

Form **990**

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

2014
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at www.irs.gov/form990.

A For the 2014 calendar year, or tax year beginning **JAN 1, 2014** and ending **JUN 30, 2014**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization SHARE OUR STRENGTH, INC. Doing business as		D Employer identification number 52-1367538
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1030 15TH STREET, NW 1100W	E Telephone number (202) 393-2925	
	City or town, state or province, country, and ZIP or foreign postal code WASHINGTON, DC 20005		G Gross receipts \$ 14,573,928.
	F Name and address of principal officer: WILLIAM H. SHORE SAME AS C ABOVE		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: WWW.STRENGTH.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other			L Year of formation: 1984
			M State of legal domicile: DC

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO END HUNGER AND POVERTY IN THE U.S. AND ABROAD BY HELPING COMBAT THE ROOT CAUSES OF HUNGER.
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.
	3 Number of voting members of the governing body (Part VI, line 1a) 3 17
	4 Number of independent voting members of the governing body (Part VI, line 1b) 4 16
	5 Total number of individuals employed in calendar year 2014 (Part V, line 2a) 5 0
	6 Total number of volunteers (estimate if necessary) 6 1011
	7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0.
7b Net unrelated business taxable income from Form 990-T, line 34 7b -1,750.	
Revenue	8 Contributions and grants (Part VIII, line 1h) Prior Year 44,833,246. Current Year 13,854,522.
	9 Program service revenue (Part VIII, line 2g) 114,554. 50,136.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 24,516. 8,844.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) -4,976,045. -2,165.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 39,996,271. 13,911,337.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 8,999,099. 4,317,385.
	14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 17,130,486. 8,995,388.
	16a Professional fundraising fees (Part IX, column (A), line 11e) 345,220. 166,185.
	b Total fundraising expenses (Part IX, column (D), line 25) 4,415,835.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 13,326,657. 6,771,332.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 39,801,462. 20,250,290.
19 Revenue less expenses. Subtract line 18 from line 12 194,809. -6,338,953.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16) Beginning of Current Year 18,467,053. End of Year 15,659,387.
	21 Total liabilities (Part X, line 26) 7,286,996. 10,813,221.
	22 Net assets or fund balances. Subtract line 21 from line 20 11,180,057. 4,846,166.

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 _____ Date _____				
	JOHN GREEN, CFO Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name FRANK H. SMITH	Preparer's signature <i>Frank H. Smith</i>	Date 04/10/15	Check if self-employed <input type="checkbox"/>	PTIN P00639053
	Firm's name RAFFA, P.C.			Firm's EIN 52-1511275	
	Firm's address 1899 L STREET, NW, SUITE 900 WASHINGTON, DC 20036			Phone no. (202) 822-5000	

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: SHARE OUR STRENGTH WAS FOUNDED WITH THE BELIEF THAT EVERYONE HAS A STRENGTH TO SHARE IN THE GLOBAL FIGHT AGAINST HUNGER AND POVERTY, AND THAT IN THESE SHARED STRENGTHS LIE SUSTAINABLE SOLUTIONS. TODAY WE FOCUS THESE STRENGTHS ON ENDING CHILDHOOD HUNGER IN AMERICA THROUGH

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 9,577,949. including grants of \$ 3,772,313.) (Revenue \$) NO KID HUNGRY ACCESS AND ADVOCACY: SINCE THE NO KID HUNGRY CAMPAIGN'S LAUNCH, SHARE OUR STRENGTH HAS CONNECTED KIDS STRUGGLING WITH HUNGER WITH MORE THAN 107 MILLION ADDITIONAL MEALS. BY WORKING WITH OUR PARTNERS AND INVESTING IN PRACTICAL SOLUTIONS TO END HUNGER, WE ARE FEEDING MORE KIDS EVERY DAY, MAKING SURE THEY HAVE THE FOOD THEY NEED TO LEARN AND GROW. SCHOOLS ARE MAKING BREAKFAST PART OF THE SCHOOL DAY WITH THE HELP OF NO KID HUNGRY; WE'VE SUCCESSFULLY ADVOCATED FOR BREAKTHROUGH POLICY CHANGES TO FEED MORE CHILDREN; AND WE'RE FINDING NEW WAYS TO REACH KIDS WITH MEALS DURING THE SUMMER EVERYWHERE FROM MAJOR CITIES LIKE NEW YORK CITY TO THE RURAL APPALACHIAN HILL COUNTRY. NO MATTER THE TIME OF DAY, OR TIME OF YEAR, WE'RE THERE FOR KIDS WITHOUT ENOUGH FOOD AT HOME.

4b (Code:) (Expenses \$ 4,538,025. including grants of \$ 545,072.) (Revenue \$ 50,136.) NO KID HUNGRY NUTRITION EDUCATION: SHARE OUR STRENGTH BRINGS OVER 20 YEARS OF EXPERIENCE IN DELIVERING QUALITY NUTRITION EDUCATION THROUGH COOKING MATTERS, A SIX-WEEK COOKING AND NUTRITION EDUCATION COURSE WITH PROVEN RESULTS IN ATTITUDE AND BEHAVIOR CHANGE. AT MORE THAN 1,200 SITES ACROSS THE COUNTRY, COOKING MATTERS PARTICIPANTS LEARN TO SHOP SMARTER, USE NUTRITION INFORMATION TO MAKE HEALTHIER CHOICES, AND COOK DELICIOUS, AFFORDABLE MEALS. IN ADDITION TO THE SIX-WEEK COURSE, SHARE OUR STRENGTH RECENTLY BROUGHT TO SCALE A SHORTER-TERM COURSE DURATION PROGRAM CALLED COOKING MATTERS AT THE STORE. COOKING MATTERS AT THE STORE TOURS PROVIDE FAMILIES WITH HANDS-ON EDUCATION AS THEY SHOP FOR FOOD, GIVING THEM SKILLS TO COMPARE FOODS FOR COST AND NUTRITION. PARTICIPANTS LEARN HOW TO PLAN AND BUDGET

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

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

4e Total program service expenses 14,115,974.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 20b regarding organizational requirements and financial reporting.

Part IV Checklist of Required Schedules (continued)

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

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Input box for Schedule O reference

Main table with columns for question ID, description, and Yes/No checkboxes. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited transactions, and charitable contributions.

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

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

Section A. Governing Body and Management

Table with 5 columns: Question, 1a, 1b, Yes, No. Rows include questions about voting members, family relationships, management delegation, and governance decisions.

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

Table with 5 columns: Question, Yes, No. Rows include questions about local chapters, conflict of interest policies, whistleblower policies, and compensation review.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed AL, AK, AZ, AR, CA, CO, CT, FL, GA, HI, IL, KS
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records: JESSICA SHERRY - 202-393-2925, 1030 15TH STREET, NW, #1100W, WASHINGTON, DC 20005

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) SID ABRAMS DIRECTOR	2.00	X								
(2) JAMES L. BAREUTHER DIRECTOR	2.00	X								
(3) JIM BERRIEN DIRECTOR	3.00	X								
(4) NEIL BRAUN DIRECTOR	3.00	X								
(5) JONI DOOLIN DIRECTOR	2.00	X								
(6) WALLY DOOLIN DIRECTOR	3.00	X								
(7) MICHAEL GORDON DIRECTOR	3.00	X								
(8) BOB GREENSTEIN DIRECTOR	2.00	X								
(9) ROZ MALLET DIRECTOR	4.00	X								
(10) MIKE MCCURRY DIRECTOR	2.00	X								
(11) DANNY MEYER DIRECTOR	2.00	X								
(12) MARY SUE MILLIKEN DIRECTOR	2.00	X								
(13) DONNA S. MOREA DIRECTOR	2.00	X								
(14) KEN PELLETIER DIRECTOR	2.00	X								
(15) MARK RODRIGUEZ DIRECTOR	2.00	X								
(16) SCOTT SCHOEN DIRECTOR	2.00	X								
(17) WILLIAM H. SHORE FOUNDER, CHAIRMAN & CEO	40.00	X		X						

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) DEBBIE SHORE CO-FOUNDER	40.00			X						
(19) THOMAS NELSON PRESIDENT	40.00			X						
(20) JOHN GREEN CHIEF FINANCIAL OFFICER	40.00			X						
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

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

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	1,132,076.				
	d Related organizations	1d					
	e Government grants (contributions)	1e	1,029,082.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	11693364.				
	g Noncash contributions included in lines 1a-1f: \$		120,000.				
	h Total. Add lines 1a-1f		13854522.				
	Program Service Revenue	2 a CLASS FEES	Business Code 900099	50,136.	50,136.		
b							
c							
d							
e							
f All other program service revenue							
g Total. Add lines 2a-2f			50,136.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		8,844.			8,844.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties		14,182.			14,182.	
	6 a Gross rents	(i) Real	(ii) Personal				
		b Less: rental expenses					
		c Rental income or (loss)					
		d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		b Less: cost or other basis and sales expenses					
		c Gain or (loss)					
		d Net gain or (loss)					
	8 a Gross income from fundraising events (not including \$ 1,132,076. of contributions reported on line 1c). See Part IV, line 18	a	0.				
		b Less: direct expenses	b	642,894.			
		c Net income or (loss) from fundraising events		-642,894.			-642,894.
	9 a Gross income from gaming activities. See Part IV, line 19	a	39,395.				
b Less: direct expenses		b	19,697.				
c Net income or (loss) from gaming activities			19,698.			19,698.	
10 a Gross sales of inventory, less returns and allowances	a						
	b Less: cost of goods sold	b					
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
11 a OTHER EVENT REVENUE		900099	370,501.			370,501.	
	b INCOME FROM SUBSIDIARY	900099	126,663.			126,663.	
	c MISCELLANEOUS REVENUE	900099	102,774.			102,774.	
	d All other revenue	900099	6,911.			6,911.	
	e Total. Add lines 11a-11d		606,849.				
12 Total revenue. See instructions.		13911337.	50,136.	0.	6,679.		

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	4,317,385.	4,317,385.		
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				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	538,659.	348,947.	103,644.	86,068.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	6,903,185.	4,192,346.	828,839.	1,882,000.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	102,322.	61,164.	13,006.	28,152.
9 Other employee benefits	883,743.	534,416.	109,161.	240,166.
10 Payroll taxes	567,479.	346,174.	70,920.	150,385.
11 Fees for services (non-employees):				
a Management				
b Legal	58,942.	3,259.	54,310.	1,373.
c Accounting	30,200.		30,200.	
d Lobbying	30,000.	30,000.		
e Professional fundraising services. See Part IV, line 17	166,185.			166,185.
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	1,084,749.	786,360.	159,894.	138,495.
12 Advertising and promotion	352,544.	115,579.	19,927.	217,038.
13 Office expenses	458,167.	301,977.	41,916.	114,274.
14 Information technology	674,678.	459,780.	52,454.	162,444.
15 Royalties				
16 Occupancy	767,671.	493,756.	81,473.	192,442.
17 Travel	494,415.	299,172.	30,886.	164,357.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	2,350,132.	1,613,675.	40,987.	695,470.
20 Interest	245.	149.	31.	65.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	228,661.	146,044.	26,762.	55,855.
23 Insurance	105,378.	64,318.	13,189.	27,871.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a FEES AND LICENSES	135,550.	1,473.	40,882.	93,195.
b				
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	20,250,290.	14,115,974.	1,718,481.	4,415,835.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720)	717,100.	296,564.	0.	420,536.

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	3,314,827.	1	325,169.
	2 Savings and temporary cash investments	261,681.	2	1,902,262.
	3 Pledges and grants receivable, net	9,091,040.	3	6,780,258.
	4 Accounts receivable, net	213,530.	4	251,094.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	5,043.	8	6,589.
	9 Prepaid expenses and deferred charges	422,889.	9	1,278,140.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 3,555,662.		
	b Less: accumulated depreciation	10b 527,528.		
	11 Investments - publicly traded securities	109,713.	11	114,775.
	12 Investments - other securities. See Part IV, line 11	1,808,781.	12	1,935,444.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	38,162.	15	37,522.
16 Total assets. Add lines 1 through 15 (must equal line 34)	18,467,053.	16	15,659,387.	
Liabilities	17 Accounts payable and accrued expenses	2,536,392.	17	3,328,324.
	18 Grants payable	1,087,088.	18	1,429,986.
	19 Deferred revenue	466,760.	19	1,894,524.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	332,468.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	3,196,756.	25	3,827,919.
	26 Total liabilities. Add lines 17 through 25	7,286,996.	26	10,813,221.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	3,069,340.	27	-1,388,891.
	28 Temporarily restricted net assets	8,110,717.	28	6,235,057.
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	11,180,057.	33	4,846,166.	
34 Total liabilities and net assets/fund balances	18,467,053.	34	15,659,387.	

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	13,911,337.
2	Total expenses (must equal Part IX, column (A), line 25)	2	20,250,290.
3	Revenue less expenses. Subtract line 2 from line 1	3	-6,338,953.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	11,180,057.
5	Net unrealized gains (losses) on investments	5	5,062.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	4,846,166.

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 in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
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	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____		X
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 in Schedule O and describe any steps taken to undergo such audits _____		

Form 990 (2014)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

OMB No. 1545-0047

2014

Open to Public Inspection

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

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

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

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
 - 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 1-9 above or IRC section (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see Instructions)	(vi) Amount of other support (see Instructions)
			Yes	No		
Total						

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	18724674.	33626797.	36169268.	44833246.	13854522.	147208507
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	18724674.	33626797.	36169268.	44833246.	13854522.	147208507
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)						10972068.
6 Public support. Subtract line 5 from line 4.						136236439

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 Amounts from line 4	18724674.	33626797.	36169268.	44833246.	13854522.	147208507
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources		1,377.	1,842.	25,100.	23,026.	51,345.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	872,930.	902,162.	702,550.	375,535.	477,005.	3330182.
11 Total support. Add lines 7 through 10						150590034
12 Gross receipts from related activities, etc. (see instructions)					12	19,850,447.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))	14	90.47 %
15 Public support percentage from 2013 Schedule A, Part II, line 14	15	90.11 %
16a 33 1/3% support test - 2014. 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 - 2013. 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 - 2014. 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 - 2013. 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 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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 in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2013 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2013 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2014. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

b 33 1/3% support tests - 2013. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	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 (b) and (c) below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) 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 (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent 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 in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9(a)) 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 IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer (b) below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
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.		

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).		

Section D. 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, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
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).		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		

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 government entity (see instructions).		
2 Activities Test. Answer (a) and (b) 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.		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
3 Parent of Supported Organizations. Answer (a) and (b) 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? Provide details in Part VI .		
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.		

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. 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 (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<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	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2014 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions)			
3 Excess distributions carryover, if any, to 2014:			
a			
b			
c			
d			
e From 2013			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount			
i Carryover from 2009 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2014 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6 Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7 Excess distributions carryover to 2015. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b			
c			
d Excess from 2013			
e Excess from 2014			

Schedule A (Form 990 or 990-EZ) 2014

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12.

Also complete this part for any additional information. (See instructions).

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

2010 AMOUNT: \$ 757,772.

2011 AMOUNT: \$ 902,162.

2012 AMOUNT: \$ 553,338.

2013 AMOUNT: \$ 367,190.

2014 AMOUNT: \$ 102,774.

AUCTION REVENUE

2010 AMOUNT: \$ 115,158.

2011 AMOUNT: \$ 0.

2012 AMOUNT: \$ 0.

2013 AMOUNT: \$ 0.

2014 AMOUNT: \$ 0.

CLASS FEES

2010 AMOUNT: \$ 0.

2011 AMOUNT: \$ 0.

2012 AMOUNT: \$ 67,610.

2013 AMOUNT: \$ 0.

2014 AMOUNT: \$ 0.

EXHIBITOR FEES

2010 AMOUNT: \$ 0.

2011 AMOUNT: \$ 0.

2012 AMOUNT: \$ 74,540.

2013 AMOUNT: \$ 0.

2014 AMOUNT: \$ 0.

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12.

Also complete this part for any additional information. (See instructions).

BOOK/PRODUCT SALES

2010 AMOUNT: \$ 0.

2011 AMOUNT: \$ 0.

2012 AMOUNT: \$ 7,062.

2013 AMOUNT: \$ 7,845.

2014 AMOUNT: \$ 730.

HONORARIUM

2010 AMOUNT: \$ 0.

2011 AMOUNT: \$ 0.

2013 AMOUNT: \$ 500.

2014 AMOUNT: \$ 0.

OTHER EVENT REVENUE

2010 AMOUNT: \$ 0.

2011 AMOUNT: \$ 0.

2012 AMOUNT: \$ 0.

2013 AMOUNT: \$ 0.

2014 AMOUNT: \$ 370,501.

INTERCOMPANY REVENUE

2010 AMOUNT: \$ 0.

2011 AMOUNT: \$ 0.

2012 AMOUNT: \$ 0.

2013 AMOUNT: \$ 0.

2014 AMOUNT: \$ 3,000.

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12.

Also complete this part for any additional information. (See instructions).

PART IV, SECTION A, LINE 1:

DUE TO A CHANGE IN ACCOUNTING PERIOD, SHARE OUR STRENGTH WILL BE FILING
A SHORT YEAR RETURN. THE SHORT YEAR WILL BE FROM JANUARY 1, 2014 TO
JUNE 30, 2014.

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2014

Name of the organization

SHARE OUR STRENGTH, INC.

Employer identification number

52-1367538

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

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. Do not 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 is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

Name of organization SHARE OUR STRENGTH, INC.	Employer identification number 52-1367538
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>	 <hr/> <hr/> <hr/>	\$ <u>1,047,156.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>2</u>	 <hr/> <hr/> <hr/>	\$ <u>752,723.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>3</u>	 <hr/> <hr/> <hr/>	\$ <u>438,567.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>4</u>	 <hr/> <hr/> <hr/>	\$ <u>370,200.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>5</u>	 <hr/> <hr/> <hr/>	\$ <u>387,350.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>6</u>	 <hr/> <hr/> <hr/>	\$ <u>300,000.</u>	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, INC.	Employer identification number 52-1367538
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<hr/> <hr/> <hr/> <hr/>	\$ <u>338,346.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization SHARE OUR STRENGTH, INC.	Employer identification number 52-1367538
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

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

Name of organization SHARE OUR STRENGTH, INC.	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 info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

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

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2014

Open to Public Inspection

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.

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

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

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

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

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

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax) (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, INC.	Employer identification number 52-1367538
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political expenditures ▶ \$ _____
- 3 Volunteer hours _____

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

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV.

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

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4 Did the filing organization file Form 1120-POL for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990 or 990-EZ) 2014

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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 (grass roots lobbying)	24,789.													
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	59,566.													
c	Total lobbying expenditures (add lines 1a and 1b)	84,355.													
d	Other exempt purpose expenditures	19,999,750.													
e	Total exempt purpose expenditures (add lines 1c and 1d)	20,084,105.													
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000.													
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g	Grassroots nontaxable amount (enter 25% of line 1f)	250,000.													
h	Subtract line 1g from line 1a. If zero or less, enter -0-	0.													
i	Subtract line 1f from line 1c. If zero or less, enter -0-	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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) Total
2a Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
b Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000.
c Total lobbying expenditures	6,950.	252,572.	294,551.	84,355.	638,428.
d Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.
f Grassroots lobbying expenditures	6,950.	150,002.	113,582.	24,789.	295,323.

Schedule C (Form 990 or 990-EZ) 2014

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

For each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
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?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities?			
j Total. Add lines 1c through 1i			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
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 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 expenditure 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.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No. 1545-0047

2014

Open to Public Inspection

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

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

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

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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

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

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

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

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____

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

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

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

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

(ii) Assets included in Form 990, Part X

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

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

b Assets included in Form 990, Part X

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

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

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other _____

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

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

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

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

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

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

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

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

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

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

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

- a Board designated or quasi-endowment _____ %
- b Permanent endowment _____ %
- c Temporarily restricted endowment _____ %

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

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

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

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" to 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		2,409,553.	138,926.	2,270,627.
d Equipment				
e Other		1,146,109.	388,602.	757,507.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				3,028,134.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" to 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	1,935,444.	COST
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	1,935,444.	

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DEFERRED RENT AND LEASE INCENTIVES	3,827,919.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	3,827,919.

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1	17,008,369.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	5,062.	
b	Donated services and use of facilities	2b	2,429,379.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	662,591.	
e	Add lines 2a through 2d	2e		3,097,032.
3	Subtract line 2e from line 1		3	13,911,337.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	13,911,337.

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

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

1	Total expenses and losses per audited financial statements		1	23,342,260.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	2,429,379.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	662,591.	
e	Add lines 2a through 2d	2e		3,091,970.
3	Subtract line 2e from line 1		3	20,250,290.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	20,250,290.

Part XIII Supplemental Information.

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

PART X, LINE 2:

IN ACCORDANCE WITH FINANCIAL ACCOUNTING STANDARDS BOARD ACCOUNTING STANDARDS CODIFICATION TOPIC 740, INCOME TAXES, SHARE OUR STRENGTH HAS EVALUATED ITS INCOME TAX POSITIONS FOR THE SIX MONTHS ENDED JUNE 30, 2014, AND HAS DETERMINED THAT IT HAS NO MATERIAL UNCERTAIN TAX POSITIONS.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

GAMING EVENT EXPENSES	19,697.
SPECIAL EVENT EXPENSES	642,894.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	662,591.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

Part XIII Supplemental Information *(continued)*

GAMING EVENT EXPENSES 19,697.

SPECIAL EVENT EXPENSES 642,894.

TOTAL TO SCHEDULE D, PART XII, LINE 2D 662,591.

Lined area for supplemental information with multiple horizontal lines.

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities
Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ.
▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2014

Open to Public Inspection

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

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

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a Mail solicitations
 - b Internet and email solicitations
 - c Phone solicitations
 - d In-person solicitations
 - e Solicitation of non-government grants
 - f Solicitation of government grants
 - g Special fundraising events
- 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No
- b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
AGENCY 21 CONSULTING - 1428 BRICKELL AVENUE, SUITE 303, SHARI YOST GOLD (YOST GOLD CONSULTING, INC.) - 2741 LINDSAY RACHELEFSKY (SKY ADVISORY) - 11361 ELDERWOOD MAL WARWICK ASSOCIATES, INC. - 2550 NINTH STREET, SUITE DONORDIGITAL - 2550 NINTH STREET, SUITE 103, BERKELEY,	FUNDRAISING		X	591,840.	14,250.	577,590.
	STRATEGY/FUNDRAISING		X	175,000.	30,000.	145,000.
	FUNDRAISING		X	0.	30,000.	-30,000.
	DIRECT MAIL GIVING CONSULTING		X	0.	27,560.	-27,560.
	ONLINE GIVING CONSULTING		X	0.	64,375.	-64,375.
Total				766,840.	166,185.	600,655.

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

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		NYCWFF (event type)	(event type)	NONE (total number)	
Revenue	1	Gross receipts	1,132,076.		1,132,076.
	2	Less: Contributions	1,132,076.		1,132,076.
	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	5,250.		5,250.
	9	Other direct expenses	637,644.		637,644.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			642,894.
	11	Net income summary. Subtract line 10 from line 3, column (d)			-642,894.

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue		39,395.	39,395.
	2	Cash prizes			
Direct Expenses	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses		19,697.	19,697.
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No
	7	Direct expense summary. Add lines 2 through 5 in column (d)			19,697.
	8	Net gaming income summary. Subtract line 7 from line 1, column (d)			19,698.

9 Enter the state(s) in which the organization conducts gaming activities: CA, CT, DE, ME, MD, MA, NV, NH, OH, OR, PA, VT
 a Is the organization licensed to conduct gaming activities in each of these states? Yes No
 b If "No," explain: _____

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

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
b An outside facility	13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.
- c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

- Director/officer Employee Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

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

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

(I) NAME OF FUNDRAISER: AGENCY 21 CONSULTING

(I) ADDRESS OF FUNDRAISER:

1428 BRICKELL AVENUE, SUITE 303, MIAMI, FL 33131

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

(I) ADDRESS OF FUNDRAISER:

2741 BRANDYWINE STREET, NW, WASHINGTON, DC 20008

Part IV Supplemental Information (continued)

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

(I) ADDRESS OF FUNDRAISER: 11361 ELDERWOOD STREET, LOS ANGELES, CA 90049

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

(I) ADDRESS OF FUNDRAISER:

2550 NINTH STREET, SUITE 103, BERKELEY, CA 94710

(I) NAME OF FUNDRAISER: DONORDIGITAL

(I) ADDRESS OF FUNDRAISER:

2550 NINTH STREET, SUITE 103, BERKELEY, CA 94710

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2014

Open to Public
Inspection

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

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
18 REASONS 3150 18TH ST, BOX 315 SAN FRANCISCO, CA 94110	45-3059509	501(C)(3)	8,250.	0.			COOKING MATTERS PROGRAMMING.
ALLIANCE TO END HUNGER 425 3RD STREET, SW, SUITE 1200 WASHINGTON, DC 20024	20-2803848	501(C)(3)	15,000.	0.			NO KID HUNGRY NATIONAL PARTNER GRANT.
ANNE ARUNDEL CO SCHOOL DIST 2644 RIVA ROAD ANNAPOLIS, MD 21401	52-6000882	N/A	11,159.	0.			SUMMER MEALS PROGRAM SUPPORT
ARCHDIOCESE OF CHICAGO 5150 N. NORTHWEST HIGHWAY CHICAGO, IL 60630	36-2701312	501(C)(3)	6,000.	0.			SUMMER MEALS PROGRAM SUPPORT
ARKANSAS FOODBANK 4301 W. 65TH STREET LITTLE ROCK, AR 72209	71-0596734	501(C)(3)	8,000.	0.			SUMMER MEALS PROGRAM SUPPORT
ARKANSAS HUNGER RELIEF ALLIANCE 1400 WEST MARKHAM STREET, SUITE 304 LITTLE ROCK, AR 72201	30-0254995	501(C)(3)	675,434.	0.			NO KID HUNGRY NATIONAL PARTNER GRANT.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **98.**

3 Enter total number of other organizations listed in the line 1 table **2.**

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

Schedule I (Form 990) (2014)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BATESVILLE SCHOOL DISTRICT 955 WATER STREET BATESVILLE, AR 72501-5624	71-6020722	N/A	16,770.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
BAY AREA FOOD BANK INC. 5248 MOBILE SOUTH STREET THEODORE, AR 36582	63-0821997	501(C)(3)	10,000.	0.			NKH ALLIES GRANT
BETHALTO CMTY UNIT SD 8 610 TEXAS BLVD BETHALTO, IL 62010	37-6006341	N/A	8,160.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
BRYANT SCHOOL DISTRICT 200 NW FOURTH ST. BRYANT, AR 72022-3424	71-6021250	N/A	32,015.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
CALIFORNIA FOOD POLICY ADVOCATES 436 14TH STREET, SUITE 1220 OAKLAND, CA 94612	94-3163142	501(C)(3)	131,207.	0.			NO KID HUNGRY STATE PARTNER GRANT
CATHOLIC CHARITIES USA 2050 BALLENGER AVE., SUITE 400 ALEXANDRIA, VA 22314	53-0196620	501(C)(3)	55,000.	0.			COOKING MATTERS PROGRAMMING
CATHOLIC COMMUNITY SERVICES OF UTAH - 2504 F AVENUE - OGDEN, UT 84403	84-0212450	501(C)(3)	25,000.	0.			CHILDHOOD HUNGER PROGRAMS
CENTER FOR FOOD ACTION OF NJ 192 WEST DEMAREST AVENUE ENGLEWOOD, NJ 07631	22-2189072	501(C)(3)	10,000.	0.			NKH ALLIES GRANT
CENTRAL MICHIGAN DISTRICT HEALTH DEPARTMENT - 103 N. BOWERY AVE. - GLADWIN, MI 48624	38-1865466	N/A	6,480.	0.			COOKING MATTERS PROGRAMMING

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHEROKEE COUNTY SCHOOLS CHILD NUTRITION - C/O JENNIFER CABLE, 911 ANDREWS ROAD - MURPHY, NC 28906	56-6000211	N/A	14,000.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
CHILD CARE COMMUNITY OUTREACH 3805 MCCAIN PARK DRIVE, SUITE 120 NORTH LITTLE ROCK, AR 72116	75-3196776	N/A	7,000.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
CHILDREN'S ALLIANCE 718 6TH AVE. S SEATTLE, WA 98104	91-0982879	501(C)(3)	57,000.	0.			NO KID HUNGRY STATE PARTNER GRANT
CITY HARVEST, INC. 6 EAST 32ND ST., 5TH FLOOR NEW YORK, NY 10016	13-3170676	501(C)(3)	10,000.	0.			COOKING MATTERS PROGRAMMING
CITY OF JERSEY CITY DEPARTMENT OF HEALTH & HUMAN SERVICES FISCAL OFFICE, 199 SUMMIT AVE. - JERSE	22-6002013	N/A	15,050.	0.			COOKING MATTERS PROGRAMMING
CLARKSVILLE SCHOOL DISTRICT 1701 CLARK ROAD CLARKSVILLE, AR 72830	71-6021023	N/A	10,000.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
CLINTON SCHOOL DISTRICT 683 POPLAR STREET CLINTON, AR 72031	71-6038775	N/A	7,801.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
COLORADO SPRINGS SCHOOL DISTRICT 11 - 1115 N EL PASO ST. - COLORADO SPRINGS, CO 80903	84-6001179	N/A	6,000.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
COMMUNITY FOUNDATION OF GREATER FLINT - 500 SOUTH SAGINAW STREET, SUITE 200 - FLINT, MI 48502	38-2190667	501(C)(3)	5,000.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT

Schedule I (Form 990)

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

(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
COMMUNITY HEALTH NETWORK OF CT FOUNDATION - 11 FAIRFIELD BLVD. - WALLINGFORD, CT 06492	20-0395748	501(C)(3)	15,000.	0.			COOKING MATTERS PROGRAMMING
CONWAY SCHOOL DISTRICT 2220 PRINCE STREET CONWAY, AR 72034	71-6021200	N/A	15,000.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
CORNELL COOPERATIVE EXTENSION TOMPKINS COUNTY - 615 WILLOW AVE - ITHACA, NY 14850-3555	16-1159507	N/A	35,620.	0.			COOKING MATTERS PROGRAMMING
COUNCIL BLUFFS COMMUNITY SCHOOL DISTRICT - 801 SOUTH 16TH STREET - COUNCIL BLUFFS, IA 51501	42-6001281	N/A	15,000.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
CUTTER MORNING STAR SD 21 2801 SPRING STREET HOT SPRINGS, AR 71901	71-0475988	N/A	9,003.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
DANBURY SCHOOL DISTRICT 63 BEAVER BROOK ROAD DANBURY, CT 06810-6211	06-6001980	N/A	5,000.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
DARDANELLE SCHOOL DISTRICT 209 CEDAR STREET DARDANELLE, AR 72834	71-6020669	N/A	15,608.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
DARE TO CARE 5803 FERN VALLEY ROAD LOUISVILLE, KY 40228	23-7345952	501(C)(3)	15,000.	0.			COOKING MATTERS PROGRAMMING
DC HUNGER SOLUTIONS 1875 CONNECTICUT AVENUE, NW WASHINGTON, DC 20009-5738	23-7200739	501(C)(3)	25,000.	0.			SUMMER MEALS PROGRAM SUPPORT

Schedule I (Form 990)

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

(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
DES ARC SCHOOL DISTRICT 5 600 MAIN STREET DES ARC, AR 72040-9502	71-6020910	N/A	8,663.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
ELKINS SCHOOL DISTRICT 349 N. CENTER STREET ELKINS, AR 72727	71-6038636	N/A	15,000.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
END HUNGER CONNECTICUT! 65 HUNGERFORD STREET HARTFORD, CT 06106	06-1545835	501(C)(3)	220,000.	0.			NO KID HUNGRY STATE PARTNER GRANT
FAMILY LEAGUE OF BALTIMORE CITY, INC. - 2305 NORTH CHARLES STREET, SUITE 200 - BALTIMORE, MD 21218	52-1734848	501(C)(3)	66,039.	0.			SUMMER MEALS PROGRAM SUPPORT; AFTERSCHOOL MEALS PROGRAM SUPPORT
FLORIDA IMPACT 1331 EAST LAFAYETTE STREET, SUITE A TALLAHASSEE, FL 32301	59-2859151	501(C)(3)	225,000.	0.			NO KID HUNGRY STATE PARTNER GRANT
FOODLINK 1999 MT. READ BOULEVARD ROCHESTER, NY 14615	22-2428304	501(C)(3)	6,000.	0.			COOKING MATTERS PROGRAMMING
GARRETT CO PUBLIC SCHOOLS 40 S. 2ND STREET OAKLAND, MD 21550	52-6000952	N/A	6,634.	0.			SUMMER MEALS PROGRAM SUPPORT; AFTERSCHOOL MEALS PROGRAM SUPPORT
GEORGIA FOOD BANK ASSOCIATION 732 JOSEPH E. LOWERY BLVD. NW ATLANTA, GA 30318	58-2374577	501(C)(3)	113,775.	0.			NO KID HUNGRY STATE PARTNER GRANT
GLENER'S FOOD BANK OF INDIANA 3737 WALDEMERE AVE INDIANAPOLIS, IN 46241	35-1483868	501(C)(3)	10,000.	0.			NKH ALLIES GRANT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GOOD SHEPHERD FOOD BANK 62 ELM STREET, SUITE 3 PORTLAND, ME 04101	22-2988609	501(C)(3)	10,250.	0.			COOKING MATTERS PROGRAMMING
GREATER CHICAGO FOOD DEP. 4100 WEST ANN LURIE PLACE CHICAGO, IL 60632	36-2971864	501(C)(3)	155,000.	0.			NO KID HUNGRY STATE PARTNER GRANT; SUMMER MEALS PROGRAM SUPPORT
GREATER PHILADELPHIA COALITION AGAINST HUNGER - 1725 FAIRMONT AVE, #102 - PHILADELPHIA, PA 19130	26-2727680	501(C)(3)	10,000.	0.			NKH ALLIES GRANT
GURDON SCHOOL DISTRICT 1 GO DEVIL DR. GURDON, AR 71743	71-6020923	N/A	10,087.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
HAMPTON SCHOOL DISTRICT P.O. BOX 11476 HAMPTON, AR 71744	71-6021675	N/A	7,262.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
HARFORD CO PUBLIC SCH DIST 401 THOMAS RUN ROAD BEL AIR, MD 21015	52-6000955	N/A	8,000.	0.			SUMMER MEALS PROGRAM SUPPORT
HENRY COUNTY SCHOOL DISTRICT P.O. BOX 8958 COLLINSVILLE, VA 24078	54-1208368	N/A	5,088.	0.			SUMMER MEALS PROGRAM SUPPORT
HIGHLAND SCHOOL DISTRICT 1627 HIGHWAY 62 412 HARDY, AR 72542	71-0362565	N/A	7,505.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
HILLCREST SCHOOL DISTRICT P.O. BOX 50 STRAWBERRY, AR 72469	42-1636349	N/A	6,000.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT

Schedule I (Form 990)

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

(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
HOPE SCHOOL DISTRICT 117 E 2ND STREET HOPE, AR 71801	71-6021044	N/A	7,034.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
HOT SPRINGS SCHOOL DISTRICT 400 LINWOOD AVE. HOT SPRINGS, AR 71913	71-0845777	N/A	34,250.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
HUNGER FREE VERMONT 38 EASTWOOD DRIVE SOUTH BURLINGTON, VT 05403	03-0336357	501(C)(3)	10,000.	0.			NKH ALLIES GRANT
ILLINOIS COALITION FOR COMMUNITY SERVICES - 510 APPLE ORCHARD RD # 100, C/O AL RIDDLEY - SPRINGFIELD, IL 62703	37-1203458	501(C)(3)	20,000.	0.			SUMMER MEALS PROGRAM SUPPORT
ILLINOIS HUNGER COALITION 205 WEST MONROE STREET, THIRD FLOOR CHICAGO, IL 60606-5013	37-1251831	501(C)(3)	15,000.	0.			SUMMER MEALS PROGRAM SUPPORT
KIPP DELTA PUBLIC SCHOOLS 415 OHIO STREET HELENA WEST-HELENA, AR 72342	31-1807400	501(C)(3)	6,750.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
LAWRENCE COUNTY SCHOOL DISTRICT 508 EAST FREE STREET WALNUT RIDGE, AR 72476	20-5092472	N/A	9,155.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
LEE COUNTY SCHOOL DISTRICT 1 188 W. CHESNUT STREET MARIANNA, AR 72360	71-6021344	N/A	10,000.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
LIFE SKILLS FOR YOUTH 10710 INTERSTATE 30 LITTLE ROCK, AR 72209	20-5723732	501(C)(3)	5,500.	0.			SUMMER MEALS PROGRAM SUPPORT

Schedule I (Form 990)

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

(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
LIFESTYLES P.O. BOX 1794 LA PLATA, MD 20646	52-2183558	501(C)(3)	7,404.	0.			SUMMER MEALS PROGRAM SUPPORT
LINCOLN CONSOLIDATED SCHOOL DISTRICT - 107 EAST SCHOOL STREET - LINCOLN, AR 72744	71-6038580	N/A	10,000.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
LOCAL MATTERS 731 E BROAD STREET 3RD FLOOR COLUMBUS, OH 43205	06-1819644	501(C)(3)	20,000.	0.			COOKING MATTERS PROGRAMMING
LONOKE SCHOOL DISTRICT 401 W HOLLY STREET LONOKE, AR 72086-0740	71-6021014	N/A	9,390.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
LOWCOUNTRY FOOD BANK 2864 AZALEA DRIVE CHARLESTON, SC 29405	57-0751835	501(C)(3)	35,000.	0.			NKH ALLIES GRANT; COOKING MATTERS PROGRAMMING
MAGNOLIA SCHOOL DISTRICT P.O. BOX 649 MAGNOLIA, AR 71754	71-6020655	N/A	13,554.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
MANHATTAN MIDDLE SCHOOL FOR SCIENTIFIC INQUIRY (MS 328) - 401 W. 16TH STREET - NEW YORK, NY 10032	13-6400434	N/A	5,000.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
MANILA SCHOOL DISTRICT 15 P.O. BOX 670 MANILLA, AR 72442	71-6021734	N/A	10,771.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
MAYFLOWER SCHOOL DISTRICT 15 OLD SANDY ROAD MAYFLOWER, AR 72106	71-6038656	N/A	6,634.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT; SUMMER MEALS PROGRAM SUPPORT

Schedule I (Form 990)

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

(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
MID-ATLANTIC DAIRY ASSOCIATION 325 CHESTNUT STREET, SUITE 600 PHILADELPHIA, PA 19106	52-0567927	501(C)(5)	53,166.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT; SUMMER MEALS PROGRAM SUPPORT
MIDDLETOWN PUBLIC SCHOOLS 200 LA ROSA LANE MIDDLETOWN, CT 06457	06-6001872	N/A	6,000.	0.			AFTERSCHOOL MEALS PROGRAM SUPPORT
MONTANA DEPT. OF PUBLIC HEALTH AND HUMAN SERVICES - HEALTH AND HUMAN SERVICES, P.O. BOX 4210, 111 SANDERS - HELENA, MT 59604	81-0302402	N/A	16,000.	0.			NO KID HUNGRY STATE PARTNER GRANT
NATIONAL GOVERNORS ASSOCIATION 444 NORTH CAPITOL STREET, SUITE 267 WASHINGTON, DC 20001	23-7391796	501(C)(3)	200,000.	0.			CHILDHOOD HUNGER PROGRAMS
NEW HAMPSHIRE FOOD BANK 62 WEST BROOK STREET MANCHESTER, NH 03101	02-0222163	501(C)(3)	13,460.	0.			COOKING MATTERS PROGRAMMING; CHILDHOOD HUNGER PROGRAMS
NEW HAMPSHIRE KIDS COUNT 2 DELTA DRIVE CONCORD, NH 03301	22-2936618	501(C)(3)	10,000.	0.			NKH ALLIES GRANT
NORTH CENTRAL ARKANSAS DEVELOPMENT COUNCIL - 30 CHAPEL HILL RD. - BROCKWELL, AR 72517	71-0385980	501(C)(3)	7,000.	0.			SUMMER MEALS PROGRAM SUPPORT
NORTHERN TRANSFORMATION 2389 S M-76 WEST BRANCH, MI 48661	27-3146614	501(C)(3)	6,000.	0.			SUMMER MEALS PROGRAM SUPPORT
OHIO ASSOCIATION OF FOOD BANKS 101 E. TOWN ST. COLUMBUS, OH 43215	34-1677838	501(C)(3)	10,000.	0.			NKH ALLIES GRANT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OPERATION FOOD SEARCH 6282 OLIVE BOULEVARD ST. LOUIS, MO 63130-3300	43-1241854	501(C)(3)	20,000.	0.			COOKING MATTERS PROGRAMMING
OREGON FOOD BANK P.O. BOX 55370 PORTLAND, OR 97238-5370	93-0785786	501(C)(3)	10,320.	0.			COOKING MATTERS PROGRAMMING
PARAGOULD SCHOOL DISTRICT 1501 WEST COURT ST. PARAGOULD, AR 72450-4248	71-0616000	N/A	12,752.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
PARTNERS FOR A HUNGER FREE OREGON 712 SE HAWTHORNE BLVD. # 202 PORTLAND, OR 97214	20-4970868	501(C)(3)	10,000.	0.			NKH ALLIES GRANT
POYEN SCHOOL DISTRICT P.O. BOX 209 POYEN, AR 72128	71-6046031	N/A	6,753.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
PRAIRIE GROVE SCHOOL DISTRICT 110 SCHOOL ST. PRAIRIE GROVE, AR 72753-2610	71-6038439	N/A	10,500.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
PREBLE STREET 38 PREBLE STREET PORTLAND, ME 04101	01-0418917	501(C)(3)	10,000.	0.			NKH ALLIES GRANT
PRINCE GEORGE'S PUBLIC SCHOOLS 14201 SCHOOL LANE UPPER MARLBORO, MD 20772	52-6000992	N/A	6,000.	0.			SUMMER MEALS PROGRAM SUPPORT; AFTERSCHOOL MEALS PROGRAM SUPPORT
ROCKY MOUNTAIN SERVICE, EMPLOYMENT & REDEVELOPMENT - 3555 PECOS ST. - DENVER, CO 80211	84-0826906	501(C)(3)	5,250.	0.			COOKING MATTERS PROGRAMMING

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ROXANA CUSD 1 401 CHAFFER AVE. ROXANA, IL 62084-1125	37-6006171	N/A	9,999.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
STUTTGART SCHOOL DISTRICT 22 2501 S. MAIN STREET STUTTGART, AR 72160	71-6021398	N/A	9,813.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
TEXAS HUNGER INITIATIVE ONE BEAR PLACE #97120 WACO, TX 76798-7120	74-1159753	501(C)(3)	245,360.	0.			NO KID HUNGRY STATE PARTNER GRANT
THREE SQUARE FOOD BANK 4190 N PECOS RD LAS VEGAS, NV 89115-0187	30-0396918	501(C)(3)	10,000.	0.			NKH ALLIES GRANT
UMN EXTENSION 2020 WHITE BEAR AVE. N ST. PAUL, MN 55109	41-6042488	501(C)(3)	15,000.	0.			COOKING MATTERS PROGRAMMING
UNITED WAY OF KING COUNTY 720 2ND AVE. SEATTLE, WA 98104	91-0565555	501(C)(3)	25,000.	0.			BREAKFAST SPECIAL PROJECT
UNITED WAY OF SOUTHEAST MICHIGAN 660 WOODWARD AVE., SUITE 300 DETROIT, MI 48226-1899	20-3099071	501(C)(3)	215,965.	0.			NO KID HUNGRY STATE PARTNER GRANT
UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL - 104 AIRPORT DRIVE, SUITE 2200, INTERM DIRECTOR, PRE- AWARD SERVICES - CHAPEL HILL, NC	56-6001393	501(C)(3)	222,079.	0.			NO KID HUNGRY STATE PARTNER GRANT
VAN BUREN SCHOOL DISTRICT 2221 POINTER TRAIL VAN BUREN, AR 72956-2336	71-0857828	501(C)(3)	9,000.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
(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
WHITE CO. CENTRAL SCHOOL DIST. 3259 HIGHWAY 157 JUDSONIA, AR 72081	71-6023252	N/A	8,100.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
WORLD CENTRAL KITCHEN 1250 24TH STREET, NW, SUITE 300 WASHINGTON, DC 20037	27-3521132	501(C)(3)	25,000.	0.			INTERNATIONAL GRANT
WYNNE SCHOOL DISTRICT P.O. BOX 69 WYNNE, AR 72396-0069	71-6020795	N/A	10,000.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT
YELLVILLE - SUMMIT PUBLIC SCHOOLS 1124 NORTH PANTHER AVENUE YELLVILLE, AR 72687-9318	71-6022723	N/A	13,027.	0.			SCHOOL BREAKFAST PROGRAM SUPPORT

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

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

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

PART I, LINE 2:

ORGANIZATIONS MUST MEET CERTAIN CRITERIA IN ORDER TO BE FUNDED BY SHARE OUR STRENGTH. FOR EXAMPLE, ALL ORGANIZATIONS MUST PROVIDE US WITH A COPY OF THEIR NONPROFIT/501(C)(3) DETERMINATION LETTER, A COPY OF THEIR MOST RECENT AUDITED FINANCIAL STATEMENTS (IF AN AUDIT HAS BEEN PERFORMED), THEIR EMPLOYER IDENTIFICATION NUMBER AND OTHER ORGANIZATIONAL INFORMATION, AS WELL AS ADDITIONAL PROGRAMMATIC AND FINANCIAL INFORMATION. ADDITIONALLY, CERTAIN DATA PROVIDED BY APPLICANTS IS VERIFIED WITH THE INTERNAL REVENUE SERVICE (IRS) THROUGH OUR ONLINE GRANTS APPLICATION SYSTEM.

Part IV Supplemental Information

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

Series of horizontal lines for supplemental information.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2014

Open to Public Inspection

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.

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

Department of the Treasury
Internal Revenue Service

Name of the organization

SHARE OUR STRENGTH, INC.

Employer identification number

52-1367538

Part I Questions Regarding Compensation

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Schedule J (Form 990) 2014

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
	(i)							
	(ii)							
	(i)							
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	(ii)							

Part III Supplemental Information

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

PART I, LINE 4B:

THOMAS NELSON, PRESIDENT, RECEIVED A CONTRIBUTION OF \$37,500 TO HIS 457(F)
RETIREMENT PLAN.

PART I, LINE 6:

STAFF ARE ELIGIBLE FOR PERCENTAGE BONUSES BASED ON SEVERAL METRICS
INCLUDING UNRESTRICTED REVENUE GROWTH, ADDITIONS TO NETS ASSETS, AS WELL AS
PROGRAM-RELATED TARGETS.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2014

Open To Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

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

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory	X	1	120,000.	FAIR VALUE
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ()				
26 Other ()				
27 Other ()				
28 Other ()				

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

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) (2014)

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.

Lined area for supplemental information.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2014

Open to Public
Inspection

Name of the organization

SHARE OUR STRENGTH, INC.

Employer identification number

52-1367538

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

THE NO KID HUNGRY CAMPAIGN.

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

FOR HEALTHY, AFFORDABLE, AND DELICIOUS MEALS FOR THEIR FAMILIES. THESE
PROGRAMS PROVIDE THE CRUCIAL TOOLS NECESSARY TO MAXIMIZE AN
INDIVIDUAL'S BENEFITS THROUGH PROGRAMS SUCH AS WIC AND SNAP BY
PROVIDING THE SKILLS TO PUT HEALTHY MEALS ON THEIR TABLES EVERY DAY.

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

WALLY DOOLIN, BOARD DIRECTOR, IS MARRIED TO JONI DOOLIN, WHO IS ALSO A
BOARD DIRECTOR. WILLIAM H. SHORE, FOUNDER, CHAIRMAN, CEO, AND BOARD
DIRECTOR, IS THE BROTHER OF DEBBIE SHORE, CO-FOUNDER.

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

THE FORM 990 IS REVIEWED IN DETAIL BY THE AUDIT COMMITTEE AND DISTRIBUTED
TO THE FULL BOARD OF DIRECTORS BEFORE FILING.

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

WE REGULARLY MONITOR ANY CONFLICTS OF INTEREST AND NONE HAVE BEEN BROUGHT
TO OUR ATTENTION. THE HUMAN RESOURCES DEPARTMENT ENCOURAGES STAFF TO BRING
ANY SITUATIONS TO THEIR ATTENTION AND MAKE PROMPT AND FULL DISCLOSURE IN
WRITING ANY POTENTIAL SITUATIONS THAT MAY INVOLVE A CONFLICT OF INTEREST.
THE POLICY IS INCLUDED IN OUR EMPLOYEE HANDBOOK AND WHISTLEBLOWER POLICY.
EACH MEMBER OF THE BOARD OF DIRECTORS ALSO SIGNS SHARE OUR STRENGTH'S
CONFLICT OF INTEREST POLICY.

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

Schedule O (Form 990 or 990-EZ) (2014)

432211
08-27-14

Name of the organization SHARE OUR STRENGTH, INC.	Employer identification number 52-1367538
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FORM 990, PART VI, SECTION B, LINE 15:

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

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

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

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

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

FORM 990, PART IX

SHARE OUR STRENGTH IS A CO-BENEFICIARY ALONG WITH THE FOOD BANK OF NEW

Name of the organization SHARE OUR STRENGTH, INC.	Employer identification number 52-1367538
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YORK OF THE NET PROCEEDS RAISED BY THE NEW YORK CITY WINE & FOOD FESTIVAL (NYCWFF). THIS IS A THREE-DAY EVENT HELD IN OCTOBER EACH YEAR AND IS DIRECTED BY SOUTHERN WINE & SPIRITS. SHARE OUR STRENGTH'S ROLE IS TO PROVIDE CONTRACT REVIEW, FINANCIAL REPORTING AND ACCOUNTING SUPPORT. THE ORGANIZATION CONSOLIDATES THE FESTIVAL'S ENTIRE FINANCIALS WITHIN SHARE OUR STRENGTH, INC. THE PRESENTATION OF SHARE OUR STRENGTH'S FUNCTIONAL EXPENSE ALLOCATION AND BUSINESS MODEL IS MOST ACCURATELY REFLECTED WITH NYCWFF COSTS EXCLUDED.

NOTE THAT WHILE THE NYCWFF EVENT IS HELD IN OCTOBER 2014, SOME REVENUE HAS BEEN RECOGNIZED (E.G., EVENT SPONSORSHIPS) AND EXPENSES RECORDED (NAMELY EVENT MANAGEMENT CONSULTANTS) DURING THIS SHORT YEAR ENDED JUNE 30, 2014.

FEDERAL FORM 990 CHANGE OF ACCOUNTING PERIOD
SHARE OUR STRENGTH ELECTED TO CHANGE ITS FISCAL YEAR-END FROM DECEMBER 31 TO JUNE 30. GIVEN THAT A HIGHER PERCENTAGE OF REVENUE IS RAISED AND RECOGNIZED IN JULY THROUGH DECEMBER, THE FISCAL YEAR-END SHIFT WILL ALLOW MANAGEMENT TO HAVE GREATER VISIBILITY OF SHARE OUR STRENGTH'S REVENUE RESULTS AND PERFORMANCE EARLIER IN THE FISCAL YEAR, WHICH WILL ENHANCE RESOURCE DEPLOYMENT DECISION-MAKING.

THE SIGNIFICANT DECREASE IN SHARE OUR STRENGTH'S UNRESTRICTED NET ASSETS DURING THE REPORTING PERIOD OF JANUARY 1 THROUGH JUNE 30, 2014 IS DUE PRIMARILY TO THE SIX MONTH REPORTING PERIOD. HISTORICALLY, THE MAJORITY OF SHARE OUR STRENGTH'S UNRESTRICTED REVENUE AND SUPPORT IS RAISED AND RECOGNIZED DURING THE JULY THROUGH DECEMBER REPORTING PERIOD. AS SHARE OUR STRENGTH HAS A HISTORY OF REALIZING INCREASES TO

Name of the organization
SHARE OUR STRENGTH, INC.

Employer identification number
52-1367538

ITS NET ASSETS DURING A TYPICAL TWELVE-MONTH FISCAL YEAR, MANAGEMENT
 ANTICIPATES THAT THIS WILL CONTINUE TO OCCUR FOLLOWING THE TRANSITION
 TO A NEW FISCAL YEAR (JULY-JUNE) PENDING ANY UNUSUAL BUSINESS
 CIRCUMSTANCES OR MATERIAL EXTERNAL FACTORS.

(This area is intentionally left blank for additional text.)

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

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

OMB No. 1545-0047

2014

Open to Public Inspection

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

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

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

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

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

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

Schedule R (Form 990) 2014

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
COMMUNITY WEALTH PARTNERS, INC. - 52-2025260 1825 K STREET, NW WASHINGTON, DC 20006	CONSULTING	DC	SHARE OUR STRENGTH, INC.	C CORP	205,885.	2,244,470.	100%	X	

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

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

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) COMMUNITY WEALTH PARTNERS, INC.	Q	156,638.	
(2)			
(3)			
(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 sec. 501(c)(3) orgs.?		(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropor- tionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII Supplemental Information

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

Multiple horizontal lines for supplemental information.

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

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

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

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

Enter filer's identifying number, see instructions

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. SHARE OUR STRENGTH, INC.	Employer identification number (EIN) or 52-1367538
	Number, street, and room or suite no. If a P.O. box, see instructions. 1030 15TH STREET, NW, NO. 1100W	Social security number (SSN)
	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)

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

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

JESSICA SHERRY

• The books are in the care of **1030 15TH STREET, NW, #1100W - WASHINGTON, DC 20005**
Telephone No. **202-393-2925** Fax No.

• If the organization does not have an office or place of business in the United States, check this box
• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until **MAY 15, 2015**.

5 For calendar year , or other tax year beginning **JAN 1, 2014**, and ending **JUN 30, 2014**.


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

7 State in detail why you need the extension
ADDITIONAL TIME IS NEEDED TO GATHER INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE RETURN.

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

Signature and Verification must be completed for Part II only.

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

Signature  Title **CPA** Date **2-9-15**