

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2024

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.

Open to Public Inspection

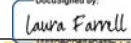
| | |
|---|---|
| A For the 2024 calendar year, or tax year beginning <u>07/01</u> , 2024, and ending <u>06/30</u> , 20 <u>25</u> | |
| B Check if applicable: <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending | C Name of organization <u>SHARE OUR STRENGTH</u> Doing business as _____ Number and street (or P.O. box if mail is not delivered to street address) Room/suite <u>1401 MASSACHUSETTS AVE NW</u> <u>400</u> City or town, state or province, country, and ZIP or foreign postal code <u>WASHINGTON, DC 20005</u> |
| | D Employer identification number <u>52-1367538</u> |
| | E Telephone number <u>(202) 393-2925</u> |
| | G Gross receipts \$ <u>118,731,796</u> |
| 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 | 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. |
| J Website: <u>WWW.SHAREOURSTRENGTH.ORG</u> | H(c) Group exemption number _____ |
| 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: <u>1984</u> M State of legal domicile: <u>DC</u> |

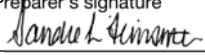
Part I Summary

| | |
|---|---|
| Activities & Governance | 1 Briefly describe the organization's mission or most significant activities: <u>INSPIRED PEOPLE SHARING STRENGTHS SO ALL CHILDREN AND FAMILIES LIVE WITHOUT HUNGER.</u> |
| | 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 <u>12</u> |
| | 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 <u>11</u> |
| | 5 Total number of individuals employed in calendar year 2024 (Part V, line 2a) 5 <u>283</u> |
| | 6 Total number of volunteers (estimate if necessary) 6 <u>500</u> |
| | 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a <u>0</u> |
| b Net unrelated business taxable income from Form 990-T, Part I, line 11 7b <u>0</u> | |
| Revenue | 8 Contributions and grants (Part VIII, line 1h) Prior Year <u>76,926,577</u> Current Year <u>87,644,718</u> |
| | 9 Program service revenue (Part VIII, line 2g) <u>0</u> <u>0</u> |
| | 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) <u>1,591,560</u> <u>2,187,339</u> |
| | 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) <u>534,030</u> <u>62,832</u> |
| | 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) <u>79,052,167</u> <u>89,894,889</u> |
| Expenses | 13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) <u>18,441,004</u> <u>14,607,319</u> |
| | 14 Benefits paid to or for members (Part IX, column (A), line 4) <u>0</u> <u>0</u> |
| | 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) <u>37,174,807</u> <u>33,732,397</u> |
| | 16a Professional fundraising fees (Part IX, column (A), line 11e) <u>7,878,212</u> <u>3,490,374</u> |
| | b Total fundraising expenses (Part IX, column (D), line 25) <u>26,510,976</u> |
| | 17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) <u>38,305,386</u> <u>31,748,101</u> |
| | 18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) <u>101,799,409</u> <u>83,578,191</u> |
| 19 Revenue less expenses. Subtract line 18 from line 12 <u>(22,747,242)</u> <u>6,316,698</u> | |
| Net Assets or Fund Balances | 20 Total assets (Part X, line 16) Beginning of Current Year <u>62,632,417</u> End of Year <u>74,497,100</u> |
| | 21 Total liabilities (Part X, line 26) <u>13,090,588</u> <u>17,328,783</u> |
| | 22 Net assets or fund balances. Subtract line 21 from line 20 <u>49,541,829</u> <u>57,168,317</u> |

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 | <u>5/13/2026</u> Date |
| | <u>LAURA FARRELL, CFO</u> Type or print name and title | |

| | | | | | | |
|-------------------------------|--|---|---------------------------|---|--------------------------|--|
| Paid Preparer Use Only | Print/Type preparer's name <u>SANDRA L. FEINSMITH</u> | Preparer's signature  | Date <u>05/13/2026</u> | Check <input type="checkbox"/> if self-employed | PTIN <u>P01064157</u> | |
| | Firm's name <u>BDO USA</u> | Firm's EIN <u>13-5381590</u> | | | | |
| | Firm's address <u>421 FAYETTEVILLE ST STE 300, RALEIGH, NC 27601-1776</u> | Phone no. <u>(919) 754-9370</u> | | | | |

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

Application for Extension of Time To File an Exempt Organization Return or Excise Taxes Related to Employee Benefit Plans

File a separate application for each return.
Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Part I — Identification

| | | |
|---|---|---|
| Type or Print File by the due date for filing your return. See instructions. | Name of exempt organization, employer, or other filer, see instructions. SHARE OUR STRENGTH | Taxpayer identification number (TIN) 52-1367538 |
| | Number, street, and room or suite no. If a P.O. box, see instructions. 1401 MASSACHUSETTS AVE NW, 400 | |
| | City, town or post office, state, and ZIP code. For a foreign address, see instructions. WASHINGTON, DC 20005 | |

Enter the Return Code for the return that this application is for (file a separate application for each return) **0 1**

| Application Is For | Return Code | Application Is For | Return Code |
|--|-------------|------------------------------------|-------------|
| Form 990 or Form 990-EZ | 01 | Form 4720 (other than individual) | 09 |
| Form 4720 (individual) | 03 | Form 5227 | 10 |
| Form 990-PF | 04 | Form 6069 | 11 |
| Form 990-T (sec. 401(a) or 408(a) trust) | 05 | Form 8870 | 12 |
| Form 990-T (trust other than above) | 06 | Form 5330 (individual) | 13 |
| Form 990-T (corporation) | 07 | Form 5330 (other than individual) | 14 |
| Form 1041-A | 08 | Form 990-T (governmental entities) | 15 |

- After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.
- If this application is for an extension of time to file Form 5330, you must enter the following information
Plan Name _____
Plan Number _____
Plan Year Ending (MM/DD/YYYY) _____

Part II — Automatic Extension of Time To File for Exempt Organizations (see instructions)

- The books are in the care of Laura Farrell, 1401 Massachusetts Ave NW, 400, Washington, DC 20005
Telephone No. (202) 478-6537 Fax No. _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____
If this is for the whole group, check this box
If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for

1 I request an automatic 6-month extension of time until 05/15, 20 26, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 calendar year 20 ____ or
 tax year beginning 07/01, 20 24, and ending 06/30, 20 25.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

| | | | |
|---|-----------|----|---|
| 3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. | 3a | \$ | 0 |
| b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. | 3b | \$ | 0 |
| c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. | 3c | \$ | 0 |

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.



Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III Yes No

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. WE BELIEVE THAT EVERYONE HAS A STRENGTH TO SHARE.

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 \$ 28,374,635 including grants of \$ 9,347,050) (Revenue \$ 0)

TODAY 14 MILLION KIDS LIVE IN FAMILIES THAT STRUGGLE WITH HUNGER. SHARE OUR STRENGTH IS THE ONLY NATIONAL NONPROFIT DEDICATED TO ENDING CHILD HUNGER IN AMERICA. FOR OVER 40 YEARS, WE HAVE BEEN GUIDED BY ONE CLEAR VISION-TO CREATE AN EQUITABLE NATION WHERE ALL CHILDREN, FAMILIES AND COMMUNITIES HAVE THE NUTRITION AND RESOURCES THEY NEED TO THRIVE. WE WORK TO REDUCE CHILD HUNGER BY: PROVIDING GRANTS FOR CHILD NUTRITION PROGRAMS; ADVOCATING FOR STRONG FEDERAL AND STATE NUTRITION PROGRAMS; PROVIDING TECHNICAL, OUTREACH, AND REGULATORY GUIDANCE; AND HOSTING OPPORTUNITIES FOR NUTRITION LEADERS TO SHARE SOLUTIONS. TO REDUCE SUMMER HUNGER, WE SUPPORTED EXPANSION OF THE SUMMER EBT (SUN BUCKS) GROCERY BENEFITS PROGRAM AND SUMMER MEAL SERVICES IN RURAL AREAS. WE SUPPORTED 40 STATES, TRIBAL NATIONS, AND DC IN OPERATING SUMMER EBT PROGRAMS AND GRANTED \$3.1 MILLION TO HELP RURAL SUMMER MEAL PROGRAMS IN 28 STATES AND PUERTO RICO. TO HELP FEED SCHOOL KIDS, WE GRANTED OVER \$1.3 MILLION TO 43 SCHOOL DISTRICTS IN 12 STATES TO SUPPORT (SEE ON SCHEDULE O)

4b (Code:) (Expenses \$ 7,965,778 including grants of \$ 2,266,100) (Revenue \$ 0)

NUTRITION BENEFITS PROGRAMS LIKE SNAP ARE OUR NATION'S CRITICAL LINE OF DEFENSE AGAINST HUNGER, PROVIDING STABILITY AND SECURITY TO FAMILIES DURING TIMES OF HARDSHIP. SHARE OUR STRENGTH WORKS TO MAKE SURE THAT ACCESSING FEDERAL NUTRITION BENEFITS IS A SEAMLESS EASY-TO-UNDERSTAND PROCESS FOR ALL FAMILIES AND THAT STATE AGENCIES HAVE THE TECHNOLOGY AND PRACTICES IN PLACE TO PROCESS APPLICATIONS EFFICIENTLY TO MAKE THIS A REALITY. WE PROVIDED GRANT AND TECHNICAL SUPPORT TO HELP STATE AGENCIES MODERNIZE THEIR SNAP SYSTEMS THROUGH IMPROVED DATA SHARING, STRONGER INTER-AGENCY COLLABORATION, AND OUTREACH TO FAMILIES. THIS WORK ENABLED \$240 MILLION IN ADDITIONAL SNAP BENEFITS TO REACH 1.3 MILLION PARTICIPANTS. WE ESTABLISHED A SNAP PARENT & CAREGIVER ADVISORY COUNCIL SO INDIVIDUALS WITH LIVED SNAP EXPERIENCE CAN INFORM SNAP MODERNIZATION. WE LED A NATIONAL NETWORK AND PROVIDED GRANTS TO SUPPORT THE EXPANSION OF MEDICAID-BASED NUTRITION SERVICES.

4c (Code:) (Expenses \$ 4,656,857 including grants of \$ 1,473,000) (Revenue \$ 0)

SHARE OUR STRENGTH IS THE ONLY NATIONAL ORGANIZATION SUPPORTING AND CONVENING SKILLED AND COMMITTED PARTNERS TO BUILD A FAMILY ECONOMIC MOBILITY MOVEMENT IN AMERICA. DRAWING ON 40 YEARS OF EXPERTISE IN THE FOOD SECURITY AND POVERTY SPACES, WE ARE ADVANCING STRATEGIES THAT WILL BOLSTER THE FAMILY ECONOMIC STABILITY OF A VERY KEY CAREGIVER GROUP IN OUR NATION THAT IS HEAVILY IMPACTED BY FOOD INSECURITY-SINGLE MOTHERS. TO PREVENT HUNGER, WE ADVANCED SOLUTIONS THAT IMPROVE SINGLE MOTHERS' ECONOMIC MOBILITY. WORKING WITH AND SUPPORTING MORE THAN 30 PARTNERS NATIONWIDE, WE: SECURED \$2.6 BILLION IN STATE CHILD TAX CREDITS, BENEFITING 6.1 MILLION CHILDREN; EXPANDED CHILDCARE SUBSIDIES TO 17,000+ CHILDREN IN THE SOUTH; HELPED 30,000+ FAMILIES RECEIVE AN AVERAGE \$14,000 ANNUAL INCOME INCREASE; AND IMPLEMENTED GROCERY DELIVERY PILOTS HELPING 1,200+ HOUSEHOLDS SAVE TIME AND MAXIMIZE SNAP BENEFITS. WE BROUGHT TOGETHER MORE THAN 40 PARTNERS AT OUR ANNUAL BRIDGE BUILDERS SUMMIT TO STRENGTHEN COORDINATION ACROSS OUR HUNGER AND ECONOMIC MOBILITY WORK.

4d Other program services (Describe on Schedule O.)

(Expenses \$ 8,087,679 including grants of \$ 1,521,169) (Revenue \$ 0)

4e Total program service expenses 49,084,949

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> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2 Is the organization required to complete Schedule B, Schedule of Contributors? See instructions | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 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> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 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> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 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> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 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> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 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> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 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> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 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> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 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> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 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> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 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> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 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> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 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> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 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> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 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> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 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> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 14a Did the organization maintain an office, employees, or agents outside of the United States? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 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> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 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> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 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> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 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> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 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> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 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> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | <input type="checkbox"/> | <input type="checkbox"/> |
| 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> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

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> | | ✓ |
| 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> | ✓ | |
| 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> | | ✓ |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | | |
| 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? | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | | |
| 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> | | ✓ |
| 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> | | ✓ |
| 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> | ✓ | |
| 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> | | ✓ |
| 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> | | ✓ |
| b | A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> | | ✓ |
| 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> | | ✓ |
| 29 | Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i> | ✓ | |
| 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> | | ✓ |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> | | ✓ |
| 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> | | ✓ |
| 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> | ✓ | |
| 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> | ✓ | |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | ✓ | |
| 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> | ✓ | |
| 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> | | ✓ |
| 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> | | ✓ |
| 38 | Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O | ✓ | |

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response 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 | | |
| | | | 79 |
| b | Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable | | |
| | | | 0 |
| c | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | ✓ | |

| Part V Statements Regarding Other IRS Filings and Tax Compliance <i>(continued)</i> | | 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 | 283 | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | | ✓ | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | | | ✓ |
| 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 | | | ✓ |
| 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 | | | ✓ |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | | ✓ |
| 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 | | | ✓ |
| 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 | | ✓ | |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | | ✓ | |
| c | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | 7c | | | ✓ |
| 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 | | | ✓ |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | | ✓ |
| 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 | | | ✓ |
| 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 | | | ✓ |
| 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 | | | ✓ |
| 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

| | | Yes | No |
|-----------|--|-------------------------------------|-------------------------------------|
| 1a | Enter the number of voting members of the governing body at the end of the tax year 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. | | |
| | 1a 12 | | |
| b | Enter the number of voting members included on line 1a, above, who are independent | | |
| | 1b 11 | | |
| 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? | <input checked="" type="checkbox"/> | |
| 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? | | <input checked="" type="checkbox"/> |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | | <input checked="" type="checkbox"/> |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | | <input checked="" type="checkbox"/> |
| 6 | Did the organization have members or stockholders? | | <input checked="" type="checkbox"/> |
| 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? | | <input checked="" type="checkbox"/> |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? | | <input checked="" type="checkbox"/> |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | |
| a | The governing body? | <input checked="" type="checkbox"/> | |
| b | Each committee with authority to act on behalf of the governing body? | <input checked="" type="checkbox"/> | |
| 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 | | <input checked="" type="checkbox"/> |

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? | | <input checked="" type="checkbox"/> |
| 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? | | |
| 10b | | | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | <input checked="" type="checkbox"/> | |
| 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 | <input checked="" type="checkbox"/> | |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | <input checked="" type="checkbox"/> | |
| c | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done | <input checked="" type="checkbox"/> | |
| 12c | | <input checked="" type="checkbox"/> | |
| 13 | Did the organization have a written whistleblower policy? | <input checked="" type="checkbox"/> | |
| 14 | Did the organization have a written document retention and destruction policy? | <input checked="" type="checkbox"/> | |
| 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 | <input checked="" type="checkbox"/> | |
| b | Other officers or key employees of the organization | <input checked="" type="checkbox"/> | |
| | 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? | | <input checked="" type="checkbox"/> |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? | | |
| 16b | | | |

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed AL, AR, CA, CO, (CONTINUED ON SCHEDULE O)
- 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, 1401 MASSACHUSETTS AVE NW, 400, WASHINGTON, DC 20005, (202) 478-6537

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See 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 dotted 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, EXECUTIVE CHAIR, DIRECTOR | 40.0 0.0 | ✓ | | ✓ | | | | 699,577 | 0 | 42,763 |
| (2) ANNE ELIZABETH FILIPIC CEO | 40.0 0.0 | | | ✓ | | | | 456,259 | 0 | 16,185 |
| (3) JULIE CHEN SVP AND GENERAL COUNSEL (UNTIL 8/24) | 40.0 0.0 | | | ✓ | | | | 275,615 | 0 | 37,398 |
| (4) CHARLES SCOFIELD EXECUTIVE VICE PRESIDENT | 40.0 0.0 | | | | ✓ | | | 277,328 | 0 | 33,709 |
| (5) STEVEN DALE MCCULLOUGH CHIEF OPERATING OFFICER | 40.0 0.0 | | | ✓ | | | | 305,219 | 0 | 5,004 |
| (6) SERENA WILLIAMS CHIEF PEOPLE OFFICER | 40.0 0.0 | | | | ✓ | | | 269,803 | 0 | 37,162 |
| (7) LAURA FARRELL CHIEF FINANCIAL OFFICER | 40.0 0.0 | | | ✓ | | | | 281,408 | 0 | 13,268 |
| (8) DIANE CLIFFORD SVP, CONSTITUENT DEVELOPMENT & OPERATIONS (UNTIL 7/24) | 40.0 0.0 | | | | ✓ | | | 261,455 | 0 | 25,213 |
| (9) DEBBIE SHORE CO-FOUNDER | 40.0 0.0 | | | | ✓ | | | 250,895 | 0 | 28,525 |
| (10) RICHARD KOSTRO CHIEF INFORMATION OFFICER | 40.0 0.0 | | | | ✓ | | | 254,964 | 0 | 23,277 |
| (11) ELLIOTT GASKINS SVP DEVELOPMENT-ACTING CRO (UNTIL 10/24) | 40.0 0.0 | | | | ✓ | | | 238,278 | 0 | 32,720 |
| (12) STACY ROTH FORMER SVP ORGANIZATIONAL PLANNING & STRATEGY (UNTIL 6/24) | 0.0 0.0 | | | | | ✓ | | 252,530 | 0 | 14,358 |
| (13) LILLIAN DENISE SINGH SVP FAMILY ECONOMIC MOBILITY | 40.0 0.0 | | | | ✓ | | | 249,000 | 0 | 17,061 |
| (14) NEFERTIRI SICKOUT SVP EQUITY, DIVERSITY & INCLUSION | 40.0 0.0 | | | | ✓ | | | 236,708 | 0 | 16,504 |

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 dotted 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 | | | |
| (15) LAURA C WASHBURN SVP COMMUNICATIONS & MARKETING | 40.0 0.0 | | | | ✓ | | | 212,816 | 0 | 30,917 |
| (16) COURTNEY SMITH SVP PROGRAM RESEARCH, INNOVATION & IMPACT | 40.0 0.0 | | | | ✓ | | | 223,206 | 0 | 13,078 |
| (17) PAMELA TAYLOR FORMER CHIEF COMMUNICATIONS AND MARKETING OFFICER (UNTIL 1/24) | 0.0 0.0 | | | | | | ✓ | 230,468 | 0 | 1,893 |
| (18) BRIAN MINTER MANAGING DIRECTOR, BRAND MRKTG (UNTIL 6/24) | 0.0 0.0 | | | | | ✓ | | 213,024 | 0 | 18,615 |
| (19) JEETENDRA JODHPURKAR MANAGING DIRECTOR, GLOBAL STRATEGY | 40.0 0.0 | | | | | ✓ | | 195,264 | 0 | 36,205 |
| (20) ANDREA HOEFLING MANAGING DIRECTOR, DEVELOPMENT OPERATIONS | 40.0 0.0 | | | | | ✓ | | 196,619 | 0 | 30,519 |
| (21) ADRIENNE ALLEN MANAGING DIRECTOR, PROGRAM DEPT. OPERATIONS | 40.0 0.0 | | | | | ✓ | | 190,604 | 0 | 29,887 |
| (22) LEIGH ANN EDWARDS HALL MANAGING DIRECTOR, IMPACT FUNDRAISING & SUPPORT (UNTIL 7/24) | 40.0 0.0 | | | | | ✓ | | 186,246 | 0 | 33,716 |
| (23) LISA DAVIS FORMER SVP OF PROGRAM AND ADVOCACY (UNTIL 4/24) | 0.0 0.0 | | | | | | ✓ | 100,369 | 0 | 11,408 |
| (24) CHIP WADE DIRECTOR | 1.0 0.0 | ✓ | | | | | | 0 | 0 | 0 |
| (25) (SEE PART VII CONTINUATION SHEET) | | | | | | | | | | |
| 1b Subtotal | | | | | | | | 6,057,655 | 0 | 549,385 |
| c Total from continuation sheets to Part VII, Section A | | | | | | | | 0 | 0 | 0 |
| d Total (add lines 1b and 1c) | | | | | | | | 6,057,655 | 0 | 549,385 |

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 121

| | Yes | No |
|--|-----|----|
| 3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> | ✓ | |
| 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? <i>If "Yes," complete Schedule J for such individual</i> | ✓ | |
| 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> | | ✓ |

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, PO BOX 883654, LOS ANGELES, CA 90088-3654 | DONOR ACQUISITION | 5,839,034 |
| CONCORD DIRECT, 92 OLD TURNPIKE ROAD, CONCORD, NH 03301 | MAILINGS/POSTAGE | 3,906,565 |
| MOORE, A SERIES LLC, 4200 PARLIAMENT PLACE, LANHAM, MD 20706 | DONOR ACQUISITION | 2,594,888 |
| FURTHER LLC, 180 ADMIRAL COCHRANE DR., SUITE 360, ANNAPOLIS, MD 21401 | FUNDRAISING CONSULTANT | 1,934,634 |
| MICROSOFT ONLINE, INC., 6880 SIERRA CENTER PKWY, RENO, NV 89511 | DONOR ACQUISITION | 1,805,114 |

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 53

Part VIII Statement of Revenue

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

| | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512-514 | |
|--|--|---|------------|----------------------|--|--------------------------------------|---|--|
| Contributions, Gifts, Grants, and Other Similar Amounts | 1a | Federated campaigns | 1a | | | | | |
| | b | Membership dues | 1b | | | | | |
| | c | Fundraising events | 1c | | | | | |
| | d | Related organizations | 1d | | | | | |
| | e | Government grants (contributions) | 1e | 92,126 | | | | |
| | f | All other contributions, gifts, grants, and similar amounts not included above | 1f | 87,552,592 | | | | |
| | g | Noncash contributions included in lines 1a-1f | 1g | \$ 494,799 | | | | |
| | h | Total. Add lines 1a-1f | | 87,644,718 | | | | |
| | Program Service Revenue | | | | Business Code | | | |
| 2a | | ----- | | | | | | |
| b | | ----- | | | | | | |
| c | | ----- | | | | | | |
| d | | ----- | | | | | | |
| e | | ----- | | | | | | |
| f | | All other program service revenue . . | | 0 | 0 | 0 | 0 | |
| g | Total. Add lines 2a-2f | | 0 | | | | | |
| Other Revenue | 3 | Investment income (including dividends, interest, and other similar amounts) | | 1,528,313 | | | 1,528,313 | |
| | 4 | Income from investment of tax-exempt bond proceeds | | | | | | |
| | 5 | Royalties | | | | | | |
| | 6a | Gross rents | 6a | (i) Real | | | | |
| | | | | (ii) Personal | | | | |
| | | | | | | | | |
| | b | Less: rental expenses | 6b | | | | | |
| | c | Rental income or (loss) | 6c | 0 | 0 | | | |
| | d | Net rental income or (loss) | | | | | | |
| | 7a | Gross amount from sales of assets other than inventory | 7a | (i) Securities | 29,495,933 | | | |
| | | | | (ii) Other | | | | |
| | | | | | | | | |
| | b | Less: cost or other basis and sales expenses | 7b | 28,836,907 | | | | |
| | c | Gain or (loss) | 7c | 659,026 | 0 | | | |
| | d | Net gain or (loss) | | 659,026 | | | 659,026 | |
| | 8a | 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 | | | | | | |
| | 9a | Gross income from gaming activities. See Part IV, line 19 | 9a | | | | | |
| 9b | | | | | | | | |
| c | Net income or (loss) from gaming activities | | | | | | | |
| 10a | Gross sales of inventory, less returns and allowances | 10a | | | | | | |
| | | | 10b | | | | | |
| | | | | | | | | |
| c | Net income or (loss) from sales of inventory | | | | | | | |
| Miscellaneous Revenue | | | | Business Code | | | | |
| | 11a | OTHER REVENUE | | 900099 | 62,832 | | 62,832 | |
| | b | ----- | | | | | | |
| | c | ----- | | | | | | |
| | d | All other revenue | | 0 | 0 | 0 | 0 | |
| e | Total. Add lines 11a-11d | | 62,832 | | | | | |
| 12 | Total revenue. See instructions | | 89,894,889 | 0 | 0 | 2,250,171 | | |

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 | 14,440,769 | 14,440,769 | | |
| 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 | 166,550 | 166,550 | | |
| 4 | Benefits paid to or for members | 0 | 0 | | |
| 5 | Compensation of current officers, directors, trustees, and key employees | 4,738,243 | 2,581,347 | 1,573,400 | 583,496 |
| 6 | Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | 772,025 | 540,418 | 154,405 | 77,202 |
| 7 | Other salaries and wages | 22,424,598 | 12,488,638 | 2,113,008 | 7,822,952 |
| 8 | Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 941,523 | 518,731 | 95,902 | 326,890 |
| 9 | Other employee benefits | 2,818,130 | 1,577,816 | 331,176 | 909,138 |
| 10 | Payroll taxes | 2,037,878 | 1,141,212 | 264,924 | 631,742 |
| 11 | Fees for services (nonemployees): | | | | |
| a | Management | 274,446 | 71,356 | 175,645 | 27,445 |
| b | Legal | 32,548 | | 32,548 | |
| c | Accounting | 171,232 | | 171,232 | |
| d | Lobbying | 510,123 | 510,123 | | |
| e | Professional fundraising services. See Part IV, line 17 | 3,490,374 | | | 3,490,374 |
| f | Investment management fees | 89,445 | | 89,445 | |
| g | Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.) | 6,801,965 | 5,818,813 | 311,581 | 671,571 |
| 12 | Advertising and promotion | 10,016,261 | 4,482,350 | 94,870 | 5,439,041 |
| 13 | Office expenses | 2,545,665 | 194,029 | 91,380 | 2,260,256 |
| 14 | Information technology | 2,410,932 | 868,490 | 542,203 | 1,000,239 |
| 15 | Royalties | | | | |
| 16 | Occupancy | 1,996,204 | 519,132 | 1,267,260 | 209,812 |
| 17 | Travel | 1,192,584 | 728,671 | 95,630 | 368,283 |
| 18 | Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings | 3,846,853 | 2,053,021 | 65,278 | 1,728,554 |
| 20 | Interest | | | | |
| 21 | Payments to affiliates | | | | |
| 22 | Depreciation, depletion, and amortization | 247,222 | 70,617 | 131,833 | 44,772 |
| 23 | Insurance | 292,492 | 78,776 | 184,469 | 29,247 |
| 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 | <u>FEES AND LICENSES</u> | 1,059,553 | 175,085 | 191,939 | 692,529 |
| b | <u>BAD DEBT EXPENSE</u> | 260,576 | 59,005 | 4,138 | 197,433 |
| c | ----- | | | | |
| d | ----- | | | | |
| e | All other expenses | 0 | 0 | 0 | 0 |
| 25 | Total functional expenses. Add lines 1 through 24e | 83,578,191 | 49,084,949 | 7,982,266 | 26,510,976 |
| 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 type="checkbox"/> if following SOP 98-2 (ASC 958-720) | 3,597,746 | 1,731,900 | 47,008 | 1,818,838 |

Part X Balance Sheet

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

| | | (A) | | (B) |
|---|--|----------------------|------------|-------------------|
| | | Beginning of year | | End of year |
| Assets | 1 Cash—non-interest-bearing | 1,000,766 | 1 | 6,405,423 |
| | 2 Savings and temporary cash investments | 1,766,706 | 2 | 4,194,212 |
| | 3 Pledges and grants receivable, net | 11,093,289 | 3 | 17,123,794 |
| | 4 Accounts receivable, net | 422,732 | 4 | 186,992 |
| | 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 | 0 | 5 | 531,025 |
| | 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) | 0 | 6 | 0 |
| | 7 Notes and loans receivable, net | 0 | 7 | 0 |
| | 8 Inventories for sale or use | 26,850 | 8 | 1,659 |
| | 9 Prepaid expenses and deferred charges | 5,139,757 | 9 | 4,037,567 |
| | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a 4,443,337 | | |
| | b Less: accumulated depreciation | 10b 4,354,159 | 336,399 | 10c 89,178 |
| | 11 Investments—publicly traded securities | 39,080,096 | 11 | 30,719,605 |
| | 12 Investments—other securities. See Part IV, line 11 | 1,410,050 | 12 | 1,591,733 |
| | 13 Investments—program-related. See Part IV, line 11 | 0 | 13 | 0 |
| | 14 Intangible assets | 127 | 14 | 1,056 |
| | 15 Other assets. See Part IV, line 11 | 2,355,645 | 15 | 9,614,856 |
| 16 Total assets. Add lines 1 through 15 (must equal line 33) | 62,632,417 | 16 | 74,497,100 | |
| Liabilities | 17 Accounts payable and accrued expenses | 6,321,944 | 17 | 5,974,931 |
| | 18 Grants payable | 3,609,609 | 18 | 1,499,352 |
| | 19 Deferred revenue | 0 | 19 | 0 |
| | 20 Tax-exempt bond liabilities | 0 | 20 | 0 |
| | 21 Escrow or custodial account liability. Complete Part IV of Schedule D | 0 | 21 | 0 |
| | 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 | 0 | 22 | 0 |
| | 23 Secured mortgages and notes payable to unrelated third parties | 0 | 23 | 0 |
| | 24 Unsecured notes and loans payable to unrelated third parties | 0 | 24 | 0 |
| | 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 | 3,159,035 | 25 | 9,854,500 |
| | 26 Total liabilities. Add lines 17 through 25 | 13,090,588 | 26 | 17,328,783 |
| 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 | 35,528,363 | 27 | 37,027,143 |
| | 28 Net assets with donor restrictions | 14,013,466 | 28 | 20,141,174 |
| | 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 | 49,541,829 | 32 | 57,168,317 | |
| 33 Total liabilities and net assets/fund balances | 62,632,417 | 33 | 74,497,100 | |

Part XI Reconciliation of Net Assets

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

| | | | |
|-----------|--|-----------|------------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 89,894,889 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 83,578,191 |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 6,316,698 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 49,541,829 |
| 5 | Net unrealized gains (losses) on investments | 5 | 1,128,107 |
| 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 | 181,683 |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) | 10 | 57,168,317 |

Part XII Financial Statements and Reporting

Check 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 | | <input checked="" type="checkbox"/> |
| 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 | <input checked="" type="checkbox"/> | |
| 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. | <input checked="" type="checkbox"/> | |
| 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? | | <input checked="" type="checkbox"/> |
| 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. | | |

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 dotted 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 | | | |
| (25) DONNA MOREA ----- DIRECTOR | 1.0 ----- 0.0 | ✓ | | | | | | 0 | 0 | 0 |
| (26) JIMMY CHEN ----- DIRECTOR | 1.0 ----- 0.0 | ✓ | | | | | | 0 | 0 | 0 |
| (27) JOANNE CHANG ----- DIRECTOR | 1.0 ----- 0.0 | ✓ | | | | | | 0 | 0 | 0 |
| (28) MARIBEL GARCIA ----- DIRECTOR | 1.0 ----- 0.0 | ✓ | | | | | | 0 | 0 | 0 |
| (29) MICHAEL MCAFEE ----- DIRECTOR | 1.0 ----- 0.0 | ✓ | | | | | | 0 | 0 | 0 |
| (30) NOAH GLASS ----- DIRECTOR | 1.0 ----- 0.0 | ✓ | | | | | | 0 | 0 | 0 |
| (31) REGINA MONTOYA ----- DIRECTOR | 1.0 ----- 0.0 | ✓ | | | | | | 0 | 0 | 0 |
| (32) RENEE GRISHAM ----- DIRECTOR | 1.0 ----- 0.0 | ✓ | | | | | | 0 | 0 | 0 |
| (33) STEVEN NARANG ----- DIRECTOR | 1.0 ----- 0.0 | ✓ | | | | | | 0 | 0 | 0 |
| (34) WINNIE LERNER ----- DIRECTOR | 1.0 ----- 0.0 | ✓ | | | | | | 0 | 0 | 0 |

**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

2024

**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 33¹/₃% 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 33¹/₃% 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 | | |
| (A) | | | | | | |
| (B) | | | | | | |
| (C) | | | | | | |
| (D) | | | | | | |
| (E) | | | | | | |
| 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) 2020 | (b) 2021 | (c) 2022 | (d) 2023 | (e) 2024 | (f) Total |
|--|-------------|------------|------------|------------|------------|-------------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 143,573,062 | 84,627,216 | 83,583,865 | 76,926,577 | 87,644,718 | 476,355,438 |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | 0 |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | 0 |
| 4 Total. Add lines 1 through 3 | 143,573,062 | 84,627,216 | 83,583,865 | 76,926,577 | 87,644,718 | 476,355,438 |
| 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) | | | | | | 1,157,673 |
| 6 Public support. Subtract line 5 from line 4 | | | | | | 475,197,765 |

Section B. Total Support

| Calendar year (or fiscal year beginning in) | (a) 2020 | (b) 2021 | (c) 2022 | (d) 2023 | (e) 2024 | (f) Total |
|---|-------------|------------|------------|------------|------------|--------------------------|
| 7 Amounts from line 4 | 143,573,062 | 84,627,216 | 83,583,865 | 76,926,577 | 87,644,718 | 476,355,438 |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | 797,761 | 594,453 | 1,075,982 | 1,405,819 | 1,528,313 | 5,402,328 |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on | 27,827 | 0 | 0 | 0 | 0 | 27,827 |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | 48,597 | 69,002 | 49,068 | 49,946 | 62,832 | 279,445 |
| 11 Total support. Add lines 7 through 10 | | | | | | 482,065,038 |
| 12 Gross receipts from related activities, etc. (see instructions) | | | | | 12 | 42,840 |
| 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 2024 (line 6, column (f), divided by line 11, column (f)) | 14 | 98.58 % |
| 15 Public support percentage from 2023 Schedule A, Part II, line 14 | 15 | 98.50 % |
| 16a 33 1/3% support test—2024. 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—2023. 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—2024. 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—2023. 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"/> |

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) 2020 | (b) 2021 | (c) 2022 | (d) 2023 | (e) 2024 | (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) 2020 | (b) 2021 | (c) 2022 | (d) 2023 | (e) 2024 | (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 <input type="checkbox"/> | | | | | | |

Section C. Computation of Public Support Percentage

| | | |
|---|-----------|---|
| 15 Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f)) | 15 | % |
| 16 Public support percentage from 2023 Schedule A, Part III, line 15 | 16 | % |

Section D. Computation of Investment Income Percentage

| | | |
|---|-----------|---|
| 17 Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f)) | 17 | % |
| 18 Investment income percentage from 2023 Schedule A, Part III, line 17 | 18 | % |
| 19a 33 1/3% support tests—2024. 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 <input type="checkbox"/> | | |
| b 33 1/3% support tests—2023. 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 <input type="checkbox"/> | | |
| 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions <input type="checkbox"/> | | |

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> | | |
| 3b | 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> | | |
| 3c | 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> | | |
| 4b | 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> | | |
| 4c | 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> | | |
| 5b | 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? | | |
| 5c | 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> | | |
| 9b | 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> | | |
| 9c | 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> | | |
| 10b | 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

| | | | |
|----------|--|--|--|
| 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). | | |

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—provide details in Part VI) | 5 |
| 6 | Other distributions (describe in Part VI). 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 (provide details in Part VI). See instructions. | 8 |
| 9 | Distributable amount for 2024 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-2024 | (iii) Distributable Amount for 2024 |
|---|---|-----------------------------|--|---|
| 1 | Distributable amount for 2024 from Section C, line 6 | | | |
| 2 | Underdistributions, if any, for years prior to 2024 (reasonable cause required—explain in Part VI). See instructions. | | | |
| 3 | Excess distributions carryover, if any, to 2024 | | | |
| a | From 2019 | | | |
| b | From 2020 | | | |
| c | From 2021 | | | |
| d | From 2022 | | | |
| e | From 2023 | | | |
| f | Total of lines 3a through 3e | | | |
| g | Applied to underdistributions of prior years | | | |
| h | Applied to 2024 distributable amount | | | |
| i | Carryover from 2019 not applied (see instructions) | | | |
| j | Remainder. Subtract lines 3g, 3h, and 3i from line 3f. | | | |
| 4 | Distributions for 2024 from Section D, line 7: \$ | | | |
| a | Applied to underdistributions of prior years | | | |
| b | Applied to 2024 distributable amount | | | |
| c | Remainder. Subtract lines 4a and 4b from line 4. | | | |
| 5 | Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions. | | | |
| 6 | Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions. | | | |
| 7 | Excess distributions carryover to 2025. Add lines 3j and 4c. | | | |
| 8 | Breakdown of line 7: | | | |
| a | Excess from 2020 | | | |
| b | Excess from 2021 | | | |
| c | Excess from 2022 | | | |
| d | Excess from 2023 | | | |
| e | Excess from 2024 | | | |

Part VI

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.)

| Return Reference - Identifier | Explanation | | | | | | |
|---|---------------------------------|----------|----------|----------|----------|----------|-----------|
| SCHEDULE A, PART II, LINE 10 - OTHER INCOME | Description | (a) 2020 | (b) 2021 | (c) 2022 | (d) 2023 | (e) 2024 | (f) Total |
| | (1) INTERCOMPA NY REVENUE | 48,597 | 59,478 | 49,068 | 49,946 | 44,415 | 251,504 |
| | (2) OTHER EVENT REVENUE | 0 | 9,524 | 0 | 0 | 0 | 9,524 |
| | (3) OTHER REVENUE | 0 | 0 | 0 | 0 | 18,417 | 18,417 |
| | Total | 48,597 | 69,002 | 49,068 | 49,946 | 62,832 | 279,445 |

**Schedule B
(Form 990)**

(Rev. January 2025)
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

Name of the organization
SHARE OUR STRENGTH

Employer identification number
52-1367538

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

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

General Rule

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

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% 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).

| | |
|---|---|
| Name of organization SHARE OUR STRENGTH | Employer identification number 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 |
|------------|-----------------------------------|----------------------------|---|
| 1 | ----- ----- ----- | \$ 6,500,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 2 | ----- ----- ----- | \$ 2,730,700 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.) |
| 3 | ----- ----- ----- | \$ 2,550,219 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 4 | ----- ----- ----- | \$ 2,170,905 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 5 | ----- ----- ----- | \$ 2,000,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 6 | ----- ----- ----- | \$ 2,000,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

| | |
|---|---|
| Name of organization SHARE OUR STRENGTH | Employer identification number 52-1367538 |
|---|---|

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

| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) <small>(See instructions.)</small> | (d) Date received |
|---------------------------|--|--|----------------------|
| 2 | DONATED VEHICLE ----- ----- ----- | \$ 44,700 | 02/20/2025 ----- |
| ----- | ----- ----- ----- | \$ ----- | ----- |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) <small>(See instructions.)</small> | (d) Date received |
| ----- | ----- ----- ----- | \$ ----- | ----- |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) <small>(See instructions.)</small> | (d) Date received |
| ----- | ----- ----- ----- | \$ ----- | ----- |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) <small>(See instructions.)</small> | (d) Date received |
| ----- | ----- ----- ----- | \$ ----- | ----- |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) <small>(See instructions.)</small> | (d) Date received |
| ----- | ----- ----- ----- | \$ ----- | ----- |

| | |
|---|---|
| Name of organization SHARE OUR STRENGTH | Employer identification number 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 information once. See instructions.) \$ _____
 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 |
|---------------------|-------------------------|-------------------------|-------------------------------------|
| ----- | ----- ----- ----- | ----- ----- ----- | ----- ----- ----- |

| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
|---|--|
| ----- ----- ----- | ----- ----- ----- |

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---------------------|-------------------------|-------------------------|-------------------------------------|
| ----- | ----- ----- ----- | ----- ----- ----- | ----- ----- ----- |

| (e) Transfer of gift | |
|---|--|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
| ----- ----- ----- | ----- ----- ----- |

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---------------------|-------------------------|-------------------------|-------------------------------------|
| ----- | ----- ----- ----- | ----- ----- ----- | ----- ----- ----- |

| (e) Transfer of gift | |
|---|--|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
| ----- ----- ----- | ----- ----- ----- |

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---------------------|-------------------------|-------------------------|-------------------------------------|
| ----- | ----- ----- ----- | ----- ----- ----- | ----- ----- ----- |

| (e) Transfer of gift | |
|---|--|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
| ----- ----- ----- | ----- ----- ----- |

**SCHEDULE C
(Form 990)**

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2024

Department of the Treasury
Internal Revenue Service

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

**Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.**

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 I-B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and I-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 (EIN) 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. See instructions for definition of "political campaign activities."
- 2 Political campaign activity expenditures. See instructions \$ _____
- 3 Volunteer hours for political campaign activities. See instructions _____

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 EINs 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-. |
|----------|-------------|---------|---|--|
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |

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. | | | | | | | | | | | | | | |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">IF the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">THEN the lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table> | | IF the amount on line 1e, column (a) or (b) is: | THEN the lobbying nontaxable amount is: | not over \$500,000 | 20% of the amount on line 1e. | over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000. | over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000. | over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000. | over \$17,000,000 | \$1,000,000. | | |
| IF the amount on line 1e, column (a) or (b) is: | THEN 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? | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | | | | | |

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

| Lobbying Expenditures During 4-Year Averaging Period | | | | | |
|--|----------|----------|----------|----------|-----------|
| Calendar year (or fiscal year beginning in) | (a) 2021 | (b) 2022 | (c) 2023 | (d) 2024 | (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 | | | | | |

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? | ✓ | | |
| b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? | ✓ | | |
| c Media advertisements? | ✓ | | 88,888 |
| d Mailings to members, legislators, or the public? | ✓ | | 395 |
| e Publications, or published or broadcast statements? | ✓ | | 81,298 |
| f Grants to other organizations for lobbying purposes? | ✓ | | 16,500 |
| g Direct contact with legislators, their staffs, government officials, or a legislative body? | ✓ | | 714,120 |
| h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? | | ✓ | |
| i Other activities? | | ✓ | |
| j Total. Add lines 1c through 1i | | | 901,201 |
| 2a Did the activities in line 1 cause the organization to not be described in section 501(c)(3)? | | ✓ | |
| 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.

SEE NEXT PAGE

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.

| Return Reference - Identifier | Explanation |
|---|---|
| SCHEDULE C, PART II-B, LINE 1 - DETAILED DESCRIPTION OF THE LOBBYING ACTIVITY | IN FY25, SHARE OUR STRENGTH LOBBIED CONGRESS TO EXPAND CHILD TAX CREDITS, INCREASE ACCESS TO SUMMER ELECTRONIC BENEFIT TRANSFER (SUMMER EBT) AND RURAL NON-CONGREGATE SUMMER MEALS PROGRAMS, AND PROTECT AND STRENGTHEN SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP) AND SPECIAL SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM FOR WOMEN, INFANTS AND CHILDREN (WIC). WE ALSO LOBBIED STATES TO ENACT POLICIES TO STRENGTHEN FAMILY ECONOMIC MOBILITY, PROTECT AND STRENGTHEN ACCESS TO SCHOOL NUTRITION PROGRAMS, OUT-OF-SCHOOL TIME PROGRAMS, RURAL NON-CONGREGATE SUMMER MEALS, SUMMER EBT, AND OTHER FEDERAL NUTRITION PROGRAMS SUCH AS SNAP AND WIC. |

SCHEDULE D (Form 990)

(Rev. January 2025)

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

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4 for totals, 5-6 for questions about donor advisement.

Part II Conservation Easements

Form for conservation easements with questions 1-9 and a table for 'Held at the End of the Tax Year' with rows 2a-2d.

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

Form for art collections with questions 1a-2 and sub-questions (i) and (ii) for revenue and assets.

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
- b** Scholarly research
- c** Preservation for future generations
- d** Loan or exchange program
- e** Other _____

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? **Yes** **No**

Part IV Escrow and Custodial Arrangements

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

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

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

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

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**

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

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

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

Part VI Land, Buildings, and Equipment

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 | 2,381,649 | 65,460 |
| d Equipment | | 897,957 | 897,957 | 0 |
| e Other | | 1,098,271 | 1,074,553 | 23,718 |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B)) | | | | 89,178 |

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. (Column (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. (Column (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) RIGHT-OF-USE ASSETS | 9,614,856 |
| (2) | |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, line 15, col. (B)) | 9,614,856 |

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) LEASE LIABILITIES | 9,854,500 |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, line 25, col. (B)) | 9,854,500 |

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 .

Part XIII

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.

| Return Reference - Identifier | Explanation | |
|---|---------------------------|-------------------|
| SCHEDULE D, PART XI, LINE 2(D) - OTHER REVENUES IN AUDITED FINANCIAL STATEMENTS NOT IN FORM 990 | (a) Description | (b) Amount |
| | EQUITY GAIN OF SUBSIDIARY | 181,683 |
| | TOTAL | 181,683 |

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.

| Return Reference - Identifier | Explanation |
|--|---|
| SCHEDULE D, PART X, LINE 2 - FIN 48 (ASC 740) FOOTNOTE | SHARE OUR STRENGTH EVALUATED ITS UNCERTAIN TAX POSITIONS FOR THE YEAR ENDED JUNE 30, 2025, AND DETERMINED THAT IT HAD NO MATERIAL UNCERTAIN TAX POSITIONS. SHARE OUR STRENGTH IS NOT AWARE OF ANY MATTERS THAT WOULD AFFECT ITS TAX-EXEMPT STATUS. THERE ARE CURRENTLY NO TAX EXAMINATIONS PENDING OR IN PROGRESS WITH RESPECT TO SHARE OUR STRENGTH'S TAX RETURNS. |

**SCHEDULE F
(Form 990)**

(Rev. January 2025)

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

**Open to Public
Inspection**

Name of the organization

SHARE OUR STRENGTH

Employer identification number

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 | | | (SEE STATEMENT) | (SEE STATEMENT) | |
| (1) | 0 | 2 | | | 269,550 |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |
| (5) | | | | | |
| (6) | | | | | |
| (7) | | | | | |
| (8) | | | | | |
| (9) | | | | | |
| (10) | | | | | |
| (11) | | | | | |
| (12) | | | | | |
| (13) | | | | | |
| (14) | | | | | |
| (15) | | | | | |
| (16) | | | | | |
| (17) | | | | | |
| 3a Subtotal | 0 | 2 | | | 269,550 |
| b Total from continuation sheets to Part I | 0 | 0 | | | 0 |
| c Totals (add lines 3a and 3b) | 0 | 2 | | | 269,550 |

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) |
|------|--------------------------|--|------------|------------------------------|--------------------------|---------------------------------|----------------------------------|---------------------------------------|---|
| (1) | | | SOUTH ASIA | INTERNATIONAL - BREAKFAST | 46,550 | WIRE | | | |
| (2) | | | SOUTH ASIA | INTERNATIONAL - BREAKFAST | 45,000 | EFT | | | |
| (3) | | | SOUTH ASIA | INTERNATIONAL - SCHOOL MEALS | 45,000 | WIRE | | | |
| (4) | | | SOUTH ASIA | INTERNATIONAL - SCHOOL MEALS | 30,000 | WIRE | | | |
| (5) | | | | | | | | | |
| (6) | | | | | | | | | |
| (7) | | | | | | | | | |
| (8) | | | | | | | | | |
| (9) | | | | | | | | | |
| (10) | | | | | | | | | |
| (11) | | | | | | | | | |
| (12) | | | | | | | | | |
| (13) | | | | | | | | | |
| (14) | | | | | | | | | |
| (15) | | | | | | | | | |
| (16) | | | | | | | | | |

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 **4**

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.

| (a) Type of grant or assistance | (b) Region | (c) Number of recipients | (d) Amount of cash grant | (e) Manner of cash disbursement | (f) Amount of noncash assistance | (g) Description of noncash assistance | (h) Method of valuation (book, FMV, appraisal, other) |
|---------------------------------|------------|--------------------------|--------------------------|---------------------------------|----------------------------------|---------------------------------------|---|
| (1) | | | | | | | |
| (2) | | | | | | | |
| (3) | | | | | | | |
| (4) | | | | | | | |
| (5) | | | | | | | |
| (6) | | | | | | | |
| (7) | | | | | | | |
| (8) | | | | | | | |
| (9) | | | | | | | |
| (10) | | | | | | | |
| (11) | | | | | | | |
| (12) | | | | | | | |
| (13) | | | | | | | |
| (14) | | | | | | | |
| (15) | | | | | | | |
| (16) | | | | | | | |
| (17) | | | | | | | |
| (18) | | | | | | | |

Part IV Foreign Forms

- 1** Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* **Yes** **No**

- 2** Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* **Yes** **No**

- 3** Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)* **Yes** **No**

- 4** Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* **Yes** **No**

- 5** Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* **Yes** **No**

- 6** Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* **Yes** **No**

Part V Supplemental Information

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

| Return Reference - Identifier | Explanation |
|---|---|
| SCHEDULE F, PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANT FUNDS | 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 F, PART I, LINE 3 (D) - ACTIVITIES CONDUCTED IN THE REGION | SOUTH ASIA - 1 - FUNDRAISING, PROGRAM SERVICES, GRANTMAKING |
| SCHEDULE F, PART I, LINE 3 - METHOD USED TO ACCOUNT FOR EXPENDITURES ON ORG'S FINANCIAL STATEMENTS | SOUTH ASIA - ACCRUAL - CAPACITY AND MOVEMENT BUILDING |
| SCHEDULE F, PART II, LINE 1 - METHOD USED TO ACCOUNT FOR EXPENDITURES ON ORG'S FINANCIAL STATEMENTS | SOUTH ASIA - ACCRUAL |

**SCHEDULE G
(Form 990)**

(Rev. January 2025)
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

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
 - b** Internet and email solicitations
 - c** Phone solicitations
 - d** In-person solicitations
 - e** Solicitation of nongovernment grants
 - f** Solicitation of government grants
 - g** Special fundraising events
- 2a** 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 | | | |
| 1 FURTHER LLC, 180 ADMIRAL CONFERENCE DIRECT, STE 360, ANNAPOLIS, MD 21401 | STRATEGY CONSULTANT | | ✓ | 12,745,068 | 417,210 | 12,327,858 |
| 2 CONCORD DIRECT, 92 OLD TURNPIKE ROAD, CONCORD, NH 03301 | DIRECT MAIL CONSULTANT | | ✓ | 4,106,786 | 355,508 | 3,751,278 |
| 3 ANNE LEWIS STRATEGIES LLC (DBA MISSION WIRED), 650 MASSACHUSETTS AVE NW, SUITE 505, WASHINGTON, DC 20001 | (SEE STATEMENT) | | ✓ | 1,624,658 | 225,750 | 1,398,908 |
| 4 MOORE, A SERIES LLC, 4200 PARLIAMENT PLACE, STE 300, LANHAM, MD 20706 | (SEE STATEMENT) | | ✓ | 845,350 | 455,083 | 390,267 |
| 5 GLOBALFACES DIRECT, 16905 NORTHCROSS DR, HUNTERSVILLE, NC 28078 | (SEE STATEMENT) | | ✓ | 389,264 | 744,175 | (354,911) |
| 6 PERSONAL FUNDRAISING SERVICES, 10 S RIVERSIDE PLAZA, STE 875 PMB 175, CHICAGO, IL 60606 | (SEE STATEMENT) | | ✓ | 377,375 | 850,015 | (472,640) |
| 7 SD&A TELESERVICES, INC., 5757 W CENTURY BLVD, #300, LOS ANGELES, CA 90045 | (SEE STATEMENT) | | ✓ | 61,975 | 82,633 | (20,658) |
| 8 STOTT GROUP, 4516 WOODDALE AVE, EDINA, MN 55424 | (SEE STATEMENT) | | ✓ | 0 | 360,000 | (360,000) |
| 9 | | | | | | |
| 10 | | | | | | |
| Total | | | | 20,150,476 | 3,490,374 | 16,660,102 |

- 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 |
|--|---|--------------|--------------|------------------|---------------------------------|
| | | (event type) | (event type) | (total number) | (add col. (a) through col. (c)) |
| 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: _____

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).

| Return Reference - Identifier | Explanation |
|--|--|
| SCHEDULE G, PART I, LINE 2B(II) - LINE 2B COLUMN (II) ACTIVITY 3 | MONTHLY SOLICITATION AND STRATEGY CONSULTANT |
| SCHEDULE G, PART I, LINE 2B(II) - LINE 2B COLUMN (II) ACTIVITY 4 | MONTHLY SOLICITATION AND STRATEGY CONSULTANT |
| SCHEDULE G, PART I, LINE 2B(II) - LINE 2B COLUMN (II) ACTIVITY 5 | MONTHLY IN-PERSON SOLICITATION |
| SCHEDULE G, PART I, LINE 2B(II) - LINE 2B COLUMN (II) ACTIVITY 6 | MONTHLY IN-PERSON SOLICITATION |
| SCHEDULE G, PART I, LINE 2B(II) - LINE 2B COLUMN (II) ACTIVITY 7 | MONTHLY SOLICITATION AND STRATEGY CONSULTANT |
| SCHEDULE G, PART I, LINE 2B(II) - LINE 2B COLUMN (II) ACTIVITY 8 | MONTHLY SOLICITATION AND STRATEGY CONSULTANT |

| Return Reference | Identifier | Explanation | |
|--------------------------------|---|-------------|------------------|
| SCHEDULE G, PART I, LINE 2B | PAYMENT OF FEES OR PAYMENT OF EXPENSES | Name | Description |
| | | STOTT GROUP | CONSULTATION FEE |

**SCHEDULE I
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Name of the organization

SHARE OUR STRENGTH

**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 instructions and the latest information.

OMB No. 1545-0047

**Open to Public
Inspection**

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 |
|---|------------|---------------------------------|--------------------------|----------------------------------|---|---------------------------------------|------------------------------------|
| (1) ABBEVILLE COUNTY SCHOOL DISTRICT 400 GREENVILLE STREET, ABBEVILLE, SC 29620 | 57-6001577 | PUBLIC SCHOOL | 20,000 | | | | SCHOOL MEALS |
| (2) ABERDEEN SCHOOL DISTRICT 216 NORTH G STREET, ABERDEEN, WA 98520 | 91-6001546 | PUBLIC SCHOOL | 14,500 | | | | SCHOOL MEALS |
| (3) ADAMS FRIENDSHIP AREA SCHOOLS 201 W 6TH STREET, FRIENDSHIP, WI 53934 | 39-6000587 | PUBLIC SCHOOL | 16,000 | | | | SCHOOL MEALS |
| (4) ALCHEMIST COMMUNITY DEVELOPMENT CORP 4625 44TH STREET, SACRAMENTO, CA 95820 | 20-1891448 | 501(C)(3) | | 44,700 | FMV | VEHICLE | (SEE STATEMENT) |
| (5) ALCORN STATE UNIVERSITY 1000 ASU DRIVE, LORMAN, MS 39096 | 64-6000013 | PUBLIC SCHOOL | 12,500 | | | | (SEE STATEMENT) |
| (6) ALEXANDRIA CITY PUBLIC SCHOOLS 1340 BRADDOCK PL, ALEXANDRIA, VA 22314 | 54-6001106 | PUBLIC SCHOOL | 6,730 | | | | SCHOOL MEALS |
| (7) ALPHA KAPPA ALPHA SORORITY, S. ATLANTIC PO BOX 784312, WINTER GARDEN, FL 34778 | 36-2152330 | 501(C)(3) | 50,000 | | | | (SEE STATEMENT) |
| (8) ALTA PUBLIC SCHOOLS 2410 BROADWAY, HUNTINGTON PARK, CA 90255 | 26-1671037 | PUBLIC SCHOOL | 7,250 | | | | SCHOOL MEALS |
| (9) ALTAMED HEALTH SERVICES CORPORATION 2040 CAMFIELD AVENUE, LOS ANGELES, CA 90040 | 95-2810095 | 501(C)(3) | 50,000 | | | | (SEE STATEMENT) |
| (10) AMERICAN PUBLIC HUMAN SERVICES ASSOC. 1300 17TH STREET, ARLINGTON, VA 22209 | 36-2166948 | 501(C)(3) | 739,871 | | | | (SEE STATEMENT) |
| (11) ARAB AMERICAN FAMILY SUPPORT CENTER 150 COURT STREET 3RD FL, BROOKLYN, NY 11201 | 11-3167245 | 501(C)(3) | 20,000 | | | | BENEFITS ACCESS |
| (12) (SEE STATEMENT) | | | | | | | |

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 300
- 3** Enter total number of other organizations listed in the line 1 table 2

Part II Grants and Other Assistance to Governments and Organizations in the United States (continued)

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|----------------------------------|-----------------------------|--------------------------------------|--|---|---------------------------------------|
| (12) ARIZONA - DEPARTMENT OF ECONOMIC SECURITY 4324 W OLIVE AVE, GLENDALE, AZ 85302 | 86-6004791 | GOVERNMENT | 100,000 | | | | SCHOOL MEALS |
| (13) ARIZONA FOOD BANK NETWORK 340 E CORONADO RD., SUITE 400, PHOENIX, AZ 85004 | 86-0507679 | 501(C)(3) | 165,000 | | | | SCHOOL MEALS |
| (14) ARKANSAS HUNGER RELIEF ALLIANCE 1400 W. MARKHAM, SUITE 304, LITTLE ROCK, AR 72201 | 30-0254995 | 501(C)(3) | 245,954 | | | | SCHOOL MEALS |
| (15) ARLINGTON ELEMENTARY DISTRICT 9410 S 355TH AVE, ARLINGTON, AZ 85322 | 86-6000502 | PUBLIC SCHOOL | 9,700 | | | | SCHOOL MEALS |
| (16) ATHENIAN EACADEMY 765 E. 340 S., SUITE 203, AMERICAN FORK, UT 84003 | 46-3119402 | PUBLIC SCHOOL | 7,000 | | | | SCHOOL MEALS |
| (17) ATHENS-MCMINN YOUNG MEN'S CHRISTIAN ASSOCIATION 205 KNOXVILLE AVE, ATHENS, TN 37303 | 62-0586361 | 501(C)(3) | 7,000 | | | | SCHOOL MEALS |
| (18) BALDWIN SCHOOL DISTRICT 100 ABC STREET, MILLEDGEVILLE, GA 31061 | 58-6000184 | PUBLIC SCHOOL | 10,000 | | | | SCHOOL MEALS |
| (19) BALTIMORE COUNTY PUBLIC SCHOOL DISTRICT 9610 PULASKI PARK DRIVE, SUITE 219, BALTIMORE, MD 21220 | 52-1819200 | PUBLIC SCHOOL | 61,140 | | | | SCHOOL MEALS |
| (20) BANCO DE ALIMENTOS PUERTO RICO INC URB. COUNTRY CLUB INDUSTRIAL PARK, C/272 IC4, CAROLINA, PR 00982 | 66-0444882 | 501(C)(3) | 50,000 | | | | SCHOOL MEALS |
| (21) BATESVILLE SCHOOL DISTRICT 955 WATER STREET, BATESVILLE, AR 72501 | 71-6020722 | PUBLIC SCHOOL | 10,000 | | | | SCHOOL MEALS |
| (22) BEAUFORT COUNTY SCHOOLS 1010 PENNSYLVANIA AVENUE, WASHINGTON, NC 27889 | 56-6000991 | PUBLIC SCHOOL | 20,500 | | | | SCHOOL MEALS |
| (23) BERLIN CENTRAL SCHOOL DISTRICT 17400 STATE ROUTE 22, CHERRY PLAIN, NY 12040 | 14-6001253 | PUBLIC SCHOOL | 10,000 | | | | SCHOOL MEALS |
| (24) BME COMMUNITY 6825 TAFT STREET, SUITE 101, HOLLYWOOD, FL 33024 | 46-3083316 | 501(C)(3) | 65,000 | | | | FAMILY ECONOMIC MOBILITY |
| (25) BONTON FARMS 6911 BEXAR STREET, DALLAS, TX 75215 | 81-3243887 | 501(C)(3) | 257,500 | | | | FAMILY ECONOMIC MOBILITY |
| (26) BOYS & GIRLS CLUB OF MARTIN COUNTY INC. PO BOX 910, HOBE SOUND, FL 33475 | 65-0253002 | 501(C)(3) | 30,000 | | | | SCHOOL MEALS |
| (27) BOYS & GIRLS CLUB OF THE SMOKY MOUNTAINS PO BOX 5743, SEVIER COUNTY, TN 37864 | 62-1507789 | 501(C)(3) | 12,000 | | | | SCHOOL MEALS |

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|----------------------------------|-----------------------------|--------------------------------------|--|---|---|
| (28) BRISTOL TN CITY SCHOOLS 615 MARTIN LUTHER KING JR. BLVD, BRISTOL, TN 37620 | 62-6012359 | PUBLIC SCHOOL | 6,800 | | | | SCHOOL MEALS |
| (29) BROOKS COUNTY SCHOOLS 1081 BARWICK RD, QUITMAN, GA 31643 | 58-6000195 | PUBLIC SCHOOL | 26,679 | | | | SCHOOL MEALS |
| (30) BULLITT COUNTY PUBLIC SCHOOLS 1040 HWY 44 EAST, SHEPHERDSVILLE, KY 40165 | 61-6001357 | PUBLIC SCHOOL | 10,000 | | | | SCHOOL MEALS |
| (31) BURKE COUNTY PUBLIC SCHOOLS - GEORGIA 1057 BURKE VETERANS PARKWAY, WAYNESBORO, GA 30830 | 58-6000198 | PUBLIC SCHOOL | 11,800 | | | | SCHOOL MEALS |
| (32) CALDWELL COUNTY SCHOOLS 612 WEST WASHINGTON ST., PRINCETON, KY 42445 | 61-6001349 | PUBLIC SCHOOL | 30,000 | | | | SCHOOL MEALS |
| (33) CAMPTI COMMUNITY DEVELOPMENT CENTER 121A RAPHAEL STREET, CAMPTI, LA 71411 | 43-2008828 | 501(C)(3) | 15,000 | | | | SCHOOL MEALS |
| (34) CAROLINA HUNGER INITIATIVE AT UNC CHAPEL HILL 1700 MARTIN LUTHER KING JR. BLVD, CHAPEL HILL, NC 27599 | 56-6001393 | PUBLIC SCHOOL | 100,000 | | | | SCHOOL MEALS |
| (35) CAROLINE COUNTY DEPARTMENT OF SOCIAL SERVICES 207 SOUTH 3RD STREET, DENTON, MD 21629 | 52-6002033 | GOVERNMENT | 132,000 | | | | BENEFITS ACCESS |
| (36) CAROLINE COUNTY PUBLIC SCHOOLS - MARYLAND 204 FRANKLIN STREET, DENTON, MD 21629 | 52-6000907 | PUBLIC SCHOOL | 6,500 | | | | SCHOOL MEALS; OTHER NO KID HUNGRY PROGRAMS |
| (37) CAROLINE HUMAN SERVICES COUNCIL 319 BLOOMINGDALE AVENUE, FEDERALSBURG, MD 21632 | 20-2159382 | 501(C)(3) | 18,000 | | | | BENEFITS ACCESS |
| (38) CARROLLTON FARMERS BRANCH ISD 1505 RANDOLPH STREET, CARROLLTON, TX 75006 | 75-6000328 | PUBLIC SCHOOL | 58,500 | | | | SCHOOL MEALS |
| (39) CASH CAMPAIGN OF MARYLAND 575 S. CHARLES STREET, SUITE 500, BALTIMORE, MD 21201 | 81-4607977 | 501(C)(3) | 25,000 | | | | FAMILY ECONOMIC MOBILITY |
| (40) CATAWBA COUNTY SCHOOL DISTRICT PO BOX 1010, NEWTON, NC 28658 | 56-6001003 | PUBLIC SCHOOL | 7,200 | | | | SCHOOL MEALS |
| (41) CELEBRATION NATION INC 3031 TISCH WAY, 110 PLAZA WEST, SAN JOSE, CA 95116 | 85-0510391 | 501(C)(3) | 20,000 | | | | OTHER NO KID HUNGRY PROGRAMS |
| (42) CENTER FOR THE STUDY OF SOCIAL POLICY 1575 EYE STREET N.W., SUITE 500, WASHINGTON, DC 20005 | 52-1254948 | 501(C)(3) | 103,000 | | | | FAMILY ECONOMIC MOBILITY |
| (43) CENTRAL SUSQUEHANNA IU 16 90 LAWTON LANE, MILTON, PA 17847 | 23-2181209 | 501(C)(5) | 596,917 | | | | SCHOOL MEALS |
| (44) CENTRAL TEXAS FOOD BANK 6500 METROPOLIS DRIVE, AUSTIN, TX 78744 | 74-2217350 | 501(C)(3) | 30,000 | | | | SCHOOL MEALS |

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|----------------------------------|-----------------------------|--------------------------------------|--|---|---------------------------------------|
| (45) CENTRAL VIRGINIA FOOD BANK - FEEDMORE 1415 RHOADMILLER ST, RICHMOND, VA 23220-1111 | 54-1150923 | 501(C)(3) | 75,000 | | | | BENEFITS ACCESS |
| (46) CHAUTAUQUA OPPORTUNITIES 17 W. COURTNEY ST, DUNKIRK, NY 14048 | 16-0905222 | 501(C)(3) | 20,000 | | | | SCHOOL MEALS |
| (47) CHEROKEE COUNTY SCHOOLS 135 MOUNTAIN BROOK DR, CANTON, GA 30115 | 58-6011458 | PUBLIC SCHOOL | 10,000 | | | | SCHOOL MEALS |
| (48) CHESAPEAKE MULTICULTURAL RESOURCE CENTER PO BOX 1990, EASTON, MD 21062 | 46-0893377 | 501(C)(3) | 100,000 | | | | BENEFITS ACCESS |
| (49) CHESTERFIELD COUNTY PUBLIC SCHOOLS 7610 WHITEPINE RD, N. CHESTERFIELD, VA 23237 | 54-6001210 | PUBLIC SCHOOL | 42,250 | | | | SCHOOL MEALS |
| (50) CHEVY CHASE COMMUNITY CENTER 640 NORTH AVENUE, INDIANA, PA 15701 | 25-1404713 | 501(C)(3) | 18,000 | | | | SCHOOL MEALS |
| (51) CHILDREN'S HUNGER ALLIANCE - COLUMBUS 1105 SCHROCK ROAD, SUITE 505, COLUMBUS, OH 43229 | 23-7303509 | 501(C)(3) | 125,000 | | | | SCHOOL MEALS |
| (52) CITY OF FORT WORTH 200 TEXAS STREET, FORT WORTH, TX 76102 | 75-6000528 | GOVERNMENT | 15,000 | | | | OTHER NO KID HUNGRY PROGRAMS |
| (53) CITY OF SCRANTON OFFICE OF ECONOMIC AND COMMUNITY DEVELOPMENT 340 NORTH WASHINGTON AVENUE, SCRANTON, PA 18503 | 24-6000704 | GOVERNMENT | 10,000 | | | | OTHER NO KID HUNGRY PROGRAMS |
| (54) CLAFLIN UNIVERSITY 400 MAGNOLIA STREET, ORANGEBURG, SC 29115 | 57-0314374 | 501(C)(3) | 12,500 | | | | OTHER NO KID HUNGRY PROGRAMS |
| (55) CLYDE SAVANNAH CENTRAL SCHOOL DISTRICT 215 GLASGOW STREET, CLYDE, NY 14433 | 16-0916866 | PUBLIC SCHOOL | 15,000 | | | | SCHOOL MEALS |
| (56) COACHELLA VALLEY UNIFIED SCHOOL DISTRICT 87-225 CHURCH STREET, THERMAL, CA 92274 | 33-0765218 | PUBLIC SCHOOL | 50,000 | | | | SCHOOL MEALS |
| (57) CODE FOR AMERICA LABS, INC. 972 MISSION STREET, 5TH FLOOR, SAN FRANCISCO, CA 94103 | 27-1067272 | 501(C)(3) | 100,000 | | | | SCHOOL MEALS |
| (58) COLQUITT COUNTY BOARD OF EDUCATION 908 BONNY CIRCLE, MOULTRIE, GA 31768 | 58-6000216 | PUBLIC SCHOOL | 6,750 | | | | SCHOOL MEALS |
| (59) COLUMBIA COUNTY SCHOOL DISTRICT 372 W DUVAL ST, LAKE CITY, FL 32055 | 59-6000563 | PUBLIC SCHOOL | 55,000 | | | | SCHOOL MEALS |
| (60) COMMUNITY ACTION OF PIKE COUNTY 402 CLOUGH ST., WAVERLY, OH 45690 | 31-0718042 | 501(C)(3) | 16,500 | | | | SCHOOL MEALS |
| (61) COMMUNITY ACTION ORGANIZATION OF SCIOTO COUNTY, INC. 433 3RD STREET, PORTSMOUTH, OH 45662 | 31-0718622 | 501(C)(3) | 28,200 | | | | SCHOOL MEALS |

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|----------------------------------|-----------------------------|--------------------------------------|--|---|---------------------------------------|
| (62) COMMUNITY ASSISTANCE MENTORING PROGRAM 2803 PADGETT ROAD, HOPKINS, SC 29061 | 64-0964700 | 501(C)(3) | 25,000 | | | | SCHOOL MEALS |
| (63) CORPORATION FOR OHIO APPALACHIAN DEVELOPMENT - SENIOR PROGRAMS-RSVP 135 EAST HURON STREET, JACKSON, OH 45640 | 31-0811788 | 501(C)(3) | 12,200 | | | | SCHOOL MEALS |
| (64) CROSSROADS COMMUNITY SERVICES CENTER 4500 SOUTH COCKRELL HILL ROAD, DALLAS, TX 75236 | 47-2676714 | 501(C)(3) | 7,500 | | | | FAMILY ECONOMIC MOBILITY |
| (65) DALLAS BETHLEHEM CENTER 4410 LELAND AVENUE, DALLAS, TX 75215 | 75-0800667 | 501(C)(3) | 12,500 | | | | FAMILY ECONOMIC MOBILITY |
| (66) DALLAS INNOVATION ALLIANCE 3000 PEGASUS PARK DRIVE, DALLAS, TX 75247 | 81-5161144 | 501(C)(3) | 7,500 | | | | FAMILY ECONOMIC MOBILITY |
| (67) DE QUEEN PUBLIC SCHOOLS 101 NORTH NINTH STREET, DE QUEEN, AR 71832 | 71-6020580 | PUBLIC SCHOOL | 29,995 | | | | SCHOOL MEALS |
| (68) DEARBORN PUBLIC SCHOOLS 18700 AUDETTE ST., DEARBORN, MI 48124 | 38-6004193 | PUBLIC SCHOOL | 21,000 | | | | SCHOOL MEALS |
| (69) DEL NORTE COUNTY UNIFIED SCHOOL DISTRICT 301 WEST WASHINGTON BLVD., CRESCENT CITY, CA 95531 | 94-6002153 | PUBLIC SCHOOL | 12,000 | | | | SCHOOL MEALS |
| (70) DELTON KELLOGG SCHOOLS 327 NORTH GROVE STREET, DELTON, MI 49046 | 38-6000445 | PUBLIC SCHOOL | 20,000 | | | | SCHOOL MEALS |
| (71) DERMOTT ELEMENTARY SCHOOL 525 E SPEEDWAY ST., DERMOTT, AR 71638 | 81-4098676 | PUBLIC SCHOOL | 15,000 | | | | SCHOOL MEALS |
| (72) DESERT SANDS UNIFIED SCHOOL DISTRICT 47-950 DUNE PALMS ROAD, LAQUINTA, CA 92253 | 33-0743985 | PUBLIC SCHOOL | 20,000 | | | | SCHOOL MEALS |
| (73) DICKSON COUNTY SCHOOLS 817 N CHARLOTTE ST., DICKSON, TN 37055 | 96-4360279 | PUBLIC SCHOOL | 7,635 | | | | SCHOOL MEALS |
| (74) DISTRICT OF COLUMBIA - DEPARTMENT OF HUMAN SERVICES 64 NEW YORK AVENUE NORTHEAST, WASHINGTON, DC 20002 | 53-6001131 | GOVERNMENT | 600,000 | | | | SCHOOL MEALS |
| (75) DORCHESTER COUNTY SCHOOL DISTRICT 700 GLASGOW ST., CAMBRIDGE, MD 21613 | 52-6000931 | PUBLIC SCHOOL | 19,700 | | | | SCHOOL MEALS |
| (76) DOUGLAS COUNTY SCHOOL SYSTEM 9030 HWY 5, DOUGLASVILLE, GA 30134 | 58-6000232 | PUBLIC SCHOOL | 31,790 | | | | SCHOOL MEALS |
| (77) DREAM CHARTER SCHOOL DISTRICT 232 E. 103RD ST., NEW YORK, NY 10029 | 26-1841386 | PUBLIC SCHOOL | 15,000 | | | | SCHOOL MEALS |
| (78) DSR PUBLIC HEALTH FOUNDATION, INC 911 E. PARK AVE., TALLAHASSEE, FL 32301 | 87-3130811 | 501(C)(3) | 23,205 | | | | SCHOOL MEALS |

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|----------------------------------|-----------------------------|--------------------------------------|--|---|---------------------------------------|
| (79) DUKE UNIVERSITY 2200 WEST MAIN STREET, DURHAM, NC 27705 | 56-0532129 | 501(C)(3) | 21,942 | | | | OTHER NO KID HUNGRY PROGRAMS |
| (80) DUPLIN COUNTY SCHOOLS PO BOX 128 315 N. MAIN STREET, KENANSVILLE, NC 28349 | 56-6001020 | PUBLIC SCHOOL | 30,000 | | | | SCHOOL MEALS |
| (81) EAST BATON ROUGE PARISH SD 3000 N. SHERWOOD FOREST BLVD., BATON ROUGE, LA 70814 | 72-6000353 | PUBLIC SCHOOL | 45,000 | | | | SCHOOL MEALS |
| (82) EAST CENTRAL DEV CTR 12271 DONOP RD, SAN ANTONIO, TX 78223 | 74-1562392 | PUBLIC SCHOOL | 30,000 | | | | SCHOOL MEALS |
| (83) EAST FELICIANA PARISH P.O. BOX 397, CLINTON, LA 70722 | 72-6000369 | PUBLIC SCHOOL | 10,000 | | | | SCHOOL MEALS |
| (84) EDGEcombe COUNTY PUBLIC SCHOOLS PO BOX 7128, TARBORO, NC 27886 | 56-6001063 | PUBLIC SCHOOL | 20,000 | | | | SCHOOL MEALS |
| (85) EDWARDS-KNOX CENTRAL SCHOOL 2512 COUNTY ROUTE 24, HERMON, NY 13652 | 16-1279740 | PUBLIC SCHOOL | 15,000 | | | | SCHOOL MEALS |
| (86) EL DORADO PUBLIC SCHOOLS - ARKANSAS 200 W OAK, EL DORADO, AR 71730 | 71-6020730 | PUBLIC SCHOOL | 13,860 | | | | SCHOOL MEALS |
| (87) ELIZABETH CITY-PASQUOTANK PUBLIC SCHOOLS 1200 HALSTEAD BLVD., ELIZABETH CITY, NC 27909 | 58-0891512 | PUBLIC SCHOOL | 22,000 | | | | SCHOOL MEALS |
| (88) ELMORE COUNTY PUBLIC SCHOOLS 100 H.H. ROBISON DRIVE, WETUMPKA, AL 36092 | 63-6000872 | PUBLIC SCHOOL | 45,000 | | | | SCHOOL MEALS |
| (89) EVANS COUNTY SCHOOL NUTRITION PROGRAM 600 HENDRIX STREET, CLAXTON, GA 30417 | 58-6000238 | PUBLIC SCHOOL | 10,700 | | | | SCHOOL MEALS |
| (90) FAIRFAX COUNTY PUBLIC SCHOOLS 6840 INDUSTRIAL ROAD, FALLS CHURCH, VA 22042 | 54-0805373 | PUBLIC SCHOOL | 31,000 | | | | SCHOOL MEALS |
| (91) FAMILY YMCA OF GREATER AUGUSTA 945 BROAD STREET, AUGUSTA, GA 30901 | 58-0566254 | 501(C)(3) | 25,000 | | | | SCHOOL MEALS |
| (92) FAYETTE COUNTY PUBLIC SCHOOLS 400 SPRINGHILL DR, LEXINGTON, KY 40503 | 61-6001059 | PUBLIC SCHOOL | 20,920 | | | | SCHOOL MEALS |
| (93) FEEDING ALABAMA P.O. BOX 18607, HUNTSVILLE, AL 35804 | 27-1591801 | 501(C)(3) | 50,000 | | | | SCHOOL MEALS |
| (94) FEEDING AMERICA, KENTUCKY'S HEARTLAND 313 PETERSON DRIVE, ELIZABETHTOWN, KY 42701 | 61-1043635 | 501(C)(3) | 9,300 | | | | SCHOOL MEALS |
| (95) FEEDING KENTUCKY 106 PROGRESS DRIVE, FRANKFORT, KY 40601 | 61-1398656 | 501(C)(3) | 211,200 | | | | BENEFITS ACCESS; SCHOOL MEALS |
| (96) FEEDING SAN DIEGO 9455 WAPLES STREET, STE 135, SAN DIEGO, CA 92121 | 26-0457477 | 501(C)(3) | 8,300 | | | | SCHOOL MEALS |

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|----------------------------------|-----------------------------|--------------------------------------|--|---|---------------------------------------|
| (97) FEEDING SOUTHWEST VIRGINIA 1025 ELECTRIC ROAD, SALEM, VA 24153 | 54-1939556 | 501(C)(3) | 12,000 | | | | SCHOOL MEALS |
| (98) FEEDING TEXAS PO BOX 152245, AUSTIN, TX 78715 | 74-2762542 | 501(C)(3) | 75,000 | | | | OTHER NO KID HUNGRY PROGRAMS |
| (99) FEEDING THE GULF COAST - ALABAMA 5248 MOBILE SOUTH STREET, THEODORE, AL 36582 | 63-0821997 | 501(C)(3) | 30,000 | | | | SCHOOL MEALS |
| (100) FENTRESS COUNTY SCHOOLS 1011 OLD HWY 127 S, JAMESTOWN, TN 38556 | 62-6000591 | PUBLIC SCHOOL | 10,500 | | | | SCHOOL MEALS |
| (101) FISH COMMUNITY FOOD BANK 804 ELMVIEW RD, ELLENSBURG, WA 98926 | 91-1059920 | 501(C)(3) | 16,700 | | | | SCHOOL MEALS |
| (102) FLORIDA SCHOOL BOARDS ASSOCIATION 203 S MONROE ST, TALLAHASSEE, FL 32301 | 59-1229569 | 501(C)(6) | 10,500 | | | | SCHOOL MEALS |
| (103) FOOD BANK OF CENTRAL AND EASTERN NC 1924 CAPITAL BLVD., RALEIGH, NC 27604 | 56-1283426 | 501(C)(3) | 11,165 | | | | SCHOOL MEALS |
| (104) FOOD BANK OF NORTHWEST LOUISIANA 2307 TEXAS AVENUE, SHREVEPORT, LA 71103 | 72-1328890 | 501(C)(3) | 12,500 | | | | SCHOOL MEALS |
| (105) FOOTHILL UNITY CENTER 191 NORTH OAK AVENUE, PASADENA, CA 91107 | 95-4310817 | 501(C)(3) | 50,000 | | | | OTHER NO KID HUNGRY PROGRAMS |
| (106) FORT SMITH PUBLIC SCHOOLS 3205 JENNY LIND ROAD, FORT SMITH, AR 72901 | 71-6020978 | PUBLIC SCHOOL | 15,000 | | | | SCHOOL MEALS |
| (107) FRANKFORT INDEPENDENT SCHOOL DISTRICT 959 LEESTOWN LANE, FRANKFORT, KY 40601 | 61-6001407 | PUBLIC SCHOOL | 16,900 | | | | SCHOOL MEALS |
| (108) FRANKLIN COUNTY SCHOOL CORPORATION 225 E 10TH ST, BROOKVILLE, IN 47012 | 35-1092747 | PUBLIC SCHOOL | 10,000 | | | | SCHOOL MEALS |
| (109) FRANKLIN COUNTY SCHOOLS 280 BUSHARD, CARNESVILLE, GA 30521 | 58-6000244 | PUBLIC SCHOOL | 8,500 | | | | SCHOOL MEALS |
| (110) FRESH YOUTH INITIATIVES 505 W 171ST STREET, NEW YORK, NY 10032 | 13-3723207 | 501(C)(3) | 15,000 | | | | BENEFITS ACCESS |
| (111) FRIENDS IN DEED 444 EAST WASHINGTON BLVD, PASADENA, CA 91101 | 95-1644608 | 501(C)(3) | 55,000 | | | | OTHER NO KID HUNGRY PROGRAMS |
| (112) FULLERTON SCHOOL DISTRICT 1401 W VALENCIA, FULLERTON, CA 92833 | 95-6001405 | PUBLIC SCHOOL | 20,000 | | | | SCHOOL MEALS |
| (113) FUND FOR PUBLIC SCHOOLS 52 CHAMBERS STREET, NEW YORK, NY 10007 | 11-2656137 | PUBLIC SCHOOL | 90,000 | | | | SCHOOL MEALS |
| (114) GALION CITY SCHOOLS 470 PORTLAND WAY N, GALION, OH 44833 | 34-6400544 | PUBLIC SCHOOL | 10,200 | | | | SCHOOL MEALS |

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|----------------------------------|-----------------------------|--------------------------------------|--|---|---------------------------------------|
| (115) GARRETT COUNTY PUBLIC SCHOOLS 770 DENNETT ROAD, OAKLAND, MD 21550 | 52-6000952 | PUBLIC SCHOOL | 20,000 | | | | SCHOOL MEALS |
| (116) GASTON COUNTY SCHOOLS 500 REID STREET, LOWELL, NC 28098 | 56-6001032 | PUBLIC SCHOOL | 10,600 | | | | SCHOOL MEALS |
| (117) GEORGIA - GLYNN COUNTY 5505 ALTAMA AVE., BRUNSWICK, GA 31525 | 58-6000249 | PUBLIC SCHOOL | 11,560 | | | | SCHOOL MEALS |
| (118) GILROY UNIFIED 7810 ARROYO CIR., GILROY, CA 95020 | 77-0123255 | PUBLIC SCHOOL | 42,000 | | | | SCHOOL MEALS |
| (119) GIVING YOUTH A CHANCE, INITIATIVE 476 LIPFORD STREET, MEMPHIS, TN 38112 | 62-1853653 | 501(C)(3) | 10,500 | | | | SCHOOL MEALS |
| (120) GLADES COUNTY SCHOOL DISTRICT PO BOX 459, MOORE HAVEN, FL 33471-0459 | 59-6000624 | PUBLIC SCHOOL | 66,655 | | | | SCHOOL MEALS |
| (121) GOLDEN STATE OPPORTUNITY 345 CALIFORNIA ST., #600, SAN FRANCISCO, CA 94104 | 47-4325738 | 501(C)(3) | 30,000 | | | | FAMILY ECONOMIC MOBILITY |
| (122) GRAMBLING STATE UNIVERSITY 403 MAIN STREET, GRAMBLING, LA 71248 | 72-6000751 | PUBLIC SCHOOL | 12,500 | | | | OTHER NO KID HUNGRY PROGRAMS |
| (123) GRAND ISLAND PUBLIC SCHOOLS 123 S WEBB RD, GRAND ISLAND, NE 68803 | 47-6003169 | PUBLIC SCHOOL | 10,000 | | | | SCHOOL MEALS |
| (124) GREATER BATON ROUGE FOOD BANK 10600 SOUTH CHOCTAW DRIVE, BATON ROUGE, LA 70815-1826 | 72-1065318 | 501(C)(3) | 10,000 | | | | SCHOOL MEALS |
| (125) GREATER CHICAGO FOOD DEPOSITORY 4100 WEST ANN LURIE PLACE, CHICAGO, IL 60632 | 36-2971864 | 501(C)(3) | 172,150 | | | | BENEFITS ACCESS; SCHOOL MEALS |
| (126) GREATER PITTSBURGH COMMUNITY FOOD BANK 1 N. LINDEN ST., DUQUESNE, PA 15110-1097 | 25-1420599 | 501(C)(3) | 20,255 | | | | SCHOOL MEALS |
| (127) GREATER SUSQUEHANNA VALLEY YMCA 1150 NORTH 4TH STREET, SUNBURY, PA 17801 | 24-0795634 | 501(C)(3) | 10,000 | | | | SCHOOL MEALS |
| (128) GREEN TECH HIGH CHARTER SCHOOL 99 SLINGERLAND STREET, ALBANY, NY 12202 | 20-5549824 | PUBLIC SCHOOL | 8,000 | | | | SCHOOL MEALS |
| (129) GRIDLEY UNIFIED 429 MAGNOLIA ST., GRIDLEY, CA 95948 | 68-0344376 | PUBLIC SCHOOL | 8,500 | | | | SCHOOL MEALS |
| (130) GROW IT FORWARD, INC. 1501 MARSHALL STREET, MANITOWOC, WI 54220 | 47-1931867 | 501(C)(3) | 30,000 | | | | SCHOOL MEALS |
| (131) GUILFORD COUNTY SCHOOLS 712 N. EUGENE STREET, GREENSBORO, NC 27401 | 56-6000522 | PUBLIC SCHOOL | 25,000 | | | | SCHOOL MEALS |
| (132) HALEYVILLE CITY SCHOOLS 2011 20TH STREET, HALEYVILLE, AL 35565 | 63-0596994 | PUBLIC SCHOOL | 13,225 | | | | SCHOOL MEALS |
| (133) HALIFAX COUNTY PUBLIC SCHOOLS PO BOX 1849, HALIFAX, VA 24558 | 54-6001335 | PUBLIC SCHOOL | 14,475 | | | | SCHOOL MEALS |

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|--|------------|----------------------------------|-----------------------------|--------------------------------------|--|---|---------------------------------------|
| (134) HARRISONBURG CITY SCHOOL DISTRICT 1 COURT SQUARE, HARRISONBURG, VA 22801 | 54-0885804 | PUBLIC SCHOOL | 28,915 | | | | SCHOOL MEALS |
| (135) HARTFORD CENTRAL SCHOOL 4704 STATE RT 149, HARTFORD, NY 12838 | 14-6001563 | PUBLIC SCHOOL | 10,000 | | | | SCHOOL MEALS |
| (136) HEARNE ISD 900 WHEELLOCK, HEARNE, TX 77859 | 74-6001070 | PUBLIC SCHOOL | 33,000 | | | | SCHOOL MEALS |
| (137) HENRY COUNTY SCHOOL SYSTEM 217 GROVE BLVD, PARIS, TN 38242-4711 | 62-6000669 | PUBLIC SCHOOL | 10,000 | | | | SCHOOL MEALS |
| (138) HERNANDO COUNTY SCHOOL DISTRICT 919 NORTH BROAD STREET, BROOKSVILLE, FL 34601 | 59-6000647 | PUBLIC SCHOOL | 41,570 | | | | SCHOOL MEALS |
| (139) HICKORY PUBLIC SCHOOLS 432 4TH AVE. SW, HICKORY, NC 28602 | 56-6001049 | PUBLIC SCHOOL | 16,000 | | | | SCHOOL MEALS |
| (140) HOLLAND PUBLIC SCHOOLS K-12 320 W. 24TH STREET, HOLLAND, MI 49423 | 38-6003257 | PUBLIC SCHOOL | 6,645 | | | | SCHOOL MEALS |
| (141) HOUSTON COUNTY SCHOOL SYSTEM 1100 MAIN STREET, BUILDING B, PERRY, GA 31069 | 58-6000264 | PUBLIC SCHOOL | 15,000 | | | | SCHOOL MEALS |
| (142) HOUSTON FOOD BANK 535 PORTWALL ST, HOUSTON, TX 77029 | 74-2181456 | 501(C)(3) | 30,000 | | | | SCHOOL MEALS |
| (143) HUMAN RESOURCE DEVELOPMENT COUNCIL DIST IX 32 SOUTH TRACY AVE, BOZEMAN, MT 59715 | 81-0350886 | 501(C)(3) | 6,000 | | | | SCHOOL MEALS |
| (144) HUNGER SOLUTIONS NEW YORK 14 COMPUTER DRIVE EAST, ALBANY, NY 12205 | 22-2954760 | 501(C)(3) | 45,000 | | | | SCHOOL MEALS |
| (145) HUNGER TASK FORCE, INC. 5000 W. ELECTRIC AVENUE, MILWAUKEE, WI 53219 | 39-1345847 | 501(C)(3) | 50,000 | | | | SCHOOL MEALS |
| (146) ILLINOIS - DEPARTMENT OF HUMAN SERVICES 100 SOUTH GRAND AVENUE EAST, SPRINGFIELD, IL 62762 | 36-4163567 | GOVERNMENT | 100,000 | | | | BENEFITS ACCESS |
| (147) IMMIGO 5623 LANKERSHIM BOULEVARD, LOS ANGELES, CA 91601 | 84-3587617 | 501(C)(3) | 50,000 | | | | OTHER NO KID HUNGRY PROGRAMS |
| (148) INSTITUTE ON TAXATION AND ECONOMIC POLICY 1200 18TH STREET, SUITE 675, WASHINGTON, DC 20036 | 04-2688165 | 501(C)(3) | 205,000 | | | | FAMILY ECONOMIC MOBILITY |
| (149) IV VETS 302 LONGSHORE DR, YORK, AL 36925-2902 | 92-3969856 | 501(C)(3) | 30,000 | | | | SCHOOL MEALS |
| (150) JAMESTOWN YMCA 101 E 4TH ST., JAMESTOWN, NY 14701 | 16-0743238 | 501(C)(3) | 20,000 | | | | SCHOOL MEALS |
| (151) JENKINS COUNTY HIGH SCHOOL 433 BARNEY AVE, MILLEN, GA 30442 | 58-6000270 | PUBLIC SCHOOL | 11,500 | | | | SCHOOL MEALS |

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|--|------------|----------------------------------|-----------------------------|--------------------------------------|--|---|---------------------------------------|
| ⁽¹⁵²⁾ JESSAMINE COUNTY SCHOOLS 871 WILMORE RD., NICHOLASVILLE, KY 40356 | 61-6001337 | PUBLIC SCHOOL | 10,000 | | | | SCHOOL MEALS |
| ⁽¹⁵³⁾ KENT COUNTY PUBLIC SCHOOLS 5608 BOUNDARY AVE, ROCK HALL, MD 21661 | 52-6000976 | PUBLIC SCHOOL | 13,300 | | | | SCHOOL MEALS |
| ⁽¹⁵⁴⁾ KENTUCKY - HEALTH AND FAMILY SERVICES CABINET 275 EAST MAIN STREET, FRANKFORT, KY 40601 | 61-0600439 | GOVERNMENT | 578,100 | | | | SCHOOL MEALS |
| ⁽¹⁵⁵⁾ KING AND QUEEN COUNTY SCHOOL DISTRICT P.O. BOX 97, KING AND QUEEN COURT H, VA 23085 | 54-6001375 | PUBLIC SCHOOL | 12,500 | | | | SCHOOL MEALS |
| ⁽¹⁵⁶⁾ KT DESTINY CENTER, INC. 6750 TILLMAN ROAD, RIDGELAND, SC 29936 | 46-0704390 | 501(C)(3) | 20,300 | | | | SCHOOL MEALS |
| ⁽¹⁵⁷⁾ LA PROMISE FUND 1933 S. BROADWAY, LOS ANGELES, CA 90007 | 20-4562686 | 501(C)(3) | 10,000 | | | | SCHOOL MEALS |
| ⁽¹⁵⁸⁾ LAND TO HAND MT 100 E. SECOND STREET, SUITE: 305, WHITEFISH, MT 59937 | 27-2056363 | 501(C)(3) | 9,100 | | | | SCHOOL MEALS |
| ⁽¹⁵⁹⁾ LATINO RESTAURANT ASSOCIATION 333 S GRAND AVE, LOS ANGELES, CA 90071 | 87-1608004 | 501(C)(3) | 20,000 | | | | OTHER NO KID HUNGRY PROGRAMS |
| ⁽¹⁶⁰⁾ LAVEEN ELEMENTARY DISTRICT 5001 W DOBBINS RD, LAVEEN, AZ 85339 | 86-6000504 | PUBLIC SCHOOL | 10,000 | | | | SCHOOL MEALS |
| ⁽¹⁶¹⁾ LIFT INC 999 NORTH CAPITOL STREET NORTHEAST, WASHINGTON, DC 20002 | 52-2168409 | 501(C)(3) | 150,000 | | | | FAMILY ECONOMIC MOBILITY |
| ⁽¹⁶²⁾ LINCOLN CONSOLIDATED SCHOOL DISTRICT 48 107 EAST SCHOOL STREET, LINCOLN, AR 72744 | 71-6038580 | PUBLIC SCHOOL | 18,800 | | | | SCHOOL MEALS |
| ⁽¹⁶³⁾ LOS ANGELES COUNTY DEPT OF PARKS & RECREATION 1000 SOUTH FREMONT AVENUE, UNIT #39, ALHAMBRA, CA 91803 | 95-6000927 | GOVERNMENT | 108,850 | | | | OTHER NO KID HUNGRY PROGRAMS |
| ⁽¹⁶⁴⁾ LOS ANGELES REGIONAL FOOD BANK 1734 EAST 41ST STREET, LOS ANGELES, CA 90058-1502 | 95-3135649 | 501(C)(3) | 12,500 | | | | SCHOOL MEALS |
| ⁽¹⁶⁵⁾ LOS ANGELES UNIFIED SCHOOL DISTRICT ROCP 333 S. BEAUDRY AVE., LOS ANGELES, CA 90017 | 95-6001908 | PUBLIC SCHOOL | 8,000 | | | | SCHOOL MEALS |
| ⁽¹⁶⁶⁾ LOUISIANA BUDGET PROJECT 619 JEFFERSON HWY, STE 1-D, BATON ROUGE, LA 70806 | 46-3872778 | 501(C)(3) | 25,000 | | | | FAMILY ECONOMIC MOBILITY |
| ⁽¹⁶⁷⁾ LYONS CENTRAL SCHOOL DISTRICT 10 CLYDE RD, LYONS, NY 14489 | 15-6002267 | PUBLIC SCHOOL | 20,000 | | | | SCHOOL MEALS |
| ⁽¹⁶⁸⁾ MAINE EQUAL JUSTICE PARTNERS 126 SEWALL ST, AUGUSTA, ME 04330-6822 | 04-3346273 | 501(C)(3) | 55,000 | | | | FAMILY ECONOMIC MOBILITY |

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|--|------------|----------------------------------|-----------------------------|--------------------------------------|--|---|---------------------------------------|
| (169) MANNA FOOD BANK 99 BROADPOINTE DRIVE, MILLS RIVER, NC 28759 | 58-1514800 | 501(C)(3) | 35,000 | | | | OTHER NO KID HUNGRY PROGRAMS |
| (170) MARYLAND - DEPARTMENT OF HUMAN SERVICES 25 SOUTH CHARLES STREET, BALTIMORE, MD 21201 | 52-6002033 | GOVERNMENT | 600,000 | | | | SCHOOL MEALS |
| (171) MARYSVILLE JOINT UNIFIED SCHOOL DISTRICT 1919 B STREET, MARYSVILLE, CA 95901 | 94-1630816 | PUBLIC SCHOOL | 12,994 | | | | SCHOOL MEALS |
| (172) MASSACHUSETTS BUDGET AND POLICY CENTER 1 STATE STREET, SUITE 1250, BOSTON, MA 02109 | 04-2967537 | 501(C)(3) | 50,000 | | | | FAMILY ECONOMIC MOBILITY |
| (173) MEADVILLE YMCA 356 CHESTNUT STREET, MEADVILLE, PA 16335 | 25-0969495 | 501(C)(3) | 13,520 | | | | SCHOOL MEALS |
| (174) MEALS4FAMILIES 125 S. ESTES DRIVE #4902, CHAPEL HILL, NC 27514 | 88-3802411 | 501(C)(3) | 250,000 | | | | BENEFITS ACCESS |
| (175) MERCY HOUSING - SAN FRANCISCO CA 1256 MARKET STREET, SAN FRANCISCO, CA 94102 | 47-0646706 | 501(C)(3) | 80,000 | | | | BENEFITS ACCESS |
| (176) MEREDOSIA-CHAMBERSBURG CUSD 11 830 MAIN ST, MEREDOSIA, IL 62665 | 37-6006881 | PUBLIC SCHOOL | 10,000 | | | | SCHOOL MEALS |
| (177) MICHIGAN - DEPARTMENT OF EDUCATION PO BOX 30008, LANSING, MI 48909 | 38-6006309 | GOVERNMENT | 90,000 | | | | SCHOOL MEALS |
| (178) MISSISSIPPI LOW-INCOME CHILD CARE INITIATIVE 325 NIXON STREET, BILOXI, MS 39530 | 64-0943404 | 501(C)(3) | 150,000 | | | | FAMILY ECONOMIC MOBILITY |
| (179) MONROE COUNTY SCHOOL DISTRICT 241 TRUMBO RD, KEY WEST, FL 33040 | 59-6000750 | PUBLIC SCHOOL | 31,240 | | | | SCHOOL MEALS |
| (180) MONTAGUE AREA PUBLIC SCHOOLS 4882 STANTON BLVD, MONTAGUE, MI 49437 | 38-6002940 | PUBLIC SCHOOL | 30,000 | | | | SCHOOL MEALS |
| (181) MONTANA FOOD BANK NETWORK 5625 EXPRESSWAY, MISSOULA, MT 59808 | 81-0421243 | 501(C)(3) | 61,985 | | | | SCHOOL MEALS |
| (182) MONTGOMERY COUNTY PUBLIC SCHOOLS - VIRGINIA 750 IMPERIAL STREET, CHRISTIANSBURG, VA 24073 | 54-6001433 | PUBLIC SCHOOL | 20,000 | | | | SCHOOL MEALS |
| (183) MONTICELLO SCHOOL DISTRICT - ARKANSAS 935 SCOGIN DRIVE, MONTICELLO, AR 71655 | 71-6020606 | PUBLIC SCHOOL | 6,000 | | | | SCHOOL MEALS |
| (184) MORGAN COUNTY RE-3 SCHOOL DISTRICT 715 W PLATTE AVE, FORT MORGAN, CO 80701 | 84-0558263 | PUBLIC SCHOOL | 10,000 | | | | SCHOOL MEALS |

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|----------------------------------|-----------------------------|--------------------------------------|--|---|--|
| ⁽¹⁸⁵⁾ MORIAH CENTRAL SCHOOL DISTRICT 39 VIKING LN, PORT HENRY, NY 12974 | 14-6013689 | PUBLIC SCHOOL | 15,000 | | | | SCHOOL MEALS |
| ⁽¹⁸⁶⁾ MORONGO UNIFIED SCHOOL DISTRICT PO BOX 1209 5715 UTAH TRAIL, TWENTYNINE PALMS, CA 92277 | 95-6002122 | PUBLIC SCHOOL | 37,806 | | | | SCHOOL MEALS |
| ⁽¹⁸⁷⁾ MOUNT VERNON CITY SCHOOLS DISTRICT #80 2710 NORTH ST, MT VERNON, IL 62864 | 37-6003443 | PUBLIC SCHOOL | 30,000 | | | | SCHOOL MEALS |
| ⁽¹⁸⁸⁾ MRELIEF 233 N. MICHIGAN AVENUE, SUITE 1800, CHICAGO, IL 60601 | 47-3559589 | 501(C)(3) | 131,624 | | | | BENEFITS ACCESS |
| ⁽¹⁸⁹⁾ NASSAU COUNTY SCHOOL DISTRICT FOOD & NUTRITION SERVICES 1201 ATLANTIC AVENUE, FERNANDINA BEACH, FL 32034 | 59-6000756 | PUBLIC SCHOOL | 30,000 | | | | SCHOOL MEALS |
| ⁽¹⁹⁰⁾ NATIONAL DAY LABORER ORGANIZING NETWORK 1030 S. ARROYO PKWY., SUITE 106, PASADENA, CA 91105 | 20-8802586 | 501(C)(3) | 12,500 | | | | SCHOOL MEALS |
| ⁽¹⁹¹⁾ NATIONAL PARENT LEADERSHIP INSTITUTE 15 RIVER ROAD, WILTON, CT 06897 | 82-1523529 | 501(C)(3) | 120,000 | | | | BENEFITS ACCESS |
| ⁽¹⁹²⁾ NEBRASKA APPLESEED 941 O STREET, SUITE 920, LINCOLN, NE 68508 | 47-0798343 | 501(C)(3) | 102,193 | | | | SCHOOL MEALS |
| ⁽¹⁹³⁾ NEW HAVEN UNIFIED SCHOOL DISTRICT 2831 FABER ST, UNION CITY, CA 94587 | 94-1717886 | PUBLIC SCHOOL | 30,654 | | | | SCHOOL MEALS |
| ⁽¹⁹⁴⁾ NEW MOMS 5317 WEST CHICAGO AVENUE, CHICAGO, IL 60651 | 36-3265804 | 501(C)(3) | 15,000 | | | | OTHER NO KID HUNGRY PROGRAMS |
| ⁽¹⁹⁵⁾ NORTH CAROLINA ALLIANCE FOR HEALTH 5001 SOUTH MIAMI BOULEVARD, STE 300, DURHAM, NC 27703 | 81-4271401 | 501(C)(3) | 15,000 | | | | SCHOOL MEALS |
| ⁽¹⁹⁶⁾ NORTH DAKOTA - DEPARTMENT OF HEALTH AND HUMAN SERVICES 600 E BOULEVARD AVE, DEPT 301, BISMARCK, ND 58505-0200 | 45-0309765 | GOVERNMENT | 123,725 | | | | SCHOOL MEALS |
| ⁽¹⁹⁷⁾ NOURISH CALIFORNIA 1970 BROADWAY, SUITE #760, OAKLAND, CA 94612 | 94-3163142 | 501(C)(3) | 35,000 | | | | SCHOOL MEALS |
| ⁽¹⁹⁸⁾ OAKLAND UNIFIED SCHOOL DISTRICT 1000 BROADWAY, OAKLAND, CA 94607 | 94-6000385 | PUBLIC SCHOOL | 100,000 | | | | SCHOOL MEALS |
| ⁽¹⁹⁹⁾ OHIO ASSOCIATION OF FOODBANKS 100 EAST BROAD STREET, COLUMBUS, OH 43215 | 34-1677838 | 501(C)(3) | 95,000 | | | | SCHOOL MEALS; OTHER NO KID HUNGRY PROGRAMS |
| ⁽²⁰⁰⁾ OPERATION KIDS INC. 2718 WOODLAND OAKS DRIVE, TEXARKANA, AR 71854 | 58-1861424 | 501(C)(3) | 15,000 | | | | SCHOOL MEALS |

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|----------------------------------|-----------------------------|--------------------------------------|--|---|---------------------------------------|
| (201) ORANGE COUNTY PUBLIC SCHOOLS 8101 BENRUS STREET, ORLANDO, FL 32827 | 59-6000771 | PUBLIC SCHOOL | 47,970 | | | | SCHOOL MEALS |
| (202) OSBORN SCHOOL DISTRICT 1226 W. OSBORN RD, PHOENIX, AZ 85013 | 86-6000486 | PUBLIC SCHOOL | 10,000 | | | | SCHOOL MEALS |
| (203) OTTAWA COUNTY FAMILY ADVOCACY CENTER 570 S. MCKINLEY RD, PORT CLINTON, OH 43452 | 26-1457631 | 501(C)(3) | 14,000 | | | | SCHOOL MEALS |
| (204) OWEN COUNTY SCHOOL DISTRICT 1600 HWY 22 E, OWENTON, KY 40359 | 61-6001340 | PUBLIC SCHOOL | 10,350 | | | | SCHOOL MEALS |
| (205) PAGE COUNTY PUBLIC SCHOOLS 735 W. MAIN STREET, LURAY, VA 22835 | 54-6001493 | PUBLIC SCHOOL | 14,900 | | | | SCHOOL MEALS |
| (206) PARTNERS FOR CHANGE OF THE CAROLINAS 110 S WASHINGTON ST, SUMTER, SC 29150 | 27-0658043 | 501(C)(3) | 15,000 | | | | SCHOOL MEALS |
| (207) PASADENA INDEPENDENT SCHOOL DISTRICT 1515 CHERRYBROOK LANE, PASADENA, TX 77502 | 74-6001850 | PUBLIC SCHOOL | 50,000 | | | | SCHOOL MEALS |
| (208) PEACH SPRINGS UNIFIED SCHOOL DISTRICT 8 PO BOX 306, PEACH SPRINGS, AZ 86434-0306 | 86-1030004 | PUBLIC SCHOOL | 15,000 | | | | SCHOOL MEALS |
| (209) PERFORMING ARTS AND SCIENCES ACADEMY 320 N MAIN STREET, MARION, SC 29571 | 30-0628751 | 501(C)(3) | 18,500 | | | | SCHOOL MEALS |
| (210) PERRY COUNTY BOARD OF EDUCATION PO BOX 900, MARION, AL 36756 | 63-6001031 | PUBLIC SCHOOL | 30,810 | | | | SCHOOL MEALS |
| (211) PERU CENTRAL SCHOOL DISTRICT PO BOX 68, PERU, NY 12972 | 14-6001810 | PUBLIC SCHOOL | 15,000 | | | | SCHOOL MEALS |
| (212) PINE BLUFF SCHOOL DISTRICT 3 PO BOX 7678, PINE BLUFF, AR 71611 | 71-6020519 | PUBLIC SCHOOL | 16,000 | | | | SCHOOL MEALS |
| (213) PINE VALLEY CENTRAL SCHOOL DISTRICT (SOUTH DAYTON) 7755 RT 83, SOUTH DAYTON, NY 14138 | 16-1324729 | PUBLIC SCHOOL | 15,000 | | | | SCHOOL MEALS |
| (214) PINELLAS COUNTY SCHOOLS 301 4TH STREET SW, LARGO, FL 33779 | 59-6000799 | PUBLIC SCHOOL | 34,300 | | | | SCHOOL MEALS |
| (215) PIONEER CENTRAL SCHOOL 12145 COUNTY LINE ROAD, YORKSHIRE, NY 14173 | 16-0915695 | PUBLIC SCHOOL | 5,500 | | | | SCHOOL MEALS |
| (216) PITT COUNTY SCHOOL - SCHOOL NUTRITION SERVICES 1717 WEST 5TH STREET, GREENVILLE, NC 27834 | 56-6001097 | PUBLIC SCHOOL | 30,000 | | | | SCHOOL MEALS |
| (217) PLATTSBURGH CITY SCHOOL DISTRICT 49 BROAD ST, PLATTSBURGH, NY 12901 | 14-6009811 | PUBLIC SCHOOL | 15,000 | | | | SCHOOL MEALS |

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|----------------------------------|-----------------------------|--------------------------------------|--|---|---------------------------------------|
| (218) POLICY MATTERS OHIO 3631 PERKINS AVE., SUITE 4C-EAST, CLEVELAND, OH 44114 | 34-1921881 | 501(C)(3) | 50,000 | | | | FAMILY ECONOMIC MOBILITY |
| (219) PORT ALLEGANY SD 20 OAK ST, PORT ALLEGANY, PA 16743 | 25-6004183 | PUBLIC SCHOOL | 12,000 | | | | SCHOOL MEALS |
| (220) PRAIRIE HILLS COMMUNITY CHURCH 625 E 8TH ST, LUSK, WY 82225 | 36-2181949 | 501(C)(3) | 10,000 | | | | SCHOOL MEALS |
| (221) QUEEN ANNE'S COUNTY PUBLIC SCHOOLS 202 CHESTERFIELD AVENUE, CENTREVILLE, MD 21617 | 52-6001005 | PUBLIC SCHOOL | 34,500 | | | | SCHOOL MEALS |
| (222) RAISE TEXAS PO BOX 303111, AUSTIN, TX 78703 | 26-2087882 | 501(C)(3) | 20,000 | | | | FAMILY ECONOMIC MOBILITY |
| (223) REGIONAL EAST TEXAS FOOD BANK 3201 ROBERTSON RD, TYLER, TX 75701 | 75-2222686 | 501(C)(3) | 26,000 | | | | SCHOOL MEALS |
| (224) RIO HONDO ISD 215 W COLORADO AVE., RIO HONDO, TX 78583 | 74-6001981 | PUBLIC SCHOOL | 21,000 | | | | SCHOOL MEALS |
| (225) ROADRUNNER FOOD BANK OF NEW MEXICO, INC. 5840 OFFICE BLVD. NE, ALBUQUERQUE, NM 87109 | 85-0278525 | 501(C)(3) | 75,000 | | | | OTHER NO KID HUNGRY PROGRAMS |
| (226) ROANOKE CITY SCHOOL DISTRICT PO BOX 13145, ROANOKE, VA 24031 | 54-6001570 | PUBLIC SCHOOL | 23,024 | | | | SCHOOL MEALS |
| (227) SABINAL ISD 409 W CULLINS, SABINAL, TX 78881 | 74-6002022 | PUBLIC SCHOOL | 28,250 | | | | SCHOOL MEALS |
| (228) SACRAMENTO FOOD BANK & FAMILY SERVICES 3333 THIRD AVE, SACRAMENTO, CA 95817-2808 | 94-3315566 | 501(C)(3) | 100,000 | | | | BENEFITS ACCESS |
| (229) SALAMANCA CITY CENTRAL SCHOOL DISTRICT 50 IROQUOIS DR, SALAMANCA, NY 14779 | 16-6006874 | PUBLIC SCHOOL | 10,000 | | | | SCHOOL MEALS |
| (230) SAN ANTONIO FOOD BANK, INC. 5200 ENRIQUE M. BARRERA PARKWAY, SAN ANTONIO, TX 78227-2209 | 74-2122979 | 501(C)(3) | 37,100 | | | | SCHOOL MEALS |
| (231) SAN FRANCISCO GENERAL HOSPITAL AND TRAUMA CENTER 1001 POTRERO AVENUE, SAN FRANCISCO, CA 94110 | 94-3189424 | 501(C)(3) | 9,395 | | | | OTHER NO KID HUNGRY PROGRAMS |
| (232) SAN FRANCISCO HUMAN SERVICES AGENCY 1440 HARRISON STREET, SAN FRANCISCO, CA 94103 | 94-6000417 | GOVERNMENT | 250,000 | | | | BENEFITS ACCESS |
| (233) SC THRIVE 120 RESEARCH DRIVE, COLUMBIA, SC 29203 | 90-1011409 | 501(C)(3) | 75,000 | | | | OTHER NO KID HUNGRY PROGRAMS |
| (234) SCHOOL BASED HEALTH ALLIANCE 1032 15TH ST. NW, SUITE 365, WASHINGTON, DC 20005 | 54-1752058 | 501(C)(3) | 275,000 | | | | BENEFITS ACCESS |

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|----------------------------------|-----------------------------|--------------------------------------|--|---|--|
| ⁽²³⁵⁾ SCHOOL BOARD OF ALACHUA COUNTY - FOOD & NUTRITION DEPT 3700 NE 53RD AVENUE, BLDG B, GAINESVILLE, FL 32609 | 59-6000500 | PUBLIC SCHOOL | 50,700 | | | | SCHOOL MEALS |
| ⁽²³⁶⁾ SCHOOL DISTRICT OF PICKENS COUNTY 110 WEST JONES AVE, PICKENS, SC 29671 | 57-6001613 | PUBLIC SCHOOL | 10,000 | | | | SCHOOL MEALS |
| ⁽²³⁷⁾ SECOND HARVEST FOOD BANK OF CENTRAL FLORIDA, INC. 411 MERCY DRIVE, ORLANDO, FL 32805 | 59-2142315 | 501(C)(3) | 14,500 | | | | SCHOOL MEALS |
| ⁽²³⁸⁾ SECOND HARVEST FOOD BANK OF GREATER NEW ORLEANS AND ACADIANA 700 EDWARDS AVE., NEW ORLEANS, LA 70123 | 72-0956468 | 501(C)(3) | 20,000 | | | | SCHOOL MEALS |
| ⁽²³⁹⁾ SECOND HARVEST FOOD BANK OF NORTHEASTERN TENNESSEE 1020 JERICHO DRIVE, KINGSPORT, TN 37663 | 62-1303822 | 501(C)(3) | 20,000 | | | | SCHOOL MEALS |
| ⁽²⁴⁰⁾ SECOND HARVEST FOOD BANK OF NORTHWEST NORTH CAROLINA 3330 SHOREFAIR DRIVE NORTHWEST, WINSTON-SALEM, NC 27105 | 58-1457912 | 501(C)(3) | 16,200 | | | | SCHOOL MEALS |
| ⁽²⁴¹⁾ SECOND HARVEST OF THE BIG BEND, INC. 4446 ENTREPOT BLVD., TALLAHASSEE, FL 32310 | 59-2610345 | 501(C)(3) | 75,000 | | | | SCHOOL MEALS |
| ⁽²⁴²⁾ SERENITY CHARITY CLUB INC 3036 GREY FOX DR, HEPHIZIBAH, GA 30815 | 61-1704558 | 501(C)(3) | 10,530 | | | | SCHOOL MEALS |
| ⁽²⁴³⁾ SHEEP GATE MINISTRIES, INC PO BOX 51234, GREENWOOD, SC 29649 | 47-4725290 | 501(C)(3) | 10,000 | | | | SCHOOL MEALS |
| ⁽²⁴⁴⁾ SMALL TREASURES LEARNING CENTER INC. 522 WEST BROAD STREET, GRIFFIN, GA 30223 | 36-4540637 | 501(C)(3) | 7,245 | | | | SCHOOL MEALS |
| ⁽²⁴⁵⁾ SMITHVILLE INDEPENDENT SCHOOL DISTRICT 800 BISHOP STREET, SMITHVILLE, TX 78957 | 74-6002323 | PUBLIC SCHOOL | 39,000 | | | | SCHOOL MEALS; OTHER NO KID HUNGRY PROGRAMS |
| ⁽²⁴⁶⁾ SONG COMMUNITY DEVELOPMENT CORPORATION 4626 ALCEE FORTIER BOULEVARD, NEW ORLEANS, LA 70129 | 87-2962186 | 501(C)(3) | 75,000 | | | | FAMILY ECONOMIC MOBILITY |
| ⁽²⁴⁷⁾ SOUTHEAST OHIO FOODBANK & KITCHEN 1005 CIC DRIVE, LOGAN, OH 43138 | 31-0718322 | 501(C)(3) | 31,700 | | | | SCHOOL MEALS |
| ⁽²⁴⁸⁾ SOUTHWEST HUMAN RESOURCE AGENCY 1527 WHITE AVENUE, HENDERSON, TN 38340 | 62-6050783 | 501(C)(3) | 23,160 | | | | SCHOOL MEALS |
| ⁽²⁴⁹⁾ SPARK SF PUBLIC SCHOOLS 841 ELLIS ST., SAN FRANCISCO, CA 94109 | 47-4568396 | 501(C)(3) | 97,350 | | | | SCHOOL MEALS |
| ⁽²⁵⁰⁾ SPARTANBURG 04 118 MCEDCO ROAD, WOODRUFF, SC 29388 | 57-0752636 | PUBLIC SCHOOL | 13,500 | | | | SCHOOL MEALS |

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|----------------------------------|-----------------------------|--------------------------------------|--|---|--|
| ⁽²⁵¹⁾ SPECIAL NEEDS NETWORK 4401 CRENSHAW BOULEVARD, LOS ANGELES, CA 90043 | 05-0617904 | 501(C)(3) | 50,000 | | | | OTHER NO KID HUNGRY PROGRAMS |
| ⁽²⁵²⁾ SPOTSYLVANIA COUNTY SCHOOL DISTRICT 8020 RIVER STONE DRIVE, FREDERICKSBURG, VA 22407 | 54-6001624 | PUBLIC SCHOOL | 8,578 | | | | SCHOOL MEALS |
| ⁽²⁵³⁾ SPRING CREEK CHARTER SCHOOL 444440 SPRING CREEK RD, PAISLEY, FL 32767 | 59-3472268 | PUBLIC SCHOOL | 25,750 | | | | SCHOOL MEALS |
| ⁽²⁵⁴⁾ ST. LANDRY PARISH SCHOOL BOARD 1013 E CRESWELL LANE P O BOX 310, OPELOUSAS, LA 70570 | 72-6001257 | PUBLIC SCHOOL | 20,000 | | | | SCHOOL MEALS |
| ⁽²⁵⁵⁾ STAR OF THE SEA FOUNDATION 5640 MALONEY AVENUE, KEY WEST, FL 33040 | 30-0496670 | 501(C)(3) | 20,000 | | | | SCHOOL MEALS |
| ⁽²⁵⁶⁾ THE CAMPAIGN AGAINST HUNGER 2010 FULTON STREET, BROOKLYN, NY 11233 | 20-0934854 | 501(C)(3) | 15,000 | | | | BENEFITS ACCESS |
| ⁽²⁵⁷⁾ THE CAMPBELL FARM 2527 CAMPBELL RD, WAPATO, WA 98951 | 68-0540067 | 501(C)(3) | 43,600 | | | | SCHOOL MEALS |
| ⁽²⁵⁸⁾ THE COMMONWEALTH INSTITUTE FOR FISCAL ANALYSIS 1329 E CARY ST., #200, RICHMOND, VA 23219 | 27-1598303 | 501(C)(3) | 50,000 | | | | FAMILY ECONOMIC MOBILITY |
| ⁽²⁵⁹⁾ THE FOOD BANK OF CENTRAL LOUISIANA, INC. 3223 BALDWIN AVENUE, ALEXANDRIA, LA 71301 | 72-1154072 | 501(C)(3) | 10,000 | | | | SCHOOL MEALS |
| ⁽²⁶⁰⁾ THE JOSH HOWARD FOUNDATION 951 LEORA LN, SUITE 427, LEWISVILLE, TX 75056 | 30-0451912 | 501(C)(3) | 31,500 | | | | SCHOOL MEALS |
| ⁽²⁶¹⁾ THE LOWCOUNTRY FOOD BANK 2864 AZALEA DRIVE, CHARLESTON, SC 29405 | 57-0751835 | 501(C)(3) | 5,200 | | | | SCHOOL MEALS |
| ⁽²⁶²⁾ THE MIDDLEBURG INSTITUTE 1499 TASAJILLO DRIVE, ST. GABRIEL, LA 70776 | 46-5768936 | 501(C)(3) | 50,000 | | | | FAMILY ECONOMIC MOBILITY |
| ⁽²⁶³⁾ THE SMARTBOX PO BOX 405, FAIRFAX, SC 29827 | 81-3212507 | 501(C)(3) | 7,500 | | | | SCHOOL MEALS |
| ⁽²⁶⁴⁾ THORNWELL CHARTER SCHOOL 203 WEST CALHOUN STREET, CLINTON, SC 29325 | 20-4272566 | PUBLIC SCHOOL | 17,000 | | | | SCHOOL MEALS |
| ⁽²⁶⁵⁾ TRANSYLVANIA COUNTY SCHOOLS 225 ROSENWALD LANE, BREVARD, NC 28712 | 56-6001121 | PUBLIC SCHOOL | 20,000 | | | | SCHOOL MEALS; OTHER NO KID HUNGRY PROGRAMS |
| ⁽²⁶⁶⁾ TREASURE COAST FOOD BANK 401 ANGLE RD, FORT PIERCE, FL 34947 | 65-0123281 | 501(C)(3) | 51,550 | | | | SCHOOL MEALS |
| ⁽²⁶⁷⁾ TRIANGLE COMMUNITY OUTREACH 3505 PROCTER ST., #43, PORT ARTHUR, TX 77642 | 76-0034306 | 501(C)(3) | 18,000 | | | | SCHOOL MEALS |

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|----------------------------------|-----------------------------|--------------------------------------|--|---|--|
| (268) TRITON REGIONAL SCHOOL DISTRICT 112 ELM STREET, BYFIELD, MA 01922 | 04-2443107 | PUBLIC SCHOOL | 10,000 | | | | SCHOOL MEALS |
| (269) TROUP COUNTY SCHOOLS 611 EAST MAIN STREET, HOGANSVILLE, GA 30230 | 58-6000333 | PUBLIC SCHOOL | 25,000 | | | | SCHOOL MEALS; OTHER NO KID HUNGRY PROGRAMS |
| (270) TRUDY'S KIDS CAFE 500 S FIRST ST, UNION CITY, TN 38261 | 81-1970745 | 501(C)(3) | 30,000 | | | | SCHOOL MEALS |
| (271) TUBA CITY UNIFIED SCHOOL DISTRICT # 15 67 NW MAPLE STREET, TUBA CITY, AZ 86045 | 86-0592826 | PUBLIC SCHOOL | 24,000 | | | | SCHOOL MEALS |
| (272) TUCSON UNIFIED SCHOOL DISTRICT 2150 E. 15TH ST., TUCSON, AZ 85719 | 86-6000551 | PUBLIC SCHOOL | 45,000 | | | | SCHOOL MEALS |
| (273) TUSKEGEE UNIVERSITY 1200 W. MONTGOMERY RD, TUSKEGEE, AL 36088 | 63-0288878 | 501(C)(3) | 12,500 | | | | OTHER NO KID HUNGRY PROGRAMS |
| (274) UJIMA HUNGER COALITION 661 W. LAKE STREET, SUITE 3S, CHICAGO, IL 60661 | 99-2358141 | 501(C)(3) | 5,500 | | | | SCHOOL MEALS |
| (275) UMC FOOD MINISTRY P.O. BOX 15047, 101 E SOUTHERN AVE, LATONIA, KY 41015 | 47-2388629 | 501(C)(3) | 10,350 | | | | SCHOOL MEALS |
| (276) UNIDOSUS 1126 16TH STREET, WASHINGTON, DC 20036 | 86-0212873 | 501(C)(3) | 100,000 | | | | BENEFITS ACCESS |
| (277) UNION COUNTY SCHOOL DISTRICT 131 W MAIN STREET, UNION, SC 29379 | 57-6004861 | PUBLIC SCHOOL | 29,775 | | | | SCHOOL MEALS |
| (278) UNITED WAY OF KING COUNTY 720 2ND AVE, SEATTLE, WA 98104 | 91-0565555 | 501(C)(3) | 135,592 | | | | SCHOOL MEALS |
| (279) UNITED WAY OF MAGIC VALLEY DBA UNIFIED WAY OF SOUTH CENTRAL IDAHO 253 4TH AVENUE NORTH, TWIN FALLS, ID 83301 | 82-0256978 | 501(C)(3) | 50,000 | | | | OTHER NO KID HUNGRY PROGRAMS |
| (280) UNIVERSITY OF SOUTH CAROLINA - ARNOLD SCHOOL OF PUBLIC HEALTH 921 ASSEMBLY STREET, COLUMBIA, SC 29208 | 57-6001153 | PUBLIC SCHOOL | 50,000 | | | | SCHOOL MEALS |
| (281) UPSTATE CIRCLE OF FRIENDS 29 RIDGEWAY DRIVE, GREENVILLE, SC 29605 | 20-4593516 | 501(C)(3) | 8,000 | | | | SCHOOL MEALS |
| (282) VAL VERDE UNIFIED SCHOOL DISTRICT 975 MORGAN STREET, PERRIS, CA 92571 | 58-1997491 | PUBLIC SCHOOL | 54,500 | | | | SCHOOL MEALS |
| (283) VALLECITOS ELEMENTARY SCHOOL DISTRICT 5211 FIFTH ST, RAINBOW, CA 92028 | 12-3459999 | PUBLIC SCHOOL | 5,500 | | | | SCHOOL MEALS |
| (284) VALLEY CENTER-PAUMA UNIFIED SCHOOL DISTRICT 28751 COLE GRADE RD, VALLEY CENTER, CA 92082 | 95-6001098 | PUBLIC SCHOOL | 15,000 | | | | SCHOOL MEALS |

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|----------------------------------|-----------------------------|--------------------------------------|--|---|---------------------------------------|
| (285) VIRGINIA BEACH CITY PUBLIC SCHOOLS 2435 PRINCESS ANNE RD, VIRGINIA BEACH, VA 23456 | 54-0722075 | PUBLIC SCHOOL | 36,000 | | | | SCHOOL MEALS |
| (286) WARREN COUNTY PUBLIC SCHOOLS DISTRICT 303 LOVERS LANE, BOWLING GREEN, KY 42103 | 61-6001247 | PUBLIC SCHOOL | 15,000 | | | | SCHOOL MEALS |
| (287) WASHINGTON - DEPARTMENT OF SOCIAL AND HEALTH SERVICES PO BOX 47877, OLYMPIA, WA 98504-4513 | 91-6001088 | GOVERNMENT | 100,000 | | | | SCHOOL MEALS |
| (288) WEST DE PERE SCHOOL DISTRICT 400 REID STREET SUITE W, DE PERE, WI 54115 | 39-6005133 | PUBLIC SCHOOL | 22,100 | | | | SCHOOL MEALS |
| (289) WEST OSO ISD 5350 BEAR LN, CORPUS CHRISTI, TX 78405 | 74-6002890 | PUBLIC SCHOOL | 34,000 | | | | SCHOOL MEALS |
| (290) WHITE COUNTY CENTRAL 3259 HWY 157, JUDSONIA, AR 72081 | 71-6023252 | PUBLIC SCHOOL | 10,000 | | | | SCHOOL MEALS |
| (291) WHITEHALL JUNIOR-SENIOR HIGH SCHOOL 87 BUCKLEY RD, WHITEHALL, NY 12887 | 14-6002038 | PUBLIC SCHOOL | 15,000 | | | | SCHOOL MEALS |
| (292) WILLIAMSBURG-JAMES CITY CO SD PO BOX 8783, WILLIAMSBURG, VA 23187 | 54-6004979 | PUBLIC SCHOOL | 24,600 | | | | SCHOOL MEALS |
| (293) WISCONSIN - DEPARTMENT OF PUBLIC INSTRUCTION 125 SOUTH WEBSTER STREET, MADISON, WI 53703 | 39-6006487 | GOVERNMENT | 300,000 | | | | SCHOOL MEALS |
| (294) WOMENS INSTITUTE FOR SCIENCE, EQUITY AND RACE WISER 9291 LAUREL GROVE ROAD, SUITE 92, MECHANICSVILLE, VA 23116 | 81-1741783 | 501(C)(3) | 85,000 | | | | FAMILY ECONOMIC MOBILITY |
| (295) YMCA OF EAST TENNESSEE 616 JESSAMINE STREET, KNOXVILLE, TN 37917 | 62-0475700 | 501(C)(3) | 50,000 | | | | SCHOOL MEALS |
| (296) YMCA OF INDIANA COUNTY 60 BEN FRANKLIN RD N, INDIANA, PA 15701-1593 | 25-1191545 | 501(C)(3) | 25,000 | | | | SCHOOL MEALS |
| (297) YMCA OF MEMPHIS & THE MID-SOUTH 7171 GOODLETT FARMS PARKWAY, CORDOVA, TN 38016 | 62-0476304 | 501(C)(3) | 10,000 | | | | SCHOOL MEALS |
| (298) YMCA OF METROPOLITAN CHATTANOOGA 301 WEST SIXTH STREET, CHATTANOOGA, TN 37402 | 62-0475699 | 501(C)(3) | 10,500 | | | | SCHOOL MEALS |
| (299) YMCA OF SOUTHEASTERN NORTH CAROLINA PO BOX 3467, WILMINGTON, NC 28406 | 56-0532317 | 501(C)(3) | 30,000 | | | | SCHOOL MEALS |
| (300) YOUNG MENS CHRISTIAN ASSOCIATION OF MONROE MICHIGAN 1111 W. ELM AVE., MONROE, MI 48162 | 38-1508585 | 501(C)(3) | 20,000 | | | | SCHOOL MEALS |
| (301) YOUNG PUBLIC SCHOOL DISTRICT 5 PO BOX 390 46878 HWY 288, YOUNG, AZ 85554 | 86-6000449 | PUBLIC SCHOOL | 28,270 | | | | SCHOOL MEALS |

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|-------------------|---|------------------------------------|---|---|--|--|
| (302) YUMA UNION HIGH SCHOOL DISTRICT NO. 70 3150 SOUTH AVENUE A, YUMA, AZ 85364 | 86-0825233 | PUBLIC SCHOOL | 30,000 | | | | SCHOOL MEALS |

Part IV

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

| Return Reference - Identifier | Explanation |
|---|--|
| SCHEDULE I, PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANT FUNDS | 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. 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 I, PART II, COLUMN H - PURPOSE OF GRANT OR ASSISTANCE | ALCHEMIST COMMUNITY DEVELOPMENT CORP: DONATED VEHICLE-SCHOOL MEALS WORK |
| SCHEDULE I, PART II, COLUMN H - PURPOSE OF GRANT OR ASSISTANCE | ALCORN STATE UNIVERSITY: OTHER NO KID HUNGRY PROGRAMS |
| SCHEDULE I, PART II, COLUMN H - PURPOSE OF GRANT OR ASSISTANCE | ALPHA KAPPA ALPHA SORORITY, S. ATLANTIC: OTHER NO KID HUNGRY PROGRAMS |
| SCHEDULE I, PART II, COLUMN H - PURPOSE OF GRANT OR ASSISTANCE | ALTAMED HEALTH SERVICES CORPORATION: OTHER NO KID HUNGRY PROGRAMS |
| SCHEDULE I, PART II, COLUMN H - PURPOSE OF GRANT OR ASSISTANCE | AMERICAN PUBLIC HUMAN SERVICES ASSOC.: SCHOOL MEALS; BENEFITS ACCESS |

**SCHEDULE J
(Form 990)**

(Rev. January 2025)

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

**Open to Public
Inspection**

Name of the organization

SHARE OUR STRENGTH

Employer identification number

52-1367538

Part I Questions Regarding Compensation

| | Yes | No |
|---|-----|----|
| <p>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.</p> <p> <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) </p> | | |
| <p>b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain</p> | ✓ | |
| <p>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?</p> | ✓ | |
| <p>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.</p> <p> <input checked="" type="checkbox"/> Compensation committee <input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Form 990 of other organizations <input checked="" type="checkbox"/> Approval by the board or compensation committee </p> | | |
| <p>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:</p> | | |
| <p>a Receive a severance payment or change-of-control payment?</p> | ✓ | |
| <p>b Participate in or receive payment from a supplemental nonqualified retirement plan?</p> | ✓ | |
| <p>c Participate in or receive payment from an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.</p> | | ✓ |
| <p>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.</p> | | |
| <p>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:</p> | | |
| <p>a The organization?</p> | ✓ | |
| <p>b Any related organization?</p> <p>If "Yes" on line 5a or 5b, describe in Part III.</p> | | ✓ |
| <p>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:</p> | | |
| <p>a The organization?</p> | | ✓ |
| <p>b Any related organization?</p> <p>If "Yes" on line 6a or 6b, describe in Part III.</p> | | ✓ |
| <p>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</p> | | ✓ |
| <p>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</p> | | ✓ |
| <p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p> | | |

Part I 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, EXECUTIVE CHAIR, DIRECTOR | (i) | 384,077 | 0 | 315,500 | 15,167 | 27,596 | 742,340 | 0 |
| | | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2 | ANNE ELIZABETH FILIPIĆ CEO | (i) | 376,259 | 0 | 80,000 | 11,810 | 4,375 | 472,444 | 0 |
| | | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 3 | JULIE CHEN SVP AND GENERAL COUNSEL (UNTIL 8/24) | (i) | 150,590 | 0 | 125,025 | 11,500 | 25,898 | 313,013 | 0 |
| | | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 4 | CHARLES SCOFIELD EXECUTIVE VICE PRESIDENT | (i) | 277,328 | 0 | 0 | 11,500 | 22,209 | 311,037 | 0 |
| | | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 5 | STEVEN DALE MCCULLOUGH CHIEF OPERATING OFFICER | (i) | 305,219 | 0 | 0 | 1,580 | 3,424 | 310,223 | 0 |
| | | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 6 | SERENA WILLIAMS CHIEF PEOPLE OFFICER | (i) | 269,803 | 0 | 0 | 11,500 | 25,662 | 306,965 | 0 |
| | | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 7 | LAURA FARRELL CHIEF FINANCIAL OFFICER | (i) | 281,408 | 0 | 0 | 0 | 13,268 | 294,676 | 0 |
| | | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 8 | DIANE CLIFFORD SVP, CONSTITUENT DEVELOPMENT & OPERATIONS (UNTIL 7/24) | (i) | 128,167 | 0 | 133,288 | 5,621 | 19,592 | 286,668 | 0 |
| | | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 9 | DEBBIE SHORE CO-FOUNDER | (i) | 250,895 | 0 | 0 | 10,341 | 18,184 | 279,420 | 0 |
| | | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 10 | RICHARD KOSTRO CHIEF INFORMATION OFFICER | (i) | 254,964 | 0 | 0 | 22,554 | 923 | 278,241 | 0 |
| | | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 11 | ELLIOTT GASKINS SVP DEVELOPMENT-ACTING GRO (UNTIL 10/24) | (i) | 192,203 | 31,250 | 14,825 | 9,430 | 23,290 | 270,998 | 0 |
| | | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 12 | STACY ROTH FORMER SVP ORGANIZATIONAL PLANNING & STRATEGY (UNTIL 6/24) | (i) | 122,112 | 0 | 130,418 | 6,761 | 7,597 | 266,888 | 0 |
| | | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 13 | LILLIAN DENISE SINGH SVP FAMILY ECONOMIC MOBILITY | (i) | 249,000 | 0 | 0 | 11,500 | 5,561 | 266,061 | 0 |
| | | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 14 | NEFERTIRI SICKOUT SVP EQUITY, DIVERSITY & INCLUSION | (i) | 236,708 | 0 | 0 | 7,138 | 9,366 | 253,212 | 0 |
| | | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 15 | LAURA C WASHBURN SVP COMMUNICATIONS & MARKETING | (i) | 196,566 | 16,250 | 0 | 11,500 | 19,417 | 243,733 | 0 |
| | | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 16 | SEE NEXT PAGE | (i) | | | | | | | |
| | | (ii) | | | | | | | |

Part II Officers, Directors, Trustees, Key Employees and Highest Compensated Employees (continued)

| (a) Name | (b) Breakdown of W-2 and/or 1099-MISC compensation | | | (c) Retirement and other deferred compensation | (d) Nontaxable benefits | (e) Total of columns (b)(i)-(d) | (f) Compensation reported in prior Form 990 or Form 990-EZ |
|---|---|-------------------------------------|-------------------------------------|---|----------------------------|------------------------------------|---|
| | (i) Base Compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| (16) COURTNEY SMITH SVP PROGRAM RESEARCH, INNOVATION & IMPACT | (i) | 223,206 | 0 | 11,500 | 1,578 | 236,284 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 |
| (17) PAMELA TAYLOR FORMER CHIEF COMMUNICATIONS AND MARKETING OFFICER (UNTIL 1/24) | (i) | 30,512 | 0 | 1,405 | 488 | 232,361 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 |
| (18) BRIAN MINTER MANAGING DIRECTOR, BRAND MRKTG (UNTIL 6/24) | (i) | 90,256 | 0 | 5,091 | 13,524 | 231,639 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 |
| (19) JEETENDRA JODHPURKAR MANAGING DIRECTOR, GLOBAL STRATEGY | (i) | 192,264 | 3,000 | 11,500 | 24,705 | 231,469 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 |
| (20) ANDREA HOEFELING MANAGING DIRECTOR, DEVELOPMENT OPERATIONS | (i) | 194,619 | 2,000 | 10,184 | 20,335 | 227,138 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 |
| (21) ADRIENNE ALLEN MANAGING DIRECTOR, PROGRAM DEPT. OPERATIONS | (i) | 184,604 | 6,000 | 7,831 | 22,056 | 220,491 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 |
| (22) LEIGH ANN EDWARDS HALL MANAGING DIRECTOR, IMPACT FUNDRAISING & SUPPORT (UNTIL 7/24) | (i) | 94,735 | 0 | 7,144 | 26,572 | 219,962 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 |
| (23) LISA DAVIS FORMER SVP OF PROGRAM AND ADVOCACY (UNTIL 4/24) | (i) | 82,391 | 0 | 4,668 | 6,740 | 111,777 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 |

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.

| Return Reference - Identifier | Explanation |
|---|--|
| SCHEDULE J, PART I, LINE 1A - TRAVEL FOR COMPANIONS | FOR KEY EVENTS WHEN BENEFICIAL TO THE ORGANIZATIONS GOALS, TRAVEL FOR COMPANIONS IS PROVIDED TO WILLIAM H. SHORE, FOUNDER, EXECUTIVE CHAIRMAN, AND BOARD DIRECTOR. |
| SCHEDULE J, PART I, LINE 1A - HOUSING ALLOWANCE OR RESIDENCE FOR PERSONAL USE | A HOUSING ALLOWANCE OF \$3,000 PER MONTH IS PROVIDED TO WILLIAM H. SHORE, FOUNDER, EXECUTIVE CHAIRMAN, AND BOARD DIRECTOR. |
| SCHEDULE J, PART I, LINE 4A - SEVERANCE OR CHANGE-OF-CONTROL PAYMENT | THE ORGANIZATION LAID OFF STAFF IN FY2024 AND FY2025, AND PAID SEVERANCE TO JULIE CHEN, SR VP AND GENERAL COUNSEL OF \$109,200; DIANE CLIFFORD, SR VP, CONSTITUENT DEVELOPMENT & OPERATIONS OF \$118,805; BRIAN MINTER, MANAGING DIRECTOR, BRAND MKTG OF \$109,845; LEIGH ANN EDWARDS HALL, MANAGING DIRECTOR, IMPACT FUNDRAISING & SUPPORT OF \$84,676 ; PAMELA TAYLOR, CHIEF COMMUNICATIONS AND MARKETING OFFICER OF \$189,666; STACY ROTH, SRVP ORGANIZATIONAL PLANNING & STRATEGY OF \$113,400 |
| SCHEDULE J, PART I, LINE 4B - SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN | ANNE FILIPIC, CEO, RECEIVED A 457(F) DISBURSEMENT OF \$57,000. THE ORGANIZATION MADE 457(F) CONTRIBUTIONS OF \$39,000 FOR WILLIAM H. SHORE , FOUNDER, EXECUTIVE CHAIRMAN, AND BOARD DIRECTOR, AND \$57,000 FOR ANNE FILIPIC, CEO. |
| SCHEDULE J, PART I, LINE 5A - COMPENSATION CONTINGENT ON REVENUES OF THE ORGANIZATION | COMPENSATION CONTINGENT ON REVENUES OF THE ORGANIZATION STAFF ARE ELIGIBLE FOR PERCENTAGE BONUSES BASED ON SEVERAL METRICS SUCH AS UNRESTRICTED REVENUE GROWTH AND PROGRAM-RELATED TARGETS. |

**SCHEDULE L
(Form 990)**

(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c; or Form 990-EZ, Part V, line 38a or 40b.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

SHARE OUR STRENGTH

Employer identification number

52-1367538

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

| 1 | (a) Name of disqualified person | (b) Relationship between disqualified person and organization | (c) Description of transaction | (d) Corrected? | |
|-----|---------------------------------|---|--------------------------------|----------------|----|
| | | | | Yes | No |
| (1) | | | | | |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |
| (5) | | | | | |
| (6) | | | | | |

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 \$ _____

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization \$ _____

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

| (a) Name of interested person | (b) Relationship with organization | (c) Purpose of loan | (d) Loan to or from the organization? | | (e) Original principal amount | (f) Balance due | (g) In default? | | (h) Approved by board or committee? | | (i) Written agreement? | |
|-------------------------------|------------------------------------|---------------------|---------------------------------------|------|-------------------------------|-----------------|-----------------|----|-------------------------------------|----|------------------------|----|
| | | | To | From | | | Yes | No | Yes | No | Yes | No |
| | | | (1) (SEE STATEMENT) | | | | | | | | | |
| (2) | | | | | | | | | | | | |
| (3) | | | | | | | | | | | | |
| (4) | | | | | | | | | | | | |
| (5) | | | | | | | | | | | | |
| (6) | | | | | | | | | | | | |
| (7) | | | | | | | | | | | | |
| (8) | | | | | | | | | | | | |
| (9) | | | | | | | | | | | | |
| (10) | | | | | | | | | | | | |
| Total | | | | | | \$ | 531,025 | | | | | |

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of assistance | (d) Type of assistance | (e) Purpose of assistance |
|-------------------------------|---|--------------------------|------------------------|---------------------------|
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |
| (7) | | | | |
| (8) | | | | |
| (9) | | | | |
| (10) | | | | |

Part II Loans to and/or From Interested Persons (continued)

| (a) Name of interested person | (b) Relationship with organization | (c) Purpose of loan | (d) Loan to or from the organization | | (e) Original principal amount | (f) Balance due | (g) In default? | | (h) Approved by board or committee? | | (i) Written agreement? | |
|----------------------------------|---------------------------------------|------------------------------------|---|------|----------------------------------|--------------------|--------------------|----|--|----|---------------------------|----|
| | | | To | From | | | Yes | No | Yes | No | Yes | No |
| (1) WILLIAM H SHORE | FOUNDER, EXEC CHAIRMAN, DIRECTOR | SPLIT DOLLAR LIFE PREMIUM PAYMENTS | | ✓ | 760,424 | 531,025 | | ✓ | ✓ | | ✓ | |

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2024

**Open to Public
Inspection**

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

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

Department of the Treasury
Internal Revenue Service

Name of the organization

SHARE OUR STRENGTH

Employer identification number

52-1367538

Part I 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 | ✓ | | 8,931 | MARKET VALUE |
| 6 Cars and other vehicles | ✓ | 1 | 44,700 | MARKET VALUE |
| 7 Boats and planes | | | | |
| 8 Intellectual property | | | | |
| 9 Securities—Publicly traded | ✓ | 40 | 355,288 | SELLING COST |
| 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 ((SEE STATEMENT)) | | | | |
| 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 | 0 |
|----|---|----|---|

| | Yes | No |
|-----|-----|----|
| 30a | | ✓ |
| 31 | ✓ | |
| 32a | ✓ | |
| 33 | | |

Part I

Types of Property (continued)

| Property Type | (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 |
|------------------------|-------------------------|--|---|--|
| FOOD AND BEVERAGES | ✓ | 19 | 28,181 | MARKET VALUE |
| GIFT CARDS | ✓ | 3 | 12,580 | MARKET VALUE |
| BANNER/SIGNAGE | ✓ | 1 | 35,219 | MARKET VALUE |
| ITEMS FOR PARTICIPANTS | ✓ | 2 | 9,900 | MARKET VALUE |

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.

| Return Reference - Identifier | Explanation |
|--|--|
| SCHEDULE M, PART I - NUMBER REPORTED IN COLUMN B | THE NUMBER REPORTED IN COLUMN B REPRESENTS THE NUMBER OF SEPARATE DONATIONS, NOT THE NUMBER OF ITEMS CONTRIBUTED. |
| SCHEDULE M, PART I, LINE 32B - THIRD PARTIES USED TO SOLICIT, PROCESS, OR SELL NONCASH CONTRIBUTIONS | 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)**

(Rev. January 2025)

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 instructions and the latest information.

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

SHARE OUR STRENGTH

Employer identification number

52-1367538

| Return Reference - Identifier | Explanation | | | | | | |
|--|---|-----------------|------------|---------------------------|---------|--------------|----------------|
| FORM 990, PART III, LINE 4A - PROGRAM SERVICE DESCRIPTION | ACCESS TO BREAKFAST, ENABLING SCHOOL DISTRICTS TO REACH AN ADDITIONAL 32,500 STUDENTS IN 279 SCHOOLS. | | | | | | |
| FORM 990, PART III, LINE 4D - DESCRIPTION OF OTHER PROGRAM SERVICES | (EXPENSES \$8,087,679 INCLUDING GRANTS OF \$1,521,169)(REVENUE \$0) OTHER PROGRAM SERVICES INCLUDE THE INTERNATIONAL PROGRAM THAT SUPPORTS SCHOOL MEALS AND BREAKFAST IN INDIA, AND OTHER NO KID HUNGRY PROGRAMS. | | | | | | |
| FORM 990, PART VI, LINE 2 - FAMILY/BUSINESS RELATIONSHIPS AMONGST INTERESTED PERSONS | WILLIAM H. SHORE & DEBBIE SHORE - FAMILY RELATIONSHIP | | | | | | |
| FORM 990, PART VI, LINE 11B - REVIEW OF FORM 990 BY GOVERNING BODY | 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, LINE 12C - CONFLICT OF INTEREST POLICY | 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 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, LINE 15 - PROCESS TO ESTABLISH COMPENSATION | THE PROCESS FOR DETERMINING THE COMPENSATION OF THE ORGANIZATION'S TOP EXECUTIVE, OFFICERS, AND KEY EMPLOYEES IS REVIEWED AND APPROVED BY A COMPENSATION COMMITTEE, WHICH IS COMPRISED SOLELY OF INDEPENDENT DIRECTORS. USING AN OUTSIDE CONSULTANT, THE COMPENSATION COMMITTEE CONDUCTS AN IN-DEPTH MARKET SURVEY EVERY THREE YEARS TO PRODUCE COMPARABILITY DATA, WITH THE MOST RECENT STUDY COMPLETED IN APRIL 2020. THE COMPENSATION COMMITTEE, IN ADDITION TO THE ORGANIZATION'S 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 - STATES WITH WHICH A COPY OF THIS FORM 990 IS REQUIRED TO BE FILED | FL, GA, HI, IL, KS, KY, MA, MD, MI, MN, MS, NC, ND, NH, NJ, NM, NY, OH, OK, OR, PA, RI, SC, TN, VA, WI, WV | | | | | | |
| FORM 990, PART VI, LINE 19 - REQUIRED DOCUMENTS AVAILABLE TO THE PUBLIC | SHARE OUR STRENGTH MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC VIA EMAIL OR UNITED STATES MAIL. | | | | | | |
| FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS OR FUND BALANCES | <table border="1"> <thead> <tr> <th>(a) Description</th> <th>(b) Amount</th> </tr> </thead> <tbody> <tr> <td>EQUITY GAIN OF SUBSIDIARY</td> <td>181,683</td> </tr> <tr> <td>TOTAL</td> <td>181,683</td> </tr> </tbody> </table> | (a) Description | (b) Amount | EQUITY GAIN OF SUBSIDIARY | 181,683 | TOTAL | 181,683 |
| (a) Description | (b) Amount | | | | | | |
| EQUITY GAIN OF SUBSIDIARY | 181,683 | | | | | | |
| TOTAL | 181,683 | | | | | | |

**SCHEDULE R
(Form 990)**

(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

Name of the organization

SHARE OUR STRENGTH

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

**Open to Public
Inspection**

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 |
|-----|---|-------------------------|--|---------------------|---------------------------|----------------------------------|
| (1) | | | | | | |
| (2) | | | | | | |
| (3) | | | | | | |
| (4) | | | | | | |
| (5) | | | | | | |
| (6) | | | | | | |

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 |
| (1) | | | | | | | | |
| (2) | | | | | | | | |
| (3) | | | | | | | | |
| (4) | | | | | | | | |
| (5) | | | | | | | | |
| (6) | | | | | | | | |
| (7) | | | | | | | | |

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 | |
| (1)..... | | | | | | | | | | | | |
| (2)..... | | | | | | | | | | | | |
| (3)..... | | | | | | | | | | | | |
| (4)..... | | | | | | | | | | | | |
| (5)..... | | | | | | | | | | | | |
| (6)..... | | | | | | | | | | | | |
| (7)..... | | | | | | | | | | | | |

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 |
| (1)(SEE STATEMENT)..... | | | | | | | | | |
| (2)..... | | | | | | | | | |
| (3)..... | | | | | | | | | |
| (4)..... | | | | | | | | | |
| (5)..... | | | | | | | | | |
| (6)..... | | | | | | | | | |
| (7)..... | | | | | | | | | |

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

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

| | Yes | No |
|--|-------------------------------------|-------------------------------------|
| a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity | | <input checked="" type="checkbox"/> |
| b Gift, grant, or capital contribution to related organization(s) | | <input checked="" type="checkbox"/> |
| c Gift, grant, or capital contribution from related organization(s) | | <input checked="" type="checkbox"/> |
| d Loans or loan guarantees to or for related organization(s) | | <input checked="" type="checkbox"/> |
| e Loans or loan guarantees by related organization(s) | | <input checked="" type="checkbox"/> |
| f Dividends from related organization(s) | | <input checked="" type="checkbox"/> |
| g Sale of assets to related organization(s) | | <input checked="" type="checkbox"/> |
| h Purchase of assets from related organization(s) | | <input checked="" type="checkbox"/> |
| i Exchange of assets with related organization(s) | | <input checked="" type="checkbox"/> |
| j Lease of facilities, equipment, or other assets to related organization(s) | | <input checked="" type="checkbox"/> |
| k Lease of facilities, equipment, or other assets from related organization(s) | | <input checked="" type="checkbox"/> |
| l Performance of services or membership or fundraising solicitations for related organization(s) | <input checked="" type="checkbox"/> | |
| m Performance of services or membership or fundraising solicitations by related organization(s) | <input checked="" type="checkbox"/> | |
| n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | | <input checked="" type="checkbox"/> |
| o Sharing of paid employees with related organization(s) | | <input checked="" type="checkbox"/> |
| p Reimbursement paid to related organization(s) for expenses | | <input checked="" type="checkbox"/> |
| q Reimbursement paid by related organization(s) for expenses | <input checked="" type="checkbox"/> | |
| r Other transfer of cash or property to related organization(s) | | <input checked="" type="checkbox"/> |
| s Other transfer of cash or property from related organization(s) | | <input checked="" type="checkbox"/> |

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 | 2,807,249 | CASH |
| (3) | COMMUNITY WEALTH PARTNERS, INC. | Q | 240,408 | 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.

| (a) Name, address, and EIN of entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Predominant income (related, unrelated, excluded from tax under sections 512-514) | (e) Are all partners section 501(c)(3) organizations? | | (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 | | Yes | No | |
| (1) | | | | | | | | | | | | | |
| (2) | | | | | | | | | | | | | |
| (3) | | | | | | | | | | | | | |
| (4) | | | | | | | | | | | | | |
| (5) | | | | | | | | | | | | | |
| (6) | | | | | | | | | | | | | |
| (7) | | | | | | | | | | | | | |
| (8) | | | | | | | | | | | | | |
| (9) | | | | | | | | | | | | | |
| (10) | | | | | | | | | | | | | |
| (11) | | | | | | | | | | | | | |
| (12) | | | | | | | | | | | | | |
| (13) | | | | | | | | | | | | | |
| (14) | | | | | | | | | | | | | |
| (15) | | | | | | | | | | | | | |
| (16) | | | | | | | | | | | | | |

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (continued)

| (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 |
| (1) COMMUNITY WEALTH PARTNERS, INC. (52-2025260) 1030 15TH STREET, NW, #1100W, WASHINGTON, DC 20005 | CONSULTING | DC | SHARE OUR STRENGTH | C CORPORATION | 6,838,672 | 5,368,884 | 100.00 | Yes | No |