COUNSEL	40.00			X				231,081.	0.	24,574.
(15) COURTNEY SMITH, SENIOR VP, PROG RESEARCH, INNOV & IMPACT	40.00				X			238,673.	0.	12,700.
(16) NEFERTIRI SICKOUT, SENIOR VP, EQUITY, DIVERSITY, AND INCLUSION	40.00				X			236,955.	0.	1,946.
(17) JILL DAVIS, SENIOR VP, CHIEF RESOURCE DEV & GROWTH OFF UNTIL 7/23	40.00				X			221,332.	0.	15,035.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) ANDREA HOEFLING, MANAGING DIR, DEVELOPMENT	40.00				X			199,898.	0.	25,607.
(19) TRACEE SANDERS, MANAGING DIR, HUMAN RESOURCES	40.00				X			185,119.	0.	33,219.
(20) ADRIENNE ALLEN, MANAGING DIR, NO KID HUNGRY PROGRAM	40.00				X			185,428.	0.	29,517.
(21) LAURA WASHBURN, MANAGING DIR, STRATEGIC COMMUNICATIONS	40.00				X			175,416.	0.	32,813.
(22) JEETENDRA JODHPURKAR, MANAGING DIR., GLOBAL STRATEGY	40.00				X			198,524.	0.	9,447.
(23) DIANA HOVEY, SENIOR VP, CORP PARTNERSHIPS UNTIL 8/23	40.00				X			188,519.	0.	16,807.
(24) MARLEY RAVE, MANAGING DIR, MAJOR GIFTS	40.00				X			199,090.	0.	499.
(25) JENNIFER DIRKSEN, NATIONAL DIR, CHAMPION ENGAGEMENT	40.00				X			180,383.	0.	15,413.
(26) COURTNEY C SMITH, SR DIR, CULINARY PTNRSHIP & EVENTS	40.00					X		142,089.	0.	33,985.
1b Subtotal								6,573,311.	0.	595,427.
c Total from continuation sheets to Part VII, Section A								627,205.	0.	70,032.
d Total (add lines 1b and 1c)								7,200,516.	0.	665,459.

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

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3 Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

	Yes	No
3	X	
4	X	
5		X

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
GOOGLE LLC, 1600 AMPHITHEATRE PARKWAY, MOUNTAIN VIEW, CA 94043	DONOR ACQUISITION	4,309,723.
DIRECT DONOR TV 16900 SCIENCE DR. STE 210, BOWIE, MD 20715	DONOR ACQUISITION	3,230,416.
FURTHER LLC, 180 ADMIRAL COCHRANE DR. STE 360, ANNAPOLIS, MD 21401	FUNDRAISING CONSULTING	2,811,589.
CONCORD DIRECT 92 OLD TURNPIKE ROAD, CONCORD, NH 03301	POSTAGE/MAILINGS	1,787,152.
ASCENTA GROUP INC., 138 S FIRST STREET, STE 110, LINDENHURST, NY 11757	FUNDRAISING CONSULTING	1,545,115.

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

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SEE PART VII, SECTION A CONTINUATION SHEETS

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) CECIBEL HENRIQUEZ DIR, CONSUMER COMMS	40.00				X			149,929.	0.	18,956.
(28) ELIZABETH EVANCHO, SR DIR, PRG DEPT OPERATIONS & GRANTS	40.00				X			141,521.	0.	26,718.
(29) CARLA WARNER, SR DIR, REVENUE INNOVATION	40.00				X			139,376.	0.	18,817.
(30) FRANCELIA LILY BISWAS, DIR ENTERPRISE AND DATA MGMT	40.00				X			114,191.	0.	5,386.
(31) STEVEN MCCULLOUGH COO AS OF 10/23	40.00			X				60,747.	0.	0.
(32) LAURA FARRELL CFO AS OF 11/23	40.00			X				21,441.	0.	155.
(33) CHIP WADE DIRECTOR	1.00	X						0.	0.	0.
(34) DONNA MOREA DIRECTOR	2.00	X						0.	0.	0.
(35) JEANNE NEWMAN DIRECTOR	2.00	X						0.	0.	0.
(36) JIMMY CHEN DIRECTOR	1.00	X						0.	0.	0.
(37) JOANNE CHANG DIRECTOR	1.00	X						0.	0.	0.
(38) MARIBEL GARCIA DIRECTOR	2.00	X						0.	0.	0.
(39) NOAH GLASS DIRECTOR	1.00	X						0.	0.	0.
(40) RENEE GRISHAM DIRECTOR	1.00	X						0.	0.	0.
(41) KIMBERLY JOHNSON DIRECTOR UNTIL 12/23	2.00	X						0.	0.	0.
(42) WINNIE LERNER DIRECTOR AS OF 07/23	1.00	X						0.	0.	0.
(43) MICHAEL MCAFEE DIRECTOR AS OF 07/23	1.00	X						0.	0.	0.
(44) REGINA MONTOYA DIRECTOR AS OF 07/23	1.00	X						0.	0.	0.
(45) STEVEN NARANG DIRECTOR AS OF 07/23	1.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c								627,205.		70,032.

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514		
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a							
	b Membership dues	1b							
	c Fundraising events	1c							
	d Related organizations	1d							
	e Government grants (contributions)	1e	837,449.						
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	76089128.						
	g Noncash contributions included in lines 1a-1f	1g	\$ 253,654.						
	h Total. Add lines 1a-1f							76926577.	
Program Service Revenue			Business Code						
	2 a								
	b								
	c								
	d								
	e								
	f All other program service revenue								
	g Total. Add lines 2a-2f								
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			1,405,819.			1405819.		
	4 Income from investment of tax-exempt bond proceeds								
	5 Royalties								
	6 a Gross rents	6a	(i) Real	(ii) Personal					
	b Less: rental expenses ...	6b							
	c Rental income or (loss)	6c							
	d Net rental income or (loss)								
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities	(ii) Other					
	b Less: cost or other basis and sales expenses	7b	52144753						
	c Gain or (loss)	7c	185,741.						
	d Net gain or (loss)			185,741.			185,741.		
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18								
			8a						
	b Less: direct expenses	8b							
c Net income or (loss) from fundraising events									
9 a Gross income from gaming activities. See Part IV, line 19									
		9a							
b Less: direct expenses	9b								
c Net income or (loss) from gaming activities									
10 a Gross sales of inventory, less returns and allowances									
		10a							
b Less: cost of goods sold	10b								
c Net income or (loss) from sales of inventory									
Miscellaneous Revenue	11 a EQUITY GAIN OF SUB.		Business Code	900099	477,501.		477,501.		
	b INTERCOMPANY REVENUE			900099	49,946.		49,946.		
	c GAIN ON CURRENCY EXCHA			900099	6,583.		6,583.		
	d All other revenue								
	e Total. Add lines 11a-11d					534,030.			
	12 Total revenue. See instructions						79052167.	0.	0.

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	18,291,004.	18,291,004.		
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	150,000.	150,000.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	6,613,992.	2,379,813.	1,002,876.	3,231,303.
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	24,126,131.	14,805,451.	2,725,366.	6,595,314.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	968,190.	580,411.	98,814.	288,965.
9 Other employee benefits	3,105,664.	1,802,876.	347,922.	954,866.
10 Payroll taxes	2,360,830.	1,326,786.	286,900.	747,144.
11 Fees for services (nonemployees):				
a Management				
b Legal	13,558.		13,558.	
c Accounting	133,994.		133,994.	
d Lobbying	685,119.	685,119.		
e Professional fundraising services. See Part IV, line 17	7,878,212.			7,878,212.
f Investment management fees	89,015.		89,015.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	9,188,723.	8,015,311.	1,173,412.	
12 Advertising and promotion	14,900,832.	6,105,626.	151,181.	8,644,025.
13 Office expenses	2,268,948.	187,821.	111,840.	1,969,287.
14 Information technology	2,042,860.	656,677.	554,821.	831,362.
15 Royalties				
16 Occupancy	1,969,360.	380,985.	1,466,264.	122,111.
17 Travel	1,125,313.	717,499.	68,450.	339,364.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	3,922,966.	2,188,363.	140,709.	1,593,894.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	293,778.	64,245.	185,309.	44,224.
23 Insurance	381,403.	70,470.	289,416.	21,517.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a FEES AND LICENSES	1,127,258.	176,975.	242,382.	707,901.
b BAD DEBT	162,259.	91,372.	6,620.	64,267.
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	101,799,409.	58,676,804.	9,088,849.	34,033,756.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720)	3,672,822.	1,680,125.	51,811.	1,940,886.

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	7,434,720.	1	1,000,766.
	2 Savings and temporary cash investments		2	1,766,706.
	3 Pledges and grants receivable, net	10,997,293.	3	11,093,289.
	4 Accounts receivable, net	411,504.	4	422,732.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	37,826.	8	26,850.
	9 Prepaid expenses and deferred charges	9,073,565.	9	5,139,757.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 4,443,337.		
	b Less: accumulated depreciation	10b 4,106,938.		
	11 Investments - publicly traded securities	56,034,142.	11	39,080,096.
	12 Investments - other securities. See Part IV, line 11	1,007,557.	12	1,410,050.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets	118.	14	127.
	15 Other assets. See Part IV, line 11	4,034,201.	15	2,355,645.
16 Total assets. Add lines 1 through 15 (must equal line 33)	89,661,103.	16	62,632,417.	
Liabilities	17 Accounts payable and accrued expenses	6,212,893.	17	6,321,944.
	18 Grants payable	7,599,649.	18	3,609,609.
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	5,398,948.	25	3,159,035.
	26 Total liabilities. Add lines 17 through 25	19,211,490.	26	13,090,588.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	53,669,263.	27	35,528,363.
	28 Net assets with donor restrictions	16,780,350.	28	14,013,466.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	70,449,613.	32	49,541,829.
	33 Total liabilities and net assets/fund balances	89,661,103.	33	62,632,417.

Form 990 (2023)

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	79,052,167.
2	Total expenses (must equal Part IX, column (A), line 25)	2	101,799,409.
3	Revenue less expenses. Subtract line 2 from line 1	3	-22,747,242.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	70,449,613.
5	Net unrealized gains (losses) on investments	5	1,839,458.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	49,541,829.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☐

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2a	X
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: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2b	X
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 on Schedule O.	2c	X
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____	3a	X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____	3b	X

Form 990 (2023)

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization

SHARE OUR STRENGTH

Employer identification number

52-1367538

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

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

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

f Enter the number of supported organizations _____

g Provide the following information about the supported organization(s).

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	161107831	143573062	84627216	83583865	76926577	549818551
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	161107831	143573062	84627216	83583865	76926577	549818551
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)						3372485
6 Public support. Subtract line 5 from line 4.						546446066

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7 Amounts from line 4	161107831	143573062	84627216	83583865	76926577	549818551
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	790,005	797,761	594,453	1075982	1405819	4664020
9 Net income from unrelated business activities, whether or not the business is regularly carried on		27,827				27,827
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	57,048	48,597	69,002	49,068	49,946	273,661
11 Total support. Add lines 7 through 10						554784059
12 Gross receipts from related activities, etc. (see instructions)					12	236,390
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f))	14	98.50	%
15 Public support percentage from 2022 Schedule A, Part II, line 14	15	97.76	%
16a 33 1/3% support test - 2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			<input checked="" type="checkbox"/>
b 33 1/3% support test - 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions			<input type="checkbox"/>

Schedule A (Form 990) 2023

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2022 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2022 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2023. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

b 33 1/3% support tests - 2022. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, 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 officers, 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		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? 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		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
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 on line 2, above, 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		

Section E. Type III Functionally Integrated Supporting Organizations

	Yes	No
1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
2 Activities Test. Answer lines 2a and 2b below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? 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 on line 2a, above, 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 lines 3a and 3b below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" 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		

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
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 0.015 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 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990) 2023

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

		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2023 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1 Distributable amount for 2023 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2023 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2023			
a From 2018			
b From 2019			
c From 2020			
d From 2021			
e From 2022			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2023 distributable amount			
i Carryover from 2018 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2023 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2023 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2024. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2019			
b Excess from 2020			
c Excess from 2021			
d Excess from 2022			
e Excess from 2023			

Schedule A (Form 990) 2023

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:**INTERCOMPANY REVENUE**

2019 AMOUNT: \$ 51,683.

2020 AMOUNT: \$ 48,597.

2021 AMOUNT: \$ 59,478.

2022 AMOUNT: \$ 49,068.

2023 AMOUNT: \$ 49,946.

BOOK/PRODUCT SALES

2019 AMOUNT: \$ 5,365.

OTHER EVENT REVENUE**OTHER**

2021 AMOUNT: \$ 9,524.

Schedule B
(Form 990)Department of the Treasury
Internal Revenue Service**Schedule of Contributors**Attach to Form 990, 990-EZ, or 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

Name of the organization

Employer identification number

SHARE OUR STRENGTH

52-1367538

Organization type (check one):

Filers of:**Section:**

Form 990 or 990-EZ

☒ 501(c)(3) (enter number) organization☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation☐ 501(c)(3) taxable private foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**.**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.**General Rule**☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.**Special Rules**☒ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year \$**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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).

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2023)

Name of organization

Employer identification number

SHARE OUR STRENGTH

52-1367538

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>		\$ <u>2,504,505.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>2</u>		\$ <u>2,240,303.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>3</u>		\$ <u>2,142,558.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>4</u>		\$ <u>2,000,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Employer identification number

52-1367538

Part II

(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
	_____	\$ _____	_____

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

Name of organization

Employer identification number

SHARE OUR STRENGTH**52-1367538****Part III**

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

Use duplicate copies of Part III if additional space is needed.

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

SCHEDULE C
(Form 990)

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

2023

Open to Public
Inspection

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

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

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

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

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

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

Name of organization

SHARE OUR STRENGTH

Employer identification number

52-1367538

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

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.

2 Political campaign activity expenditures \$

3 Volunteer hours for political campaign activities

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

1 Enter the amount of any excise tax incurred by the organization under section 4955 \$

2 Enter the amount of any excise tax incurred by organization managers under section 4955 \$

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV.

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

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities \$

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527
exempt function activities \$

3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL,
line 17b \$

4 Did the filing organization file Form 1120-POL for this year? ☐ Yes ☐ No

5 Enter the names, addresses, and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

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

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

Schedule C (Form 990) 2023

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grassroots lobbying)			
b Total lobbying expenditures to influence a legislative body (direct lobbying)			
c Total lobbying expenditures (add lines 1a and 1b)			
d Other exempt purpose expenditures			
e Total exempt purpose expenditures (add lines 1c and 1d)			
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.			
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
not over \$500,000,	20% of the amount on line 1e.		
over \$500,000 but not over \$1,000,000,	\$100,000 plus 15% of the excess over \$500,000.		
over \$1,000,000 but not over \$1,500,000,	\$175,000 plus 10% of the excess over \$1,000,000.		
over \$1,500,000 but not over \$17,000,000,	\$225,000 plus 5% of the excess over \$1,500,000.		
over \$17,000,000,	\$1,000,000.		
g Grassroots nontaxable amount (enter 25% of line 1f)			
h Subtract line 1g from line 1a. If zero or less, enter -0-			
i Subtract line 1f from line 1c. If zero or less, enter -0-			
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?			

☐ Yes ☐ No
4-Year Averaging Period Under Section 501(h)

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990) 2023

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 of the lobbying activity.

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?	X		
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..	X		
c Media advertisements?	X		4,957.
d Mailings to members, legislators, or the public?	X		5,212.
e Publications, or published or broadcast statements?	X		6,649.
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		668,301.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?		X	
j Total. Add lines 1c through 1i			685,119.
2a Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

PART II-B, LINE 1, LOBBYING ACTIVITIES:

IN FY24, SHARE OUR STRENGTH LOBBIED CONGRESS TO EXPAND CHILD TAX

CREDIT, INCREASE ACCESS TO SUMMER EBT AND NON-CONGREGATE SUMMER MEALS,

AND PROTECT AND STRENGTHEN SNAP AND WIC. WE ALSO LOBBIED STATES TO

ENACT POLICIES TO STRENGTHEN AND PROTECT ACCESS TO SCHOOL NUTRITION

PROGRAMS, OUT-OF-SCHOOL TIME PROGRAMS, RURAL NON-CONGREGATE SUMMER

Part IV Supplemental Information *(continued)*

MEALS, SUMMER EBT, AND OTHER FEDERAL NUTRITION PROGRAMS SUCH AS SNAP
AND WIC.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization

SHARE OUR STRENGTH

Employer identification number

52-1367538

Part I

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

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

Part II

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

☐ Preservation of land for public use (for example, recreation or education) ☐ Preservation of a historically important land area

☐ Protection of natural habitat ☐ Preservation of a certified historic structure

☐ Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included on line 2a	2c
d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d

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

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

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

☐ Yes ☐ No

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

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

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

☐ Yes ☐ No

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

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

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

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

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

(ii) Assets included in Form 990, Part X

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

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

b Assets included in Form 990, Part X

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

Schedule D (Form 990) 2023

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

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).

a ☐ Public exhibition

d ☐ Loan or exchange program

b ☐ Scholarly research

e ☐ Other _____

c ☐ Preservation for future generations

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets

to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

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

1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

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

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

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

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment _____ %

b Permanent endowment _____ %

c Term endowment _____ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

(i) Unrelated organizations? ☐ Yes ☐ No

(ii) Related organizations? ☐ Yes ☐ No

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? ☐ Yes ☐ No

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

Part VI Land, Buildings, and Equipment

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		2,447,109.	2,183,042.	264,067.
d Equipment		897,957.	891,521.	6,436.
e Other		1,098,271.	1,032,375.	65,896.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B)).				336,399.

Schedule D (Form 990) 2023

Part VII Investments - Other Securities

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets

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

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

Part X Other Liabilities

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DEFERRED RENT AND LEASEHOLD	
(3) INCENTIVES	3,084,959.
(4) BRIGHTER FUTURE FUND LIABILITY	74,076.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	3,159,035.

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ... ☒

Schedule D (Form 990) 2023

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

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

1	Total revenue, gains, and other support per audited financial statements	1	116,885,866.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	1,839,458.
b	Donated services and use of facilities	2b	36,083,256.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	37,922,714.
3	Subtract line 2e from line 1	3	78,963,152.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	89,015.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	89,015.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	79,052,167.

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

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

1	Total expenses and losses per audited financial statements	1	137,793,650.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	36,083,256.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	36,083,256.
3	Subtract line 2e from line 1	3	101,710,394.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	89,015.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	89,015.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	101,799,409.

Part XIII Supplemental Information

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

PART X, LINE 2:

SHARE OUR STRENGTH PERFORMED AN EVALUATION OF UNCERTAINTY IN TAX POSITIONS FOR THE YEAR ENDED JUNE 30, 2024, AND DETERMINED THAT THERE ARE NO MATTERS THAT WOULD REQUIRE RECOGNITION IN THE CONSOLIDATED FINANCIAL STATEMENTS OR THAT MAY HAVE ANY EFFECT ON ITS TAX-EXEMPT STATUS. THERE ARE CURRENTLY NO EXAMINATIONS PENDING OR IN PROGRESS, REGARDING SHARE OUR STRENGTH'S TAX RETURNS.

SCHEDULE F
(Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

Attach to Form 990.

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

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization

Employer identification number

SHARE OUR STRENGTH

52-1367538

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

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
SOUTH ASIA	1	0	GRANTMAKING		150,000.
3 a Subtotal	1	0			150,000.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	1	0			150,000.

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

Schedule F (Form 990) 2023

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)
		SOUTH ASIA	INTERNATIONAL	140,000.	WIRE	0.		
		SOUTH ASIA	INTERNATIONAL	10,000.	WIRE	0.		

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter **2**

3 Enter total number of other organizations or entities **0**

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

Part III can be duplicated if additional space is needed.

[illegible]

Part IV Foreign Forms

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

Schedule F (Form 990) 2023

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.

SCHEDULE G
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities
Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization

SHARE OUR STRENGTH

Employer identification number
52-1367538

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

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a ☒ Mail solicitations e ☒ Solicitation of non-government grants
b ☒ Internet and email solicitations f ☒ Solicitation of government grants
c ☒ Phone solicitations g ☒ Special fundraising events
d ☒ In-person solicitations

- 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☒ Yes ☐ No
b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
FURTHER LLC - 180 ADMIRAL CONFERENCE DR, STE 360 , THE STOTT GROUP / ST - 4516 WOODDALE AVENUE , EDINA, MN	STRATEGY CONSULTANT		X	13381617.	1,026,578.	12355039.
CONCORD DIRECT - 92 OLD TURNPIKE ROAD , CONCORD, NH	MONTHLY SOLICITATION AND STRATEGY CONSULTANT		X	6,000,000.	235,000.	5,765,000.
MISSION WIRED - 650 MASSACHUSETTS AVE NW, PERSONAL FUNDRAISING - 10 S RIVERSIDE PLAZA STE 875 PMB	DIRECT MAIL CONSULTANT		X	3,598,243.	290,975.	3,307,268.
GLOBALFACES DIRECT - 16905 NORTH CROSS DR , HUNTERSVILLE, MOORE - 4200 PARLIAMENT PLACE STE 300, LANHAM, MD 20706	EMAIL STRATEGY CONSULTANT		X	1,116,813.	134,500.	982,313.
ASCENTA GROUP INC. - 138 S FIRST STREET STE 110 , TGP CONSULTING - 813 SIGSBEE RD, KEY WEST, FL 33040	MONTHLY IN-PERSON SOLICITATION		X	910,804.	1,788,675.	-877,871.
GIVEBRIDGE - 550 W. VAN BUREN STE 1100 , CHICAGO, IL 60607	MONTHLY IN-PERSON SOLICITATION		X	737,716.	1,559,030.	-821,314.
	MONTHLY SOLICITATION AND STRATEGY CONSULTANT		X	565,845.	506,742.	59,103.
	MONTHLY IN-PERSON SOLICITATION		X	466,219.	833,325.	-367,106.
	STRATEGY CONSULTANT		X	161,105.	344,486.	-183,381.
	MONTHLY IN-PERSON SOLICITATION		X	29,825.	216,287.	-186,462.
Total				26968187.	6,935,598.	20032589.

- 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		(event type)	(event type)	(total number)	
Revenue	1 Gross receipts				
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)				
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary. Add lines 4 through 9 in column (d)				
11 Net income summary. Subtract line 10 from line 3, column (d)					

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

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

9 Enter the state(s) in which the organization conducts gaming activities: _____

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

b If "No," explain: _____

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

b If "Yes," explain: _____

- 11** Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No
- 12** Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13** Indicate the percentage of gaming activity conducted in:
- | | | |
|--------------------------------------|------------|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name _____

Address _____

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization \$ _____ and the amount of gaming revenue retained by the third party \$ _____

c If "Yes," enter name and address of the third party:

Name _____

Address _____

- 16** Gaming manager information:

Name _____

Gaming manager compensation \$ _____

Description of services provided _____

☐ Director/officer ☐ Employee ☐ Independent contractor

- 17** Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$ _____

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

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

(I) NAME OF FUNDRAISER: FURTHER LLC

(I) ADDRESS OF FUNDRAISER:

180 ADMIRAL CONFERENCE DR, STE 360, ANNAPOLIS, MD 21401

(I) NAME OF FUNDRAISER: THE STOTT GROUP / ST

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

Part IV Supplemental Information (continued)

(I) NAME OF FUNDRAISER: CONCORD DIRECT

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

(I) NAME OF FUNDRAISER: MISSION WIRED

(I) ADDRESS OF FUNDRAISER: 650 MASSACHUSETTS AVE NW, WASHINGTON, DC 20001

(I) NAME OF FUNDRAISER: PERSONAL FUNDRAISING

(I) ADDRESS OF FUNDRAISER:

10 S RIVERSIDE PLAZA STE 875 PMB 175, CHICAGO, IL 60606

(I) NAME OF FUNDRAISER: GLOBALFACES DIRECT

(I) ADDRESS OF FUNDRAISER: 16905 NORTHCROSS DR , HUNTERSVILLE, NC 28078

(I) NAME OF FUNDRAISER: ASCENTA GROUP INC.

(I) ADDRESS OF FUNDRAISER:

138 S FIRST STREET STE 110 , LINDENHURST, NY 11757

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

**Open to Public
Inspection**

Name of the organization

SHARE OUR STRENGTH

Employer identification number
52-1367538

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ABBEVILLE COUNTY SCHOOL DISTRICT 400 GREENVILLE STREET ABBEVILLE, SC 29620	57-6001577	PUBLIC SCHOOL	12,000.	0.			SUMMER
ACTION INC. 25 WEST SILVER STREET BUTTE, MT 59701	81-0295613	501(C)(3)	10,000.	0.			SUMMER
ALABAMA FOOD BANK ASSOCIATION P.O. BOX 18607 HUNTSVILLE, AL 35804	27-1591801	501(C)(3)	40,000.	0.			NO KID HUNGRY PARTNER
ALCHEMIST CDC 4625 44TH ST STE 33 SACRAMENTO, CA 95820	20-1891448	501(C)(3)	82,000.	0.			COMMUNITY NUTRITION
ALCORN STATE UNIVERSITY 1000 ASU DRIVE LORMAN, MS 39096	64-6000013	PUBLIC SCHOOL	12,500.	0.			HBCU
ALEXANDRIA CITY PUBLIC SCHOOLS 1340 BRADDOCK PL ALEXANDRIA, VA 22314	54-6001106	PUBLIC SCHOOL	41,600.	0.			BREAKFAST

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **350.**
- 3** Enter total number of other organizations listed in the line 1 table **0.**

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

Schedule I (Form 990) 2023

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALLEGHANY HIGHLANDS PUBLIC SCHOOLS P.O. DRAWER 140 LOW MOOR, VA 24457	87-4321178	PUBLIC SCHOOL	18,000.	0.			BREAKFAST
ALTA PUBLIC SCHOOLS 2410 BROADWAY HUNTINGTON PARK, CA 90255	26-1671037	PUBLIC SCHOOL	15,000.	0.			SCHOOL NUTRITION
ALTERNATIVE STRUCTURES INTERNATIONAL DBA KAHUMANA - 86660 LUALUALEI HOMESTEAD ROAD - WAIANAE, HI 96792	99-0196090	501(C)(3)	30,000.	0.			SUMMER
AMERICAN ACADEMY OF PEDIATRICS. NATIONAL - 345 PARK BOULEVARD - ITASCA, IL 60143	36-2275597	501(C)(3)	275,000.	0.			NO KID HUNGRY PARTNER
AMERICAN PUBLIC HUMAN SERVICES ASSOCIATION - 1300 17TH STREET, SUITE 340 - ARLINGTON, VA 22209	36-2166948	501(C)(3)	668,662.	0.			NO KID HUNGRY PARTNER
ARIZONA FOOD BANK NETWORK 340 E CORONADO RD., SUITE 400 PHOENIX, AZ 85004	86-0507679	501(C)(3)	150,000.	0.			NO KID HUNGRY PARTNER
ARKANSAS - DEPARTMENT OF HUMAN SERVICES - PO BOX 1437 - LITTLE ROCK, AR 72203	71-0847443	GOV'T	100,000.	0.			SUMMER EBT
ARKANSAS HUNGER RELIEF ALLIANCE 1400 W. MARKHAM SUITE 304 LITTLE ROCK, AR 72201	30-0254995	501(C)(3)	210,000.	0.			NO KID HUNGRY PARTNER
ATHENS-MCMINN YOUNG MEN'S CHRISTIAN ASSOCIATION - 205 KNOXVILLE AVE - ATHENS, TN 37303	62-0586361	501(C)(3)	20,000.	0.			SUMMER

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AUSTIN INDEPENDENT SCHOOL DISTRICT 3701 WOODBURY DRIVE AUSTIN, TX 78704	74-6000064	PUBLIC SCHOOL	16,800.	0.			BREAKFAST
AVOYELLES PARISH SCHOOL BOARD 221 TUNICA DRIVE W. MARKSVILLE, LA 71351	72-6000115	PUBLIC SCHOOL	20,000.	0.			SCHOOL NUTRITION
AZUSA UNIFIED SCHOOL DISTRICT 546 S. CITRUS AVE AZUSA, CA 91702	95-6006672	PUBLIC SCHOOL	10,000.	0.			THANK YOU GRANT
BALDWIN SCHOOL DISTRICT 100 ABC STREET MILLEDGEVILLE, GA 31061	58-6000184	PUBLIC SCHOOL	10,000.	0.			SUMMER
BALTIMORE COUNTY PUBLIC SCHOOL DISTRICT - 9610 PULASKI PARK DRIVE - BALTIMORE, MD 21220	52-1819200	PUBLIC SCHOOL	160,522.	0.			BREAKFAST
BANCO DE ALIMENTOS PUERTO RICO INC URBANIZACIN COUNTRY CLUB PARK C/272 CAROLINA, PA 00982	66-0444882	501(C)(3)	50,000.	0.			SUMMER
BANGOR PUBLIC SCHOOLS 801 W. ARLINGTON BANGOR, MI 49013	38-6003972	PUBLIC SCHOOL	25,000.	0.			SUMMER
BARTOW COUNTY SCHOOL NUTRITION 65 GILREATH RD CARTERSVILLE, GA 30121	58-6000188	PUBLIC SCHOOL	86,985.	0.			BREAKFAST
BATESVILLE SCHOOL DISTRICT 955 WATER STREET BATESVILLE, AR 72501	71-6020722	PUBLIC SCHOOL	22,000.	0.			SUMMER

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BEAR VALLEY UNIFIED SCHOOL DISTRICT - PO BOX 1529, 42271 MOONRIDGE RD, - BIG BEAR LAKE, CA 92315	95-6006065	PUBLIC SCHOOL	15,000.	0.			SCHOOL NUTRITION
BEAUFORT COUNTY SCHOOLS 1010 PENNSYLVANIA AVENUE WASHINGTON, NC 27889	56-6000991	PUBLIC SCHOOL	15,648.	0.			SUMMER
BEAVER DAM UNIFIED SCHOOL DISTRICT 500 GOULD STREET BEAVER DAM, WI 53916	39-6031224	PUBLIC SCHOOL	13,500.	0.			SUMMER
BENEFITS DATA TRUST CENTRE SQUARE WEST, 1500 MARKET STREET, SUITE 2800 - PHILADELPHIA, PA 19102	20-3455598	501(C)(3)	250,000.	0.			NO KID HUNGRY PARTNER
BENJAMIN ISD 300 W HAYS ST / PO BOX 166 BENJAMIN, TX 79539	75-1616280	501(C)(3)	10,330.	0.			BREAKFAST
BLACK LAND OWNERSHIP COUNCIL (BLOC) - 1 MARKET STREET - LYNN, MA 01902	85-4219754	501(C)(3)	100,000.	0.			FAMILY ECONOMIC MOBILITY
BLOUNT COUNTY PO BOX 578 ONEONTA, AL 35121	63-6000773	GOV'T	30,000.	0.			BREAKFAST
BLUE RIDGE UNIFIED SCHOOL DISTRICT 1200 WHITE MOUNTAIN BLVD. LAKESIDE, AZ 85929	86-6000542	PUBLIC SCHOOL	14,300.	0.			SUMMER
BNOS YISROEL OF BALTIMORE 6300 PARK HEIGHTS AVE BALTIMORE, MD 21215	52-2231272	501(C)(3)	45,259.	0.			SUMMER

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BONTON FARMS 6911 BEXAR STREET DALLAS, TX 75215	81-3243887	501(C)(3)	350,000.	0.			FAMILY ECONOMIC MOBILITY
BORREGO SPRINGS UNIFIED SCHOOL DISTRICT - 1315 PALM CANYON DRIVE - BORREGO SPRINGS, CA 92004	95-6000319	PUBLIC SCHOOL	6,000.	0.			SCHOOL NUTRITION
BOSSIER PARISH SCHOOLS PO BOX 2000 BENTON, LA 71006	72-6000185	PUBLIC SCHOOL	20,000.	0.			SCHOOL NUTRITION
BOYS & GIRLS CLUB OF RICHLAND COUNTY - PO BOX 416 - SIDNEY, MT 59270	11-3694698	501(C)(3)	5,450.	0.			YOUTH AMBASSADORS
BOYS & GIRLS CLUB OF THE SMOKY MOUNTAINS - PO BOX 5743 - SEVIER COUNTY, TN 37864	62-1507789	501(C)(3)	10,000.	0.			SUMMER
BOYS & GIRLS CLUBS OF UTAH COUNTY 1060 E 150 N PROVO, UT 84606	87-0293260	501(C)(3)	90,000.	0.			SUMMER
BOYS AND GIRLS CLUB OF BISBEE 405 ARIZONA STREET BISBEE, AZ 85603	86-0986317	501(C)(3)	16,000.	0.			SUMMER
BRANDYWINE HEIGHTS AREA SCHOOL DISTRICT - 200 WEST WEIS STREET - TOPTON, PA 19562	23-1671515	PUBLIC SCHOOL	28,000.	0.			SUMMER
BRECKINRIDGE COUNTY 86 AIRPORT RD HARDINSBURG, KY 40143	61-1349949	GOV'T	35,000.	0.			SUMMER

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BRIGAD 515 CENTERPOINT DRIVE MIDDLETOWN, CT 06457	83-0721610	501(C)(3)	715,000.	0.			NO KID HUNGRY PARTNER
BRISTOL TN CITY SCHOOLS 615 MARTIN LUTHER KING JR. BLVD BRISTOL, TN 37620	62-6012359	PUBLIC SCHOOL	10,000.	0.			SUMMER
BUCHANAN COUNTY PUBLIC SCHOOLS 4447 SLATE CREEK ROAD ROAD GRUNDY, VA 24614	56-6001174	PUBLIC SCHOOL	15,000.	0.			BREAKFAST
BULLOCH COUNTY SCHOOLS US HWY 80 WEST STATESBORO, GA 30458	58-6000197	PUBLIC SCHOOL	11,500.	0.			SUMMER
BUNCOMBE COUNTY SCHOOLS 175 BINGHAM ROAD ASHEVILLE, NC 28806	56-6000994	PUBLIC SCHOOL	8,060.	0.			SUMMER
CADDO PUBLIC PARISH SCHOOLS 1961 MIDWAY AVE SHREVEPORT, LA 71130	72-6000224	PUBLIC SCHOOL	30,000.	0.			BREAKFAST
CAMPTI COMMUNITY DEVELOPMENT CENTER - 121A RAPHAEL STREET - CAMPTI, LA 71411	43-2008828	501(C)(3)	10,000.	0.			SUMMER
CAPTAIN COMMUNITY HUMAN SERVICES, INC. - 5 MUNICIPAL PLAZA - CLIFTON PARK, NY 12065	14-1637304	501(C)(3)	15,000.	0.			SUMMER
CAROLINE COUNTY DEPARTMENT OF SOCIAL SERVICES - 207 SOUTH 3RD STREET - DENTON, MD 21629	52-6002033	GOV'T	183,260.	0.			SNAP

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CAROLINE COUNTY PUBLIC SCHOOLS - MARYLAND - 204 FRANKLIN STREET - DENTON, MD 21629	52-6000907	PUBLIC SCHOOL	12,800.	0.			SUMMER
CAROLINE COUNTY PUBLIC SCHOOLS - VIRGINIA - 16221 RICHMOND TURNPIKE - BOWLING GREEN, VA 22427	54-6001190	PUBLIC SCHOOL	24,750.	0.			BREAKFAST
CAROLINE HUMAN SERVICES COUNCIL 319 BLOOMINGDALE AVENUE FEDERALSBURG, MD 21632	20-2159382	GOV'T	62,500.	0.			SNAP
CARROLLTON EXEMPTED VILLAGE SCHOOLS - 252 THIRD STREET NE - CARROLLTON, OH 44615	34-6000522	PUBLIC SCHOOL	15,000.	0.			SUMMER
CARTHAGE CENTRAL SCHOOL DISTRICT 25059 WOOLWORTH ST CARTHAGE, NY 13619	15-6008078	PUBLIC SCHOOL	13,020.	0.			BREAKFAST
CASH CAMPAIGN OF MARYLAND 575 S. CHARLES STREET, SUITE 500 BALTIMORE, MD 21201	81-4607077	GOV'T	60,000.	0.			CHILD TAX CREDIT
CASSADAGA VALLEY CENTRAL SCHOOL DISTRICT - PO BOX 540 - SINCLAIRVILLE, NY 14782	16-6001616	PUBLIC SCHOOL	5,700.	0.			SUMMER
CASSOPOLIS PUBLIC SCHOOLS 725 CENTER STREET CASSOPOLIS, MI 49031	38-6000842	PUBLIC SCHOOL	20,000.	0.			SUMMER
CATHOLIC CHARITIES USA 2050 BALLENGER AVENUE ALEXANDRIA, VA 22314	53-0196620	501(C)(3)	200,000.	0.			NO KID HUNGRY PARTNER

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CELLIS MAJOR DRIFFIN I-CEDRIC MOSES DRIFFIN PANTRY & RESOURCE HUB - 2229 SUMTER HIGHWAY - KINGSTREE, SC 29556	85-0702401	501(C)(3)	20,000.	0.			SUMMER
CENTER FOR THE STUDY OF SOCIAL POLICY - 1575 EYE STREET N.W. - WASHINGTON, DC 20005	52-1254948	501(C)(3)	36,300.	0.			ADVOCACY
CENTRAL TEXAS FOOD BANK 6500 METROPOLIS DRIVE AUSTIN, TX 78744	74-2217350	501(C)(3)	20,000.	0.			SUMMER
CHARLESTON COUNTY SCHOOL DISTRICT 75 CALHOUN STREET CHARLESTON, SC 29401	57-6000322	PUBLIC SCHOOL	10,000.	0.			SUMMER
CHAUTAUQUA OPPORTUNITIES 17 W. COURTNEY ST DUNKIRK, NY 14048	16-0905222	501(C)(3)	20,000.	0.			SUMMER
CHEROKEE NATION DEPARTMENT OF PUBLIC HEALTH - 1325 E. BOONE ST - TAHLEQUAH, OK 74464	75-0757033	GOV'T	100,000.	0.			SUMMER EBT
CHESAPEAKE MULTICULTURAL RESOURCE CENTER - PO BOX 1990 - EASTON, MD 21062	46-0893377	501(C)(3)	129,240.	0.			SNAP
CHESTERFIELD COUNTY SCHOOL DISTRICT SC - 401 WEST BOULEVARD - CHESTERFIELD, SC 29709	57-6000336	PUBLIC SCHOOL	10,000.	0.			SUMMER
CHICKASAW NATION 1001 N. COUNTRY CLUB ROAD ADA, OK 74821	73-1374986	GOV'T	75,000.	0.			SUMMER

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHILDREN'S HEALTHWATCH 906 MASSACHUSETTS AVENUE BOSTON, MA 02118	04-3314093	501(C)(3)	10,000.	0.			THANK YOU GRANT
CHILDREN'S HUNGER ALLIANCE - COLUMBUS - 1105 SCHROCK ROAD - COLUMBUS, OH 43229	23-7303509	501(C)(3)	100,000.	0.			NO KID HUNGRY PARTNER
CHILLICOTHE CITY SCHOOL DISTRICT 425 YOCTANGEE PARKWAY CHILLICOTHE, OH 45601	31-6400384	PUBLIC SCHOOL	15,000.	0.			SUMMER
CHINESE-AMERICAN PLANNING COUNCIL 150 ELIZABETH STREET NEW YORK, NY 10012	13-6202692	501(C)(3)	20,000.	0.			COMMUNITY NUTRITION
CHOCTAW COUNTY 107 TOM ORR DR BUTLER, AL 36904	63-6000806	GOV'T	30,000.	0.			SUMMER
CHOWCHILLA UNION HIGH SCHOOL 805 HUMBOLDT AVE. CHOWCHILLA, CA 93610	83-0419540	PUBLIC SCHOOL	9,800.	0.			SCHOOL NUTRITION
CITY HARVEST, INC. 6 EAST 32ND STREET, 5TH FLOOR NEW YORK, NY 10016	13-3170676	501(C)(3)	38,500.	0.			NO KID HUNGRY PARTNER
CITY OF FORTH WORTH 200 TEXAS STREET FORT WORTH, TX 76102	75-6000528	GOV'T	10,000.	0.			ADVOCACY
CLAFLIN UNIVERSITY 400 MAGNOLIA STREET ORANGEBURG, SC 29115	57-0314374	PUBLIC SCHOOL	12,500.	0.			HBCU

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CLYDE SAVANNAH CENTRAL SCHOOL DISTRICT - 215 GLASGOW STREET - CLYDE, NY 14433	16-0916866	PUBLIC SCHOOL	15,000.	0.			SUMMER
COALITION FOR COMMUNITY SCHOOLS AT THE INSTITUTE FOR EDUCATIONAL LEADERSHIP - 4301 CONNECTICUT AVE NW - WASHINGTON, DC 20008	52-1198450	PUBLIC SCHOOL	324,386.	0.			NO KID HUNGRY PARTNER
CODE FOR AMERICA LABS, INC. 972 MISSION STREET, 5TH FLOOR SAN FRANCISCO, CA 94103	27-1067272	501(C)(3)	854,211.	0.			NO KID HUNGRY PARTNER
COLTON JOINT UNIFIED SCHOOL DISTRICT - 1212 VALENCIA AVENUE - COLTON, CA 92324	95-2414439	PUBLIC SCHOOL	65,000.	0.			SCHOOL NUTRITION
COMMON THREADS FARM PO BOX 841 BELLINGHAM, WA 98227	20-5163417	501(C)(3)	20,900.	0.			SUMMER
COMMUNITY ACTION ORGANIZATION OF SCIOTO COUNTY, INC. - 433 3RD STREET - PORTSMOUTH, OH 45662	31-0718622	501(C)(3)	20,000.	0.			SUMMER
COMMUNITY ASSISTANCE MENTORING PROGRAM - 2803 PADGETT ROAD - HOPKINS, SC 29061	64-0964700	501(C)(3)	50,000.	0.			SUMMER
COMMUNITY ORGANIZATION FOR RIGHTS AND EMPOWERMENT - POST OFFICE BOX 542 - HOLLY HILL, SC 29059	26-0033696	501(C)(3)	25,000.	0.			SUMMER
CONSTANTINE PUBLIC SCHOOL DISTRICT 1 FALCON DRIVE CONSTANTINE, MI 49042	38-6003614	PUBLIC SCHOOL	20,000.	0.			SUMMER

Schedule I (Form 990)

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CREIGHTON ELEMENTARY SCHOOL DISTRICT - 2702 EAST FLOWER STREET - PHOENIX, AZ 85016	86-6000474	PUBLIC SCHOOL	20,000.	0.			BREAKFAST
CRENSHAW COUNTY 183 VOTEC DR LIVERNE, AL 36049	63-6000834	GOV'T	30,000.	0.			SUMMER
CUMBERLAND 810 NORTH MAIN STREET BURKESVILLE, KY 42717	61-6001251	GOV'T	8,000.	0.			SUMMER
DE QUEEN PUBLIC SCHOOLS 101 NORTH NINTH STREET DE QUEEN, AR 71832	71-6020580	PUBLIC SCHOOL	23,500.	0.			SUMMER
DESERT SANDS UNIFIED SCHOOL DISTRICT - 47-950 DUNE PALMS ROAD - LAQUINTA, CA 92253	33-0743985	PUBLIC SCHOOL	11,000.	0.			BREAKFAST
DINWIDDIE COUNTY PUBLIC SCHOOLS 14016 BOYDTON PLANK ROAD DINWIDDIE, VA 23841	54-6001255	PUBLIC SCHOOL	27,500.	0.			SUMMER
DIVINE FAITH MINISTRIES PO BOX 161 STRONG, AR 71765	26-2073350	501(C)(3)	7,750.	0.			SUMMER
DOUGLAS COUNTY SCHOOL DISTRICT NO. RE 1 - 701 PRAIRIE HAWK DRIVE - CASTLE ROCK, CO 80108	84-6011446	PUBLIC SCHOOL	10,000.	0.			SUMMER
DUKE UNIVERSITY 2200 WEST MAIN STREET, SUITE 820 DURHAM, NC 27705	56-0532129	PUBLIC SCHOOL	21,500.	0.			SNAP

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EAST CENTRAL DEV CTR 12271 DONOP RD SAN ANTONIO, TX 78223	74-1562392	501(C)(3)	23,000.	0.			SUMMER
EAST CENTRAL ISD 6634 NEW SULPHUR SPRINGS RD. SAN ANTONIO, TX 78263	74-1562392	501(C)(3)	20,000.	0.			BREAKFAST
EAST NOBLE SCHOOL CORPORATION 126 WEST RUSH STREET KENDALLVILLE, IN 46755	35-6007354	501(C)(3)	20,000.	0.			SUMMER
ECHOLS COUNTY SCHOOLS 190 HWY 94 EAST STATENVILLE, GA 31648	58-6000234	PUBLIC SCHOOL	8,250.	0.			SUMMER
EL PASOANS FIGHTING HUNGER 9541 PLAZA CIRCLE EL PASO, TX 79927	45-2893839	501(C)(3)	75,000.	0.			COMMUNITY NUTRITION
FAIRFAX COUNTY PUBLIC SCHOOLS 6840 INDUSTRIAL ROAD FALLS CHURCH, VA 22042	54-0805373	PUBLIC SCHOOL	28,000.	0.			BREAKFAST
FAMILY YMCA OF GREATER AUGUSTA 945 BROAD STREET AUGUSTA, GA 30901	58-0566254	501(C)(3)	20,000.	0.			SUMMER
FEDERAL WAY PUBLIC SCHOOLS 1214 S. 332ND ST FEDERAL WAY, WA 98003	91-6001624	PUBLIC SCHOOL	24,000.	0.			BREAKFAST
FEDERATION OF VIRGINIA FOOD BANKS 1415 RHOADMILLER ST. RICHMOND, VA 23220	54-1388664	501(C)(3)	70,000.	0.			HEALTH STRATEGIES

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FEEDING AMERICA RIVERSIDE AND SAN BERNARDINO COUNTIES - 2950 JEFFERSON ST, STE A - RIVERSIDE, CA 92504	33-0072922	501(C)(3)	49,240.	0.			BREAKFAST
FEEDING AMERICA SOUTHWEST VIRGINIA 1025 ELECTRIC ROAD SALEM, VA 24153	54-1939556	501(C)(3)	14,670.	0.			SUMMER
FEEDING KENTUCKY 106 PROGRESS DRIVE FRANKFORT, KY 40601	61-1398656	501(C)(3)	50,000.	0.			NO KID HUNGRY PARTNER
FEEDING THE GULF COAST - ALABAMA 5248 MOBILE SOUTH STREET THEODORE, AL 36582	63-0821997	501(C)(3)	84,450.	0.			SUMMER
FINNEYTOWN LOCAL 8916 FONTAINEBLEAU TER CINCINNATI, OH 45231	31-1195624	PUBLIC SCHOOL	5,250.	0.			BREAKFAST
FISH COMMUNITY FOOD BANK 804 ELMVIEW RD ELLENSBURG, WA 98926	91-1059920	501(C)(3)	39,400.	0.			SUMMER
FLORIDA ASSOCIATION OF DISTRICT SCHOOL SUPERINTENDENTS - 208 SOUTH MONROE STREET - TALLAHASSEE, FL 32301	23-7017835	PUBLIC SCHOOL	30,000.	0.			NO KID HUNGRY PARTNER
FOOD BANK COUNCIL OF MICHIGAN 330 MARSHALL STREET, SUITE 103 LANSING, MI 48912	38-2515765	501(C)(3)	70,000.	0.			HEALTH STRATEGIES
FOUNDATION COMMUNITIES, INC. 3000 S IH 35, STE. 300 AUSTIN, TX 78704	74-2563260	501(C)(3)	40,000.	0.			CHILD TAX CREDIT

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FRANKFORT INDEPENDENT SCHOOL DISTRICT - 959 LEESTOWN LANE - FRANKFORT, KY 40601	61-6001407	PUBLIC SCHOOL	5,450.	0.			SUMMER
FRANKLIN COUNTY SCHOOL CORPORATION 225 E 10TH ST BROOKVILLE, IN 47012	35-1092747	PUBLIC SCHOOL	11,000.	0.			SUMMER
FREDERICK COUNTY PUBLIC SCHOOLS-MARYLAND - 191 S EAST STREET - FREDERICK, MD 21701	52-6000941	PUBLIC SCHOOL	20,000.	0.			BREAKFAST
FREDERICKSBURG REGIONAL FOOD BANK PO BOX 1006 FREDERICKSBURG, VA 22402	54-1255013	501(C)(3)	29,860.	0.			SUMMER
FREMONT CITY SCHOOLS 500 WEST STATE STREET SUITE A FREMONT, OH 43420	34-6400533	PUBLIC SCHOOL	9,600.	0.			SUMMER
FRESH YOUTH INITIATIVES 505 W 171ST STREET NEW YORK, NY 10032	13-3723207	501(C)(3)	20,000.	0.			COMMUNITY NUTRITION
FRIENDS OF THE GRAPE, INC DBA CHESAPEAKE CULINARY CENTER - 512 FRANKLIN STREET - DENTON, MD 21629	20-1592697	501(C)(3)	10,000.	0.			SUMMER
FRIENDS OF THEO RATLIFF ACTIVITY CENTER - 306 1ST AVENUE - DEMOPOLIS, AL 36732	20-3294237	501(C)(3)	15,000.	0.			SUMMER
FT. MADISON COMMUNITY SCHOOL DISTRICT - 1930 AVE M - FT. MADISON, IA 52627	42-6038910	PUBLIC SCHOOL	10,000.	0.			BREAKFAST

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FULL PLATES FULL POTENTIAL 14 MAINE ST., BOX 3 BRUNSWICK, ME 04011	82-2032867	501(C)(3)	50,000.	0.			COMMUNITY NUTRITION
FUND FOR PUBLIC SCHOOLS 52 CHAMBERS STREET NEW YORK, NY 10007	11-2656137	PUBLIC SCHOOL	100,000.	0.			BREAKFAST
GALION CITY SCHOOLS 470 PORTLAND WAY N GALION, OH 44833	34-6400544	PUBLIC SCHOOL	8,000.	0.			SUMMER
GARRETT COUNTY PUBLIC SCHOOLS 770 DENNETT ROAD OAKLAND, MD 21550	52-6000952	PUBLIC SCHOOL	50,000.	0.			SUMMER
GLADES COUNTY SCHOOL DISTRICT PO BOX459 MOORE HAVEN, FL 33471	59-6000624	PUBLIC SCHOOL	59,110.	0.			SCHOOL NUTRITION
GOLDEN STATE OPPORTUNITY 345 CALIFORNIA ST., #600 SAN FRANCISCO, CA 94104	47-4325738	501(C)(3)	30,000.	0.			CHILD TAX CREDIT
GOLDSBORO FAMILY YMCA 1105 PARKWAY DRIVE GOLDSBORO, NC 27534	56-1285595	501(C)(3)	15,210.	0.			SUMMER
GONZALES ISD P O BOX 157 GONZALES, TX 78629	74-6001006	501(C)(3)	7,300.	0.			BREAKFAST
GRAMBLING STATE UNIVERSITY 403 MAIN STREET GRAMBLING, LA 71248	72-6000751	PUBLIC SCHOOL	12,500.	0.			HBCU

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GREATER BATON ROUGE FOOD BANK 10600 SOUTH CHOCTAW DRIVE BATON ROUGE, LA 70815	72-1065318	501(C)(3)	10,000.	0.			SUMMER
GREATER CHICAGO FOOD DEPOSITORY 4100 WEST ANN LURIE PLACE CHICAGO, IL 60632	36-2971864	501(C)(3)	231,889.	0.			SNAP
HALE COUNTY BOARD OF EDUCATION 1115 POWERS STREET GREENSBORO, AL 36744	63-6000912	PUBLIC SCHOOL	15,250.	0.			BREAKFAST
HALIFAX COUNTY PUBLIC SCHOOLS PO BOX 1849 HALIFAX, VA 24558	54-6001335	PUBLIC SCHOOL	10,000.	0.			SUMMER
HALL COUNTY SCHOOL NUTRITION 711 GREEN STREET GAINESVILLE, GA 30501	58-6000256	PUBLIC SCHOOL	31,500.	0.			BREAKFAST
HARLAN COUNTY COMMUNITY ACTION AGENCY, INC. - P.O. BOX 1556 - HARLAN, KY 40831	61-0678585	501(C)(3)	24,000.	0.			SUMMER
HARRISBURG UNIT 3 411 W POPLAR STREET HARRISBURG, IL 62946	37-6053448	501(C)(3)	15,000.	0.			SUMMER
HARTFORD CENTRAL SCHOOL 4704 STATE RT 149 HARTFORD, NY 12838	14-6001563	PUBLIC SCHOOL	14,250.	0.			SUMMER
HARVEST RURAL FEEDING SERVICES INC. - P.O. BOX 29 - WITTER, AR 72776	93-2991680	501(C)(3)	9,638.	0.			SUMMER

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HAVERSTRAW-STONY PT CSD 65 CHAPEL STREET GARNERVILLE, NY 10923	13-6007129	501(C)(3)	15,000.	0.			BREAKFAST
HAWAII APPLESEED CENTER FOR LAW & ECONOMIC JUSTICE - 733 BISHOP STREET - HONOLULU, HI 96813	76-0748976	501(C)(3)	25,000.	0.			NO KID HUNGRY PARTNER
HEALTHYBR PO BOX 1471 BATON ROUGE, LA 70821	27-2515190	501(C)(3)	15,000.	0.			ADVOCACY
HELENA SCHOOL DISTRICT 1 55 S RODNEY ST HELENA, MT 59601	81-6000557	PUBLIC SCHOOL	14,550.	0.			SUMMER
HENRY COUNTY PUBLIC SCHOOLS 326 S MAIN ST NEW CASTLE, KY 40050	61-6001335	PUBLIC SCHOOL	10,000.	0.			SUMMER
HENRY COUNTY SCHOOL DISTRICT - VIRGINIA - PO BOX 8958 - COLLINSVILLE, VA 24078	54-1208368	PUBLIC SCHOOL	50,000.	0.			SUMMER
HORATIO SCHOOL DISTRICT 205 ISBELL STREET HORATIO, AR 71832	71-6020684	PUBLIC SCHOOL	20,950.	0.			SUMMER
HOUSTON FOOD BANK 535 PORTWALL ST HOUSTON, TX 77029	74-2181456	501(C)(3)	20,000.	0.			SUMMER
HUMBOLDT UNIFIED SCHOOL DISTRICT 6411 N. ROBERT RD PRESCOTT VALLEY, AZ 86314	86-6003010	PUBLIC SCHOOL	34,700.	0.			SUMMER

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HUNGER SOLUTIONS NEW YORK 14 COMPUTER DRIVE EAST ALBANY, NY 12205	22-2954760	501(C)(3)	70,000.	0.			COMMUNITY NUTRITION
HUNGER TASK FORCE, INC. 5000 W. ELECTRIC AVENUE MILWAUKEE, WI 53219	39-1345847	501(C)(3)	50,000.	0.			NO KID HUNGRY PARTNER
HUNTINGTON UNION FREE SCHOOL DISTRICT - 188 OAKWOOD RD - HUNTINGTON, NY 11743	11-6001982	PUBLIC SCHOOL	10,000.	0.			BREAKFAST
ILLINOIS - STATE BOARD OF EDUCATION - 555 WEST MONROE STREET SUITE 900 - CHICAGO, IL 60661	05-0527061	PUBLIC SCHOOL	187,920.	0.			SNAP
IV VETS 302 LONGSHORE DR YORK, AL 36925	92-3969856	501(C)(3)	30,000.	0.			SUMMER
JACKSON INDEPENDENT SCHOOL DISTRICT - 940 HIGHLAND AVENUE - JACKSON, KY 41339	61-6001095	PUBLIC SCHOOL	20,000.	0.			SUMMER
JACKSONVILLE NORTH PULASKI SCHOOL DISTRICT - 1414 WEST MAIN - JACKSONVILLE, AR 72076	47-5433966	PUBLIC SCHOOL	16,900.	0.			BREAKFAST
JAMESTOWN YMCA 101 E 4TH ST. JAMESTOWN, NY 14701	16-0743238	501(C)(3)	15,000.	0.			SUMMER
JEREMIAH PROGRAM 729 NORTH WASHINGTON AVENUE MINNEAPOLIS, MN 55401	41-1801834	501(C)(3)	750,000.	0.			FAMILY ECONOMIC MOBILITY

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JOHNS HOPKINS UNIVERSITY 3400 N CHARLES ST BALTIMORE, MD 21218	52-0595110	PUBLIC SCHOOL	100,000.	0.			NO KID HUNGRY PARTNER
JOHNSTON COUNTY PUBLIC SCHOOLS 601-C WEST MARKET ST. SMITHFIELD, NC 27577	56-6001055	PUBLIC SCHOOL	31,415.	0.			SUMMER
KCEOC COMMUNITY ACTION PARTNERSHIP PO BOX 490 BARBOURVILLE, KY 40906	61-0647835	501(C)(3)	20,000.	0.			SUMMER
KENT COUNTY PUBLIC SCHOOLS 5608 BOUNDARY AVE ROCK HALL, MD 21661	52-6000976	PUBLIC SCHOOL	28,450.	0.			SUMMER
KEYSTONE CENTRAL SCHOOL DISTRICT 86 ADMINISTRATION DRIVE MILL HALL, PA 17751	23-1725051	PUBLIC SCHOOL	13,850.	0.			SUMMER
KEYSTONE SMILES COMMUNITY LEARNING CENTER, INC - 525 MAIN ST - KNOX, PA 16232	25-1764570	501(C)(3)	14,500.	0.			SUMMER
LA GRANGE INDEPENDENT SCHOOL DISTRICT - PO BOX 100 - LA GRANGE, TX 78945	74-6001548	PUBLIC SCHOOL	15,500.	0.			SUMMER
LAND TO HAND MT 100 E. SECOND STREET SUITE: 305 WHITEFISH, MT 59937	27-2056363	501(C)(3)	9,700.	0.			SUMMER
LAREDO INDEPENDENT SCHOOL DISTRICT 1702 HOUSTON ST. LAREDO, TX 78040	74-6001580	PUBLIC SCHOOL	30,000.	0.			BREAKFAST

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LE ROY CENTRAL SCHOOL DISTRICT 2-6 TRIGON PARK LE ROY, NY 14482	16-6022924	PUBLIC SCHOOL	10,000.	0.			SUMMER
LEE COUNTY SCHOOL DISTRICT-SOUTH CAROLINA - 310 ROLAND STREET - BISHOPVILLE, SC 29010	57-6000377	PUBLIC SCHOOL	13,000.	0.			SUMMER
LEON COUNTY SCHOOLS 2757 WEST PENSACOLA STREET TALLAHASSEE, FL 32304	59-6000709	PUBLIC SCHOOL	15,850.	0.			SCHOOL NUTRITION
LIFT INC 999 NORTH CAPITOL STREET NORTHEAST WASHINGTON, DC 20002	52-2168409	501(C)(3)	1,000,000.	0.			FAMILY ECONOMIC MOBILITY
LIVINGSTON COUNTY SCHOOL DISTRICT 127 E ADAIR STREET SMITHLAND, KY 42081	61-6001359	PUBLIC SCHOOL	10,000.	0.			SUMMER
LODI UNIFIED SCHOOL DISTRICT NUTRITION SERVICES LODI, CA 95240	94-1054700	PUBLIC SCHOOL	18,000.	0.			SCHOOL NUTRITION
LOS ANGELES UNIFIED SCHOOL DISTRICT ROCP - 333 S. BEAUDRY AVE. - LOS ANGELES, CA 90017	95-6001908	PUBLIC SCHOOL	26,000.	0.			BREAKFAST
LOUDOUN COUNTY PUBLIC SCHOOLS 21000 EDUCATION CT ASHBURN, VA 20148	54-6001395	PUBLIC SCHOOL	27,000.	0.			BREAKFAST
LOUISA COUNTY PUBLIC SCHOOLS 953 DAVIS HIGHWAY MINERAL, VA 23117	54-6001399	PUBLIC SCHOOL	11,000.	0.			BREAKFAST

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LOUISIANA BUDGET PROJECT 619 JEFFERSON HWY, STE 1-D BATON ROUGE, LA 70806	46-3872778	501(C)(3)	50,000.	0.			CHILD TAX CREDIT
MAINE EQUAL JUSTICE PARTNERS 126 SEWALL ST AUGUSTA, ME 04330	04-3346273	501(C)(3)	110,000.	0.			CHILD TAX CREDIT
MALAMA KAUAI PO BOX 1414 KILAUEA, HI 96754	20-5137488	501(C)(3)	20,000.	0.			SUMMER
MANZANITA OUTREACH 406 S 6TH ST COTTONWOOD, AZ 86326	27-4446452	501(C)(3)	25,000.	0.			SUMMER
MARION CITY SCHOOLS 100 EXECUTIVE DRIVE MARION, OH 43302	31-6400708	PUBLIC SCHOOL	5,145.	0.			SUMMER
MARION SCHOOL DISTRICT - ARKANSAS 200 MANOR STREET MARION, AR 72364	71-6020624	PUBLIC SCHOOL	6,250.	0.			SUMMER
MAUI FOOD BANK 760 KOLU STREET WAILUKU, HI 96793	99-0315110	501(C)(3)	20,000.	0.			DISASTER RELIEF
MEALS4FAMILIES 125 S. ESTES DRIVE #4902 CHAPEL HILL, NC 27514	88-3802411	501(C)(3)	332,000.	0.			SNAP
MENDOTA HIGH 1200 BELMONT AVE. MENDOTA, CA 93640	77-0460306	PUBLIC SCHOOL	30,000.	0.			SCHOOL NUTRITION

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MERCER COUNTY 530 PERRYVILLE RD HARRODSBURG, KY 40330	61-6001291	GOV'T	17,500.	0.			SUMMER
MIDSHORE MEALS TIL MONDAY POST OFFICE BOX 1193 CAMBRIDGE, MD 21613	52-1782373	PUBLIC SCHOOL	80,900.	0.			NO KID HUNGRY PARTNER
MINIDOKA COUNTY SCHOOL DISTRICT 310 10TH STREET RUPERT, ID 83350	82-6000837	PUBLIC SCHOOL	10,000.	0.			SUMMER
MOMS FIRST 1250 BROADWAY NEW YORK, NY 10001	30-0728021	501(C)(3)	400,000.	0.			FAMILY ECONOMIC MOBILITY
MONTANA FOOD BANK NETWORK 5625 EXPRESSWAY MISSOULA, MT 59808	81-0421243	501(C)(3)	170,000.	0.			NO KID HUNGRY PARTNER
MONTGOMERY COUNTY PUBLIC SCHOOLS - VIRGINIA - 750 IMPERIAL STREET - CHRISTIANSBURG, VA 24073	54-6001433	PUBLIC SCHOOL	40,000.	0.			BREAKFAST
MONTICELLO SCHOOL DISTRICT - ARKANSAS - 935 SCOGIN DRIVE - MONTICELLO, AR 71655	71-6020606	PUBLIC SCHOOL	25,000.	0.			SUMMER
MORONGO UNIFIED SCHOOL DISTRICT PO BOX 1209 TWENTYNINE PALMS, CA 92277	95-6002122	PUBLIC SCHOOL	38,600.	0.			SUMMER
MOUNT VERNON CITY SCHOOLS DISTRICT #80 - 2710 NORTH ST - MT VERNON, IL 62864	37-6003443	PUBLIC SCHOOL	30,000.	0.			SUMMER

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NATIONAL COMMUNITY REINVESTMENT COALITION - 740 15TH STREET NW, STE 400 - WASHINGTON, DC 20005	52-1766126	501(C)(3)	340,000.	0.			THANK YOU GRANT
NEBRASKA APPLESEED 941 O STREET, SUITE 920 LINCOLN, NE 68508	47-0798343	501(C)(3)	100,000.	0.			NO KID HUNGRY PARTNER
NEEDLES UNIFIED SCHOOL DISTRICT 1900 ERIN DRIVE NEEDLES, CA 92363	95-2459582	PUBLIC SCHOOL	45,000.	0.			SCHOOL NUTRITION
NEW HAMPSHIRE FOOD BANK 700 EAST INDUSTRIAL PARK DRIVE MANCHESTER, NH 03109	02-0222163	501(C)(3)	5,450.	0.			YOUTH AMBASSADORS
NEW MOMS 5317 WEST CHICAGO AVENUE CHICAGO, IL 60651	36-3265804	501(C)(3)	250,000.	0.			FAMILY ECONOMIC MOBILITY
NOLA PUBLIC SCHOOLS 2401 WESTBEND PARKWAY NEW ORLEANS, LA 70114	72-6001053	PUBLIC SCHOOL	20,000.	0.			SCHOOL NUTRITION
NORWOOD CITY SCHOOL DISTRICT 2060 SHERMAN AVENUE NORWOOD, OH 45242	31-6000906	PUBLIC SCHOOL	5,250.	0.			BREAKFAST
NOURISH CALIFORNIA 1970 BROADWAY, SUITE #760 OAKLAND, CA 94612	94-3163142	501(C)(3)	75,000.	0.			COMMUNITY NUTRITION
OAKLAND UNIFIED SCHOOL DISTRICT 1000 BROADWAY OAKLAND, CA 94607	94-6000385	PUBLIC SCHOOL	100,000.	0.			SCHOOL NUTRITION

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OCEAN VIEW SCHOOL DISTRICT 4200 OLDS ROAD OXNARD, CA 93033	95-6002238	PUBLIC SCHOOL	15,000.	0.			SCHOOL NUTRITION
OHIO SCHOOL-BASED HEALTH ALLIANCE 1010 VERMONT AVENUE NORTHWEST WASHINGTON, DC 20005	51-0426050	PUBLIC SCHOOL	350,000.	0.			HEALTH STRATEGIES
OKLAHOMA POLICY INSTITUTE 907 SOUTH DETROIT AVENUE TULSA, OK 74120	33-1178624	501(C)(3)	70,000.	0.			HEALTH STRATEGIES
ONEIDA HERKIMER MADISON BOCES 4747 MIDDLE SETTLEMENT ROAD NEW HARTFORD, NY 13413	15-6002310	501(C)(3)	60,000.	0.			BREAKFAST
ORANGE CO SCHOOL DISTRICT 200 DAILEY DR ORANGE, VA 22960	54-6001489	PUBLIC SCHOOL	13,772.	0.			SUMMER
ORANGE COUNTY PUBLIC SCHOOLS 8101 BENRUS STREET ORLANDO, FL 32827	59-6000771	PUBLIC SCHOOL	39,000.	0.			SCHOOL NUTRITION
ORANGE COUNTY'S UNITED WAY 18012 MITCHELL SOUTH IRVINE, CA 92614	33-0047994	501(C)(3)	69,798.	0.			COMMUNITY NUTRITION
ORCHARD VIEW SCHOOLS 35 S. SHERIDAN AVE MUSKEGON, MI 49442	38-6002949	PUBLIC SCHOOL	30,000.	0.			SUMMER
OSAGE PRAIRIE YMCA 500 W. HIGHLAND AVE. NEVADA, MO 64772	43-1706486	501(C)(3)	35,000.	0.			SUMMER

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OTTAWA COUNTY FAMILY ADVOCACY CENTER - 570 S. MCKINLEY RD - PORT CLINTON, OH 43452	26-1457631	501(C)(3)	17,500.	0.			SUMMER
OTTAWA ELEMENTARY SCH DIST 141 320 W MAIN ST OTTAWA, IL 61350	36-6004960	PUBLIC SCHOOL	10,000.	0.			SUMMER
OZARK MOUNTAIN SCHOOL DISTRICT 250 S HIGHWAY 65 SAINT JOE, AR 72675	38-3702755	PUBLIC SCHOOL	10,000.	0.			SUMMER
PAGE COUNTY PUBLIC SCHOOLS 735 W. MAIN STREET LURAY, VA 22835	54-6001493	PUBLIC SCHOOL	21,000.	0.			SUMMER
PARAMOUNT UNIFIED SCHOOL DISTRICT 8555 FLOWER STREET PARAMOUNT, CA 90723	95-6002353	PUBLIC SCHOOL	28,136.	0.			BREAKFAST
PARIS SCHOOL DISTRICT 7 602 N 10TH ST PARIS, AR 72855	71-6020928	PUBLIC SCHOOL	8,110.	0.			SUMMER
PARTNERS FOR CHANGE OF THE CAROLINAS - 110 S WASHINGTON ST - SUMTER, SC 29150	27-0658043	501(C)(3)	15,200.	0.			SUMMER
PASADENA INDEPENDENT SCHOOL DISTRICT - 1515 CHERRYBROOK LANE - PASADENA, TX 77502	74-6001850	PUBLIC SCHOOL	12,000.	0.			BREAKFAST
PERFORMING ARTS AND SCIENCES ACADEMY - 320 N MAIN STREET - MARION, SC 29571	30-0628751	501(C)(3)	22,478.	0.			SUMMER

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PERRY COUNTY COUNTY BOARD OF EDUCATION - PO BOX 900 - MARION, AL 36756	63-6001031	PUBLIC SCHOOL	10,000.	0.			BREAKFAST
PICKENS COUNTY CNP 377 LADOW CENTER CIRCLE CARROLLTON, AL 35447	63-6001036	501(C)(3)	24,750.	0.			BREAKFAST
PINE BUSH CENTRAL SCHOOL DISTRICT 156 ROUTE 302 PINE BUSH, NY 12566	14-6001391	PUBLIC SCHOOL	25,000.	0.			SUMMER
POINTE COUPEE PARISH 337 NAPOLEON STREET NEW ROADS, LA 70760	72-6001102	501(C)(3)	15,000.	0.			SCHOOL NUTRITION
POLSON SCHOOL DISTRICT #23 111 4TH AVE. E. POLSON, MT 59860	81-6000545	PUBLIC SCHOOL	11,000.	0.			SUMMER
PULASKI COUNTY PUBLIC SCHOOLS 202 N. WASHINGTON AVENUE PULASKI, VA 24301	54-6001542	PUBLIC SCHOOL	30,000.	0.			SUMMER
PULASKI COUNTY SPECIAL SCHOOL DISTRICT - 925 E DIXON ROAD - LITTLE ROCK, AR 72206	71-0691239	PUBLIC SCHOOL	16,000.	0.			SUMMER
QUEEN ANNE'S COUNTY PUBLIC SCHOOLS 202 CHESTERFIELD AVENUE CENTREVILLE, MD 21617	52-6001005	PUBLIC SCHOOL	8,250.	0.			SUMMER
RAISE TEXAS PO BOX 303111 AUSTIN, TX 78703	26-2087882	501(C)(3)	40,000.	0.			CHILD TAX CREDIT

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REDLANDS CHRISTIAN MIGRANT ASSOCIATION - 402 W. MAIN STREET - IMMOKALEE, FL 34142	59-1221966	501(C)(3)	43,963.	0.			SUMMER
REDWOOD EMPIRE FOOD BANK 3990 BRICKWAY BLVD. SANTA ROSA, CA 95403	68-0121855	501(C)(3)	18,000.	0.			SUMMER
REGIONAL FOOD BANK OF NENY 965 ALBANY SHAKER RD LATHAM, NY 12110	22-2470885	501(C)(3)	12,500.	0.			SUMMER
RIALTO UNIFIED SCHOOL DISTRICT 151 S. CACTUS AVE RIALTO, CA 92376	33-0506526	PUBLIC SCHOOL	9,500.	0.			BREAKFAST
RICHMOND COUNTY PUBLIC SCHOOLS 92 WALNUT STREET WARSAW, VA 22572	54-6001568	PUBLIC SCHOOL	20,000.	0.			SUMMER
RIO HONDO ISD 215 W COLORADO AVE. RIO HONDO, TX 78583	74-6001981	501(C)(3)	18,000.	0.			BREAKFAST
RIVER VALLEY LOCAL SCHOOLS 197 BROCKLESBY RD. CALEDONIA, OH 43314	31-6402823	PUBLIC SCHOOL	7,500.	0.			SUMMER
ROBERTSON COUNTY SCHOOLS 800 M S COUTS BLVD SPRINGFIELD, TN 37172	62-6000810	PUBLIC SCHOOL	15,500.	0.			SUMMER
ROBESON COUNTY SCHOOLS 1653 SELMA ROAD LUMBERTON, NC 28358	56-6001104	PUBLIC SCHOOL	20,000.	0.			SUMMER

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ROCKPORT FULTON ISD P O BOX 907 ROCKPORT, TX 78381	74-6002971	501(C)(3)	14,400.	0.			BREAKFAST
RUSSELLVILLE SCHOOL DISTRICT PO BOX 928 RUSSELLVILLE, AR 72811	71-6020690	PUBLIC SCHOOL	7,500.	0.			SUMMER
SABINAL ISD 409 W CULLINS SABINAL, TX 78881	74-6002022	501(C)(3)	15,000.	0.			SUMMER
SALAMANCA CITY CENTRAL SCHOOL DISTRICT - 50 IROQUOIS DR - SALAMANCA, NY 14779	16-6006874	PUBLIC SCHOOL	15,100.	0.			SUMMER
SALMON RIVER CENTRAL SCHOOL 637 COUNTY ROUTE 1 FT. COVINGTON, NY 12937	15-6008112	PUBLIC SCHOOL	15,000.	0.			SUMMER
SAN BERNARDINO CITY UNIFIED SCHOOL DISTRICT - 777 N. F STREET - SAN BERNARDINO, CA 92410	95-2285577	PUBLIC SCHOOL	46,258.	0.			THANK YOU GRANT
SAN FRANCISCO GENERAL HOSPITAL AND TRAUMA CENTER - 1001 POTRERO AVENUE - SAN FRANCISCO, CA 94110	94-3189424	501(C)(3)	203,582.	0.			GUSNIP
SAN FRANCISCO HUMAN SERVICES AGENCY - 1440 HARRISON STREET - SAN FRANCISCO, CA 94103	94-6000417	501(C)(3)	375,000.	0.			SNAP
SCHOOL BOARD OF ALACHUA COUNTY - FOOD & NUTRITION DEPT - 3700 NE 53RD AVENUE BLDG B - GAINESVILLE, FL 32609	59-6000500	501(C)(3)	56,065.	0.			SUMMER

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SCHOOL DISTRICT OF FORT ATKINSON 925 LEXINGTON BLVD FORT ATKINSON, WI 53538	39-6008361	PUBLIC SCHOOL	11,100.	0.			SUMMER
SCHOOL DISTRICT OF HILLSBOROUGH COUNTY - 901 E. KENNEDY BLVD. - TAMPA, FL 33602	59-6000660	PUBLIC SCHOOL	8,050.	0.			SCHOOL NUTRITION
SCHOOL DISTRICT OF LEE COUNTY 2855 COLONIAL BLVD FORT MYERS, FL 33966	59-6000701	PUBLIC SCHOOL	52,000.	0.			SCHOOL NUTRITION
SCHOOL DISTRICT OF PALM BEACH COUNTY - 3300 FOREST HILL BLVD - WEST PALM BEACH, FL 33406	59-6000783	PUBLIC SCHOOL	30,000.	0.			THANK YOU GRANT
SCOTT COUNTY PUBLIC SCHOOLS 340 EAST JACKSON STREET GATE CITY, VA 24251	54-6001599	PUBLIC SCHOOL	27,000.	0.			SUMMER
SECOND HARVEST FOOD BANK OF GREATER NEW ORLEANS AND ACADIANA - 700 EDWARDS AVE. - NEW ORLEANS, LA 70123	72-0956468	501(C)(3)	15,000.	0.			SUMMER
SECOND HARVEST FOOD BANK OF NORTHEASTERN TENNESSEE - 1020 JERICHO DRIVE - KINGSPORT, TN 37663	62-1303822	501(C)(3)	23,600.	0.			SUMMER
SECOND HARVEST OF THE BIG BEND, INC. - 4446 ENTREPOT BLVD. - TALLAHASSEE, FL 32310	59-2610345	501(C)(3)	61,000.	0.			DISASTER RELIEF
SEELEY UNION ELEMENTARY PO BOX 868 SEELEY, CA 92273	95-6002916	501(C)(3)	40,000.	0.			SCHOOL NUTRITION

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SHENANDOAH COUNTY PUBLIC SCHOOLS 600 N MAIN STREET, SUITE 200 WOODSTOCK, VA 22664	54-6001605	PUBLIC SCHOOL	22,225.	0.			BREAKFAST
SHIPPENSBURG AREA SCHOOL DISTRICT 317 N MORRIS ST SHIPPENSBURG, PA 17257	23-6005787	PUBLIC SCHOOL	21,000.	0.			SUMMER
SILOAM SPRINGS SCHOOL DISTRICT 21 PO BOX 798 SILOAM SPGS, AR 72761	71-6020575	PUBLIC SCHOOL	6,000.	0.			SUMMER
SMITHVILLE INDEPENDENT SCHOOL DISTRICT - 800 BISHOP STREET - SMITHVILLE, TX 78957	74-6002323	PUBLIC SCHOOL	20,000.	0.			SUMMER
SOMERS MIDDLE SCHOOL 315 SCHOOL ADDITION RD. SOMERS, MT 59932	81-6000388	PUBLIC SCHOOL	5,850.	0.			SUMMER
SOMERSET ACADEMIES BROOKS ACADEMY OF SCIENCE AND ENGINEERING - 3803 LYSTER RD - SAN ANTONIO, TX 78235	31-1569428	501(C)(3)	22,000.	0.			BREAKFAST
SONG COMMUNITY DEVELOPMENT CORPORATION - 4626 ALCEE FORTIER BOULEVARD - NEW ORLEANS, LA 70129	87-2962186	501(C)(3)	100,000.	0.			FAMILY ECONOMIC MOBILITY
SOUTHWEST HUMAN RESOURCE AGENCY 1527 WHITE AVENUE HENDERSON, TN 38340	62-6050783	501(C)(3)	13,600.	0.			SUMMER
SOUTHWEST ISD 11914 DRAGON LN SAN ANTONIO, TX 78252	57-1212450	501(C)(3)	25,000.	0.			BREAKFAST

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SPARTANBURG 04 118 MCEDCO ROAD WOODRUFF, SC 29388	57-0752636	501(C)(3)	13,400.	0.			SUMMER
SPRING INDEPENDENT SCHOOL DISTRICT 15330 KUYKENDAHL HOUSTON, TX 77090	74-6002339	PUBLIC SCHOOL	12,500.	0.			BREAKFAST
ST. LANDRY PARISH SCHOOL BOARD 1013 E CRESWELL LANE OPELOUSAS, LA 70570	72-6001257	PUBLIC SCHOOL	20,000.	0.			SCHOOL NUTRITION
ST. MARTIN PARISH P.O. BOX 1000 BREAUX BRIDGE, LA 70517	72-6001274	501(C)(3)	15,000.	0.			SCHOOL NUTRITION
STANFORD SCHOOL 104 4TH AVENUE SOUTH STANFORD, MT 59479	81-6000529	PUBLIC SCHOOL	12,500.	0.			SUMMER
STAR OF THE SEA FOUNDATION 5640 MALONEY AVENUE KEY WEST, FL 33040	30-0496670	501(C)(3)	15,000.	0.			SUMMER
START EARLY 33 WEST MONROE STREET CHICAGO, IL 60603	36-3186328	501(C)(3)	50,000.	0.			ADVOCACY
STATE OF WISCONSIN DEPARTMENT OF HEALTH SERVICES - 1 WEST WILSON STREET - MADISON, WI 53703	13-6006469	501(C)(3)	100,000.	0.			SUMMER EBT
SUMTER COUNTY SCHOOLS 100 LEANING LANE, SUMTER COUNTY SCHOOLS CENTRAL OFFICE - AMERICUS, GA 31719	58-6000320	PUBLIC SCHOOL	20,000.	0.			SUMMER

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SWAIN COUNTY SCHOOLS 50 MAIN STREET BRYSON CITY BRYSON CITY, NC 28713	56-6001118	PUBLIC SCHOOL	12,000.	0.			SUMMER
TERREBONNE PARISH SCHOOL DISTRICT 201 STADIUM DRIVE HOUMA, LA 70360	72-6001392	PUBLIC SCHOOL	12,770.	0.			BREAKFAST
THE ADAIR COUNTY FAMILY YMCA 1708 S JAMISON KIRKSVILLE, MO 63501	43-0811428	501(C)(3)	20,000.	0.			SUMMER
THE CAMPAIGN AGAINST HUNGER 2010 FULTON STREET BROOKLYN, NY 11233	20-0934854	501(C)(3)	20,000.	0.			COMMUNITY NUTRITION
THE CAMPBELL FARM 2527 CAMPBELL RD WAPATO, WA 98951	68-0540067	501(C)(3)	30,000.	0.			SUMMER
THE CHILDREN'S TABLE 680 W. THRASHER DRIVE BRONSON, FL 32621	59-3340284	501(C)(3)	10,000.	0.			DISASTER RELIEF
THE COMMONWEALTH INSTITUTE FOR FISCAL ANALYSIS - 1329 E CARY ST. - RICHMOND, VA 23219	27-1598303	501(C)(3)	110,000.	0.			CHILD TAX CREDIT
THE DIOCESE OF BATON ROUGE CHILD NUTRITION PROGRAM - 3300 HUNDRED OAKS AVENUE - BATON ROUGE, LA 70808	72-0550127	501(C)(3)	20,000.	0.			SCHOOL NUTRITION
THE EINSTEIN GROUP INC. 4801 MAID MARION NEW ORLEANS, LA 70128	20-0913967	501(C)(3)	20,000.	0.			SCHOOL NUTRITION

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THE FOOD BANK OF CENTRAL LOUISIANA, INC. - 3223 BALDWIN AVENUE - ALEXANDRIA, LA 71301	72-1154072	501(C)(3)	10,000.	0.			SUMMER
THE LOWCOUNTRY FOOD BANK 2864 AZALEA DRIVE CHARLESTON, SC 29405	57-0751835	501(C)(3)	15,500.	0.			SUMMER
THE MIDDLEBURG INSTITUTE 1499 TASAJILLO DRIVE ST. GABRIEL, LA 70776	46-5768936	501(C)(3)	100,000.	0.			CHILD TAX CREDIT
THE SMARTBOX PO BOX 405 FAIRFAX, SC 29827	81-3212507	501(C)(3)	25,000.	0.			SUMMER
THE UNIVERSITY OF THE SOUTH 735 UNIVERSITY AVENUE SEWANEE, TN 37383	62-0475697	PUBLIC SCHOOL	20,000.	0.			SUMMER
TIFT COUNTY SCHOOLS 207 NORTH RIDGE AVENUE TIFTON, GA 31794	58-6000329	PUBLIC SCHOOL	25,000.	0.			SUMMER
TOLEDO PUBLIC SCHOOLS 1609 N SUMMIT ST. TOLEDO, OH 43604	34-6401449	PUBLIC SCHOOL	20,000.	0.			BREAKFAST
TORNILLO ISD P O BOX 170 TORNILLO, TX 79853	74-6027397	501(C)(3)	10,000.	0.			SUMMER
TOTAL DELIVERANCE CATHEDRAL CHURCH PO BOX 708 EARLE, AR 72331	71-0854274	501(C)(3)	8,482.	0.			SUMMER

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TRANSYLVANIA COUNTY SCHOOLS 225 ROSENWALD LANE BREVARD, NC 28712	56-6001121	PUBLIC SCHOOL	25,000.	0.			SUMMER
TRITON REGIONAL SCHOOL DISTRICT 112 ELM STREET BYFIELD, MA 01922	04-2443107	PUBLIC SCHOOL	45,350.	0.			SUMMER
TROUP COUNTY SCHOOLS 611 EAST MAIN STREET HOGANSVILLE, GA 30230	58-6000333	PUBLIC SCHOOL	20,000.	0.			SUMMER
TROY PUBLIC SCHOOL DISTRICT 501 KALISPELL AVE TROY, MT 59935	81-6000591	PUBLIC SCHOOL	8,100.	0.			SUMMER
TRUDY'S KIDS CAFE 500 S FIRST ST UNION CITY, TN 38261	81-1970745	501(C)(3)	18,000.	0.			SUMMER
TURNER COUNTY SCHOOL DISTRICT 821 NORTH STREET ASHBURN, GA 31714	58-6000334	PUBLIC SCHOOL	11,500.	0.			SUMMER
TUSKEGEE UNIVERSITY 1200 W. MONTGOMERY RD TUSKEGEE, AL 36088	63-0288878	PUBLIC SCHOOL	12,500.	0.			HBCU
TWO RIVERS PUBLIC SCHOOL DISTRICT 4521 LINCOLN AVE TWO RIVERS, WI 54241	41-2089357	PUBLIC SCHOOL	11,300.	0.			SUMMER
UNITED FAMILIES OF AMERICA 4803 JEFFERSON AVE TEXARKANA, AR 71854	81-3753412	501(C)(3)	16,030.	0.			SUMMER

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UNITED WAY OF KING COUNTY 720 2ND AVE SEATTLE, WA 98104	91-0565555	501(C)(3)	151,000.	0.			NO KID HUNGRY PARTNER
UNIVERSITY OF NORTH CAROLINA CENTER FOR HEALTH PROMOTION AND DISEASE PREVENTION - 1700 MARTIN LUTHER KING JR. BOULEVARD - CHAPEL	56-6001393	501(C)(3)	121,500.	0.			SNAP
UNIVERSITY OF SOUTH CAROLINA - ARNOLD SCHOOL OF PUBLIC HEALTH - 921 ASSEMBLY STREET - COLUMBIA, SC 29208	57-6001153	501(C)(3)	50,000.	0.			NO KID HUNGRY PARTNER
URBAN SCHOOL FOOD ALLIANCE ROMANO AND ASSOCIATES C/O URBAN SCHOOL FOOD ALLIANCE ONE PENN PLAZA #6139 -	46-5754490	501(C)(3)	75,000.	0.			NO KID HUNGRY PARTNER
VALLECITOS SCHOOL DISTRICT 5211 FIFTH ST, RAINBOW, CA 92028	12-3459999	PUBLIC SCHOOL	6,500.	0.			SCHOOL NUTRITION
VAN BUREN COUNTY SCHOOLS 337 SPARTA STREET SPENCER, TN 38585	62-6000887	PUBLIC SCHOOL	8,800.	0.			SUMMER
VERMONT - DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING - DCF BUSINESS OFFICE - WATERBURY, VT 05671	03-6000264	501(C)(3)	100,000.	0.			SUMMER EBT
VIRGINIA BEACH CITY PUBLIC SCHOOLS 2435 PRINCESS ANNE RD VIRGINIA BEACH, VA 23456	54-0722075	PUBLIC SCHOOL	36,000.	0.			BREAKFAST
VOICES FOR GEORGIA'S CHILDREN 75 MARIETTA ST NW ATLANTA, GA 30303	02-0678823	501(C)(3)	70,000.	0.			ADVOCACY

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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WALKERVILLE PUBLIC SCHOOLS 145 E LATHROP WALKERVILLE, MI 49459	38-6027331	PUBLIC SCHOOL	10,000.	0.			SUMMER
WARREN COUNTY PUBLIC SCHOOLS 622 NORTH COMMERCE AVE FRONT ROYAL, VA 22630	54-6001663	PUBLIC SCHOOL	20,000.	0.			BREAKFAST
WASHINGTON COUNTY PUBLIC SCHOOLS - MARYLAND - 10435 DOWNSVILLE PIKE - HAGERSTOWN, MD 21740	52-6001035	PUBLIC SCHOOL	15,000.	0.			SUMMER
WASHINGTON COURT HOUSE CITY SCHOOLS - 306 HIGHLAND AVE - WASHINGTON COURT HOUSE, OH 43160	31-6001001	PUBLIC SCHOOL	6,219.	0.			SUMMER
WEST CONTRA COSTA UNIFIED SCHOOL DISTRICT - 750 BISSELL AVENUE - RICHMOND, CA 94801	68-0000495	PUBLIC SCHOOL	170,000.	0.			BREAKFAST
WEST FELICIANA PARISH SCHOOL BOARD 4727 FIDELITY ST., PO BOX 1910 ST FRANCISVILLE, LA 70775	72-6001491	PUBLIC SCHOOL	20,000.	0.			SCHOOL NUTRITION
WEST SENECA CENTRAL SCHOOL DISTRICT - 675 POTTERS ROAD - WEST SENECA, NY 14224	16-6002126	PUBLIC SCHOOL	10,000.	0.			BREAKFAST
WICHITA FALLS INDEPENDENT SCHOOL DISTRICT - WICHITA FALLS ISD - CHILD NUTRITION - WICHITA FALLS, TX 76301	75-6002774	PUBLIC SCHOOL	5,500.	0.			BREAKFAST
WOMENS BEAN PROJECT 1300 WEST ALAMEDA AVENUE DENVER, CO 80223	84-1144973	501(C)(3)	400,000.	0.			FAMILY ECONOMIC MOBILITY

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WOODFORD COUNTY SCHOOL DISTRICT 330 PISGAH PIKE VERSAILLES, KY 40383	61-6001372	PUBLIC SCHOOL	10,000.	0.			SUMMER
WORD OF TRUTH GLOBAL MINISTRIES FEEDING AT RISK PROGRAM - 415 TENNESSEE - BLYTHEVILLE, AR 72315	26-3417223	501(C)(3)	11,300.	0.			SUMMER
YMCA OF CASS AND CLAY COUNTIES 400 1ST AVENUE SOUTH FARGO, ND 58103	45-0232096	501(C)(3)	23,500.	0.			SUMMER
YMCA OF INDIANA COUNTY 60 BEN FRANKLIN RD N INDIANA, PA 15701	25-1191545	501(C)(3)	15,000.	0.			SUMMER
YMCA OF MEMPHIS & THE MID-SOUTH 7171 GOODLETT FARMS PARKWAY CORDOVA, TN 38016	62-0476304	501(C)(3)	20,000.	0.			SUMMER
YMCA OF METROPOLITAN CHATTANOOGA 301 WEST SIXTH STREET CHATTANOOGA, TN 37402	62-0475699	501(C)(3)	20,000.	0.			SUMMER
YMCA OF ROME AND FLOYD COUNTY 810 EAST 2ND AVENUE ROME, GA 30161	58-0814549	501(C)(3)	8,000.	0.			SUMMER
YMCA OF SOUTHEASTERN NORTH CAROLINA - PO BOX 3467 - WILMINGTON, NC 28406	56-0532317	501(C)(3)	17,305.	0.			SUMMER
ZACHARY COMMUNITY SCHOOL DISTRICT 3755 CHURCH STREET ZACHARY, LA 70791	72-1489555	PUBLIC SCHOOL	8,700.	0.			SCHOOL NUTRITION

Schedule I (Form 990)

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

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

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

PART I, LINE 2:

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

Part IV Supplemental Information

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

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization

SHARE OUR STRENGTH

Employer identification number

52-1367538

Part I Questions Regarding Compensation

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Schedule J (Form 990) 2023

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) WILLIAM H. SHORE - FOUNDER EXEC CHAIRMAN, DIRECTOR	(i)	404,103.	46,467.	36,000.	8,250.	28,265.	523,085.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) ANNE FILIPIC CEO	(i)	470,600.	38,000.	0.	0.	1,815.	510,415.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) CHARLES SCOFIELD EXECUTIVE VICE PRESIDENT	(i)	275,188.	37,353.	0.	11,250.	29,018.	352,809.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) LISA DAVIS, SENIOR VP, NO KID HUNGRY PROGRAM	(i)	259,476.	26,208.	0.	32,101.	22,779.	340,564.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) SERENA WILLIAMS, SENIOR VP, CHIEF PEOPLE OFFICER	(i)	259,299.	26,208.	0.	31,880.	16,904.	334,291.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) STACY ROTH, SENIOR VP, ORG PLANNING & STRAT UNTIL 6/24	(i)	227,342.	46,000.	0.	11,249.	6,187.	290,778.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) JESSICA SHERRY FORMER SENIOR VP AND CFO	(i)	146,114.	0.	119,816.	11,250.	10,160.	287,340.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) DEBBIE SHORE CO-FOUNDER	(i)	242,746.	23,994.	0.	11,250.	9,118.	287,108.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) ELLIOT GASKINS, SENIOR VP, DEVELOPMENT	(i)	230,050.	35,000.	0.	9,341.	10,494.	284,885.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) RICHARD KOSTRO, SENIOR VP, CHIEF INFORMATION OFFICER	(i)	243,074.	24,305.	0.	11,250.	6,012.	284,641.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) PAMELA TAYLOR, SENIOR VP, CHIEF COMM OFF. UNTIL 1/24	(i)	241,604.	24,401.	0.	7,388.	10,404.	283,797.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) LILLIAN SINGH, SENIOR VP, FAMILY ECONOMIC OPP.	(i)	240,873.	23,690.	0.	11,270.	3,272.	279,105.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) DIANE CLIFFORD, SENIOR VP, CONSTITUENT DEVELOPMENT	(i)	220,264.	22,629.	0.	11,250.	21,708.	275,851.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(14) JULIE CHEN, SENIOR VP AND GENERAL COUNSEL	(i)	210,081.	21,000.	0.	11,250.	13,324.	255,655.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(15) COURTNEY SMITH, SENIOR VP, PROG RESEARCH, INNOV & IMPACT	(i)	217,673.	21,000.	0.	11,250.	1,450.	251,373.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(16) NEFERTIRI SICKOUT, SENIOR VP, EQUITY, DIVERSITY, AND INCLUSION	(i)	224,626.	12,329.	0.	344.	1,602.	238,901.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(17) JILL DAVIS, SENIOR VP, CHIEF RESOURCE DEV & GROWTH OFF UNTIL 7/23	(i)	192,667.	28,665.	0.	9,682.	5,353.	236,367.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(18) ANDREA HOEFLING, MANAGING DIR, DEVELOPMENT	(i)	188,498.	11,400.	0.	9,905.	15,702.	225,505.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(19) TRACEE SANDERS, MANAGING DIR, HUMAN RESOURCES	(i)	174,301.	10,818.	0.	11,250.	21,969.	218,338.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(20) ADRIENNE ALLEN, MANAGING DIR, NO KID HUNGRY PROGRAM	(i)	174,567.	10,861.	0.	7,475.	22,042.	214,945.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(21) LAURA WASHBURN, MANAGING DIR, STRATEGIC COMMUNICATIONS	(i)	165,146.	10,270.	0.	11,214.	21,599.	208,229.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(22) JEETENDRA JODHPURKAR, MANAGING DIR., GLOBAL STRATEGY	(i)	186,980.	11,544.	0.	4,649.	4,798.	207,971.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(23) DIANA HOVEY, SENIOR VP, CORP PARTNERSHIPS UNTIL 8/23	(i)	164,755.	23,764.	0.	8,827.	7,980.	205,326.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(24) MARLEY RAVE, MANAGING DIR, MAJOR GIFTS	(i)	191,969.	7,121.	0.	499.	0.	199,589.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(25) JENNIFER DIRKSEN, NATIONAL DIR, CHAMPION ENGAGEMENT	(i)	176,883.	3,500.	0.	11,250.	4,163.	195,796.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(26) COURTNEY C SMITH, SR DIR, CULINARY PTNRSHIP & EVENTS	(i)	139,589.	2,500.	0.	9,699.	24,286.	176,074.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(27) CECIBEL HENRIQUEZ DIR, CONSUMER COMMS	(i)	145,929.	4,000.	0.	9,970.	8,986.	168,885.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(28) ELIZABETH EVANCHO, SR DIR, PRG DEPT OPERATIONS & GRANTS	(i)	138,021.	3,500.	0.	10,701.	16,017.	168,239.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(29) CARLA WARNER, SR DIR, REVENUE INNOVATION	(i)	136,876.	2,500.	0.	5,792.	13,025.	158,193.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(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, LINES 4A-B:

JESSICA SHERRY, FORMER CFO, RECEIVED SEVERANCE PAYMENTS OF \$119,816. ANNE
FILIPIC, CEO, RECEIVED A 457B DISBURSEMENT OF \$90,000.

PART I, LINE 5:

STAFF ARE ELIGIBLE FOR PERCENTAGE BONUSES BASED ON SEVERAL METRICS SUCH AS
UNRESTRICTED REVENUE GROWTH AND PROGRAM-RELATED TARGETS.

PART I, LINE 7:

STAFF BONUSES ARE NON-FIXED DISCRETIONARY BONUSES THAT ARE ACCRUED DURING
THE 2023 CALENDAR YEAR AND PAID OUT ON 9/20/23.

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization

SHARE OUR STRENGTH

Employer identification number

52-1367538

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	31	253,654.	SALE PRICE
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				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other (.....)				
26 Other (.....)				
27 Other (.....)				
28 Other (.....)				

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

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it
must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for
exempt purposes for the entire holding period?

b If "Yes," describe the arrangement in Part II.

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

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash
contributions?

b If "Yes," describe in Part II.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,
describe in Part II.

	Yes	No
30a		X
31	X	
32a	X	
33		

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

Schedule M (Form 990) 2023

Part II

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

SCHEDULE M, LINE 32B:

SHARE OUR STRENGTH USES A SYSTEM CALLED THE GIVING BLOCK WHICH USES
GEMINI TO ACCEPT DONATIONS OF CRYPTOCURRENCY. THE GIFTS ARE
AUTOMATICALLY SOLD FOR CASH IN THE GEMINI SYSTEM AND THEN TRANSFERS THE
CASH INTO OUR OPERATING ACCOUNT.

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization

SHARE OUR STRENGTH

Employer identification number
52-1367538

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

WE BELIEVE THAT EVERYONE HAS A STRENGTH TO SHARE.

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

- THROUGH OUR WORK WITH THESE GRANTEES, WE HELPED UNLOCK \$17 MILLION IN
TAX CREDITS FOR FAMILIES THIS PAST YEAR.

- TO HELP FAMILIES BETTER UNDERSTAND HOW TO ACCESS BENEFITS, WE
PROVIDED GUIDANCE TO 2,112 ORGANIZATIONS AND APPROXIMATELY 3 MILLION
PEOPLE.

- WORKING TOGETHER WITH CODE FOR AMERICA, WE ENLISTED AGENCIES IN 30
STATES TO JOIN A NATIONAL OUTREACH PROGRAM THAT LED TO 30,000 FAMILIES
CLAIMING \$42 MILLION OF BENEFITS FOR WHICH THEY WERE ELIGIBLE.

- OUR STATE ADVOCACY WORK, ALONG WITH OUR SUPPORT OF CHILD TAX CREDITS,
LED TO \$1.4 BILLION IN MEALS, SERVICES AND BENEFITS FOR FAMILIES.

- WITH THE SUPPORT OF OUR DONORS, WE'LL CONTINUE TO FUND LOCAL
ORGANIZATIONS ACROSS THE COUNTRY THAT ARE TACKLING THESE UNDERLYING
ISSUES AND ADVANCING THE ECONOMIC INTERESTS OF WORKING PEOPLE.

LAST YEAR, WE TEAMED UP WITH THE AMERICAN PUBLIC HUMAN SERVICES
ASSOCIATION (APHSA), A GROUP THAT REPRESENTS THE GOVERNMENT AGENCIES
THAT ADMINISTER PROGRAMS LIKE SNAP AND WIC. OUR GOAL IS TO IMPROVE THE
SYSTEMS THAT CHILDREN RELY ON AND HELP MORE FAMILIES ENROLL FOR
BENEFITS. TO DATE, OUR PARTNERSHIP WITH APHSA HAS HELPED US GET 54,000
FAMILIES SIGNED UP FOR SNAP AND WIC BENEFITS.

WE SECURED OVER \$940 MILLION TO HELP STATES EXPAND THEIR SCHOOL MEALS

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

Schedule O (Form 990) 2023

LHA 332211 11-14-23

Name of the organization

SHARE OUR STRENGTH

Employer identification number

52-1367538

AVAILABILITY - HELPING KIDS, FAMILIES, AND SCHOOLS NATIONWIDE.

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

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.

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

THE PROCESS FOR DETERMINING THE COMPENSATION OF THE ORGANIZATION'S TOP EXECUTIVE, OFFICERS, AND KEY EMPLOYEES IS REVIEWED AND APPROVED BY A COMPENSATION COMMITTEE, WHICH IS COMPRISED SOLELY OF INDEPENDENT DIRECTORS.

Name of the organization

SHARE OUR STRENGTH

Employer identification number

52-1367538

USING AN OUTSIDE CONSULTANT, THE COMPENSATION COMMITTEE CONDUCTS AN IN-DEPTH MARKET SURVEY EVERY THREE YEARS TO PRODUCE COMPARABILITY DATA, WITH THE MOST RECENT STUDY COMPLETED IN APRIL 2020. THE COMPENSATION COMMITTEE, IN ADDITION TO THE ORGANIZATION'S PRESIDENT & CEO, CHIEF FINANCIAL OFFICER, AND CHIEF PEOPLE OFFICER, ALSO REVIEWS MARKET DATA ANNUALLY FOR CHANGES IN THE MARKETPLACE AND SPECIFIC JOB FUNCTIONS. THE COMPENSATION COMMITTEE RECOMMENDS THE COMPENSATION OF THE EXECUTIVE CHAIRMAN TO THE FULL BOARD OF DIRECTORS FOR APPROVAL. THE BOARD'S DECISION IS SUBSTANTIATED IN THE MINUTES. THE COMPENSATION COMMITTEE ALSO REVIEWS AND APPROVES THE COMPENSATION RECOMMENDATIONS FOR THE NEXT THREE HIGHEST COMPENSATED OFFICERS AND KEY EMPLOYEES AND IS INFORMED OF THE COMPENSATION DETERMINATIONS FOR REMAINING OFFICERS, KEY EMPLOYEES, AND/OR MEMBERS OF THE EXECUTIVE TEAM OF THE ORGANIZATION. ALL OF THESE COMPENSATION DETERMINATIONS ARE DEVELOPED USING THE SAME MARKET DATA USED TO EVALUATE THE EXECUTIVE CHAIRMAN.

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

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

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

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

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

OMB No. 1545-0047

2023

**Open to Public
Inspection**

Name of the organization

SHARE OUR STRENGTH

Employer identification number
52-1367538

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
SHARE OUR STRENGTH ENTERPRISES, LLC - 51-0597759, 1030 15TH STREET, NW, #1100W, WASHINGTON, DC 20005	NON-OPERATING HOLDING COMPANY	DELAWARE			SHARE OUR STRENGTH
SHARE OUR STRENGTH HOLDINGS, LLC 1030 15TH STREET, NW, #1100W WASHINGTON, DC 20005	NON-OPERATING HOLDING COMPANY	DELAWARE			SHARE OUR STRENGTH

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

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

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

Schedule R (Form 990) 2023

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
COMMUNITY WEALTH PARTNERS, INC. - 52-2025260 1030 15TH STREET, NW, #1100W WASHINGTON, DC 20005	CONSULTING	DC	SHARE OUR STRENGTH	C CORP	7848589.	8810646.	100%	X	

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	X
b Gift, grant, or capital contribution to related organization(s)	1b	X
c Gift, grant, or capital contribution from related organization(s)	1c	X
d Loans or loan guarantees to or for related organization(s)	1d	X
e Loans or loan guarantees by related organization(s)	1e	X
f Dividends from related organization(s)	1f	X
g Sale of assets to related organization(s)	1g	X
h Purchase of assets from related organization(s)	1h	X
i Exchange of assets with related organization(s)	1i	X
j Lease of facilities, equipment, or other assets to related organization(s)	1j	X
k Lease of facilities, equipment, or other assets from related organization(s)	1k	X
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	X
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X
o Sharing of paid employees with related organization(s)	1o	X
p Reimbursement paid to related organization(s) for expenses	1p	X
q Reimbursement paid by related organization(s) for expenses	1q	X
r Other transfer of cash or property to related organization(s)	1r	X
s Other transfer of cash or property from related organization(s)	1s	X
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.		

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) COMMUNITY WEALTH PARTNERS, INC.	L	44,415.	CASH
(2) COMMUNITY WEALTH PARTNERS, INC.	M	3,553,799.	CASH
(3) COMMUNITY WEALTH PARTNERS, INC.	Q	229,207.	CASH
(4)			
(5)			
(6)			

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

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

[illegible]

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